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THE ROLE OF ASHA WORKERS IN EMPOWERING COMMUNITY HEALTH BY LEVERAGING ICT TOOLS

* Ms. Smitha Shenoy ** Dr. Rose Veera D'Souza

* Research Scholar, Political Science, School of Arts and Humanities, St Aloysius (Deemed to Be University), Mangaluru.

** Associate Professor and Research Supervisor, Dept of Political Science St Aloysius (Deemed to Be University) Mangaluru.

ARTICLE HISTORY	Abstract
<p>Received : 22-05-2025 Revised : 21-06-2025 Accepted : 23-07-2025 Published : 30-07-2025</p> <p>Author Affiliation: India</p> <p>Corresponding Author: Ms. Smitha Shenoy</p> <p>Keywords ICT, NRHM, ASHA, Community healthcare, Gram Panchayath</p>	<p><i>The collective of the Government of India known as the "Accredited Social Health Activist" (ASHA) is one of such imitative geared to promote rural development by strengthening community service. It regulated a design to disseminate public health information especially in reproductive and child health and other health care concerns among the rural populace. The National Rural Health Mission (NRHM) is an initiative of the Indian government to enhance the country's public health system. One of the key aspirations of the NRHM was to provide every village with a trained female community health worker. ASHA is designed and trained to work as an interface between the rural community and the public health system. This research paper analyses the role of ASHA workers in rural community health empowerment through the use of ICT tools and makes an effort to assess how ICT has reinforced the ASHA to carry out their duties at Grama Panchayaths.</i></p>

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Corresponding author Email: shenoy.smita@gmail.com

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Introduction

National Rural Health Mission (NRHM) was established in 2005, with the aim of providing affordable, accessible and quality health care to the rural people, especially to the vulnerable groups. It was an initiative of National Health Mission to promote public health care in India with a target plan time span of seven years.

To achieve this a special focus was laid to the Empowered Action Group (EAG) States (States namely, Bihar, Jharkhand, MP, Chhattisgarh, Orissa, Rajasthan, UP and Uttaranchal) and the North Eastern States, Jammu and Kashmir and Himachal Pradesh) in NRHM. The mission aimed at establishing a community-owned, decentralized health delivery system owned by the community with inter-sectorial convergence. It ensured synchronized action on a wide range of factors relating to public health such as water, sanitation, education, nutrition, social justice and gender equality. Besides, it also emphasized innovation and flexible financing to improve the health indicators. Being one among the several healthcare measures that the government of India instituted, NHRM recognized the need for creating trained health workforce in order to promote the appropriate implementation of rural health care measures. The mission spearheaded promoting the availability of ready human resource by actualising four lakh trained women as ASHAs / Community Health Workers.

Thus ASHA was instituted under the Ministry of Health and Family Welfare (MoHFW) to appropriate and enable the successful implementation of NRHM. The MoHFW describes them as, “a health activist(s) in the community, who create(s) awareness on health and its social determinants besides mobilizing the community towards local health planning and to accelerate utilization and accountability of existing health services”. As such 4,00,000 female ASHA were fronted to be engaged in ground level communication and motivation tasks to enable the general elevation of health standards by the end of 2012. “The ASHA is a woman selected by the community, resident in the community, who is trained and supported to function in her own village to improve the health status of the community through securing people’s access to health care services, enabling improved health care practices and behaviors and health care provisions as essential and feasible services at community level”. (NRHM-Framework for Implementation 2005-2012).

The acronym ASHA implies ‘hope’. It was initiated to bring hope to the rural vulnerable population specifically the women. ASHA also had an immeasurable value addition of bringing hope and wellness to the rural marginalized communities by connecting

them to the existing health care structure and improve their social relationships. The conception of having an ASHA in every village has been rooted in the pragmatic approach of ASHA being the resident, of the same hamlet. As stable residency would promote the capacity building of the ASHA, it was well accepted to have married women than the unmarried being preferred to this task. Their experience and long stay in that locality was considered to be an added preferred factor for their capacity building. This experiment was generally acclaimed to be useful as the ASAHs would connect to the rural population with Government health care services easily due to their local know-how. This was marked with the veritable element of having an "ASHA in every village"

The ASHA experiment resulted in expansive community health care as the number of ASHA workers grew and continued to promote the health care needs of the community. For instance, in July 2013, the number of ASHAs was reported to be 8, 70,089 and in 2018, this number increased to 9, 39,978. At present it is estimated to be more than 1 million ASHA workers functioning as a part of this collective initiative. It is almost more than tenfold increase from 1, 40,000 in 2005 reported at the beginning of the mission to the present. However, it requires much more expansion to achieve the target of having one ASHA workers for every 1000 people.

Integrating the health care mechanism and promoting its awareness to rural population definitely has been daunted task in the rural areas. ASHA's were established to serve as key Communication machinery between government schemes, healthcare system and rural population. Their responsibilities were related to reproductive health care and were further categorized into counselling, spreading awareness on breast feeding, skilled birth attendant and prevention of diseases, community sensitization; health, nutrition and related government programs, provision of drugs for malaria, tuberculosis and diarrhea, providing escort for Ante and Post-natal care, institutional delivery, immunization, diabetes test; family planning, survey of health related programmes, community mobilization and participation in community health and allied activities. Besides, an ASHA acts as a depot holder for essential provisions as oral rehydration salts (ORS) iron folic acid (IFA) supplements, Chloroquine, Disposable Delivery Kits (DDK), oral pills, condoms etc. All this was assigned to be fast-tracked by enabling them to use ICT tools.

It was essential to ASHA workers to promote the distribution of information at the grassroot level. To facilitate the effective and successful leverage of information and

programme, ASHA's, required to be trained to deploy ICT to connect the underserved village women. The preparedness of the ASHA's to enable themselves to accept and incorporate digital media in their routine execution of communication to the community also became the significant prerequisite at the wake of digital revolution.

Review of Literature

Today, ASHA workers play a crucial role in maintaining public health system in our country. In fact, they were brought to the mainstream, during the Covid-19 pandemic, when the WHO recognized their services, and conferred Global Health Award to them for their invaluable contribution to the public health of India. As such, several studies began to recognize the work of the ASHAs, exploring their skill component and their service in empowering rural population. The Seven States' (Uttar Pradesh, Madhya Pradesh, Jharkhand, Orissa, Assam, Jammu & Kashmir and Tamil Nadu) Program Evaluation conducted by the Government in February 2011 ascertained the role of ASHA in promoting health care facilities in reproductive health care, family planning and treatment of chronic diseases.

A study Bajpayi, et al. (2009) has brought to light the positive impact of the ASHAs involvement in increasing the proportion of women taking anti-natal check-ups and immunization. Aravind et al. (2022) in his cross-sectional study, conducted among 80 rural community health workers such as auxiliary nurses, midwives, Multipurpose Health Workers (MHW) and ASHAs working in a rural health block, highlights the 'readiness' in terms of knowledge, attitude, and practice at the village level for adopting mobile phone-based telemedicine. The report ascertained how the accredited social activists showed a better attitude to the telephone and mobile-phone based telemedicine than others. Divya et al. (2010) studied the potential of ICTs to enable positive change in communities of developing regions. According to the author the political, social and cultural forces in the region could act as barriers to development and the a well purposed ICT intervention can help eradicate these barriers. In fact, endeavor of deploying short videos designed to persuade village women and motivate health workers on mobile phones for two months has resulted in positive change. The videos effectively helped women to be engaged in health conversations, improved motivation and learning among health workers besides, encouraging key community influencers to support health workers.

Nirmala et al. (2012) provides valuable insights into the impact of mobile phones on frontline health workers' (FHWs), their workloads and workflows by studying the

impact of mobile phones on the daily activities and efficiency of female health workers. This study highlights the scope of mobile phones as integral part of communication processes of FHWs. It concluded that the mobile phones have enhanced communication and operational efficiency for FHWs, however, challenges related to workload and the responsiveness of referral facilities remain significant barriers to fully leveraging this technology in health care delivery. Suzan L. Carmichaell, et al. (2019) conducted a study in Saharsa district of Bihar, regarding the use of mobile technology by frontline health workers (FLWs) through a survey of 1,100 FLWs and 3,000 beneficiaries. The study involved pre and post implementation design using Intervention and control groups of health sub-centres, which allowed for a comparison of outcomes over time. The research finding highlights that the use of mobile technology (mHealth) with adequate and appropriate training has the potential to enhance the effectiveness of FLWs. It identified the transformative potential of mobile technology in enhancing the capabilities and effectiveness of health workers in delivering essential health services.

Sathiyamoorthy et al. (2022) conducted a study to assess the knowledge, attitudes, and beliefs of frontline workers (FLWs) regarding the use of information technology (IT) in a rural area of Haryana. The study revealed that knowledge and positive attitude about the benefits of IT use was present among majority of FLW, they had a satisfactory level of confidence in using smartphones and the majority believed that ICT use will improve their work efficiency, learning and social status. It decreases paperwork and helps timely report generation. Among the negative beliefs were that using ITC can compel long working hours, enables close monitoring, leading to feeling of overburdened.

Arul et al. (2020) conducted a study by interviewing grassroots-level rural community health workers, such as ASHAs, which highlighted key benefits of mobile phones. It revealed that the Mobile phones enhance time efficiency, facilitate improved healthcare information and service delivery, to enable early diagnosis and timely care. They improve task organization leading to better performance and effective monitoring of health trends. They expand social and professional networking, fostering better communication opportunities within the system and strengthening support for both health workers and beneficiaries besides providing workers with more reliable and accessible information.

Jatin et al. (2021) examined the dual aspects—both benefits and challenges—of technology-enabled knowledge management (KM) for rural healthcare workers

from India's bottom-of-pyramid (BoP) population. Technology-enabled KM through knowledge-sharing is supporting an upward spiral of value creation at three different levels, i.e., the micro-level in the form of empowerment of ASHAs, the meso-level in the form of better healthcare for the rural Indian population, and the macro-level in the form of an effective outcome as envisioned by the government. It also showed that the knowledge hiding leads to a downward spiral at micro and meso levels.

The use of Information Communication Technology (ICT) by Health Care Workers (ASHAs) in Uttarakhand well documented. (Arya ,2016). The study reveals the crucial role of public health in enhancing economic productivity and addressing disparities in healthcare access between rural and urban areas in India, highlighting the potential of ICT in bridging these gaps. The study emphasizes the significance of effective healthcare services and the transformative potential of Information and Communication Technology (ICT) in bridging healthcare gaps in rural communities.

The task of reaching out to the rural population by connecting them to the health care system requires an enormous use of ICT tools. Digital awareness has incredible significance in rural areas in order to connect them to the established services quickly and effectively. A few studies that have taken place in this regard explain the significance of the use of technology in the exhaustion any new programme. Given the accelerated growth of technology and availability and affordability of resources the technological gap in the rural areas is diminishing day by day. The Neilson report 2023 brings out the growth in the number of internet users of rural India almost reaching 44 per cent higher than in urban areas. However, though one cannot deny the inaccessibility of network and the lack of know how.

The problems and challenges faced by the ASHAs have been very well examined in the study conducted in rural Manipur, Saprii et al. (2015). The study ascertains the lack of infrastructure and poor functionality establishing primary health centres. It suggests better monetary incentives to promote the role of ASHAs. Dagar Neha et al. (2017) explores the problems faced by ASHAs in performing their duties and reveals the resource scarcity and unrealistic expectations from the ASHA workers without providing adequate support system as infrastructure to promote their work. Joyson et al. (2024) highlights the crucial role of Community Health Workers (CHWs) as ASHA, in enhancing healthcare delivery. The potential of modern digital tools and ICT initiatives to empower ASHAs and improve health outcomes is well addressed. The social barriers, limited technological literacy, inconsistent availability of internet

connectivity and costly smartphones in rural areas appear to be impediments to the effective implementation of ICT in health communication. Nonetheless, the integration of digital tools into the work of ASHAs can significantly enhance healthcare delivery and outcomes in rural India.

Most of the research demonstrates the use of technology being beneficial to ASHA's. The use of ITC enhances the efficiency and reduces the effort. However, the challenges and concerns in using technology to reach out to rural masses are also enormous. The present study on the status of the use of digital technology in empowering ASHAs in few Gram Panchayat of Dakshina Kannada district will definitely provide a handle to address these concerns by analysing the availability of infrastructure and the potentiality of digital communication in spreading health related information and the consequent attitudinal change it may bring about.

Objectives

1. To ascertain the use of ICT tools by the ASHA workers in their routine dissemination of information on health care measures.
2. To determine the extent of digital literacy among the ASHA workers in promoting health awareness activities to the rural community.
3. To analyse the utility of ICT by the ASHA workers in promoting and imparting health related information to the women community.
4. To map the role of ICT tools in the career prospects of ASHAs.

Significance of the Study

The objectives of NHRM can be achieved when the health awareness of the rural poor especially of the women is improved. In the wake of digital literacy using communication technology for spread of awareness becomes crucial in reaching out to the people. Dakshina Kannada being one among the developed districts of Karnataka**, the use of ICT tools and digital literacy is expected to be considerably better. This study helps in understanding the status of digital awareness and the status of ICT use by grass root level workers and consequent changes.

Methodology

A Google form containing 40 questions was shared among a total 30 ASHAs of Pudu, Thumbe, Mermajal and Kallige Gram Panchayaths of Bantwal Taluk and Adyar Gram Panchayath of Mangalore Taluk of Dakshina Kannada District. There were seven

open ended questions; three for independent variables and four to secure more details from the respondents. The questionnaire utilized multiple choice and scale questions. Besides, the telephonic Interviews were conducted to achieve better clarity. Journals, publications, newspapers, government reports and digital resources were used for Secondary data.

Discussion of the Findings

The study had the following findings:

1. The socio economic and independent variable utilized for the survey were as follows:

Table-1: General information about ASHA workers

Sl.No.	Variable	Category	No. of respondents	Percentage	Total
1.	Age	Young (18-25 yrs.)	10	33.3	30(100%)
		Middle ((26-35 yrs.)	12	40	
		Mature (36-45 yrs.)	06	20	
		Senior(46 & above)	02	6.7	
2.	Education	Up to SSLC	22	73	30(100%)
		Up to PUC	05	17	
		Diploma	0	0	
		Degree		03	
3.	Years of Experience working as ASHA	More than 5 years	27	90	30(100%)
		3 to 5 yrs.	03	10	
		1 to 3 yrs.	0	0	
		Less than 1 yr.	0	0	

Table 1 indicates the variables considered for the study. Out of the 30 ASHAs respondents 10 (33.3%) fall into the category of young workers as they belong to the age of 18 to 25. As many as 40 per cent (12persons) of the ASHAs are of middle age i.e., between 26 to 35 years, 6 of them (20 %) belong to the age of 36 to 45 years fall into the early adulthood. The 2 (6.7 %) ASHA workers were above 46 years belonging to middle adulthood. The minimum qualification for ASHAs is 8th standard and most of the respondents i.e, 22 (73%) are educated till SSLC. Also 5 (17%) are PUC graduates and 3 (10%) are degree holders. A majority, i.e., 27 (90%) of the respondents have more than 5 years of experience working as ASHA. Rest of them (3 or 10%) have work experience between 3 to 5 years (Shown in table-1).

2. Distributions of Respondents of ASHA workers from the selected Gram Panchayaths are shown in table 2

Table -2: Distributions of Respondents ASHAs of Selected Gram Panchayaths

Sl.No.	Variable	Category	No. of respondents	Percentage	Total
1.	Gram Panchayath	Pudu	11	36.6	30(100%)
		Meramajal	03	10.0	
		Adyar	02	06.6	
		Kallige	04	13.3	
		Thumbe	03	10.0	
		Kodman	02	06.6	

Bantwal is considered as the biggest Taluk with highest number of Gram Panchayaths in the District having 51 Gram Panchayaths and 71 villages. Pudu is the only village in Pudu Gram panchayath divided in to 34 wards. According to 2011 census it has a population of 12,409 that makes it the fourth most populated Gram Panchayath in the Taluk. The 11 ASHAs of Pudu have answered the questionnaire, which is 36.6 per cent of the total number of representatives. The rest of the respondents are as follows:

3(10%) ASHAs of Meramajal, 4 (13.33%) of Kallige, 2 of Kodman and 2(6.6) out of 5 ASHAs of Adyar and 3(10%) out of 5 ASHAs of Thumbe have responded to the questionnaire (Shown in table 2).

3. Usage of Electronic Gadgets by the Respondents is explained in table 3.

Table-3: Usage of Electronic Gadgets by the Respondents

Sl.No.	Variable	Category	No. of respondents	Percentage	Total
1.	Use of digital gadgets	Android Phones only	23	76.7	30(100%)
		Computer & Android Phones	04	13.3	
		Laptop, Computer & Android Phones	03	10	
2.	No. of years of using Mobile phones	1-3 yrs.	02	07	30(100%)
		3-6 yrs.	12	40.5	
		6-10 yrs.	11	36	
		More than 10 yrs.	05	16.5	

Out of the total respondents 23(76.7%) have used only android mobile phones till now among the other digital equipment available for use.4(13.3%) of the respondents have comfortably used computers and mobile phones, 3(10%) of them have used

laptops along with computers and mobile phones. It can be concluded that mobiles are most popular among ASHA workers as far as digital communication is concerned. A commendable percentage of the respondents 12(40.5%) are using android phones from a duration of 3 to 6 years. Almost equal numbers are using from 11(36%) from about 6 to 10 years (Shown in table-3). From the table -3 it is evident that all the respondents are using mobile phones and most of the respondents are well versed using mobile phones from past three to six years.

4. The availability of Internet Connection to the Respondents

Table-4: The availability of Internet Connection to the Respondents

Sl.No.	Variable	Category	No. of respondents	Percentage	Total	It
1.	Internet Connection	Without Data connection	27	90	30 (100%)	was found that 27(90)
		With Data connection	03	10		
		Cost not reimbursed	25	83.3	30 (100%)	
		Cost reimbursed	03	10		
		Partially reimbursed	02	6.4		
		Office without WiFi	22	73.3	30 (100%)	
		Office with WiFi	08	26.7		

It was found that 27(90%) of the respondents are not supported with official gadgets and internet accessibility for their work. Among the ASHAs, 25(83.3%) indicated that, their office is not reimbursing the cost incurred for data utilized for their assigned work. Further 22(73.7%) have said their office has no free accessibility for Wi Fi connection. It can be concluded that, ASHAs are neither receiving financial nor infrastructural support for execution of their work using internet.

The Government had made mandatory for ASHAs to use mobile phones for their work of communicating to village masses. Request to take back this order was one of the demands of ASHA workers in the recent agitation (in months of December 2024 – January 2025).

5. Choice and usage of media by the ASHAs.

Table-5: Media Usage by the Respondents

Sl.No.	Variable	Category	No. of respondents	Percentage	Total
1.	Media of communication	Social media	24	80	Out of 30 in each category
		Word of mouth	23	76.6	
		Handbills	13	43.3	
		Landline phone	10	33.3	
		Newspaper & announcement	06	20	

2.	Social Media choice for communication	WhatsApp	19	60.3	Out of 30 in each category
		Face Book	07	23	
		Telegram	04	11.5	
		Instagram	02	08	
3.	What's App group	Interactive group	24	80	30 (100)
		One-way com. group	06	20	

Regarding the gadgets for the use of media for communication to masses, social media through digital equipment is highest in use, i.e., 24(80%), next is word of mouth 23(76.6 %). 43% of ASHAs use hand bills and land line use is as less as 33%. The print media like newspaper and announcement are in least use in the villages and the use of hand written communications is nil. It can be concluded that social media has a big share in information dissemination at the grassroots level. Hand written communication is not use in between ASHA and village women folks.

Among the usage of social media, WhatsApp is preferred by 19(60.3%) of ASHAs for communicating information, 7(23%) also prefer Face Book, 11.5% use Telegram. It is evident from the responses that the most used social media site among ASHA workers is WhatsApp. About 29(96%) respondents have their own WhatsApp group, among them 84.6% are used for 'two-way' communication and interaction (Shown in table 5).

6. The usage of Digital media by ASHAs.

Table-6: Usefulness of Digital media to ASHA workers

Sl.No.	Variable	Category	No. of respondents	Percentage	Total
1.	Use of Digital Media	To Communicate effectively	27	90	Out of 30 in each category
		To do office work	22	73.3	
		To Learn new information	18	60.6	
		Reduced effort to reach people	21	70	
2.	Digital Media usefulness	The most useful	15	50	30 (100%)
		Very useful	04	13	
		Moderately useful	06	20	
		Useful	05	17	

A huge majority (90%) of the respondents agree that digital media equipment like mobile have considerably helped them to communicate, connect to fellow workers and officials. Thus both 'top-down' and 'bottom-top' communication is greatly facilitated by mobile phones. Nearly three fourth of the respondents (73.3%) say that digital

equipments are being used for the official work like reporting and documentation, also a little more than one third (60.6%) have revealed that digital media used with mobile phones has increased their knowledge, as many as 70% respondents say that, it has reduced their effort in reaching out to people in villages (Shown in table 6). With these findings, it can be concluded that ASHAs are using digital media and are finding it a useful tool in community information function and developmental tasks. Digital media helps them in enhancing knowledge and organize their office work with reduced effort.

As per the table 6, About half of the respondents have felt that digital media is ‘the most useful’ tool to them and while none feels it’s ‘not at all useful’ to them.

7. The usefulness of capacity building trainings:

Table-7: The response of ASHAs to Capacity building through trainings

Sl.No.	Variable	Category	No. of respondents	Percentage	Total
1.	Usefulness of Trainings	Highly useful	13	46	28 (100%)
		Moderately useful	12	43	
		Considerably useful	03	11	

ASHAs have responded that they are receiving training to download government Apps and to use them. All of them agree that they are trained to use social media, cull out health related information and disseminate it to women using digital media, teach the usage of android mobile phones to villagers. The need for recent capacity building programme did not arise as all of them are savvy with the gadget. 96 per cent (28) assert that the trainings are useful to them. Among them 13(46%) feel they are highly useful (Shown in table7). This implies that the ASHA workers are receiving proper training on latest government apps and trainings are playing an important role to keep them updated.

8. The spread of Digital literacy by ASHAs:

Table -8: Spread of Digital literacy by ASHA workers

Sl.No.	Variable	Category	No. of respondents	Percentage	Total
1.	Spread of Digital literacy	>100	11	36.6	30 (100%)
		81-100	12	40	
		> 25	07	23.4	

ASHAs through the use of mobiles gather and disseminate information. For this to happen, the receivers also must have access and know-how of the same communication

medium, hence they put in efforts to teach the usage of mobiles to the community of women whom they often deal with.

About 11(36.6%) ASHAs have taught using mobiles to more than 100 villagers, 12 (40%) have taught to 81 to 100 people and about 7 (23.4%) have taught to less than 25 people till now. Most of them could teach the use of mobiles to about 81 to 100 people, while all of them have reached out to at least 25 people to help them use mobile phones (Shown in table 8). The factors resisting them from teaching the use of digital gadgets to village women include, the lack of desire to learn, the inability to buy the gadgets, inability to reserve time to learn etc. are a few of the factors identified by respondents.

9. The obstacles in using Digital media in health communication at villages

Table- 9: Problems in using Digital media

Sl.No.	Variable	Category	No. of respondents	Percentage	Total
1.	Problems to use mobile phones to impart information.	Data purchase	18	60	Out of 30 in each category
		Poor signals in villages	07	23.3	
		Villagers not knowing mobile use	06	20	
		Villagers not owning mobile phones	05	16.6	

As many as 18(60%) persons feel the problem of purchasing data for their mobile phones used for their work is an impediment in using digital media in villages. Almost quarter of the respondents also feel the persistent signals issues at in villages is causing difficulty in using digital media, about 13.3% have mentioned that the lack of digital literacy among villagers is an obstacle for imparting health information to them (Shown in table 13).

10. Regarding the problems arising in their personal lives due to the usage of their personal mobile phone for work, a large majority (70%) have felt that it does not cause problem in their personal life. However, some of the respondents have expressed concerns over eye pain and head ache due to the constant use of phones for long durations, depriving the other family members especially children of mobile phones and creating out of the pocket expenses.

11. ASHAs are using social media apps like Google, YouTube, Face Book and WhatsApp. They usually use Non Communicable Disease (NCD) and Reproductive and Child

Health (RCH) portal by the Ministry of Health and Family Welfare, Government of India, E-Sanjeevini the National Telemedicine Service, Public Finance Management log in, of Karnataka Government. It is evident in the study that the ASHAs have been able to incorporate and up-skill themselves in receiving and using important health information disseminated by the government through major information apps. They successfully keep themselves up-to-date using portals of health information.

12. However, the grievances of the ASHA's are significantly voice out the need for better awareness. Around one third of the respondents felt the need for promoting awareness among the gram community for the better use of digital media in the field. Their suggestions are directed towards promoting the dissemination of information by strengthening the GPs by capacity building about available health care measures, to be constantly alert to access health notifications using phones, request for more health-related information made available through digital media by Government. Besides, many have suggested to provide mobile sets with internet connection to ASHAs, which can help the government to accelerate the distribution of information through digital media.

Conclusion

The study made it evident of the fact that ASHA workers are extensively using digital communication through the spread of health-related information in villages and most of them are advanced users, with over a decade of experience in using android phones/digital media. The use of digital media has been supportive to ASHA workers and assumes a major share in their success as grass root communicators. Interpersonal communication about health has benefitted greatly from the use of ICT tools as a contemporary communication medium. For instance, the reproductive health promoted through digital media to the rural population is able to build strong communities Besides, the information that they send through digital media can be selective and need based.

The mobiles are mostly used for gaining knowledge, learning about latest information on health, to connect to villagers, to communicate to higher officials. Digital media is useful in gathering information and spreading it. They have become inevitable part of their work. Besides, digital media is well employed by the ASHAs and has become inevitable strategize the dissemination of information.

The use of traditional media like newspaper, letters and street announcements have reduced with time, for such grass root communication. The digital media is efficiently doing the job of spreading information, communication and education of rural masses and therefore traditional media use has reduced with time. Using mobiles has reduced their effort to reach out to masses. Digital media, by enhancing their knowledge of

health matters has helped in gaining respect and reliability for ASHAs. Hence, has become a major reason for their professional success. Besides, it is easy to communicate through broadcast messages and multiple messages can sent to the receivers with less time. WhatsApp is most popular social media among ASHAs, most of them maintain a WhatsApp group to communicate with rural women though most of these groups are not interactive.

ASHA, a village woman who has an ability to reach out to rural women folk to talk about matters of health is also capable of enhancing digital literacy. Many of them are helping rural women with phones to get hands on experience and promote their skills. They assist the rural women to access health related information using mobiles and enhance their information level of the community of women enabling their capacities. ASHAs are trained in digital media, and have a know-how of downloading and using Government apps. However, they do not receive the required support of free gadgets, data package for internet facility. Most of the primary health care centres are also not WIFI enabled and hence they rely on self- funding and few of them depending on their family members gadgets for such official use.

Despite the robust use of the ICT tools the ASHA workers can be dysfunctional as often it relies on their individual resources to carry on their responsibilities. It requires concerted efforts to support ASHAs through consistent and reliable funding. To promote sustainability among the rural population the ASHA's have a huge role to play as they are the powerful mediators between the Government and the people at the rural level. Strengthening them with appropriate remuneration and capacity building will enable the ASHA's utilize the latest communication medium for better reach and dissemination of health-related information. It is necessary that the Government utilizes the services of the ASHAs to train and promote the rural prowess. Needless to say, there is an exigent need to promote the network connectivity in rural areas so that the dissemination of information is swift and timely.

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