

# Perceived Stress among ASHA Workers in Shimoga: Implications for Well-Being and Healthcare Delivery

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## Abstract

ASHA (Accredited Social Health Activist) workers serve as vital links between rural communities and the formal healthcare system in India. Despite their critical role, they often face a wide range of stressors that can affect their well-being and job performance. This study aims to assess the levels of perceived stress among ASHA workers in Shimoga and explore the underlying sources contributing to their stress. A cross-sectional design was employed, involving 143 ASHA workers, with data collected using the Perceived Stress Scale (PSS-10) along with a semi - structured demographic questionnaire. The findings revealed that a majority of participants reported moderate levels of perceived stress, while a smaller proportion experienced either low or high stress levels. The results highlight the need for tailored mental health support, improved working conditions, and the importance of implementing stress management strategies and mental health support systems to help individuals cope effectively and to prevent the potential escalation of stress to more severe levels.

**Keywords:** ASHA workers; Perceived stress; Community health; Rural healthcare; Well-being; Occupational stress; Stress management

## 1. Introduction

Introducing the Accredited Social Health Activist (ASHA) to provide every village in the country with a trained female community health activist was one of the key components of the National Rural Health Mission of India. ASHAs are the female community health activists who function as an interface between the community and the public health system.<sup>1</sup> These volunteers bridge the gap between public health system and the underserved rural population.

ASHAs help in creating awareness on health and its social determinants and mobilize the community towards existing health planning and enhance the utilization and accountability of the existing health services. They promote good health practices and provide a minimum package of curative care as appropriate and feasible for that level and make timely referrals to the appropriate health care services. Their responsibilities include providing information on maternal and child health, encouraging institutional deliveries, facilitating immunization drives, and providing preliminary health counselling. ASHAs 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.

Despite their indispensable role in strengthening public health outcomes, ASHA workers often run under challenging conditions, making them vulnerable to significant levels of perceived stress. Their occupational role is not restricted to their underlined job description, but extends beyond, while exercising humane accountability and ensuring health care services for the needy, stretching their working hours and their putting timeless efforts.

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Perceived stress arises when an individual perceives the demands of their environment as exceeding their capacity to cope<sup>2</sup>. For ASHA workers, stressors are multitude, spanning a range of personal, occupational, and societal factors. Research underscores the profound impact of these stressors on their psychological well-being, professional efficacy, and overall quality of life.

One of the significant sources of stress is the multifaceted nature of their role, which often results in overwhelming workloads. ASHA workers commonly balance their job-related responsibilities with domestic obligations, leading to physical and emotional exhaustion<sup>3</sup>. The lack of role clarity and perception of their work further compounds their stress, as they are sometimes expected to perform tasks outside their scope, such as addressing medical emergencies for which they lack formal training<sup>4</sup>. Financial insecurity is another critical factor, ASHA workers operate under an incentive-based payment system, which is both inconsistent and inadequate<sup>5</sup>. Low incentives and the delayed payments not only create economic strain but also reduce their job satisfaction.

Community expectations and social pressures are also key contributors to stress among ASHA workers. It was observed in a research study by Singh & Gupta (2019) that ASHAs being members of the same communities they serve, often place them under heightened scrutiny, with residents expecting immediate and extensive healthcare solutions<sup>6</sup>. Such unrealistic demands can lead to feelings of inadequacy and frustration. Moreover, the emotional **labor** inherent in their roles—such as counselling families during health crises or dealing with adverse health outcomes—takes a toll on their mental health, a challenge exacerbated by insufficient training in managing such situations, as demonstrated in research by Kumar et al. (2022)<sup>7</sup>.

Training deficiencies and limited access to essential resources further amplify the stress faced by ASHA workers. Inadequate preparation in handling complex health scenarios, coupled with a lack of basic medical supplies, undermines their effectiveness and adds to their sense of helplessness<sup>8</sup>. The onset of the COVID-19 pandemic heightened these challenges. ASHA workers were thrust into critical roles in pandemic response, including contact tracing and public health awareness campaigns, often without adequate protective gear or financial support, which significantly increased their levels of anxiety and stress, as documented by Sharma and Bhatia (2021)<sup>9</sup>.

Although the challenges faced by ASHA workers have been documented across India, there is paucity of research on the specific stressors and the sources within distinct sociocultural and geographic contexts. Shimoga, a district in Karnataka, presents a unique backdrop for exploring these dynamics due to its diverse population and varying rural healthcare needs. Understanding the personal stress levels of ASHA workers in Shimoga is crucial for designing interventions tailored to their experiences. By addressing their stressors, policymakers can enhance their job satisfaction and performance, thereby strengthening the delivery of rural healthcare services.

This study was aimed to assesses perceived stress of ASHA workers in Shimoga, their implications for the well-being of these vital healthcare providers. The findings are expected to provide actionable insights for healthcare administrators and policymakers, contributing to the development of sustainable strategies that support ASHA workers in fulfilling their critical roles.

### *Objective*

To assess the levels of perceived stress among ASHA workers in Shimoga.

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## **2. Methodology**

The study was a cross-sectional design aimed at assessing perceived stress levels and identifying sources of stress among ASHA workers in Shimoga, suburban areas of Karnataka. A total of 143 ASHA workers were included in the study. The Perceived Stress Scale (PSS), <sup>10</sup> developed by Sheldon and Cohen (1983) was used as the primary tool for data collection. This scale consists of 10 items designed to measure the degree to which individuals perceive their lives as stressful, with participants rating items on a 5-point Likert scale. Additionally, demographic information such as age, years of service, and socio-economic factors was collected through a semi-structured questionnaire. Data were collected through face-to-face interviews to ensure clarity, and informed consent was obtained from all participants. Descriptive statistics and analysis were carried out. Ethical approval was obtained, and ethical guidelines ensured confidentiality and voluntary participation. The study aimed to provide valuable insights into the stress levels and **its** sources of ASHA workers, with implications for improving their well-being and healthcare delivery.

### 3. Results and discussion

**Table 1** Distribution of Perceived Stress Levels Among Participants and Chi-Square Test Results

Levels of Perceived Stress	Frequency	Percentage
Low	20	14.0
Moderate	119	83.2
High	4	2.8
Total	143	100
Chi-Square	162.811	
df	2	
Asymp. Sig.	.000	

The Table 1 represents the distribution of perceived stress levels among 143 participants, categorized into Low, Moderate, and High levels. The findings indicate that a vast majority of the participants—119 individuals, accounting for 83.2%—reported experiencing moderate levels of perceived stress. This indicates that while most individuals are not experiencing extreme stress, they are not entirely free from it either and may be functioning under a considerable amount of day-to-day psychological pressure. A smaller proportion—20 participants (14.0%)—reported low level of perceived stress, indicating relatively better stress management or fewer stressors in their environment. 4 participants (2.8%) fell into the high stress category, pointing to a small group that may be at risk for stress-related health or psychological concerns and may require targeted intervention or support.

The Chi-square test ( $\chi^2 = 162.811$ ,  $df = 2$ ,  $p < .001$ ) confirms that the distribution of perceived stress levels is statistically significant and not due to chance factor. The high Chi-square value indicates that the observed frequencies significantly deviate from what would be expected if stress levels were evenly distributed. This highlights that moderate perceived stress is highly prevalent in this sample, while high stress is relatively rare, **yet** clinically relevant.

These results highlight the importance of addressing moderate stress proactively to prevent escalation, while also identifying and supporting those experiencing high stress.

#### *Limitation*

This study explores the level of stress among ASHA workers. However, a qualitative account of the nature of stress and their sources would be essential for tailored made interventions for the needy.

### 4. Conclusion

The study revealed that a significant majority of participants experienced moderate levels of perceived stress, indicating that stress is a prevalent concern in the population studied. While only a small percentage reported high levels of stress, the presence of even a few individuals in this category underscores the need for early identification and intervention. The statistically significant Chi-square results confirm that the distribution of perceived stress is not uniform, with a clear skew towards moderate stress. These findings suggest the importance of implementing stress management strategies and mental health support systems to help individuals cope effectively and to prevent the potential escalation of stress to more severe levels. This study recommends that perhaps the future studies may explore the underlying causes of moderate stress and evaluate the effectiveness of targeted interventions.

### Compliance with ethical standards

#### *Disclosure of conflict of interest*

No conflict of interest to be disclosed.

### *Statement of informed consent*

Informed consent was obtained from all individual participants included in the study.

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