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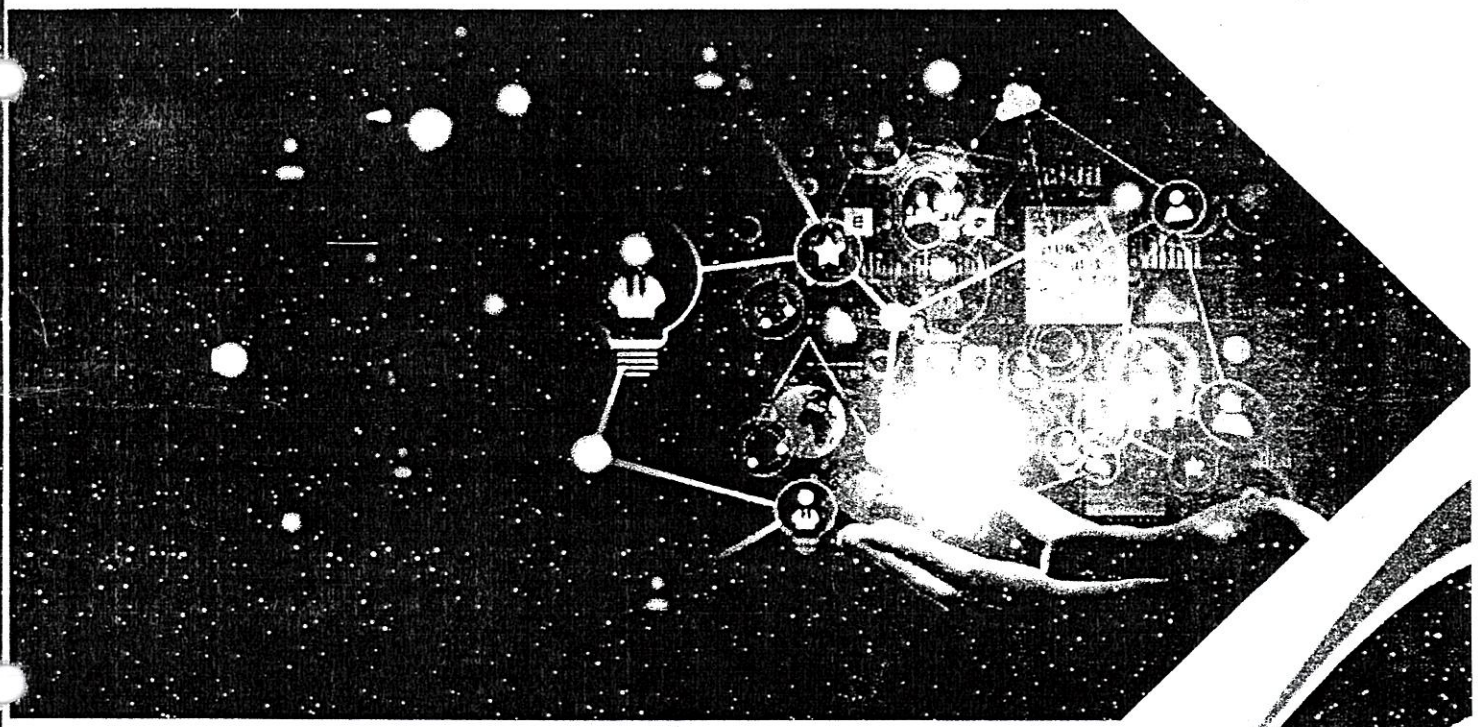

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Preface

Multidisciplinary is a concept of evolving different paradigms in interconnections and interdependencies of many subjects in a codified context. Hence, the present day's global issues are much related to the concept of research and academic activities in multidisciplinary topics. This is an effective pedagogic practice for enhancing learning in the fluctuating world. Many subject like Physics, Chemistry, Management, Economics, Mathematics, Statistics, Biology, Microbiology, Sports, Law, Artificial Intelligence, History, Geography, Political Science, etc., are all now more connected with the their own ideology and methodology in learning and making all them as interconnected.

Broadly, the disciplines of subjects are divided into two categories *i.e.,* traditional approach and interdisciplinary approach. The traditional approach is deliberated to produce theoretical knowledge of physical and human nature. The interdisciplinary subjects are categorized as application oriented and knowledge related, divided into three aspects *i.e.,* multi-disciplinary, cross-disciplinary and trans-disciplinary.

The traditional approach designated as 'subject approach,' in which each subject is designed separate nature, scope and importance of the subject matter. It will separately taught by a teacher in the area of specialization. Interdisciplinary approach denotes applying, combining, synthesizing, integrating two or more subjects in teaching and research, especially in conceptualizing a concept or a topic.

A multidisciplinary teaching and research activity involves juxtaposing but experimenting and experiencing integrated approaches of many subjects. We can find Integrated Social Studies (comprising of Political Since, History, Economics), Integrated Science (comprising of Biology, Chemistry, Physics, Mathematics) etc., It is an approach of incorporated major concepts and skills from many subjects into a single unit of study. The major purpose behind this approach is to analyze formulation of a result orient concept and to select equal transaction of each and every issue. An inter-factorial subject of taught like Artificial Intelligence, Computer Science, Cognitive Science, Operations Research, Human-Computer Interaction, Communication Technology, Parallel Computing, Internet Research, Various Library Science, Scientometrics, Climate change and the environment, Public health, Welfare and demographic issues, Globalization, Regional and spatial planning, Medical Information, Educational Psychology, Pedology, Remote sensing, Geophysics, Radiometrics etc., are much involved in multidisciplinary research and teaching.

The cross-disciplinary methods involve real interaction across disciplines and subjects where the extent of learning and nature of study are vary significantly. The trans-disciplinary approach is a study of models which put forward to replace the present or existing disciplinary general world opinions.

When we concerned with the creation of welfare state, connoted by Prof. Amartya Sen, Nobel Laureate during 1998, highlights the 'capabilities' approach to its evolution, has concentrated on normative egalitarianism taken from Kantian's position of the other. This we can consider a direct entity for understanding the importance of multidisciplinary concept in the current global societal scenario. Since the multidisciplinary learning of subjects is a vital and complex issue, the research in conducting versatilities of different

interconnected concerns are really worth to understand. Hence, the presently to coop up with functionalities of interdisciplinary, multidisciplinary and intra-disciplinary indulgent learning with research attitude is a gigantic task. The paradigm shifts are taking place in research of codifying and unifying all these complex subjects would magnify the role of science and non-science with fiction connections. Because, each and every discipline has its own subject matter, importance, scope, nature and conclusions. The compilation of all these issues would aggravate interconnection techniques. All these would augment the models, principles, explanations and aesthetic standards of multidisciplinary subjects.

Thus, for the research, the multidisciplinary has adopted specialization and integration methods to do needful action for getting exact and perspective results. Since the manifestation of multidisciplinary research is a separate domain of study in the late nineteenth century, it occupied a major part in bring results in a great manner. The idea of 'unity of science' is a key contribution in promotion of multidisciplinary research in different aspects.

In the present global complex situation, volatility and multiplicity of subjects we are facing lot of challenges. Medicine with technical tools, social science with media, Law with electronics, sports with science etc., are all the results of substantial relationships established among different subjects. Globalization along with growth of international trade and international logistics, technological change along with communication and e-trade, deregulation with liberalization policies and empowerment of consumer with integrated supply services and connection with business process are best examples we can find at this juncture. This we will have to bring to the core that all these subjects are divided into many theoretically distinct stages, functions and proportions.

Multidisciplinary research, thus, is a trend of great learning and aspiring visualization of new knowledge. Hence, the prosperity of education, economy, social justice and equal distribution of possessions are all depends on how we channelize available resources. The global knowledge dissemination is a mark of welfare and wellbeing now.

Editors

CONTENTS

PERTINENCE OF ASHA WORKERS AND PREDICAMENT DURING THE COVID-19 PANDEMIC IN INDIA: A SOCIAL DISCOURSE

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ABSTRACT

This chapter investigates the pertinence of ASHA workers in the COVID-19 pandemic era and the predicaments they face at the frontlines and at home while performing their duties. This work hypothesises that the ASHA workers are an irreplaceable part of our community health care system who often undergo hardship to perform their duties. The present work uses an investigative approach to look into the obstacles ASHA workers face in the line of their duty if any. It utilizes conceptual and descriptive methods and examines reports and guidelines by the Government of India, newspaper articles and testimonies of ASHA workers for the purpose of this research.

Keywords: ASHA workers, COVID-19, pandemic, community health, plight.

In 2005, the Ministry of Health and Family Welfare (MoHFW) began the ASHA or the Accredited Social Health Activist mission as a part of India's National Rural Health Mission (NHRM). It was launched in 2006 in 18 high-focus states and tribal areas of other states. It was then implemented across the entire country in 2009. By 2019, ASHA exists in all States and Union Territories except Chandigarh and Goa. Inaugurated by Dr. Anbumani Ramadoss, the main purpose of the ASHAs was to bring healthcare to the marginalized communities of India. According to the National Health Systems Resource Centre's (NHRSC) ASHA Update of July 2019, there are more than 9,50,00 ASHAs employed across the country. (Ministry of Health and Family Welfare [MoHFW], n.d.)

This mission aims to provide "every village in the country with a trained female community health activist ASHA or Accredited Social Health Activist." (MoHFW, n.d.) ASHAs are health educators and promoters primarily tasked with providing healthcare to deprived sections of the country, especially women and children. They are the first point, and sometimes the only point of contact for people who hardly have access to health services. ASHAs primarily provide prenatal, ante-natal and post-natal maternal care, childcare, family planning awareness and tools to women from marginalized regions and counsel them "on birth preparedness, the importance of safe delivery, breast-feeding and complementary feeding, immunization, contraception and prevention of common infections including Reproductive Tract Infection/Sexually Transmitted Infections (RTIs/STIs) and care of the young child" (MoHFW, n.d.). They also provide awareness on the matters of health, hygiene, sanitation, nutrition and healthy living and working conditions.

During the COVID-19 pandemic that still hasn't let go of its grasp completely on India, ASHA workers became not only the bridge between the deprived people and healthcare but also the pillars of the COVID management system[1] in India. On 22 May 2022, the WHO Director-General Dr Tedros Andhanom Ghebreyesus awarded the ASHA workers as Global Health Leaders for their contribution during the pandemic and their continuous efforts in improving the health and welfare of the community. The aim of this chapter is two-fold. It first aims to highlight the pertinence of ASHA workers during the pandemic and their importance in community welfare and

[1] Jadhav, R. (2021, June 8). Asha workers, pillars of Maharashtra's Covid management model. Retrieved June 27, 2022, from https://www.google.com/amp/s/www.thehindubusinessline.com/news/variety/asha-workers-pillars-of-maharashtras-covid-management-model/article34759135.ece/amp/.

health. It then proceeds to explore the difficulties and challenges faced by ASHA workers amidst the ongoing pandemic. This chapter examines and analyzes reports and updates by the Government of India on ASHAs and newspaper articles highlighting their work and predicaments.

This chapter uses conceptual and descriptive methods to examine and analyses the conditions of the ASHA workers and their contribution to society. It employs an investigative approach to look into the current conditions of ASHA workers. It hypothesises that ASHA workers are an irreplaceable part of our community and often face several hurdles in the line of their duty.

Who are ASHAs?

The ASHAs are the "primary contact of the public health system for the people." (Bajpai et al., 2010, p. 9) She is a link between the people of her village and an Auxiliary Nurse Midwife (ANM) and the doctor of the primary health care centre. They are "not just a provider of basic curative medicines and first aid" but also a facilitator of preventive care. (Bajpai et al., 2010, p. 10)

ASHAs are married or widowed or divorced women who are residents of the village and they work in between the age of 25 to 45 years. ASHAs are literate women who have qualified 10th standard. They are selected through a rigorous process that involves "various community groups, self-help groups, Anganwadi Institutions, the Block Nodal officer, District Nodal officer, the village Health Committee and the Gram Sabha" (MoHFW, n.d.) They are trained and empowered with the knowledge of health, hygiene and illnesses, common health problems, infectious diseases like tuberculosis, leprosy and malaria, maternal health and young child nutrition, adolescent health, Reproductive Tract Infections and Sexually Transmitted Infections, preventing unwanted pregnancies and safe abortions. They are also trained in mobilizing for action on violence against women, especially domestic and sexual violence.

ASHA workers' training is generally spanned over the course of 23-day classroom training sessions where they are "imparted some training in dressing wounds, dispensing medicines for oral dehydration, coughs, colds, and fevers; identification of diseases like TB; prenatal and postnatal care, and community mobilization" (Bajpai et al., 2010, p. 9). In most cases, ASHAs were also given additional on-field practical supervised training that lasted 5 days. Her induction training lasts for a total of 23 days, spread over a year and her on-the-job training continues during this time.

ASHAs are also empowered with a drug kit "to deliver first-contact healthcare" (MoHFW, n.d.). This drug kit contains "drugs/equipment and products that enable her to provide basic level care" that mainly contains "drugs for minor ailments" and items for home-based new-born care along with contraceptives, ORS packets, spirit, soap, sterilized cotton, bandages, a Rapid Diagnostic Kit, slides for Malaria and lancets and sanitary napkins. (MoHFW, n.d.) They are also equipped with a digital wrist watch, a thermometer, a weighing scale for newborns, a baby blanket and a baby feeding spoon, a mucous extractor and a communication kit in a kit bag. Armed with these tools and their knowledge, the ASHAs become the leaders of community health.

ASHAs during Pandemic:

During the COVID-19 pandemic, the ASHAs' already difficult work became more challenging due to the infectious virus and the consequent lockdowns. After the nationwide lockdown was declared, the work of ASHAs became even more important since healthcare became even more scarce to the already deprived people. Non-COVID-related emergencies were largely neglected by the healthcare system which was extremely strained during the lockdown. During these times, ASHA workers became the beacons of hope, especially for pregnant marginalised women.

ASHAs also played, and still continue to play an important role in the management of the COVID-19 pandemic in India. They are the silent and invisible task force that continues to work on the frontlines, risking their lives for the welfare of the community.

ASHA against COVID:

During this period, in addition to their primary duties, ASHAs were also tasked with COVID-19 detection and treatment. They were tasked with conducting home-based surveys evaluating people's symptoms, if any,

encouraging people to get tested for the signs of COVID, and spreading awareness about the virus and the preventive measures and safety protocols among the people of the areas they worked in. They were also given "the duties of identifying and tracking COVID-19 positive cases as well as carrying out vaccination drive[s] often without any personal safety gear." (Chandra, 2022)

In the ongoing battle against COVID, the ASHA workers play a crucial role in educating and easing the fears of people at grassroots levels. They encourage people to test themselves for COVID and seek treatment and undergo isolation whenever necessary while also encouraging and convincing them to get vaccinated. ASHAs also monitored the symptoms of people suspected with and detected with COVID, especially older people with heart conditions and respiratory issues, pregnant women and other high-risk patients by doing door-to-door surveys of each household in their region and reporting the positive cases and their status to the concerned authorities.

During the course of their work, many ASHA workers reported people's fear of the virus and their hesitancy and reluctance to take the COVID vaccine. Some ASHA workers also had to face verbal and physical abuse by the reluctant and scared tribal villagers. They were subjected to "shouting, physical assault and even people spitting at them when they reached some villages", reported a newspaper article (Ghosh, 2021). An ASHA worker reported that this immense fear in the minds of the villagers as a result of misinformation being spread through rumors and erroneous videos about the adverse impact of the COVID vaccine.

Some ASHA workers tried to ease the reluctance, hesitancy and fears of the scared villagers by including the traditional healers of the village like *disaris*, *nayaks* and *janis* to counsel people and encourage them to take the vaccine. They also attempted to convince the villagers by forming youth groups in villages which consisted of youth that spoke the local language and had Android phones. They trained the youth with Android phones to book vaccination slots for villagers, giving them more control and agency and providing them with the knowledge of sites that displayed correct information on COVID. ASHAs visited the villagers after they had taken the vaccines, inquiring about the side effects and providing them with primary care like Paracetamol for fever and counselling them till they recover.[2]

To tackle misinformation and to equip people with scientifically accurate information on COVID-19, an ASHA working in Kolhapur made a "hyper-local WhatsApp group of 200 plus community members" (Jain, 2021). It verifies COVID-19-related information with at least three doctors before spreading the message. This was done in an attempt to bust fake news and to equip people with scientifically accurate information in order to protect themselves and their loved ones and as a result, decrease the number of COVID-19 cases.

Maternal and New-born Care during the Pandemic:

Even as the world became preoccupied with the pandemic, ASHA workers stretched themselves to fulfil their primary duties in addition to the new responsibilities and tasks that the pandemic brought. During the pandemic, ASHA workers maintained telephonic contacts with known high-risk pregnant women in their last trimesters to establish and confirm their status. They also facilitated consultations with specialists on the phone with women whenever necessary. They provided tele-medicines whenever possible or organised a home-based follow-up if necessary. According to the guidelines on the operationalization of maternal health services issued by the Government of India, the home-based follow-up visits entailed:

1. Giving necessary vaccinations, vitamins and supplements
2. Counselling the pregnant woman on pregnancy and nutrition
3. Following up and enquiring about the general wellbeing of the pregnant woman, checking for foetal movements, oedema, vaginal discharge or bleeding.
4. Explaining the warning signs and dangers of pregnancy and labour.

[2] Ghosh, R. (2021, August 12). How ASHA workers are battling vaccine hesitancy among tribal communities in rural Odisha. Retrieved June 28, 2022, from https://www.google.com/amp/s/www.newsclick.in/How-ASHA-Workers-are-Battling-Vaccine-Hesitancy-Among-Tribal-Communities-in-Rural-Odisha%3famp

5. Tracking and keeping an eye on high-risk pregnancies and facilitating consultations with and referrals to specialists in case of any symptoms.
6. Administering Anti-D injections if RH -ve pregnancy.
7. Advising and encouraging the pregnant woman to deliver at the facility and facilitating it to reduce the risk of loss of life due to complications.
8. Arranging or facilitating consultations with doctors and specialists at in-person facilities or on e-consultations via eSanjeevaniOPD.
9. Establishing references with links to ambulances in case of labour and/or emergency.
10. Enquiring and examining if the pregnant woman shows symptoms of COVID and facilitating appropriate testing and treatment if required.
11. Explaining COVID-appropriate behaviors to the pregnant woman and her family members. (MoHFW, n.d.)

They also made use of the eSanjeevaniOPD app, which according to its user manual for citizens is "a citizen-friendly web-based teleconsultation system that aims to provide healthcare services to patients through safe & structured video-based clinical consultations between a doctor in a hospital and a patient in the confines of his home" (MoHFW, n.d.). ASHAs also instructed the people they visited on how to avail of eSanjeevaniOPD services.

ASHAs and Mental Wellness:

ASHAs played an important role in maintaining and elevating the community's mental health as well. For many people across the country, ASHAs were the only human contact in their isolated world. As the pandemic tightened its grasp on the country, more and more people struggled with mental health and were diagnosed with mental illnesses. ASHAs, then, played the role of a counsellor to many, helping them get proper care and treatment when they had no one else to turn to.[3] Having access to the household, they are also in the proper position to notice signs of domestic abuse and become a beacon of hope and freedom to the survivors of abuse.

According to the president of the Indian Psychiatric Society, Dr N. N. Raju, there is a shortage and an unequal distribution of psychiatrists throughout India. He says, "In south India, the number of psychiatrists is reasonably good, but in the rest of the country the ratio is 1 in 15,000. There are no psychiatrists in rural areas." (Bajeli-Datt, 2022)

Hence, to bring opportunities to seek guidance for mental wellness and treatment for mental illnesses even in the most deprived parts of the country, the Secretary and Mission Director of the National Health Mission, Vikas Sheel has announced the government's plans to roll out a national "tele-mental health program" (Bajeli-Datt, 2022) by 10th October 2022. Sheel added that this program will be rooted in the strength of ASHAs. According to him, since India faces a shortage of psychiatrists and specialists, ASHAs will have to be trained to "help the community to identify early the symptoms of any mental health problems." (Bajeli-Datt, 2022)

A study by Bansal, Srinivasan and Ekstrand attempted to explore the perspectives and beliefs of ASHA workers on mental health. 15 ASHA workers participated in the Healthier Options through Empowerment, or, the HOPE study, "a cluster randomised controlled trial (RCT) which used a collaborative care model to integrate mental health treatment in primary care clinics". (Bansal et al., 2021) HOPE RCT "used the efforts of ASHA workers to extend the collaborative care model directly to the community" (Bansal et al., 2021). This study found that ASHA workers were able to "identify key barriers to treatment and facilitators to treatment" (Bansal et al., 2021). They mostly had positive interactions with the patients and encouraged them to participate in the treatment. They encouraged the patients to attend therapy sessions, explained topics and techniques to them, mitigated common barriers and checked on the patients frequently.

[3] Jain, S. (2021, July 28). *Solidarity and protest: How an asha worker in Kolhapur addresses villagers' mental health concerns, fights for better wages. Firstpost*. Solidarity and protest. Retrieved June 28, 2022, from https://www.firstpost.com/india/solidarity-and-protest-how-an-asha-worker-in-kolhapur-addresses-villagers-mental-health-concerns-fights-for-better-wages-9840411.html

Bansal, Srinivasan and Ekstrand's study also observed that throughout the course of the study, the ASHA workers' knowledge about mental illnesses improved and many expressed interest in receiving additional training on mental health. It was noted that there is a significant potential in changing the ASHA workers' beliefs and knowledge regarding mental illnesses constructively, making ASHAs "effective advocates for patients" (Bansal et al., 2021). Therefore, Mr. Vikas Sheel's announcement of entrusting ASHAs with the responsibility of the mental health and welfare of the community seems fitting. However, it must be taken into consideration that the already overburdened ASHAs may get weighed down due to these additional responsibilities.

Predicaments of the ASHAs

ASHAs' work is never easy. However, the outbreak of COVID-19, the subsequent nationwide lockdown and the pandemic that burdened the already overwhelmed healthcare system of the country exacerbated their already dire working conditions.

Long hours and Unsatisfactory Compensation:

ASHAs are recruited as volunteers in an effort to improve community health. They often come from poor households and marginalised communities. "ASHAs have been instrumental in not just improving crucial maternal and child health indicators but collecting important data that underpins the healthcare system" (Rao, 2020). Initially, ASHAs were required to work for a maximum of 2-3 hours a day such that they could manage their household responsibilities along with their work easily. Over the years, it stretched to more than 8 hours every day. However, a survey conducted across 16 states found ASHAs, since the COVID-19 outbreak, "routinely clock over 12-hour days and are on call the rest of time" (Rao, 2020). Due to the lockdown and the scarcity of transportation facilities, many ASHAs had to walk miles in extreme weather conditions to remote areas to go to every household to monitor the patients, provide them government relief, create awareness among them and connect them to the required medical care. This work was done in addition to their primary 66 tasks that include maternal and newborn care, family planning services, immunisation, routine checks for diseases, etc. The additional burden of COVID-19-related duties forced many ASHA workers to neglect or not give proper attention to their primary responsibilities. Currently, several ASHAs visited minimum of 20 households on a daily basis as can be seen in Table 1 below.

Table 1

Number of households visited daily

State	No. of Households
Andhra Pradesh	25
Haryana	25
Punjab	25
Tripura	25
Bihar	20-30
Assam	25-50
Jharkhand	30
Maharashtra	30-40
Rajasthan	40-50
Madhya Pradesh	50
Kerala	50
Telangana	70

Karnataka	50-100
Chhattisgarh	100
Gujarat	150
tar Pradesh	100-150

(Rao, 2020)

An article reports: "ASHAs were particularly unhappy about the fact that the Covid-19 workload is eating into their core activities, such as maternal and child healthcare, systems that they have built over the years within the community." (Rao, 2020)

In most states, except Kerala, Karnataka, Andhra Pradesh, Haryana, West Bengal and Sikkim, ASHAs do not get a fixed honorarium. Bhanupriya Rao's article, "Anger, Distress Among India's Frontline Workers in Fight Against Covid-19" (2020) notes that they are entitled to Rs 2,000 a month set by the central government, conditional on completing a set of eight core tasks: organising Village Health and Nutrition Days and convening the Village Health, Sanitation and Nutrition Committee every month, listing and updating household data every six months, maintaining a record of births and deaths, preparing child immunisation lists every month and updating lists of newly married couples. They earn incentives for tasks like Rs. 300 for each institutional birth and antenatal care and one rupee for distributing a packet of Oral Rehydration Solution (ORS). They are also forced to work during elections, conduct surveys and civic duties without any additional remuneration. Hence some workers also reported that their payments are often one or two months late. During the height of the pandemic, when they were actively fighting the virus to protect the country, they were not paid the remuneration for almost 8 months.[4]

The honorarium or the incentives they receive are extremely low in comparison to the amount of work they put in. Since ASHAs are considered as volunteers, they are not included in the permanent healthcare staff with a fixed pay or social security and maternity benefits. They also, hence, do not have fixed tasks and work hours, leading to their exploitation.

Lack of Preventive Gears and Healthcare Services to ASHAs:

ASHAs across India have reported being stressed and anxious about themselves and their family's health due to their work during the pandemic. Several ASHA workers reported that they were forced to go on the field conducting door-to-door surveys without even the minimal safety of masks, gloves and sanitisers. When India faced a shortage of preventive gear during the early days of the pandemic, the ASHA workers were forced to cover their faces with just handkerchiefs. They also reported that the Personal Protective Equipment (PPEs) and masks that became available were "mostly appropriated by higher-level healthcare staff" (Rao, 2020). Though the central government on 20 April 2020 issued a directive asking states to provide PPE kits to all ASHAs, that has not happened. In some states, they were given five disposable masks and one sanitiser each month which did not last them for more than 10 days. For their safety and the safety of their family, ASHA workers had to spend their own money to buy preventive gear.

Since many ASHAs come from poor families, several have not been able to buy proper preventive gear, eventually testing positive for COVID-19. Some have even succumbed to the virus; however, the figures on the deaths of ASHA workers remain unavailable. Their families still await the 50-lakh grant[5] that was declared as compensation for the loss of life of an ASHA worker during the pandemic. Thus, it can be said that the government is "extracting crucial labour from ASHAs without adequate protection or, for that matter, economic compensation for putting their own and their families' lives under physical risk and mental stress". (Rao, 2020)

Abuse and Discrimination:

[4] Not paid dues for 8 months, Abohar asha workers protest. (2022, February 23). The Tribune. Retrieved June 27, 2022, from https://www.google.com/amp/s/www.tribuneindia.com/news/punjab/not-paid-dues-for-8-months-abohar-asha-workers-protest-372199

[5] Husain, Y., & Chauhan, V. S. (2021, June 1). *Uttar Pradesh: health staff dead, kin await Rs 50 lakh grant - Lucknow news - Times of India.* Uttar Pradesh: Health Staff Dead, Kin await Rs 50 lakh grant. Retrieved June 26, 2022, from https://timesofindia.indiatimes.com/city/lucknow/health-staff-dead-kin-await-rs-50l-grant/articleshow/83129104.cms

As noted, before, ASHA workers have faced various kinds of abuse during the pandemic. A survey showed that at least 33% of the total ASHA workers that responded to the survey had been subjected to some form of violence and/or discrimination while on the frontlines. The earlier described instance of ASHA workers being subjected to "shouting, physical assault and even spitting at them" (Ghosh, 2021). ASHA workers have reported being targets of verbal abuse and physical attacks while they were on COVID duty. Their families, too, have been harassed and outcasted due to the nature of their work. An instance was also recorded in which two ASHAs were beaten with *lathis* by the police when they stepped out of their houses amidst the nationwide lockdown because they were summoned to the Community Health Centre for a meeting.[6]

ASHA workers face discrimination not only from their community but also from government officials and other healthcare workers. Many have reported that while the government distributed masks to ASHA workers, they mainly did so to the workers in urban areas. They also reported that many higher-level officials and healthcare workers believed that ASHA workers were "undeserving of any protective gear" (Rao, 2020). Also chastised them for wasting PPE kits on themselves. This discriminatory behaviour not only hinders an ASHA worker's spirit but also puts their lives at risk.

Worsening Mental Health of ASHAs:

Due to the increasing workload, next to nothing remuneration, abuses, anxiety and worry over there and their family's health, ASHA workers have reported facing "mental anxiety and physical exhaustion" (Rao, 2020). The abuse and discrimination they face from their neighbours and sometimes, family members, due to them being on the frontlines and being in contact with the community have caused them "mental agony" (Rao, 2020). At a refresher training by the George Institute for Global Health[7], more than 6% of the ASHAs present reported that they sought professional help for their mental illness(es) and stress. According to Havovi Hyderabadwalla, a clinical and forensic psychologist, "ASHA workers largely go through a lot of depression, anxiety and Post Traumatic Stress Disorder (PTSD) and these issues don't just get triggered at work, the sufferer takes them home as well. And because there is so much resistance against issues of mental health, it's hardly discussed and treated" (Gupta, 2022). Some have reported having suicidal thoughts, and feeling alienated and undervalued for the work they do. ASHAs struggle to get the respect and recognition they deserve for their tremendous amount of work and their significant contribution to maintaining the health and welfare of the community.

In conclusion, it can be said that since the outbreak of COVID-19, ASHA workers have become more pertinent than ever. Their contribution to the community healthcare system remains priceless. Their primary tasks of maternal and newborn care, family planning, immunisation, creating awareness regarding sanitation, hygiene and diseases, etc. are vital to decreasing the maternal and infant deaths in India, especially in rural and tribal areas. Their battle against COVID-19 in the form of door-to-door surveys, monitoring, contact tracing, immunisation, counselling and creating awareness is vital to curb the pandemic that looms over the nation. Their work and their predicaments, however, remain invisible. These unsung heroes of the pandemic and the various predicaments they face in order to help their community remain largely ignored. It seems imperative, therefore, that in order to improve the health of the marginalised people, especially women and children, it is important that the ASHA workers gain more honorarium and/or fixed and timely salaries, more benefits and better preventive gear and an overall acceptance from the officials and other healthcare workers and the community for their hard work.

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