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Analysis of language effectiveness in ASHA training programme: A Study in Karnataka

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Abstract
ASHA is one of such caring services, which has been considered to be an essential services particularly at grass-root level and in providing basic health-care services. However, these services need proper training and development in order to reach the people effectively. The department health has been provided training to ASHA to make the capable and skillful to deliver the basic health care services. In the literature of education language has been considered as a powerful tool in transforming the skills and capabilities from trainers to trainees. Accordingly, in the present study an attempt has made to examine the language effectiveness in ASHA training programmes particularly in Karnataka. The study has used primary data collected from 300 ASHA in Karnataka and Chi-square has been used as analytical technique for drawing inferences and decision making. It has found from the study that majority of the ASHA have been faced language problem in their training programmes. Matter of fact, most of the ASHA from urban and semi-urban areas have preferred English as an instruction medium of training and ASHAs from rural areas have preferred regional language as instruction medium of training. Due to the difficulty of problem, ASHA have not get clarity in trainers and they have also failed get clarity for their doubts. There is dichotomy in clarification of doubts during the training programmes. Most of the ASHA from DH and CHC/FRU/TH have got clarification for their doubts but others have failed to get clarification for their doubts. Therefore, training programmes have been failed to reach all types of ASHAs in order to effectively fulfill the objectives of training programme. Accordingly, language has become an important hurdle in effectively solving the problems and doubts of ASHAs. Hence, there is a need of changing the language policy in training programmes being conducted for ASHA. As it was preferred by most of the rural ASHA, for them, training should be given in their regional language (Kannada) and for ASHA in urban area may be taught in English language. This change is most required to improve the effectiveness of training programmes for ASHA. At the same time there is also need to appoint trainers to teach in regional language.

Keywords: ASHA, health, training, language, medium of instruction

Introduction
The augmented growth model of Solow has identified the role of human capital in the process of development. Human capital represents health, education and related socio-economic issues. During 1990s United Nations has shifted the development focus from economic to human centered development. After the publication of first human development in 1990, most of the countries have given high priority to health and education. Within the health sector, caring has received at most priority. ASHA is one of such caring services, which has been considered to be an essential services particularly at grass-root level and in providing basic health-care services. However, these services need proper training and development in order to reach the people effectively. The department health has been provided training to ASHA to make the capable and skillful to deliver the basic health care services. In the literature of education language has been considered as a powerful tool in transforming the skills and capabilities from trainers to trainees. Accordingly, in the present study an attempt has made to examine the language effectiveness in ASHA training programmes particularly in Karnataka.

Review of Literature
Investment in human has longer and higher returns than any other investments (Harbison & Myers, 1964) [3]. Most of the theoretical works on human capital development have strongly established the relationship between expenditure on health and education with development (Becker, 1976) [2]. The human development theories have argued for knowledge and kills for a decent standard of life. (UNDP, 2011) [8]. And all these irrespective of their prospective argued for investment in human capital for better and quality of development (Schultz, 1961) [5], (Simon, 2012) [6]. With these view point most of the studies have argued for quality education and training (Todaro & Smith, 2003) [7], (Wilson & Briscoe, 2004) [9]. Training of ASHA is the extension of the same argument particularly by WHO (Organisation, 1946-2016) [4], (Ashton & Green, 1996) [1]. However, studies on instruction language in the training and impact of the language on the effective fulfillment of training objectives have not studied by the previous studies and the present paper will try to fill this gap.

Results and Discussion
The following section presents the analytical results on use of

language in training programmes to ASHA. It also presents inferential decisions made on the basis of tests conducted.

Table 1: Information about Problem of Language in Training Programmes

Opinion		Hospitals					Total
		DH	CHC/FRU/TH	PHC	SC	VHSC	
No	Count	3	5	7	8	6	29
	% within Hospitals	5.0%	8.3%	11.7%	13.3%	10.0%	9.7%
Yes	Count	57	55	53	52	54	271
	% within Hospitals	95.0%	91.7%	88.3%	86.7%	90.0%	90.3%
Total	Count	60	60	60	60	60	300
	% within Hospitals	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Chi-Square Value of Equal Opinion: 195.213***				df: 01		Sig: 0.000	
Chi-Square Value for Association: 2.825				df: 04		Sig: 0.588	

Source: Field Survey Data.
***Significant at one percent level.

Language plays predominant role in effective communication and indeed very important for training programme. In this background, respondents have asked to reveal the information about language of instructions in the training programme and the above table presents information about the language problems faced by ASHAs in the training programmes.

Accordingly, 90.3 percent of ASHAs have faced language problems in the training programmes. 9.7 percent of ASHAs have not faced language problems in the training programmes.

Two Chi-square tests are conducted; one for difference in opinion and another for association between opinion and type of health centers. Chi-square test for equal opinion is statistically significant at one percent level. Therefore, majority of the ASHA have faced language problem in training programmes.

The chi-square test for association is statistically not significant even at five percent level. Accordingly, the problem of language does not differ based on the health centers for which ASHA have been belonging.

Hence, majority of the ASHA have language problem in the training programmes and the problem is commonly applicable to all ASHAs belonging to different health centers.

The following graph also presents information about language problem in training programmes;

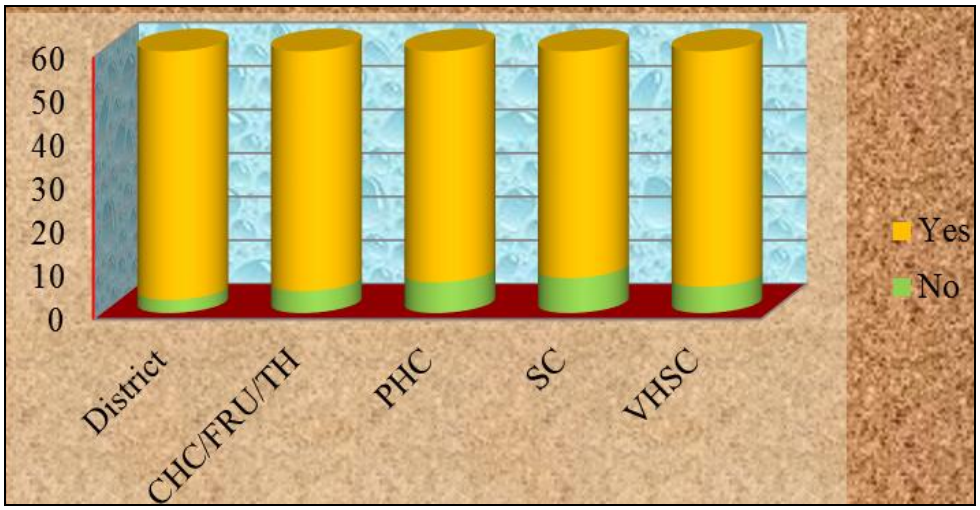

Fig 1: problem of Language

Table 2: Information about Preference of Language

Preference		Hospitals					Total
		District	CHC/FRU/TH	PHC	SC	VHSC	
English	Count	32	16	10	5	3	66
	% within Hospitals	53.3%	26.7%	16.7%	8.3%	5.0%	22.0%
Regional	Count	28	44	50	55	57	234
	% within Hospitals	46.7%	73.3%	83.3%	91.7%	95.0%	78.0%
Total	Count	60	60	60	60	60	300
	% within Hospitals	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Chi-Square Value of Equal Opinion: 94.080***				df: 01		Sig: 0.000	
Chi-Square Value for Association: 52.720***				df: 04		Sig: 0.000	

Source: Field Survey Data.
***Significant at one percent level.

Problems in language immediately call for preference of Language by the students or trainees in order to solve the problem of language and for effective communication and to make the programme successful. In this background, respondents have asked to reveal their preference of language for training programmes and the above table presents information about the preference of language given by ASHAs for the training programmes.

Accordingly, 78 percent of ASHAs have preferred for regional (Kannada) language in the training programmes. 22 percent of ASHAs have preferred for English as language in the training programmes.

Two Chi-square tests are conducted; one for difference in opinion and another for association between opinion and type of health centers. Chi-square test for equal opinion is statistically significant at one percent level. Therefore, majority of the ASHA have preferred Kannada language in training programmes.

The chi-square test for association is also statistically significant even at one percent level. Matters of fact, relatively more number of ASHAs from VHSC and SC have preferred Kannada language for training programme.

Hence, majority of the ASHA have preferred Kannada language for the training programmes and the preference has been largely given by ASHAs belonging to VHSC and SC.

The following graph also presents information about preference of language for training programmes;

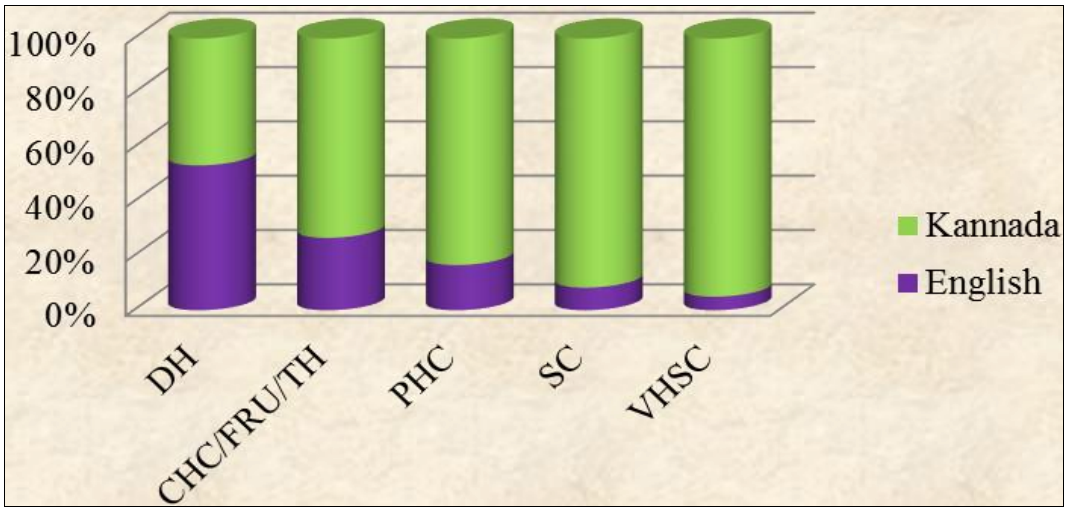

Fig 2: problem of Language

Table 3: Opinion on Clarity in Teachers during Training Programme

Opinion		Hospitals					Total
		District	CHC/FRU/TH	PHC	SC	VHSC	
No	Count	3	10	21	28	48	110
	% within Hospitals	5.0%	16.7%	35.0%	46.7%	80.0%	36.7%
Yes	Count	57	50	39	32	12	190
	% within Hospitals	95.0%	83.3%	65.0%	53.3%	20.0%	63.3%
Total	Count	60	60	60	60	60	300
	% within Hospitals	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Chi-Square Value of Equal Opinion: 121.333				df: 01		Sig: 0.000	
Chi-Square Value for Association: 87.416				df: 04		Sig: 0.000	

Source: Field Survey Data.

***Significant at one percent level.

Teacher should have clarity in what they taught and each concept which they use in training programme. This helps to improve the teaching learning process. In this background, respondents have asked to reveal their opinion about the clarity in teacher and the above table presents information about the clarity of teachers as revealed by ASHAs.

According to 63.3 percent of ASHAs teacher have clarity in what they taught. As per 36.7 percent of ASHAs teachers do not have clarity in training programme.

Two Chi-square tests are conducted; one for difference in opinion and another for association between opinion and type of health centers. Chi-square test for equal opinion is statistically significant at one percent level. Therefore, according to majority of the ASHAs' teachers have teachers have clarity in training programme.

The chi-square test for association is also statistically significant at one percent level. Matters of fact, relatively more number of ASHAs from DH and CHC/FRU/TH have noticed the clarity in teachers during the training programmes.

Hence, majority of the ASHA have noticed clarity in teachers and relatively more number of ASHAs from DH and CHC/FRU/TH have strongly noticed the clarity in teachers during the training programmes.

The difficulty in language has been played major role in

noticing the clarity in teachers. As it was identified from the discussion with ASHA that the medium of instruction in the training programme is English and most of the rural ASHA have failed to follow the delivery of teachers.

The following graph also presents information about clarity in teachers during training programmes;

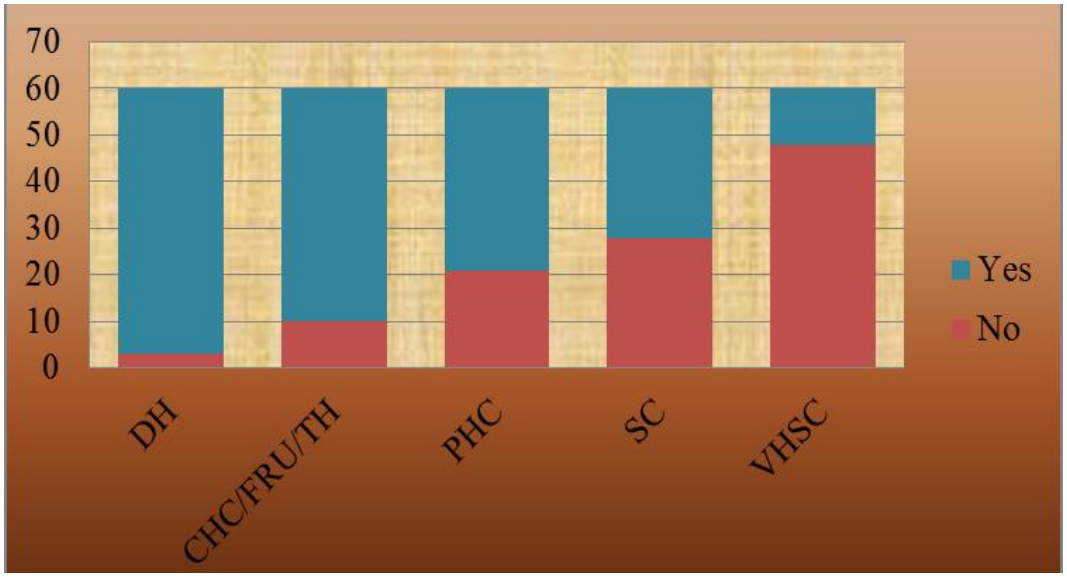

Fig 4: Clarity in Teacher

Table 4: Information on Clarification of Doubts during Training Programmes

Opinion		Hospitals					Total
		District	CHC/FRU/TH	PHC	SC	VHSC	
No	Count	10	18	32	37	52	149
	% within Hospitals	16.7%	30.0%	53.3%	61.7%	86.7%	49.7%
Yes	Count	50	42	28	23	8	151
	% within Hospitals	83.3%	70.0%	46.7%	38.3%	13.3%	50.3%
Total	Count	60	60	60	60	60	300
	% within Hospitals	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Chi-Square Value of Equal Opinion: 0.013				df: 01		Sig: 0.908	
Chi-Square Value for Association: 72.057				df: 04		Sig: 0.000	

Source: Field Survey Data.

***Significant at one percent level.

Clarifying the doubts raised by trainees is also important in point of view of better reaching objectives of training programme. It all depends on how efficiently teachers solve the doubts and clarify them. In this background, respondents have asked to reveal their opinion about clarification of doubts by trainers and the above table presents information about the clarification of doubts during training programmes.

According to 50.3 percent of ASHAs teacher have clarified the doubts raised during the training programme. As per 36.7 percent of ASHAs' teachers have failed to clarify the doubts in training programme.

Two Chi-square tests are conducted; one for difference in opinion and another for association between opinion and type of health centers. Chi-square test for equal opinion is statistically not significant even at five percent level. Therefore, doubts have not been effectively clarified in training programmes.

The chi-square test for association is statistically significant at one percent level. Matters of fact, relatively more number of ASHAs from DH and CHC/FRU/TH have got clarifications in teachers during the training programmes compared to other ASHAs.

The following graph also presents information about clarification of doubts by teachers during training programmes;

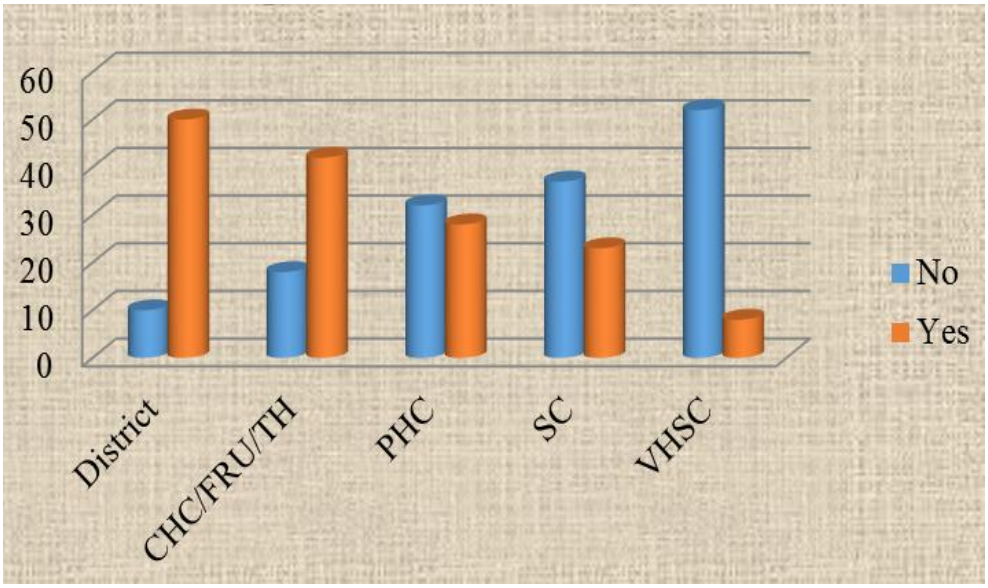

Fig 4: Clarification of Doubts

Conclusion

The present paper analyzed the problems of language in training programmes for ASHA. It has found from the study that majority of the ASHA have been faced language problem in their training programmes. Matter of fact, most of the ASHA from urban and semi-urban areas have preferred English as an instruction medium of training and ASHAs from rural areas have preferred regional language as instruction medium of training. Due to the difficulty of problem, ASHA have not get clarity in trainers and they have also failed get clarity for their doubts. There is dichotomy in clarification of doubts during the training programmes. Most of the ASHA from DH and CHC/FRU/TH have got clarification for their doubts but others have failed to get clarification for their doubts. Therefore, training programmes have been failed to reach all types of ASHAs in order to effectively fulfill the objectives of training programme. Accordingly, language has become an important hurdle in effectively solving the problems and doubts of ASHAs. Hence, there is a need of changing the language policy in training programmes being conducted for ASHA. As it was preferred by most of the rural ASHA, for them, training should be given in their regional language (Kannada) and for ASHA in urban area may be taught in English language. This change is most required to improve the effectiveness of training programmes for ASHA. At the same time there is also need to appoint trainers to teach in regional language.

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