

## Self-Efficacy and Perceived Social Support among Asha Workers

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### ABSTRACT

The study intends to explore the relationship of self-efficacy and perceived social support among Asha workers. Through online survey two questionnaires were distributed to 60 Asha workers aged between 30 and 50 years (N=60 female) of various village of Ernakulam district. A quantitative strategy was used, as well as a cross-sectional descriptive research design and a purposive sample technique. Questionnaires of Multidimensional scale of perceived social support (Zimet et al., 1988) was used to assess perceived social support among Asha workers and General self-efficacy scale (Schwarzer & Jerusalem, 2010) was used to determine self-efficacy among Asha workers. To arrive at the results, Pearson Correlation and Independent Sample t-test were used. According to Pearson Correlation the results indicated a significant positive relation between self-efficacy and perceived social support and Asha-workers. Independent sample t-test was computed and result indicated Asha-workers with less than five-year work experience is found to be higher in self-efficacy and perceived social support.

**Keywords:** Accredited Social Health Activist, Self-Efficacy, Perceived Social Support

The National Rural Health Mission (NRHM) was launched by the Indian government on April 12, 2005, with the goal of making necessary architectural corrections in the basic healthcare delivery system and thus providing comprehensive integrated health care to rural people, particularly the most vulnerable members of society, such as women and children.(Shrivastava, 2012).

This programme is being implemented because it is deemed necessary for achieving the goal of enhancing community participation and access to healthcare. Accredited Social Health Activists must complete a series of modular training programmes led by a trained Taluka medical officer / district health officer at district hospitals / Block Primary Health Centers (PHCs). For promoting universal immunization, referral and escort services for reproductive and child health (RCH), and other healthcare programmes, ASHAs get performance-based incentives. ASHA workers are female health volunteers from the community who are between the ages of 25 and 50 and have completed at least 8 years of formal education. NRHM provides comprehensive training to ASHAs in order to increase their potential and motivate them(Taneja, 2005). Despite the fact that ASHAs are volunteers, they are compensated for their time and efforts through outcome-based pay and financial

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reimbursement for training days. Each ASHA worker is required to receive a monetary reward of 2,000 for the services she delivers to the community. Aside from that, they are offered incentives based on their work performance.

Self-efficacy is a person's belief in his or her ability to carry out the actions required to achieve specified performance goals. (Bandura & Wessels, 1994). It reflects confidence in the capability to put forth restraint over one's own up motivation, behavior, and collective environment. When an individual is faced with stress and problems, perceived self-efficacy impacts what coping behaviour is launched, as well as how much effort will be exerted to attain one's goals and for how long those goals will be pursued, according to Bandura (1999). According to Akhtar, Self-efficacy is the belief we have in our own abilities, specifically our ability to meet the challenges ahead of us and complete a task successfully (2008).

Social support is the verbal and nonverbal communication between recipients and providers that lowers confusion about the circumstance, the self, the other, or the connection, and whose aim is to strengthen a perception of personal in one's daily experience (Albrecht & Adelman, 1987). Social support is the concept that people exist to varied degrees in networks through which they can receive and give aid, and in which they engage in interactions (Patel et al., 2005). In dealing with pressures, social support can be extremely beneficial. Specifically, social support is institute to be connected with further certain adjustment (Tao et al., 2000).

The current study has been designed for ascertaining the importance of variables self-efficacy and perceived social support among ASHAs and how these variables impact on them in order to play their defined roles effectively. Social support from society and self-belief in one's own skills is important in order to play important role like identifying problems at the earliest and help in improving community health status. Therefore, the present study was undertaken to understand whether there is any significant relationship between self-efficacy and perceived social support among ASHAs in the community.

There have been studies conducted to understand the relation between social support and mental health among married women teachers, and the findings indicated that there is significant difference in Social Support and Mental Health were observed with respect to age, income, year of marriage, teaching experience and working hours (Nalina & Sethuramasubbiah, 2017).

The study on 'Self-efficacy of Women Teachers in the state of Punjab' was conducted by Sharma & Kaur R (2017). The major findings of the study reveal that school and college women teachers do not differ significantly on teacher self-efficacy. Women teachers generally have average level of teacher self-efficacy.

A study was done by Kalpana Rani E (2016) for testing perceived social support and psychological well-being in young working adults, which resulted that perceived social support (PSS) has significant positive correlation with Psychological Well-Being (PWB) indicating that the higher the level of PSS, the higher the level of PWB.

The objective of the study was to examine the performance motivation of community health workers (CHWs) and its determinants on India's Accredited Social Health Activist (ASHA) Programme and the result showed that there was no association established between their

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level of dissatisfaction on the incentives and the extent of motivation (Gopalan & Mohanty, 2012).

Nathan C. Beocan et al (2003) identified that perceived social support was negatively associated with burnout, even after controlling for the effects of anxiety in their study of 'Personality, Social support & Burnout among Human service Professionals in India'. They aimed in investigating the relationship between personality and social support in predicting various forms of adjustment.

### **METHODOLOGY**

Purposive sampling methods are used in this Co-relational design. The key variable targeted in this investigation is: Self-efficacy and Perceived social support. The target population is: Asha workers within age 30-50

#### *Objectives*

- To study the relationship between self-efficacy and perceived social support among Asha workers
- To study the relationship between self-efficacy and dimensions of perceived social support
- To study whether there is difference between the groups based on work experience in the variables self-efficacy and perceived social support.

#### *Hypotheses*

Ho1: There is no significant relationship between perceived social support and self-efficacy among Asha workers.

Ho2: There is no significant relationship between self-efficacy and dimensions of perceived social support

Ho3: There is no significant difference between the groups based on work experience in the variables self-efficacy and perceived social support

#### *Participants*

Asha workers within age 30-50, of various panchayat within Ernakulam zone of Kerala, were chosen as the population of the study through randomly sampling. The study consisted of a sample of 60 Asha workers.

#### *Tools used for the study*

- **General Self Efficacy Scale(Schwarzer & Jerusalem, 2010):** General Self Efficacy scale was developed by Ralf Schwarzer and Matthias Jerusalem (1995). It is a 10-item psychometric scale. This scale is mainly designed for assessing optimism, which is explicitly referring to Personal agency, i.e., the belief and actions of an individual which is responsible for a successful outcome. The perceived self-efficacy is considered as an operative and prospective construct. For obtaining the final scoring, we have to add up all the responses to a sum score. The range may vary from 10-40 points and there is no cut-off score. We have to establish the group on the basis of empirical distributions corresponding to that particular population. Reliability of the scale; Internal reliability for GSE= Cronbach's alphas between .76 and .90 and the validity; the GSE scale is correlated to emotion, optimism, work, satisfaction, positive coefficient were found for depression, stress, health, complains, burnout, and anxiety.

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- **Multi-Dimensional Scale of Perceived Social Support (MPSS)(Zimet et al., 1988):** It was developed by Gregory Zimet (1988). MSPSS is a brief research tool designed to measure perceptions of support from 3 sources: Family, Friends, and a Significant Other. The scale is comprised of a total of 12 items, with 4 items for each subscale. MPSS has been shown to have good internal and test-retest reliability, good validity, and a fairly stable factorial structure. Reliability of scale demonstrate good internal consistency with an alpha coefficient of 0.85-0.91 and the validity; the scale evaluates the adequacy of social support from three different sources namely family, friends and significant others.

### **Procedure**

The focus of the study was to determine if there is any relationship between self-efficacy and perceived social support among Asha workers and whether there is any experience vice difference in the variables self-efficacy and perceived social support. The responses were collected through online surveys. They were instructed to fill the questionnaire of general self-efficacy scale and multi-dimensional scale of perceived social support. The sample size of this study is 60. The response was scored according to standard scoring procedure given in the manual. Then the data was entered in to a spread sheet for further statistical analysis.

### **RESULTS**

- There is significant relationship between perceived social support and self-efficacy among Asha workers.
- There is significant relationship between self-efficacy and dimensions of perceived social support
- There is no significant difference between the groups based on work experience in the variables self-efficacy and perceived social support.

**Table 1: Correlation obtained between the variables self-efficacy and perceived social support**

Variable	Social support
Self-efficacy	.389**

Note: \*. Correlation is significant at the 0.01 level.

**Table 2: Coefficient of correlation obtained between variables self-efficacy and dimensions of perceived social support.**

variable	Significant others	Family	Friends
Self-efficacy	.424**	.348**	.328*

Note: \*. Correlation is significant at the 0.01 level.

**Table 3: Mean, Standard deviation and 't' value of year of experience in the variable self-efficacy and perceived social.**

Variables	Year of experience				‘t’
	Less than 5 years (N=30)		More than 5 years (N=30)		
	M	SD	M	SD	
Self-efficacy	32.70	3.78	31.87	4.07	.821
Social support	6.1	.67	6.0	.97	.038

### DISCUSSION

The table 1 illustrates the significant relationship of self-efficacy and perceived social support. It is found that the variables have a significant relation at 0.01 level, hence the Hypothesis 1 is rejected. Table 2 shows the significant relationship of self-efficacy and dimensions of perceived social support. The dimensions significant others, family, and friends has a significant relation at 0.01 level to self-efficacy, hypothesis 2 is also rejected. The result obtained from the present study accordance with the study done by Nalina, B and Sethuramasubbiah in 2017. Their findings indicated that there was significant difference in social support and mental health were observed with respect to age, income, year of marriage, and working hours. Another similar result was obtained by the study done by Kalpana Rani E in 2016 which indicated that perceived social support has significant positive correlation with Psychological Well Being (PWB) (K. Rani, 2016). The study done by Sanjay Singh et al., in 2019 also shows the similar results. Based on their findings it shows that the self-efficacy and work place well-being are positively correlated (Singh et al., 2019). Various contradictory studies have also been obtained related to the present study. One such result is obtained by revealing that there is no significant difference between perceived social support and levels of qualification (Beigh K S and Dr Shafi H in 2018). From the Table 3 it understood that there is no significant difference between the groups based on work experience in the variables self-efficacy and perceived social support. There is only a slight difference in the mean of less than five-year experienced individuals and more than five-year experienced individuals, in the variable self-efficacy and perceived social support. The scores obtained for self-efficacy based on the work experience less than 5 years was (M=32.70, SD=3.78) similarly for Perceived social support (M= 6.1 and SD=0.67). For the work experience of more than 5 years scores for Self-efficacy was (M=31.87 and SD=4.07) and for Social Support (M=6.0 and SD=0.97). The obtained Sig. Value was 0.821 for self-efficacy and 0.038 for Social Support, which indicates the social support received by the workers from society and self-belief in doing their work is higher during the initial period of job than in later

### CONCLUSION

Since the major purpose of the study was to examine relationship between Self-efficacy and Perceived Social Support among Asha Workers. Depending on the findings of the study, the following concluding notes were made:

- The current study shows that there is significant relationship between perceived social support and self-efficacy among Asha workers. It was observed a positive correlation between Self-efficacy and Social Support ( $r=0.389$ ,  $p>0.05$ )
- The study also showed that there is significant relationship between self-efficacy and dimensions of perceived social support. The dimensions significant others, family, and friends has a significant relation at 0.01 level to self-efficacy.
- It was observed that there is no significant difference between the groups based on work experience in the variables self-efficacy and perceived social support. It was statistically not significant based on experience level less than 5 years, self-efficacy was (M=32.70, SD=3.78) and social support (M= 6.1 and SD=0.67). and for experience level more than 5 years, self-efficacy (M=31.87 and SD=4.07) and for Social Support is (M=6.0 and SD=0.97).

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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