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Work –family Conflict in Accredited Social Health Activists in Selected District of AndhraPradesh, India

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Abstract

Work–family conflict is a significant concern among frontline health workers, particularly Accredited Social Health Activists (ASHAs), due to the demanding and unpredictable nature of their roles. This study aimed to assess the level of work–family conflict among ASHAs and examine its association with selected demographic variables in Chittoor district of Andhra Pradesh, India. A non-experimental descriptive research design with a survey approach was adopted. A total of 362 ASHAs (309 rural and 53 urban) were selected using simple random sampling. Data were collected using the standardized Work–Family Conflict Scale developed by Carlson, Kacmar, and Williams (2000), which measures time-based, strain-based, and behavior-based conflict in both directions.

The findings revealed that a majority of ASHAs experienced high levels of work–family conflict (42%), followed by moderate (31.2%) and low (26.8%) levels. Rural ASHAs reported significantly higher conflict compared to their urban counterparts ($p < 0.01$). Significant associations were observed between work–family conflict and education and income ($p < 0.01$), and experience ($p < 0.05$), whereas age showed no significant association. Time-based work interference with family was the most prominent dimension of conflict, largely due to the nature of ASHAs' responsibilities requiring extended and irregular working hours.

The study concludes that ASHAs experience considerable work–family conflict, which may affect their well-being and job performance. Interventions such as flexible work scheduling, supportive supervision, and family-friendly policies are recommended to reduce conflict and enhance the effectiveness of ASHAs in community health services.

Keywords: Work–family conflict, ASHA workers, rural health, community health nursing, occupational stress

Introduction

Work-family conflict (WFC) is a complex construct having multiple forms (time-based, strain-based and behavior-based) and operating in multiple domains (work and family) and is bidirectional. (Carlson DS) Work-family conflict is defined as a form of inter-role conflict in which role pressures from the work and family domains are mutually incompatible in some respect, meaning that participation in the work (family) role is made more difficult by virtue of participation in the family (work) role.

Time based WFC arises when multiple roles compete for a person's time. Time spent on activities within one role generally cannot be devoted. Strain-based conflict exists when strain in one role affects one's performance in another role. Third form is the behaviour based WFC. Specific patterns of in-role behavior may be incompatible with expectations regarding behavior in another role

Work and family are the most important responsibilities of an adult. India is home to the world's second largest workforce approximately 478 million people that includes women constitute 32% of working population. Since more and more people are seeking jobs, they are having tough time in balancing work and family simultaneously work-Family dispute occurs when there are conflicting needs between the family and work roles of an individual that makes participation in both roles more difficult. Accordingly, the conflict takes place at the work-life interface. According to (Grzywacz, 2006) Work-family conflict refers to situations where the demands and responsibilities from work and family roles are mutually incompatible in some respect.

Need for the Study

ASHAs role as mobilizer of health services demands to be work in field, she was called at any time in a day to attend any of the health services mainly accompanying pregnant woman for deliveries. Some time may have to stay in hospital overnight. This time factor interferes with family activities. ASHA were to mobilize the beneficiaries for any health related activities implemented the government e.g all the significant health days, NCD surveys, attending cancer screening programmes etc. So it is essential to study the work-Family conflict among the ASHAs inoder to improve the services rendered by them

Objectives

To assess the conflict between job and family responsibilities inAccredited Social Health Activists

To find out the association between work-family conflict with selected demographic variables

Methodology

Non experimental descriptive research design and Survey approach was adapted to carry out the study Chittoor district was chosen to carry out the study as the setting was feasible for the researcher to carry out the study.

Sampling Technique

A sample framework of the ASHAs list was obtained from the AP state Nodal officer. According to the ASHA Data Base Register, there were 2907 ASHAs working in the Chittoor District's rural areas and 205 ASHAs working in the district's urban areas. The sample size is calculated using the formula of 10% of the population.A simple random technique was used to select the samples from urban and rural areas. The sample size was 309 ASHAs from rural areas and 53 ASHAs from urban areas. Work family conflict scale (Carlson, Kacmar, and Williams, 2000) was used to collect the data. The scale was translated to the local language Telugu and then back-translated before pilot testing and necessary modifications were made to suit the local setting. The WFC Scale is an 18-item self-report scale that is both bi-directional and multi-dimensional. The scale is bi-directional in that it assesses both directions of work-family conflict (i.e., work-interference with family and family-interference with work). The scale is multidimensional in that, within both scales measuring directionality, the three major forms of work-family conflict are represented (i.e., time-, strain-, and behavior-based). Respondents rate the degree to which each statement describes their experience on a 5-point Likert-type scale ranging from 1 (strongly disagree)
to 5 (strongly agree). As the scores increase, the conflict increases work family conflict scores was categorized into low, medium high conflict.

Plan of Data Collection and analysis

After obtaining permission from the Project Officer, District Training Team (PO DTT) Chittoor District, permission was taken from medical officers of Primary Health Centres and Urban Health Centres. Data collection process is arduous and time-consuming process. Meeting the respondents at the appointed time in the leisure hours at their work places, demanded a lot of prior planning. Collecting data consumed one complete year, starting from Jan 2021 and ending on December 2021. The data was manually edited, coded and then entered into sheet of 16th version of SPSS

Ethical Considerations

The purpose, objectives and utility of the study were explained to the respondents with the promise that the information provided by them would be kept confidential without divulging it to others. Further the respondents were promised the information they give will be strictly used for the research purposes only.

Results and Discussion

Most of the respondents 154 (42.5%) are in the age group of 25-35 years. Married, 151 (41.7%) studied up to secondary education, 164 (45.3%) belonged to the BC category. All the women in the sample were in their productive years. These women have conceded to working as ASHAs despite many responsibilities

Table-1Frequency and percentage distribution of sample as per Time – based work interference with family

S. No.	Item	SD F(%)	D F(%)	N F(%)	A F(%)	SA F(%)
1.	Time – based work interference with family					
	My work keeps me from my family activities more than I would like	45(12.4)	37(10.2)	105(29.0)	44(12.2)	131(36.2)
	The time I must devote to my job keeps me from participating equally in household responsibilities and activities	24(6.6)	47(13.0)	73(20.2)	202(55.8)	16(4.4)
	I have to miss family activities due to the amount of time I must spend on work responsibilities	28(7.7)	73(20.2)	126(34.8)	125(34.5)	10(2.8)

.Table 1 presents the distribution of responses related to time-based work interference with family among ASHAs. A substantial proportion of respondents (36.2%) strongly agreed that their work keeps them away from family activities more than desired. More than half of the participants (55.8%) agreed that job responsibilities prevent them from participating equally in household activities. Additionally, nearly equal proportions of respondents were neutral (34.8%) and agreed (34.5%) that they miss family activities due to work commitments.

Table 2.Distribution of sample as perTime – based family interference with work

S. No.	Item	SD F(%)	D F(%)	N F(%)	A F(%)	SA F(%)
1.	Time – based family interference with work					
	The time I spend on family responsibilities often interfere with my work responsibilities	32(8.8)	74(20.4)	146(40.3)	100(27.6)	10(2.8)
	The time I spend with my family often causes me not to spend time in activities at work that could be helpful to my career	24(6.6)	86(23.80)	193(53.3)	57(15.7)	2(0.6)
	I have to miss work activities due to the amount of time I must spend on family responsibilities	26(7.2)	165(45.6)	141(39.0)	26(7.2)	4(1.1)

Table 2 illustrates the extent to which family responsibilities interfere with work among ASHAs. A considerable number of respondents (40.3%) expressed a neutral opinion regarding the interference of family responsibilities with work. Similarly, more than half (53.3%) remained neutral about the impact of family responsibilities on career-related activities. Notably, 45.6% of respondents disagreed that family responsibilities interfere with their work activities.

Table-3 Strain based work interference with family

S. No.	Item	SD F(%)	D F(%)	N F(%)	A F(%)	SA F(%)
1.	Time – based family interference with work					
	When I get home from work I am often too frazzled to participate in family activities and responsibilities	41(11.3)	199(55.0)	72(19.9)	32(8.8)	4(1.1)
	I am often so emotionally drained when I get home from work that it prevents me from contributing to my family	35(9.7)	186(51.4)	105(29.0)	32(8.8)	4(1.1)
	Due to all the pressures at work, sometimes when I come home I am too stressed to do the things 1 enjoy.	20(5.5)	118(32.6)	170(47.0)	49(13.5)	5 (1.4)

Table 3 depicts strain-based work interference with family. More than half of the respondents (55.0%) disagreed that they feel too exhausted after work to participate in family activities. Likewise, 51.4% disagreed that emotional exhaustion from work prevents them from contributing to family responsibilities. However, 47.0% of respondents remained neutral regarding the impact of work pressure on their ability to engage in family activities

Table-4Strain Based family interference with work

S. No.	Item	SD F(%)	D F(%)	N F(%)	A F(%)	SA F(%)
1.	Due to stress at home. I am often preoccupied with family matters at work	46(12.7)	209(57.7)	89(24.6)	16(4.4)	2(0.6)
	Because I am often stressed from family responsibilities. I have a hard time concentrating on my work	48(13.3)	143(39.5)	158(43.6)	12(3.3)	1(0.3)
	Tension and anxiety from my family life often weakens my ability to do my job	33(9.1)	171(47.2)	143(39.5)	13(3.6)	2(0.6)

Table 4 demonstrates the influence of family-related stress on work performance. A majority of respondents (57.7%) disagreed that stress at home interferes with their work. Additionally, 43.6% expressed a neutral opinion about the impact of family stress on concentration at work. Nearly half (47.2%) disagreed that family-related tension and anxiety weaken their work performance.

Table-5 Behavior– based work interference with family

S. No.	Item	SD F(%)	D F(%)	N F(%)	A F(%)	SA F(%)
Behavior– based work interference with family						
The problem solving behaviours I use in my job are not effective in resolving problems at home		21(5.8)	112(30.9)	140(38.7)	85(23.5)	4(1.1)
Behaviour that is effective and necessary for me at work would be counterproductive at home		33(9.1)	83(22.0)	219(60.5)	23(6.4)	4(1.1)
The behaviours I perform that make me effective at work do not help me to be a better parent and spouse		29(8.0)	171(47.2)	142(39.2)	15(4.1)	5(1.4)

Table 5 outlines behavior-based work interference with family. A notable proportion of respondents (38.7%) were neutral regarding whether problem-solving behaviors used at work are ineffective at home. A majority

(60.5%) also remained neutral about whether behaviors effective at work are counterproductive at home. Furthermore, 47.2% of respondents agreed that behaviors that make them effective at work do not necessarily help them perform better as parents or spouses.

Table-6 Behavior – based family interference with work

S. No.	Item	SD F(%)	D F(%)	N F(%)	A F(%)	SA F(%)
	Behavior – based family interference with work					
	The behaviours that work for me at home do not seem to be effective at work	18(5.0)	88(24.3)	156(43.1)	91(25.1)	9(2.5)
	Behaviour that is effective and necessary for me at home would be counterproductive at work	13(3.6)	80(22.1)	144(39.8)	46(12.7)	79(21.8)
	The problem – solving behaviour that work for me at home does not see on to be as useful at work	20(5.5)	160(44.2)	155(42.8)	13(3.6)	14(3.9)

Table 6 presents behavior-based family interference with work. A considerable proportion of respondents (43.1%) were neutral about whether behaviors effective at home are ineffective at work. Similarly, 39.8% expressed neutrality regarding whether home behaviors may be counterproductive at work. In contrast, 44.2% disagreed that problem-solving behaviors used at home are not useful in the workplace.

Table No. 7: Level of conflict in Rural and Urban ASHAs

Level of conflict			
Low	**Medium**	**High**	**Total**
97	113	152	362
26.8%	31.2%	42.0%	100.0%

Table 7 shows the overall level of work–family conflict among ASHAs. A majority of respondents (42.0%) reported a high level of conflict, followed by 31.2% with moderate conflict and 26.8% with low conflict. These findings indicate that a significant proportion of ASHAs experience considerable difficulty in balancing work and family responsibilities..

Table No. 8: Work –Family conflict in ASHAs in Rural and Urban areas

S.No.	Locality	Number	Mean	Std. Deviation	t-value	p-value
1	Rural	309	49.95	7.821	3.3967**	0.001
2	Urban	53	46.15	5.458		

*significant at 5% level, **significant at 1% level

Table 8 compares work–family conflict scores between rural and urban ASHAs. The mean score was higher among rural ASHAs (49.95 ± 7.821) compared to urban ASHAs (46.15 ± 5.458). The t-test revealed a statistically significant difference (t = 3.3967, p = 0.001), indicating that rural ASHAs experience significantly greater work–family conflict than their urban counterparts.

Table No. 9: Association between Demography variables and Work-Family Conflict scores

S.No	Variable	Number	Mean	Std. Deviation	F-value	p-value
1	Age	362	49.40	7.635	0.551	0.648
2	Education	362	49.40	7.635	4.212**	0.002
3	Income	362	49.40	7.635	6.241**	0.000
4	Experience	362	49.40	7.635	2.562*	0.046

*significant at 5% level**significant at 1% level

Analysis of the association between demographic variables and work–family conflict showed that education and income were significantly associated with conflict levels at the 1% level ($p < 0.01$). Experience was also significantly associated at the 5% level ($p < 0.05$). However, age did not show a statistically significant association with work–family conflict ($p > 0.05$). These findings suggest that socio-economic and professional factors play an important role in influencing work–family conflict among ASHAs.

Conclusion

The present study highlights that work–family conflict is a significant issue among Accredited Social Health Activists (ASHAs) in the selected district of Andhra Pradesh. A considerable proportion of ASHAs experienced high levels of conflict, primarily driven by time-based work interference with family responsibilities. The nature of ASHA work, which involves extended, irregular hours and frequent field responsibilities, substantially limits their ability to engage in family activities.

The findings indicate that work demands have a greater impact on family life than family responsibilities have on work. While strain-based and behavior-based conflicts were comparatively less pronounced, time-related pressures emerged as the most critical factor contributing to imbalance. Rural ASHAs reported significantly higher levels of conflict than their urban counterparts, possibly due to additional socio-cultural constraints, limited resources, and increased workload.

Furthermore, demographic variables such as education, income, and work experience showed significant associations with work–family conflict, suggesting that socio-economic and professional factors influence the degree of conflict experienced. However, age did not demonstrate a significant relationship.

Overall, the study underscores the need for supportive measures to address work–family conflict among ASHAs, as persistent imbalance may affect their well-being, job satisfaction, and effectiveness in delivering community health services.

Recommendations

Based on the findings of the study, the following recommendations are proposed:

Administrative and Policy-Level Recommendations

Flexible work scheduling should be introduced to help ASHAs balance their professional and family responsibilities more effectively.

Workload should be rationalized by clearly defining roles and limiting excessive or non-essential tasks

Provision of incentives and fair remuneration may reduce stress and improve job satisfaction

Policies promoting family-friendly work environments should be implemented, especially in rural settings.

Supervisory and Organizational Support

Supportive supervision should be strengthened through regular guidance, mentoring, and counselling.

Periodic review meetings should focus not only on performance but also on addressing challenges related to work–family balance.

Adequate staffing and resource allocation should be ensured to reduce the burden on individual ASHAs.

Capacity Building and Training

Training programs should include stress management, time management, and coping strategies to handle work–family conflict.

Workshops on work–life balance and self-care practices can enhance resilience among ASHA

Orientation programs for newly recruited ASHAs should prepare them for managing dual roles effectively.

Family and Community Support

Awareness programs can be conducted to sensitize family members about the responsibilities and challenges faced by ASHAs.

Community support mechanisms should be encouraged to share responsibilities during health-related activities and emergencies.

Further Research

Comparative studies can be conducted across different districts or states to generalize findings.

Longitudinal studies are recommended to assess changes in work–family conflict over time.

Interventional studies may be undertaken to evaluate the effectiveness of strategies aimed at reducing work–family conflict.

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Conflict of Interest-Nil

References

Carlson, D. S., Kacmar, K. M., & Williams, L. J. (2000). Construction and initial validation of a multidimensional measure of work–family conflict. *Journal of Vocational Behavior, 56*(2), 249–276. https://doi.org/10.1006/jvbe.1999.1713

Greenhaus, J. H., & Beutell, N. J. (1985). Sources of conflict between work and family roles. *Academy of Management Review, 10*(1), 76–88. https://doi.org/10.5465/amr.1985.4277352

Grzywacz, J. G., & Marks, N. F. (2000). Reconceptualizing the work–family interface: An ecological perspective on the correlates of positive and negative spillover between work and family. *Journal of Occupational Health Psychology, 5*(1), 111–126. https://doi.org/10.1037/1076-8998.5.1.111

Netemeyer, R. G., Boles, J. S., & McMurrian, R. (1996). Development and validation of work–family conflict and family–work conflict scales. *Journal of Applied Psychology, 81*(4), 400–410. https://doi.org/10.1037/0021-9010.81.4.400

Allen, T. D., Herst, D. E. L., Bruck, C. S., & Sutton, M. (2000). Consequences associated with work–family conflict: A review and agenda for future research. *Journal of Occupational Health Psychology, 5*(2), 278–308. https://doi.org/10.1037/1076-8998.5.2.278

World Health Organization. (2020). *Community health workers: What do we know about them?* WHO Press.

Ministry of Health and Family Welfare. (2019). *ASHA: Which way forward? Evaluation of the ASHA programme*. Government of India.

George, A. (2008). Nurses, community health workers, and home carers: Gendered human resources compensating for skewed health systems. *Global Public Health, 3*(Suppl 1), 75–89. https://doi.org/10.1080/17441690801892240

Chandrashekhar, S., & Ghosh, S. (2019). Work-life balance among healthcare workers in India. *Indian Journal of Community Medicine, 44*(4), 310–314.

Bhandari, N., & Dutta, S. (2007). Community-based health workers in India: A review. *Human Resources for Health, 5*(1), 1–12. https://doi.org/10.1186/1478-4491-5-1