

A STUDY ON GOVERNMENT HEALTHCARE PROMOTIONAL CAMPAIGNS FOR WOMEN IN RURAL COIMBATORE - EMPRICAL STUDY

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Abstract

Health is very important thing in human's life. The health of Indian women is inherently linked to their status in society. Indian rural women are living with lot of health issues. The government of India launched large number of Government healthcare schemes. These schemes are very useful to meet health problems in India especially in rural areas, but unfortunately all these schemes are not reached to rural areas. This study attempts to measure the level of awareness about government healthcare schemes among rural women and identifies the effective promotional medium. For this study, ten villages in Coimbatore district are selected and data was collected from 135 households through questionnaire. Based on the findings the recommendations are provided for the appropriate authorities for further improvement on the promotional campaigns and to make the health care schemes more effective.

Introduction

India is a traditional country. Indian women's are the daughters of "Bharath Matha". Indian rural peoples are facing many of the health care issues. To tolerate these problems the government of India launched many of healthcare schemes for Indian citizens especially for the rural women. The central government is providing the services through the National Rural Health Mission (NRHM) and Primary Healthcare Centres in rural areas. But there is a lack of awareness about government healthcare schemes, so that these benefits are not reached the rural women successfully. So the government of India should focus on the promotional campaigns to increase the level of awareness about government healthcare schemes. This study is used to identify the awareness about the available government healthcare schemes and also identify the preferred promotional medium to make the scheme more effective.

Review of Literature

This study is mainly focused on the promotional programmes for government healthcare schemes. But there is no exact study for this topic. So the reviews regarding effectiveness of mass media interventions are collected and given below.

Mesfin Awoke Bekalu and Steven Eggermont (2014) studied about the Media use and HIV/AIDS knowledge: a knowledge gap perspective. This study examined the relationship between HIV/AIDS-related mass media use and HIV/AIDS-related knowledge among urban and rural residents of north western Ethiopia. The author conclude that Current mass media information campaigns, which are often prepared and broadcast from urban centres,

may not only fail to improve the HIV/AIDS knowledge of the rural populace but also put rural populations at a disadvantage relative to their urban counterparts. Communication interventions informed by socio ecological models might be helpful to redress and/or narrow the widening knowledge gap between urban and rural residents.

Bala MM et al (2013) studied about Mass Media interventions for smoking termination in adults. The objective of this study is to assess the effectiveness of Mass Media campaigns in reducing the smoking habits among adults. The data collected from eleven campaigns for this study. In this study they find that there is evidence that comprehensive tobacco control programmes like mass media campaigns can be effective in changing smoking behaviour in adults, but the evidence comes from a various group of studies of variable methodological quality. The intensity and duration of mass media campaigns may influence effectiveness, but length of follow-up and concurrent secular trends and events can make this difficult to quantify. No dependable relationship was observed between campaign effectiveness and age, education, ethnicity or gender.

Tanmay Kanti Panja, Dipta Kanti Mukhopadhyay et al (2012) studied about Are institutional deliveries promoted by Janani Suraksha Yojana (JSY) in a district of West Bengal, India? JSY was launched in India to promote institutional deliveries among the poorer section of the society. Cross-sectional study was used in this study. This study is conducted in Bankura district. The respondents are 324 women who delivered in last 12 months. These respondents are selected through cluster technique. In this study they find that 91.0% women received financial assistance from JSY during antenatal period than other women. The result of the study is JSY utilization is significantly associated with institutional deliveries. This study showed that cash incentive under JSY in antenatal period had positive association on institutional deliveries.

Brinn MP, Carson KV, Esterman AJ, Chang AB, Smith BJ (2010) studied about Mass media interventions for preventing smoking in young people. The mass media have been used as a way of delivering preventive health messages. They have the potential to reach and to modify the knowledge, attitudes and behaviour of a large proportion of the community. The objective of this study is to evaluate the effectiveness of mass media interventions (defined as channels of communication such as television, radio, newspapers, bill boards, posters, leaflets or booklets intended to reach large numbers of people and which are not dependent on person to person contact) to prevent smoking in young people in terms of reduced smoking uptake, in addition to secondary outcomes including improved smoking outcomes, attitudes, behaviours, knowledge, self-efficacy and perception. In this study, they find that mass media created the awareness about reduce the smoking behaviour of young people. All of the effective campaigns had a solid theoretical basis, used formative research in designing the campaign messages, and message broadcast was of reasonable intensity over extensive periods of time. In this study, they concluded that mass media can prevent the uptake of smoking in young people.

There are numerous studies conducted on promotional programmes through mass media regarding AIDS and smoking and so on. But there is no study based on awareness about any of the government healthcare schemes. So this study focused on identifying effective promotional media for government healthcare schemes.

Objectives of the study

- To identify the demographic profile of the women respondents who is availing government healthcare programmes
- To find out the awareness levels of the rural women about the healthcare promotional programmes.
- To find the preference about various promotional mediums by the respondents.
- To find the level of satisfaction regarding the healthcare promotional programmes.

Research Methodology:

Sources of data:

This study is based on primary and secondary data. The primary data was collected from the women in the rural areas in Coimbatore. For this purpose a questionnaire was prepared to collect the required details. The respondents are contacted personally and data can be collected. The secondary data was collected from the journals, Magazines; and also collected from the general hospitals, State run Health departments, Primary Healthcare Centres and other Service providers in the selected rural areas in Coimbatore.

Sampling Selection

Data were collected from a representative sample of household women in the rural areas in Coimbatore. The target age group of the respondents were between 20-60 years.

Sampling Procedure

The territory of rural Coimbatore is divided in to four regions- North, South, East and West by using simple random sampling method. The sampling area selection is based on the strength of the population higher than 5000. Questionnaire was issued to 150 respondents out of which 15 questionnaires were rejected due to its insufficiency and inaccuracy and therefore the researcher has selected 135 respondents through simple random sampling method for this study.

Tools of Analysis

Percentage analysis and Chi-square analysis were selected to meet the purpose of each of the specific objectives.

ANALYSIS & INTERPRETATION

Percentage Analysis

Percentage analysis is the method to represent raw streams of data as a percentage for better understanding of collected data; this is done to find the demographic profiles of the respondents.

Table 1 Demographic Profile of the respondents

S. No	Demographic profile		Frequency	Percentage (%)
1	Age	25-30 years	51	37.8
		30-35 years	26	19.3
		35-40 years	16	11.9

		40-45 years	19	14.1
		45-50 years	11	8.1
		above 50 years	12	8.9
2	Marital Status	Single	23	17.0
		Married	108	80.0
		Divorced	1	.7
		Widow	3	2.2
3	Type of family	Joint	50	37.0
		Nuclear	85	63.0
4	Education	Illiterate	34	25.2
		Primary	11	8.1
		Middle	22	16.3
		higher secondary	19	14.1
		Graduation	30	22.2
		post graduation	19	14.1
5	Occupation	Employed	26	19.3
		Self employed	7	5.2
		Labour	19	14.1
		Housewife	50	37.0
		Unemployed	22	16.3
		Professional	5	3.7
		family business	3	2.2
		Retired	3	2.2
6	Income	less than 5000	15	11.1
		5001-10000	45	33.3
		10001-15000	32	23.7
		15001-20000	15	11.1
		above 20000	28	20.7

The above table shows that there is a higher percentage (i.e. 37.8%) of respondents are in the age group of 25-30 years, 78.8% of respondents fall under category of married, 63% of the respondents are from nuclear family, 25.2% of respondents are illiterate, 37% of respondents are fall under housewife category, 33.3% of respondents are fall under the income group of 5001-10000.

Table 2 Widely Known schemes of the respondents

S. No	Schemes	Frequency	Percentage
1	Janani Shuraksha Yojana	98	72.6
2	Janani Shishu Suraksha Karyakram (JSSK)	65	48.1
3	Permanent Family planning	101	74.8
4	Rashtriya Kishor Swasthya Karyakram (RKSK)	12	8.9
5	Menstrual Hygiene among Adolescent Girls (10-19 years)	49	36.3
6	Universal Immunization	103	76.3
7	Navajat Shishu Suraksha Karyakram	11	8.1
8	Home Based New Born Care (HBNC)	48	35.6
9	Mother and Child Tracking system (MCTS)	17	12.6
10	Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)	8	5.9
11	Rashtriya Arogya Nidhi	8	5.9
12	Pulse Polio Immunization	125	92.6

13	Rashtriya Bal Swasthya Karyakram	11	8.1
14	National Vector Borne Disease Control Programme	14	10.4
15	Revised National TB Control Programme	41	30.4
16	National Strategic Programme for TB Control	27	20
17	DOTS Programme, MDR-TB and XDR-TB	32	23.7
18	National leprosy eradication Programme (NLEP)	20	14.8
19	National Mental Health Programme (NMHP)	13	9.6
20	National Programme for the Health Care for the Elderly	19	14.1
21	National Tobacco Control Programme	59	43.7
22	National Iodine Deficiency Disorder Control Programme	19	14.1
23	The Integrated Disease Surveillance Project (IDSP)	6	4.4
24	National Programme for Deafness (NPPCD)	16	11.9
25	National Programme of Prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke Programme	47	34.8

The above table shows that higher percentage (i.e. 92.6%) of the respondents are known about Pulse Polio Immunization Scheme and comparatively very lower percentage (i.e. 4.4) of the respondents are known about the Integrated Disease Surveillance Project (IDSP).

Table 3 Various Promotional Mediums preferred by the respondents

S. No	Name of the Medium	Frequency	Percentage
1	News paper	60	44.4
2	TV	117	86.7
3	Radio	45	33.3
4	Outdoor ad	29	21.5
5	Pamphlets	57	42.2
6	Internet	26	19.3
7	Friends & relatives	105	77.8
8	Whatsapp	25	18.5
9	Face book	26	19.3
10	Mobile SMS	20	14.8
11	Door to Door Advertisement	98	72.6
12	Panchayat union (dhandora)	82	60.7
13	Anganwadi workers	106	78.5
14	Display van with mike	69	51.1
15	Cinema theatre slide	56	41.5
16	Drama by Family welfare	2	1.5
17	Others (Village Health Nurses)	48	35.6

The above table shows that higher percentage (i.e. 86.7%) of the respondents are preferred to promote the government healthcare schemes through Television and comparatively very lower percentage (i.e.1.5) of the respondents are preferred to promote the government healthcare schemes through Drama conducted by family welfare.

Table 4 Level of satisfaction about government healthcare promotional programmes

S. no	Level of satisfaction	Frequency	Percent
1	Highly Satisfied	3	2.2
2	Satisfied	57	42.2
3	Neutral	39	28.9

S. no	Level of satisfaction	Frequency	Percent
1	Highly Satisfied	3	2.2
2	Satisfied	57	42.2
4	Dissatisfied	36	26.7
	Total	135	100.0

It is inferred that there is a higher percentage (i.e. 42.2%) of the respondents are satisfied about government healthcare promotional programmes and comparatively very lower percentage (i.e.0%) of the respondents are highly dissatisfied about government healthcare promotional programmes.

Chi-square analysis

Table 5 Relationship between demographic variables and the Level of satisfaction about the government healthcare promotional programs

Independent variables	Dependent variable	Chi-square value	P Value	Findings
Place	Level of satisfaction about the government healthcare promotional programs	46.682	0.011	There is a significant relationship between Place and the level of satisfaction about the government healthcare programmes.
Age		33.552	0.004	There is a significant relationship between age and the level of satisfaction about the government healthcare programmes.
Education		50.052	0.000	There is a significant relationship between education and the level of satisfaction about the government healthcare programmes.

The above table shows that place, age and education have significant relationship with the level of satisfaction about the government healthcare promotional programmes.

MAJOR FINDINGS & SUGGESTIONS

The awareness levels of the rural women about the healthcare promotional programmes shows that out of 25 government healthcare schemes, all the schemes are known by some of the respondents. Awareness level of few scheme's is high as the percentage analysis shows that 92.6% of the respondents are aware about Pulse Polio Immunization scheme, 76.3% of the respondents are aware about Universal immunization scheme, 74.8% of the respondents are aware about Permanent Family Planning scheme and 72.6% of the respondents are aware about Janani Suraksha Yojana Scheme. Awareness level of many scheme's is very low like only 4.4% of the respondents are aware about Integrated Disease Surveillance Project scheme, 5.9% of the respondents are aware about Pradhan Mantri Swasthya Suraksha Yojana

(PMSSY), Rashtriya Arogya Nidhi scheme, 8.1% of the respondents are aware about Rashtriya Bal Swasthya Karyakram. So the government should focus on improving the awareness level about all the healthcare related schemes for effective usage by the rural women.

2. Respondent's preference about various promotional mediums shows that, 86.7% of the respondents are preferred to promote the government healthcare schemes through Television, 78.5% of the respondents are preferred to promote the government healthcare schemes through Anganwadi workers, 72.6% of the respondents are preferred to promote the government healthcare schemes through door to door advertisement and 60.7% of the respondents are preferred to promote through panchayat union dhandora. And like wise very few percentage of the respondents preferred to promote the government healthcare schemes through Drama conducted by family welfare, mobile SMS (14.8%), Whatsapp (18.5%), Facebook & Internet (19.3%).

In rural areas, many of them are illiterate peoples so the government should focus on easiest way to improve the awareness level about the government healthcare schemes to rural woman.

3. The satisfaction level of respondents regarding the healthcare promotional programmes shows that, 42.2% of the respondents only satisfied about government healthcare promotional programmes so the government should focus on improving the effectiveness of promotional programmes of have government healthcare schemes.

4. From the relationship between demographic variables and the Level of satisfaction about the government healthcare promotional programs, three variables (place, age, education) have significant relationship with levels of satisfaction about government healthcare promotional programmes.

The government has to focus on Medias like news paper, mobile SMS, internet for educated people and Medias like Television, Anganwadi workers and panchayat dhandora for illiterate people to increase the level of awareness about the government healthcare schemes.

CONCLUSION

Women's health in India can be examined in terms of multiple indicators, which vary by geography, socio economic standing and culture. Currently, women in India face a multitude of health problems, which ultimately affect the aggregate economy's output. This study is conducted with the objective of measuring the level of awareness about government healthcare schemes among rural women and identifying the effective promotional medium to promote the available healthcare schemes to reach the people effectively and also finds the level of satisfaction about government healthcare promotional programmes. Pulse polio immunization scheme is having higher level of awareness through the promotional medium Television. This study shows that only 42% of rural women are satisfied about government healthcare promotional programmes. This study suggests the government to use more promotional medium to create the awareness about government healthcare schemes to reach the rural women effectively.

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