

A Health Awareness and Govt. Schemes in India: A Study of Bihar State

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Abstract

The importance of health to society cannot be overstated. A key consideration for assessing social development is health. India and other developing nations face health problems. Numerous programmes have been established by the Indian Government to address public health issues. However, rural Indians are unaware about the health programme. The goal of the current study is to determine how informed people are of health-related initiatives. With the help of a closed-ended questionnaire, we conducted the survey. The findings show that opinion leaders are essential in helping the Indian government's health awareness efforts reach Bihar's rural residents. Although the audience's level of awareness is appropriate, more effort must be put into promotion.

Keywords: Rural India, Health Issues, World Health Organization, Health Schemes and media.

1. Introduction

World Health Organization (WHO) advocates the accessibility for timely and appropriate care to the pregnant women. According to a report published by WHO, around 303003 women died due to pregnancy related problems in 2015. The report states that 2.7 million infants died within 28 days of birth while 2.6 million were stillborn. WHO affirms the need of quality health care services during pregnancy and at the time of childbirth but the data suggests that only 64% of pregnant women get antenatal care properly during their pregnancy (WHO, 2016). In India, every year around 67,000 women die from the complications related to the pregnancy, and approximately 13 lakhs infants die within one year of birth. (Gupta et al., 2016)

Deaths resulting from difficulties during pregnancy or childbirth are referred to as maternal mortality. The UN inter-agency estimates that from 2000 to 2017, the worldwide maternal mortality ratio decreased from 342 deaths per 100,000 live births to 211 deaths per 100,000 live births. South Asia saw the largest decrease in maternal mortality rates over this time, going from 395 to 163 per 100,000 live births. (UNICEF, 2021).

India had an extremely high Maternal Mortality Rate (MMR) in 1990, with 556 women dying after childbirth for every 100,000 live births, when the global MMR was 385 per lakh live births. According to RGI- SRS (2011–2013), India's MMR has decreased to 167 per one million live births, whereas the global MMR is 216 per one million live births (2015). In comparison to the global fall of 44% between 1990 and 2015, India's MMR decreased by 70%.

The Registrar General of India issued a report on Maternal Mortality Ratio (MMR) in March 2022. It is stated that the country's MMR has decreased from 130 in 2014-2016 to 122 in 2015-2016 to 113 in 2016-2017 to 103 in 2017-2019 (PIB, 2022).

Even though India has achieved significant progress in reducing maternal and newborn mortality, each year over 44000 women die from pregnancy-related reasons and approximately 6.6 lakh infants die during the first 28 days of life. If pregnant women receive quality treatment during their antenatal period and high-risk factors such as severe anaemia, pregnancy-induced hypertension, etc. are recognised early and treated appropriately, many of these deaths can be prevented and many lives can be saved.

India's continuous effort in last few years has contributed to the reduction of MMR. The government of India launched many schemes and campaign for reducing the MMR. The schemes like Janani Suraksha Yojana (JSY), Pradhan Mantri Matru Vandana Yojana (PMMVY), Janani Shishu Suraksha Karyakaram (JSSK) and Pradhan Mantri Surakshit Matritva Abhiyan have been launched from time to time to achieve the goal.

The Pradhan Mantri Surakshit Matritva Abhiyan was launched by the Ministry of Health and Family Welfare of the Indian Government (MoHFW). The programme aims to provide free, comprehensive, and high-quality antenatal care to all pregnant women on the ninth of every month.

In the Mann Ki Baat segment from July 31, 2016, the Prime Minister Narendra Modi highlighted the objectives and motivations behind the launch of the Pradhan Mantri Surakshit Matritva Abhiyan. The PMSMA guarantees a minimum set of prenatal care services to women in their second and third trimesters of pregnancy at approved government health institutions. The programme adopts a methodical strategy for connecting with the private sector, including encouraging private practitioners to volunteer for the campaign, developing plans for awareness-raising, and inviting the private sector to participate in the Abhiyan at public health facilities (Parmar & Sharma, 2020).

2. Review of Literature

The Indian government has given a variety of social services to assist the population, although their awareness and efficiency are uncertain. Sachdev et al. discover in their study that the rural population of Kanpur region has a high degree of knowledge of the government's social welfare policies, which is influenced by people's age, gender, literacy level, and socioeconomic class.

The level of awareness was higher in individuals over the age of 30, males, literates, and economic classes 3 and 4 (Sachdev et al., 2022).

Devi TS et al. examined senior citizen awareness and use of government initiatives in four neighbouring states (Punjab, Haryana, Chandigarh, and Himachal Pradesh). In all four states, old age pension scheme awareness was highest. Senior citizen programmes were

underutilised. The four states differed in scheme awareness and use (Devi et al., 2021).

Srivastava et al. Studied the awareness and utilization of government's social security scheme in rural Dehradun. They find that there is an essential requirement to re-evaluate and revise existing policy standards to better serve and accommodate the elderly. The programmes and benefits intended for the elderly must be administered more efficiently and with greater relevance at the grassroots level (Srivastava & Kandpal, 2014).

3. Material and Methods: This section includes the research objectives, research design, and sample technique.

3.1 Objectives of the study

1. To identify the awareness level of people about the Prime Minister Surakshit Matritva Abhiyan.
2. To find out the source of information of Prime Minister Surakshit Matritva Abhiyan.
3. To analyse to status of publicity/promotion of health-related Govt. schemes in rural area of Bihar.
4. To determine the relation between marital status of respondents and their awareness about health scheme of Govt. of India.

3.2 Research design:

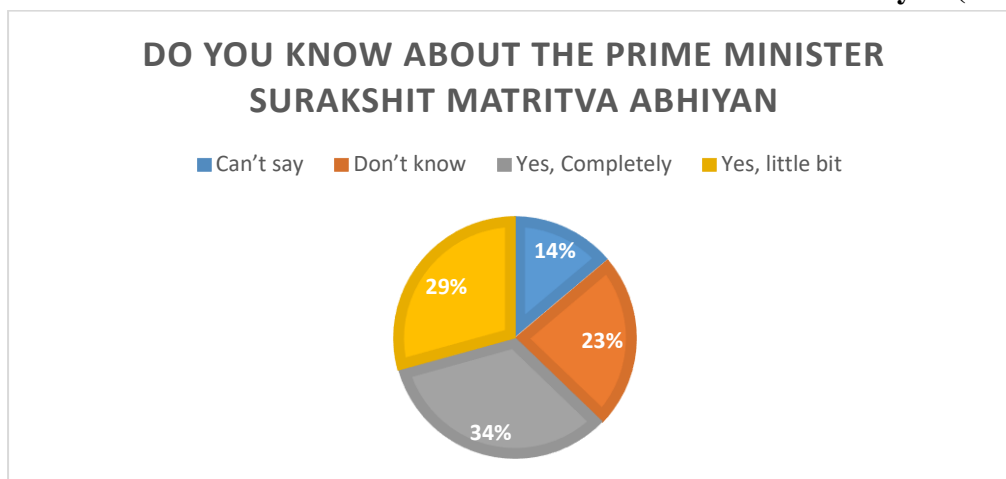
This study is descriptive in type. It uses a quantitative approach. To collect data from the population, we used a cross-sectional research design. We also applied the survey method to acquire information from respondents. For response collection, we used a closed-ended questionnaire.

3.3 Sample design. We applied a technique of voluntary sampling to obtain responses from rural Bihar, India. We have received a total of 167 responses from residents of eight rural districts in Bihar.

3.4 Duration of study: During the months of August and September in 2022, responses from rural Bihar residents were collected.

4. Data representation and analysis: We used a pie chart and a table to display the data. We utilised simple percentage analysis and crosstabulation to analyse the data. We also utilised SPSS for data analysis and presentation.

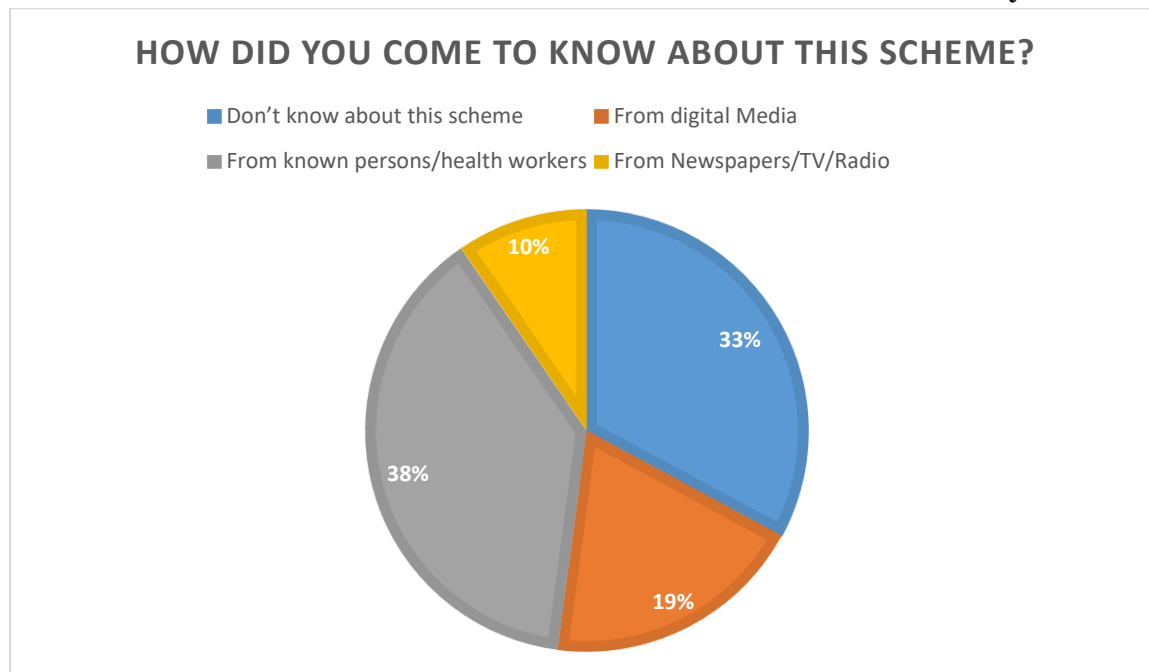
4.1 Awareness about the Prime Minister Surakshit Matritva Abhiyan (PMSMA)



Graph-1: Awareness about the Prime Minister Surakshit Matritva Abhiyan.

Graph-1 suggests that 63% of the respondents know about the Prime Minister Surakshit Matritva Abhiyan either a little or completely. The graph also suggests that only 23% of the respondents are unaware of this flagship campaign of Govt. of India.

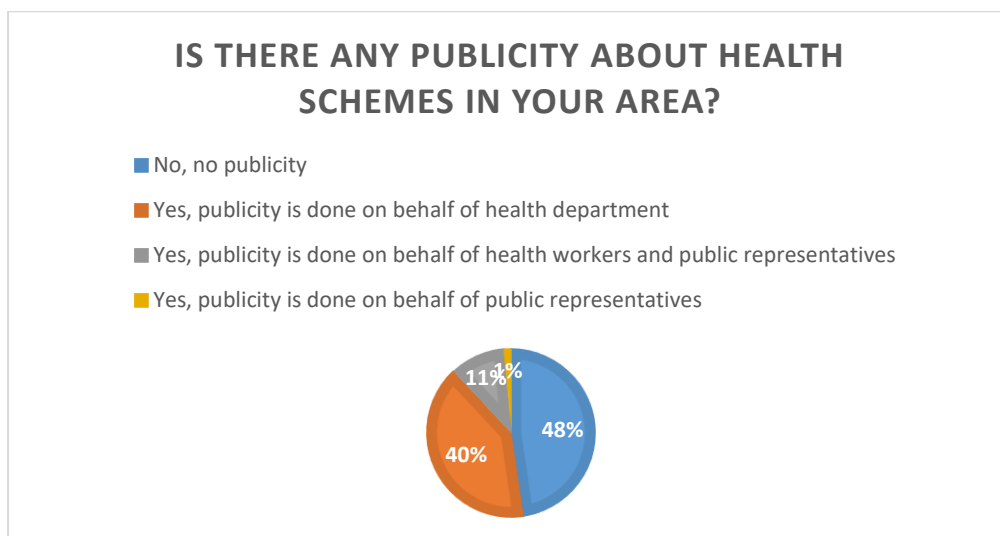
4.2 Source of information about Prime Minister Surakshit Matritva Abhiyan



Graph-2: Source of information about Prime Minister Surakshit Matritva Abhiyan.

Graph-2 suggests that although digital media are gaining popularity over traditional media but still opinion leaders are the strongest means for spreading information among rural people. Here in this study, 67% of total respondents are aware of this program. Among these aware people, around 55% got the information from health workers or known person. These persons are considered opinion leaders. Also, only 10 % of the respondents got the information through traditional media. This means traditional media are losing hold among rural people. Also 33% respondents are unaware of this initiative means there is a need to intensify the promotional efforts to make maximum people aware.

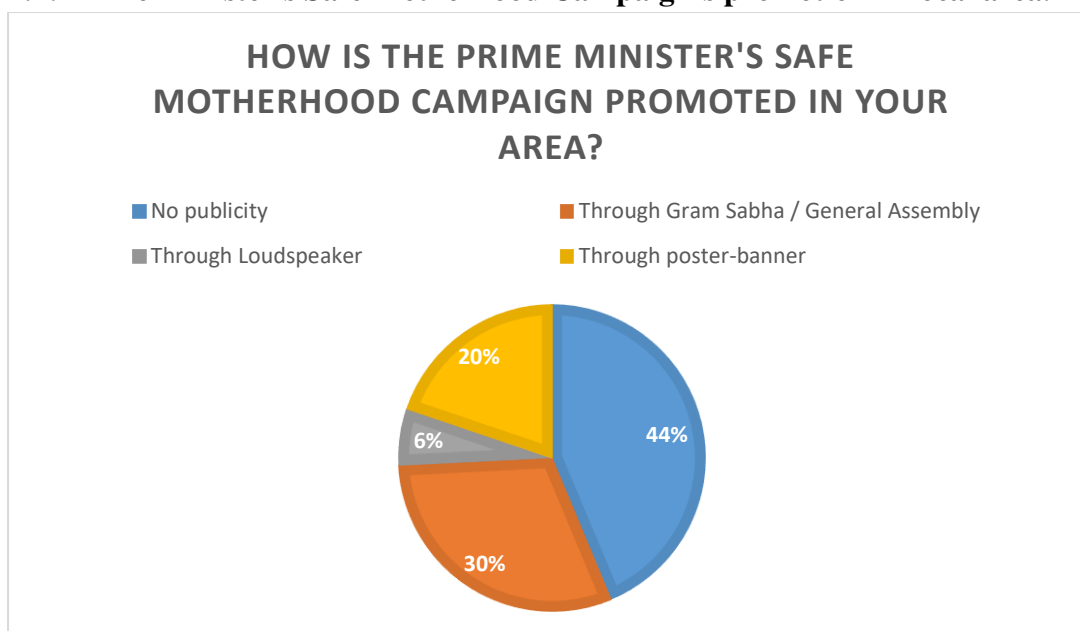
4.3 Publicity/promotion of health-related Govt. schemes in local area.



Graph-3: Publicity/promotion of health-related Govt. schemes in local area.

Graph-3 suggests that total 52% respondents accept that there is publicity about health schemes in their area. Also 48% denied for any publicity. This means that proper focus is not being given to the publicity of health schemes in rural Bihar.

4.4: Prime Minister's Safe Motherhood Campaign's promotion in local area.



Graph-4: Prime Minister's Safe Motherhood Campaign's promotion in local area.

Graph-4 suggests that 44% of respondents denied for any kind of promotion. 56% admits that promotion is being carried out through different means. 30% of the respondents claims that publicity is done through Gram Sabha (Public meetings). It indicates that below the line promotional tools are strongest and most impactful in rural areas. Also, the role of opinion leaders is still very much significant in rural communication.

4.5: Crosstabulation between marital status of respondents and their awareness about the Prime Minister Surakshit Matritva Abhiyan (PMSMA).

Marital status	Awareness about the Prime Minister Surakshit Matritva Abhiyan
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of respondents	Can't say	Don't know	Yes, completely	Yes, little bit	Total
Married	10.8%	10.2%	26.3%	22.8%	70.1%
Unmarried	3.0%	13.2%	7.2%	6.6%	29.9%
Total	13.8%	23.4%	33.5%	29.3%	100.0%

The table (Cross tabulation of marital status and awareness about the Prime Minister Surakshit Matritva Abhiyan) makes one understood that around 70% of the respondents are married and among these respondents around 70% are aware about Prime Minister Surakshit Matritva Abhiyan, whereas only 10.2% of married respondents are unaware about this initiative. It indicates that the campaign is hitting the target audience in proper manner.

4.6: Crosstabulation between marital status of respondents and their medium of getting knowledge about the Prime Minister Surakshit Matritva Abhiyan

Marital status of respondents	Medium of getting knowledge about the Prime Minister Surakshit Matritva Abhiyan				
	Don't know about this scheme	From digital Media (Facebook, WhatsApp, YouTube etc.)	From known persons/health workers	From Newspapers/TV/Radio	Total
Married	18.6%	11.4%	32.9%	7.2%	70.1%
Unmarried	14.4%	7.8%	5.4%	2.4%	29.9%
Total	32.9%	19.2%	38.3%	9.6%	100.0%

The table indicates that 70.1 % of the respondents are married while 29.9% are unmarried. Among married respondents around 47% got the information about this scheme through any known person or health workers. Also, among all married respondents who are aware of this scheme, around 64% got the information from health workers or any known person. These persons of health workers can be called opinion leaders in academic terms. It means that opinion leaders are very much significant in spreading the information among target audience.

4.7: Crosstabulation between marital status of respondents and their opinion about publicity/promotion the Prime Minister Surakshit Matritva Abhiyan

Marital status of respondents	Publicity/promotion the Prime Minister Surakshit Matritva Abhiyan				
	No, no publicity	Yes, publicity is	Yes, publicity is done on	Yes, publicity is done on	Total

		done on behalf of health department	behalf of health workers and public representatives	behalf of public representatives	
Married	26.3%	29.9%	5.4%	8.4%	70.1%
Unmarried	16.8%	6.6%	4.2%	2.4%	29.9%
Total	43.1%	36.5%	9.6%	10.8%	100.0%

The table suggests that among 43.1% of respondents who denies any kind of publicity of health scheme in their area, 26.3% are married and 16.8% are unmarried. Also, among all unmarried respondents, 56% denies for any publicity. Around 43% of married respondents accept that publicity is being carried out on behalf of health department.

4.8: Crosstabulation between marital status of respondents and their opinion on process of making aware about Prime Minister's Safe Motherhood Campaign

Marital status of respondents	Making aware about Prime Minister's Safe Motherhood Campaign				
	No publicity	Through Gram Sabha / General Assembly	Through Loudspeaker	Through poster-banner	Total
Married	26.9%	23.4%	5.4%	14.4%	70.1%
Unmarried	16.8%	7.2%	0.6%	5.4%	29.9%
Total	43.7%	30.5%	6.0%	19.8%	100.0%

The table indicates that around 26.9% married respondents denied any kind of publicity of Prime Minister's Safe Motherhood Campaign in their area. Around 23.4% married respondents claimed to be informed through Gram Sabha/General Meeting. It means credibility of opinion leaders are very much significant in rural life.

5. Results:

One-fourth of the rural population of Bihar is unaware about the Prime Minister Surakshit Matritva Abhiyan of Govt. of India. Half of the rural population of Bihar is getting the information regarding the health awareness campaigns from the opinion leaders like health worker or known person. Half of the population accept that there is publicity about health schemes in rural area. One-third of the rural population claims that the publicity of the health campaign of Govt. of India is done through public meetings (Gram Sabha). The three-fourth married rural population is aware about the Prime Minister Surakshit Matritwa Abhiyan. Half of the married rural population of Bihar state got the information about the scheme through opinion leaders. Half of the unmarried rural population denies any kind of publicity of health scheme in their area. One-fourth of the married rural population of Bihar state are informed through Gram Sabha about the Prime Minister's Safe Motherhood Campaign.

6. Conclusion:

The study results revealed that the opinion leaders are playing a vital role to promote health awareness campaigns of Govt. of India among rural population of Bihar. Accordingly, the credibility of opinion leaders is much better than the other means of communications. The audience for the publicity or promotional campaign of the Pradhan Mantri surakshit matritwa Abhiyan is appropriate, but it need greater concentration.

7. References

- Devi, T. S., Kaur, R., Thakran, A., Gudwalia, B., Kumari, M., Gurjar, I. S., Kaur, S., Singh, A., & Nagi, M. (2021). Awareness and utilization of various schemes launched by government of India for the welfare of senior citizens. *International Journal Of Community Medicine And Public Health*, 8(4), 1809. <https://doi.org/10.18203/2394-6040.ijcmph20211239>
- Gupta, M. B., Gupta, A. K., & Mazta, S. R. (2016). A study on level of satisfaction among beneficiaries under Janani Shishu Suraksha Karyakaram (JSSK) at regional hospital Nahan (HP). *International Journal of Social Science*, 5(1), 55.
- Parmar, M. S., & Sharma, A. (2020). Beti Bachao Beti Padhao Campaign: An Attempt to Social Empowerment. *Journal of critical reviews*, 7, 13.
- PIB. (2022). India on verge of achieving SDG target of Maternal Mortality Ratio (MMR) of 70/ lakh live births by 2030. <https://pib.gov.in/pib.gov.in/Pressreleaseshare.aspx?PRID=1805731>
- Sharma, A., & Goyal, A. (2018). Tweet, Truth and Fake News: A Study of BJP's Official Tweeter Handle. *Journal of Content, Community & Communication*, 8 (4), 22, 28.
- Sachdev, R., Garg, K., Shwetam, S., Srivastava, A., & Srivastava, A. (2022). Awareness of Indian government initiated social security schemes utilization among villagers of Kanpur rural region: An evaluative cross sectional study. *Journal of Family Medicine and Primary Care*, 11(6), 2456. https://doi.org/10.4103/jfmpc.jfmpc_1727_21
- Srivastava, A. K., & Kandpal, S. D. (2014). Awareness and utilization of social security scheme and other government benefits by the elderly – A study in rural area of district Dehradun. *Indian Journal of Community Health*, 26(4), 379–384. <https://doi.org/file:///C:/Users/HI/Downloads/443.pdf>
- UNICEF. (2021). Maternal mortality rates and statistics. UNICEF DATA. <https://data.unicef.org/topic/maternal-health/maternal-mortality/>
- WHO. (2016). Pregnant women must be able to access the right care at the right time, says WHO. <https://www.who.int/news/item/07-11-2016-pregnant-women-must-be-able-to-access-the-right-care-at-the-right-time-says-who>