

Original Article

AWARENESS & UTILIZATION OF NATIONAL RURAL HEALTH MISSION SERVICES AMONG PEOPLE OF SELECTED RURAL AREAS IN THE STATE OF MAHARASHTRA

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ABSTRACT

Objective: The present study on awareness & utilization of National Rural Health Mission services among rural people in Maharashtra was conducted keeping in mind to evaluate the percentage of people aware and utilize the NRHM services.

Methods: Quantitative research approach was adopted to conduct this study and the design used was exploratory survey. A Multi-phasic Random Sampling was used for the selection of the representative samples for the study. Structured questionnaire on awareness, utilization, availability, factors affecting utilization and few open ended questions related to NRHM was given to the respondent's. Validity and reliability of the tool was done following the scientific steps.

Result: Most of the people (63%) were not aware about the different services under NRHM except Janani Suraksha Yojna. Finding of utilization depicted that majority (68.1%) of them had average utilization of NRHM Services. People (83%) have also responded that facilities were not good (in terms of infrastructure, drugs and equipment, availability of medical officers and nursing staff, transport etc.) in the government health settings and they have to wait for a long time to meet the doctors.

Conclusion: The awareness and Utilization regarding National Rural Mission Services among people residing in rural area of the Maharashtra state is inadequate.

Key words: NRHM (National Rural Health Mission), Awareness, Utilization, Health services

INTRODUCTION

The Government of India is striving very hard to provide health services to people across the nation, for which government of India has implemented many programmes to achieve the target of "Health for All"^{1, 9} since many years and the government is committed to that. In the view of this in the year 2005 the Hon'ble Prime Minister had launched National Rural Health Mission to provide health services to rural people. National Rural Health Mission started in April 2005, which is considered the life line for the health sector in rural area.² This programme has given a

belief among rural people that something constructive has come to revive the health of the rural people. The health department of Maharashtra has been executing this programme since last 6 years with proper planning, but somehow in return the health status of the state of Maharashtra is not as good as it supposed to be.³ Definitely this may not be because of inadequate infrastructural facilities & health schemes but may be lack of awareness among people staying in rural area and less utilization of available health facilities. Current Health census of Maharashtra is still below the expected results or standards set by

the GOI under NRHM.⁴ To meet the expected results people's participation is required at every stage of the implementation NRHM.

Keep this in mind; Present study is conducted on awareness of rural people regarding NRHM services and its utilization in the state of Maharashtra.

OBJECTIVES

Objectives of the study were to assess the awareness, Utilization, availability about National Rural Health Mission services. The study also aimed to identify the factors affecting the utilization of NRHM Services, general opinion of people regarding NRHM services, correlation between awareness & utilization and availability and utilization.

METHODS

Quantative research approach was adopted to conduct this study and the design used was exploratory survey. **A Multiphasic Random Sampling** was used for the selection of the representative samples for the study. **Content validity** of the Data Collection tool was done by 21 experts including Government Health Officials, Researchers from Public Health Department, Sociologist, Nurses Researchers and Biostatistician. **Reliability** was done by using Internal Consistency Reliability test and the test result was 0.89. **Pilot study** was conducted on 300 samples (50 from each health division) to have wider view on feasibility of the study. **The data collection tools** for the present study were: Demographic Data, Awareness about NRHM Services (Yes/No response, Utilization of NRHM Services (Often/Sometime/Never response), Availability of NRHM Services (Often/Sometime/Never response), Factor Affecting the Utilization of NRHM Services (Yes/No response), People's Opinion about National Rural Health Mission and Services (Open ended Questionnaire). Awareness of the people is analyzed in terms of Lack of Awareness, Inadequate awareness and adequate awareness. Similarly, utilization is analyzed under the heading of Poor, average and good utilization. Final data were collected from 1200 people of six different rural areas of Maharashtra state from six health divisions of Maharashtra i.e Pune, Nashik, Aurangabad, Amravati, Nagpur and Mumbai. 200 samples were randomly

selected from each health division to make the non biased interpretation and conclusion of the study from the randomly selected health villages of the Maharashtra state. The study was completed in 04 years of duration and final data collection was done in the period of one year

Statistics: Descriptive statistics (Frequency and Percentage) is used to analyze the Demographic Characteristics, Awareness, Utilization, Availability, Factors affecting Utilization regarding NRHM Services. **Correlation Co-efficient test** is used to analyze the correlation between Awareness and Utilization and Availability and Utilization. The significance of this correlation was assessed using **t-test** for significance of correlation coefficient **F-test** is used to analyze the Awareness and Utilization with selected demographic Profile.

RESULTS

Demographic Analysis: Majority (39.2%) of the people belongs to the age group of 26-35 years and 26.1% of them belong to the age group between 36 to 45 years. Distribution of the gender is almost same as 53.4% of people were male and 46.6% were female. Most (43.5%) of the people were educated up to secondary level and 21.1% of the people were illiterate which clearly reveals the educational scenario of the rural area. 43.7% of the people were earning up to ` 50,000/year. Majority (36.3%) of the people was labourers and 27.8% of the people were farmers. (99.1%) of them had previous information regarding National Rural Health Mission services which means government of India has given the Mass Coverage. major source of the information among the people is Television, Grampanchayat and Friends. It is also depicting that another major source of information was Newspaper. 99.3% of them had the availability of governmental health providers and 36.9% of them had private health providers.

Awareness and utilization of National Rural Health Mission services: Analysis reveals that more than half (59.6%) of the people had inadequate awareness regarding National Rural Health Mission services (NRHMs), 3.4% were lacking in awareness regarding NRHM services and 37% of them were adequately aware about NRHMs (**Refer Table.No.1**). Finding of utilization depicted that majority (68.1%) of them had average utilization of NRHM Services (Score 17-32), 22.1% of them had good utilization of

NRHM Services (Score 33-48) and only 9.8% of them had poor utilization of NRHM Services (Score 0-16) (Refer Table.No.2).

Table 1: Overall Awareness towards National Rural Health Mission Services (n=1200)

Awareness	Frequency (%)
Lack of Awareness (Score 0-12)	41 (3.4)
Inadequate awareness (Score 13-24)	715 (59.6)
Adequate awareness (Score 25-37)	444 (37.0)

Table 2: Overall Utilization of National Rural Health Mission Services (n=1200)

Utilization	Frequency (%)
Poor (Score 0-16)	117 (9.8)
Average (score 17-32)	817 (68.1)
Good (Score 33-48)	266 (22.1)

Table 3: Overall Availability National Rural Health Mission Services (n=1200)

Availability	Freq (%)
Often	496 (41.2)
Sometime	664 (55.3)
Never	42 (03.5)

Availability of the National Rural Health Mission Services: Analysis of availability of NRHM services reveals that 55.3% of them reported that NRHM Services were available sometimes (Score 14-27), 41.2% of them responded that NRHM Services were often available (Score 28-44) and only 3.5% of them said that NRHM Services were never available (Score 0-13) (Refer Table.No.3).

Factors affecting the utilization of the NRHM services: In relation to factors affecting the utilization of services, majority(61.3%) of them stated that inadequate transport facility in emergency, 57.4% of them reported that distance of health center from home, , 55.8% of them said that inadequate explanation of the disease condition, 52.3% of them told that pay for the government Health Services, 52.1% of people reported that inadequate health awareness programme by health care staff members, 50.4% of them told that non-availability of female doctors at health centre to look female patients were the major factors that affect the utilization of services

Opinion of the people regarding National Rural health Mission Services: When the general opinion was asked about National Rural Health Mission, they were very much positive about the health services planned for the rural area but

they (69% of them) were unhappy about the way these services were executed. People (63%) responded that it is very unfortunate that the services are planned at higher level, thinking it will reach up to the grass root level as planned but practically this is not happening. They said that it is not that the entire services are not available, they are, but when it is required the health care system is not able to provide.

Correlation between awareness & utilization of National Rural Health mission services: Correlation between awareness and utilization of NRHM Services was assessed using Pearson's correlation coefficient. Pearson's correlation coefficient was found to be 0.416, which indicates that there is positive correlation between awareness and utilization of NRHM services. The significance of this correlation was assessed using t-test for significance of correlation coefficient. T-value was calculated as 15.8 at 1198 degrees of freedom. Since corresponding p-value was small (p-value-0.000, less than 0.05), the correlation between awareness and utilization is significant.

Correlation between Availability & utilization of National Rural Health mission services: Correlation between availability and utilization of NRHM Services was assessed using Pearson's correlation coefficient. Pearson's correlation coefficient was found to be 0.423, which indicates that there is positive correlation between availability and utilization of NRHM services. The significance of this correlation was assessed using t-test for significance of correlation coefficient. T-value was calculated as 16.1 at 1198 degrees of freedom. Since corresponding p-value was small (p-value-0.000, less than 0.05), the correlation between availability and utilization is significant.

Association of the awareness and utilization of the services with selected demographic variables: Association between Age, Gender and Education and Awareness was determined . It revealed significant association between age and awareness of the people. Since p-values corresponding to age is small (less than 0.05), the association is significant Association between Occupation and family income with Utilization was calculated and Neither occupation nor family income was found to have significant association with utilization of NRHM services. Since p-values corresponding to occupation and family income are large (greater than 0.05), the association is not present.

DISCUSSION

The above mentioned findings clearly indicates that People residing in the randomly selected rural areas of the Maharashtra State have inadequate awareness about the National Rural Health Mission Services though almost all of them are aware of the existence of National Rural Health Mission. Inadequate awareness among the people clearly reflects on their utilization as majority of people have utilized the available National Rural Health Mission Services inadequately. Inadequate awareness is not only the sole reason for inadequate utilization as the services which are framed under the umbrella of National Rural Health mission may not be really available to all of them? The analysis reveals that 55.3% of them reported that NRHM Services were available sometimes and 3.5% of them said that NRHM Services were never available.

Majority of them stated that distance of health center from home, pay for the government Health Services, non-availability of female doctors at health centre to look after female patients, inadequate explanation of the disease condition, non-availability of prescribed drugs at the health centre, inadequate transport facility in emergency and inadequate health awareness programme by health care staff members were the factors that affect the utilization of services. Similar results have found in other studies related to either NRHM or Health care services in rural area. Few of the study results are mentioned below:

Dr. Brij Pal (Dec 2011) literature also reflects the same that Poor coordination and integration with other health institutions is a major problem of NRHM. Coordination between different ministries and integration between various intersect oral programmes remains the biggest challenge for NRHM. According to the Bulletin of Rural Health Service on 31 December, 2008, Lack of trained personnel and infrastructure is a major concern for proper implementation of NRHM.¹³

According to the Bulletin of Rural Health Service on 31 December, 2008, Lack of trained personnel and infrastructure is a major concern for proper implementation of NRHM. Presently, at the District Level and below there is a hurry to achieve 'targets' which cannot be achieved in absence of trained personnel and improvement in infrastructure. There is acute shortage of all categories of staff in health sectors across the length and breadth of the nation. Most glaring are the lack of specialist doctors, laboratory technicians, and male health workers. A need for a second Auxil-

iary Nurse Midwife (ANM) is felt in all the states. To improve the health care system in rural areas, the Government should ensure the proper arrangements of trained health personnel. There should be fixed quota of the specialist doctors in the recruitment policy and some extra benefits should be given to these specialist.¹⁴

According to Grave B.A, Rural populations differ in many ways from their urban counterparts. Many features of the rural environment create barriers to healthcare access. It is important for rural health research to include these differences. Dunkin (2000) provides a framework for the development of health interventions for rural people. This model takes into account the financial, sociocultural (or personal), and structural factors that are a part of the complex web of causation in rural health. These factors affect health-seeking behaviors, health service utilization, and ultimately health outcomes in rural areas.¹⁵

According to Karl Adsul et.al., Maharashtra ranks high in income, low in public health: Compared to other states, although Maharashtra ranks among the highest in the country in per capita income, it ranks way down for public health related indicators. It nationally ranks 25th in terms of public health expenditure as a proportion of government spending; it ranks 25th in the country concerning availability of a government facility in the village and ranks 31st among states in terms of proportion of women visiting government health facilities related to pregnancy. The poor are condemned to poorer health, worse access to health care: While poverty is a widespread reality in the state, health services being weak have been unable to rescue the poor from the worst health effects of poverty. According to NFHS-2 data, under-five mortality for Households with Low standard of living is 98, which is *over three times higher* than under-five mortality for Households with High standard of living, which is 32. Similarly, infant mortality rate for Households with Low standard of living is 70, which is almost two and half times higher than IMR for households with High standard of living which was 29.⁴

Rural Maharashtra has Worse Health, Poorer Health Services Compared to the Cities People living in rural areas of the state have significantly worse health status than people living in urban areas. A striking illustration of this is that according to recent figures, Infant Mortality Rate (IMR) in rural areas is 51, more than twice as high as for urban areas at 22. What is even more

disturbing is that while IMR in urban areas has declined in this period, IMR in rural areas has remained stagnant at 51 during the seven years between NFHS-2 and recent NFHS-3. This is linked to poorer access to health care for rural areas of Maharashtra: Urban areas have 140 Allopathic doctors per lakh population, compared to just 24 per lakh in rural areas; thus rural areas have almost six times lower availability of doctors. Urban areas have per 244 Nurses per lakh population, compared to just 65 per lakh in rural areas. Here again there is almost four-fold lower availability of nurses in rural areas compared to cities.⁴

The results of above mentioned studies were also similar to the results of the present study as findings indicate the health status of the poor and socially excluded population is meager in the state. The reasons for the poor health status of millions of people were inadequate awareness, hindering access to quality health services, average utilization of services, lack of or non existing Intersectoral linkages between different stakeholders, lack of proper execution of the services and inadequate effective monitoring and evaluation system to monitor and evaluate implementation of National health programme.

CONCLUSION

The major conclusion drawn from the present study is the awareness and Utilization regarding National Rural Mission Services among people residing in rural area of the Maharashtra state is inadequate. The availability of the National Rural Health Mission services which was also a focus of this present study found to be inadequate.

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