

A STUDY ON ASSESSMENT OF KNOWLEDGE OF MEDICAL HEALTH AWARENESS SERVICES IN RURAL AREA OF DELHI-NCR

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Abstract

Rural Health care is one of greatest difficulties confronting the Health Ministry of India. With in excess of 70% populace living in country zones and low degree of wellbeing offices, death rates because of sicknesses are on a high. Medical services is the privilege of each person yet absence of value framework, deficiency of qualified clinical functionaries, and non-admittance to essential prescriptions and clinical offices foils its scope to 60% of populace in India. A dominant part of 700 million individuals lives in rustic regions where the state of clinical offices is miserable. Thinking about the image of dismal realities there is a desperate need of new practices and methodology to guarantee that quality and convenient medical care arrives at the denied corners of the Indian towns. Despite the fact that a ton of strategies and projects are being controlled by the Government yet the achievement and adequacy of these projects is problematic because of holes in the execution. In rustic India, where the quantity of Primary medical care habitats is restricted, 8% of the focuses don't have specialists or clinical staff, 39% don't have lab professionals and 18% PHCs don't have a drug specialist. This paper discusses about the assessment of knowledge of medical health awareness services in rural area of India.

Keywords: Rural, Health Care, Services, India, PHC - Public Health Care.

Introduction

India is the nation of immense populace, according to Census 2011, the complete populace of India is 121 center, out of which the provincial populace is 83.3 crore (68.84%) and metropolitan populace is 37.7 crore (31.16%). Clearly dominant part of populace lives in rustic area. Since autonomy, considering the populace conveyance and social association of the society, the legislature of India select to have greatest consideration and organization of general medical care framework to have prudent, advance, recuperating and concentrated services India settled on three level medical services framework through arrangement of Sub Centers (SCs), Primary Health Centers (PHCs) and Community Health Centers (CHCs) established on certain populace standards to cater country populace. The drive to make an organization for Primary Health Care was to take a gander at the social determinates of wellbeing and to offer the range of medical care administrations to rustic populace.

The best way to take a beam of expectation between rustic ladies and youngsters in India is by carrying out reclassified strategy with a bunch of legitimate systems, which will defend manageability of country medical services plans. Wellbeing specialists say this thought is additionally going to welcome the private areas, wherein investors would be keen on making a resource in country medical care segments like detached diagnostics, telemedicine administrations and interaction of other rustic wellbeing associated conveniences. Data innovation can assume a major part with programming application being utilized for social area frameworks for an enormous scope to propel admittance to medical care in rustic parts.

Emergency clinics empanelled under the public authority protection plan and clinical innovation worked with and associated with workers in locale. Recipients can utilize a savvy card that grants them to get to wellbeing administrations in any empanelled clinic. For this, more private top emergency clinics are needed in the provincial territories. The focal financial plan 2017-18 has given a ton of motivation to provincial wellbeing with distribution for the area amplified by around 27% yet the endeavor can bring immense change

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just if the private area gives a comparable resource for support rustic wellbeing among ladies and kids in India.

Under the Rashtriya Swasthya Suraksha Yojana (RSSY), however all helpless families are covered, yet they are not getting genuine advantage as medical care offices in country territories are not up to the spot, constraining them to make a trip to metropolitan zones. This year, notwithstanding, the public authority has improved as far as possible per family expanded from Rs.30,000 to Rs.1,00,000, with an additional top-up of Rs.30,000 for senior residents. Managers approximations that selecting all underneath destitution line families in the country in health care coverage projects would cost wherever from Rs.2,460 crore to Rs.3,350 crore.

In South Indian states like Tamil Nadu, Karnataka and Andhra Pradesh governments have run credit only medical coverages plans for all aiding provincial populace generally. This year the focal government is introduced all inclusive wellbeing security plot called Ayushman Bharat. The plan will offer total wellbeing inclusion upto Rs.5,00,000 per family each year to around 50 crore individuals around 1,50,000 sub habitats and essential wellbeing places being changed as wellbeing and health focuses to give medical care administrations to optional and tertiary consideration hospitalization.

India additionally represents the biggest number of maternity passings. A larger part of these are in country regions where maternal medical care is poor. Indeed, even in private area, medical care is frequently restricted to family arranging and antenatal mind and don't stretch out to more basic administrations like work and conveyance, where appropriate clinical consideration can save life on account of inconveniences.

Problem of The Study

Because of non-availability to general medical care and inferior quality of medical care benefits, a greater part of individuals in India go to the nearby private wellbeing area as their best option of care. On the off chance that we take a gander at the wellbeing scene of India 92% of medical care visits are to private suppliers of which 70% is metropolitan populace. Nonetheless, private medical care is costly, regularly unregulated and variable in quality. Other than being questionable for the ignorant, it is additionally unreasonably expensive by low pay country people.

To control the spread of infections and lessen the developing paces of mortality because of absence of sufficient wellbeing offices, uncommon consideration should be given to the medical services in country regions. The vital difficulties in

the medical care area are bad quality of care, helpless responsibility, absence of mindfulness, and restricted admittance to offices.

Different associations are meeting up for enhancements in medical care and innovation assumes a critical part to work with this. Data and interchanges technology gives hosts of answers for fruitful execution of these changes.

Review of Literature

Netra G., (2013) Health insurance is defined as “an individual or group purchasing health care coverage in advance by paying a fee called premium”, which helps to defer, delay, reduce or avoid payment for health care incurred by individuals and households. As similar studies were lacking in this area the present study was undertaken to know the awareness, subscription in rural area. Objectives: To assess the awareness, coverage and willingness to avail health insurance by the residents of rural practice area of SSIMSRC, Davanagere.

Mohan V. & Kaur T., (2014) Representative data on knowledge and awareness about diabetes is scarce in India and is extremely important to plan public health policies aimed at preventing and controlling diabetes. The aim of the following study is to assess awareness and knowledge about diabetes in the general population, as well as in individuals with diabetes in four selected regions of India.

Unnikrishan B., (2008) Awareness and perception regarding health insurance was still very preliminary. Although health insurance is not a new concept and people are also getting familiar with it, yet this awareness has not reached to the level of subscription of health insurance products. Insurance as not been able to make inroads in the rural areas because of key reasons such as high cost of delivery and low awareness among the rural population about insurance products. The present study is an effort in the area of health insurance to assess the individuals' awareness level and willingness to join and pay for it. The present study is an effort to examine what are the reasons behind those who have not in favour of subscription.

Hassan F., (2013) Telemedicine is a developing technology in the Indian healthcare sector. The success of any new technology depends on factors such as knowledge, perception, and willingness of users and professionals to engage it. This study assessed the knowledge, perception, and willingness of healthcare students to use telemedicine. Out of the total study population, 40% were male and 60% were female. Forty-three percentage of the total population reported insufficient knowledge of telemedicine, and 52.1% had insufficient knowledge about its application. However, 90.9% viewed

telemedicine as a viable approach, and they were willing to use telemedicine and integrate it in their practice in future. It was determined that perception toward telemedicine influenced willingness for adopting in their careers.

Objectives of The Study

1. To study the awareness of medical health care services in rural area of Delhi-NCR.
2. To study the use and need of health services in rural area of Delhi-NCR.

Hypothesis of the Study

There is no need of awareness of medical health care services in rural area of Delhi-NCR.

Sample of The Study

Randomly selected 50 health workers of medical health centres of rural area of local region.

Data Analysis

As per the title we tried to assess the awareness of medical health services in rural area. Hence, we asked the health workers of that region whether they agree that there is need of awareness or not or what extent it is needed. In this regard we got the response as mentioned below

Table 1: Response for the question number 1

Question	Option	Data Collected (50 Responses)	Mean
Q-1 Do you agree that Govt helps to organising awareness camps in rural area?	Highly agree	14	5.02
	Agree	15	
	Partly agree	6	
	Not sure	3	
	Partly disagree	2	
	Disagree	5	
	Highly disagree	5	

Chart 1: Response for the question number 1

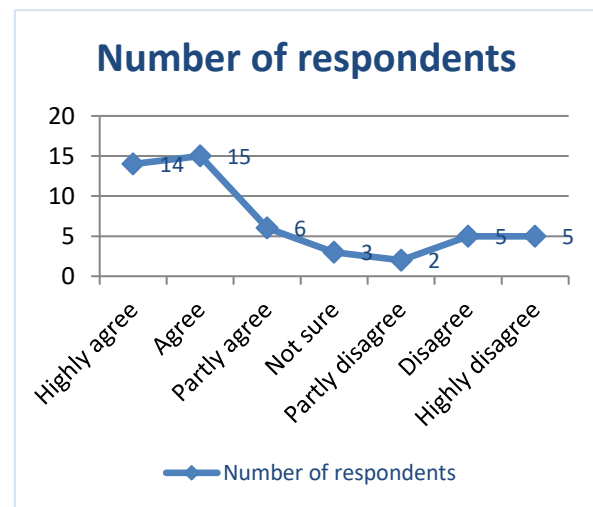


Table 2: Response for the question number 2

Question	Option	Data Collected (50 Responses)	Mean
Q-2 Do you think that local residents support you in health services in rural area?	Highly agree	4	3.22
	Agree	5	
	Partly agree	6	
	Not sure	3	
	Partly disagree	12	
	Disagree	5	
	Highly disagree	15	

Chart 2: Response for the question number 2

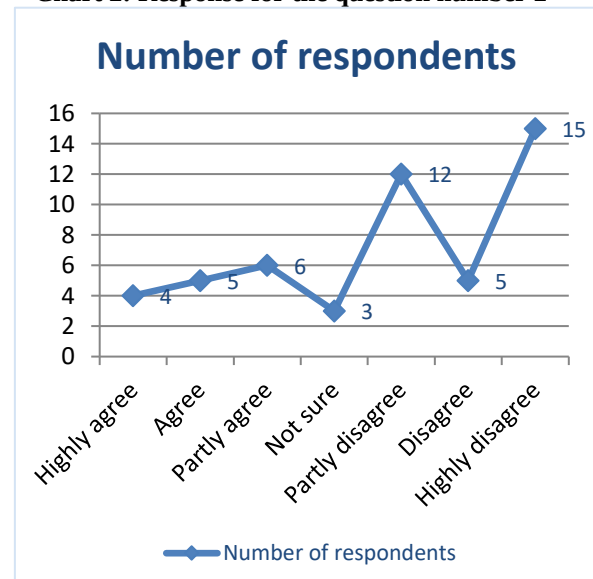


Table 3: Response for the question number 3

Question	Option	Data Collected (50 Responses)	Mean
Q-3 Do you believe that there is necessary medical services are available as needed?	Highly agree	4	4.22
	Agree	5	
	Partly agree	16	
	Not sure	13	
	Partly disagree	2	
	Disagree	5	
	Highly disagree	5	

Chart 4: Response for the question number 4

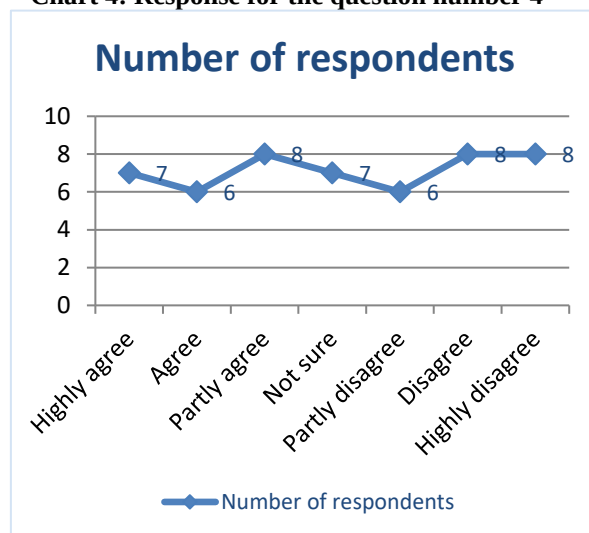


Chart 3: Response for the question number 3

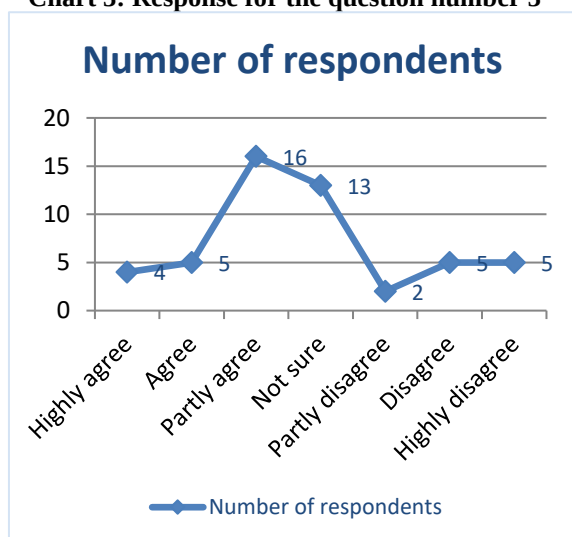


Table 5: Response for the question number 5

Question	Option	Data Collected (50 Responses)	Mean
Q-5 Do you agree that Gram Pradhan or any other authority of concerned region are aware about the medical health services?	Highly agree	11	4.36
	Agree	9	
	Partly agree	6	
	Not sure	5	
	Partly disagree	4	
	Disagree	10	
	Highly disagree	5	

Table 4: Response for the question number 4

Question	Option	Data Collected (50 Responses)	Mean
Q-4 Do you agree that male residents are more supportive in running health centers in rural area as compared to female?	Highly agree	7	3.9
	Agree	6	
	Partly agree	8	
	Not sure	7	
	Partly disagree	6	
	Disagree	8	
	Highly disagree	8	

Chart 5: Response for the question number 5

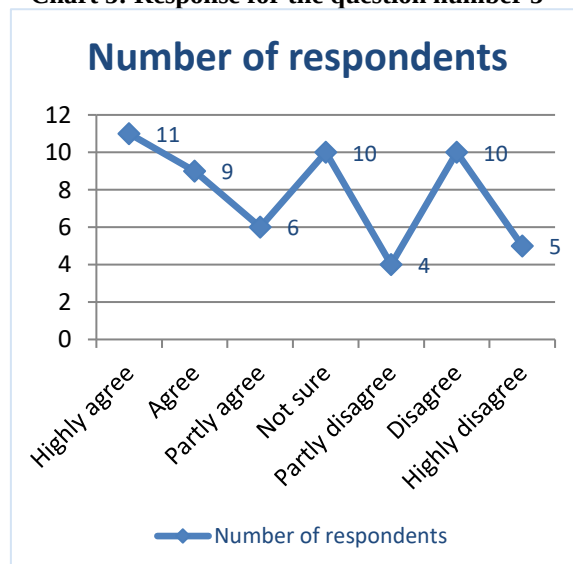


Table 6: Response for the question number 6

Question	Option	Data Collected (50 Responses)	Mean
Q-6 Do you agree that people believe in home remedies rather than health care services?	Highly agree	16	5.06
	Agree	12	
	Partly agree	8	
	Not sure	2	
	Partly disagree	2	
	Disagree	5	
	Highly disagree	5	

Chart 6: Response for the question number 6

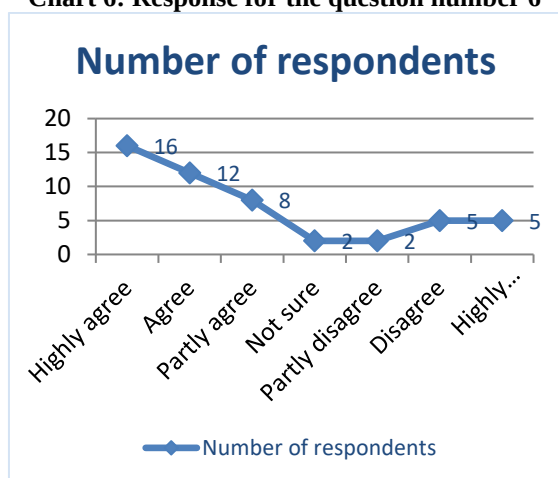


Table 7: Response for the question number 7

Question	Option	Data Collected (50 Responses)	Mean
Q-7 Do you think street plays or any other such awareness activities are helpful in using health medical services in rural area?	Highly agree	12	4.76
	Agree	10	
	Partly agree	8	
	Not sure	5	
	Partly disagree	7	
	Disagree	5	
	Highly disagree	3	

Chart 7: Response for the question number 7

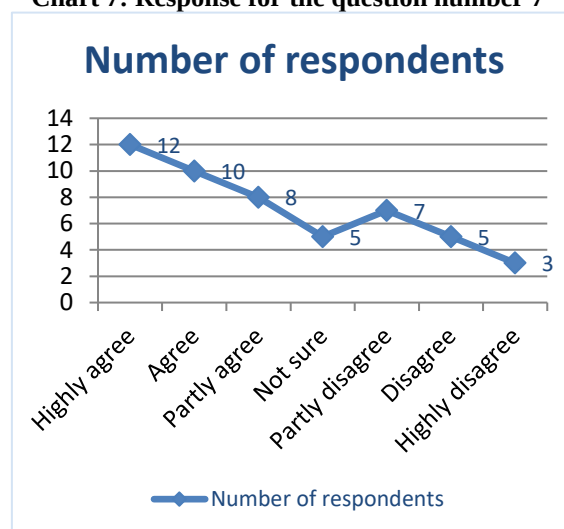


Table 8: Response for the question number 8

Question	Option	Data Collected (50 Responses)	Mean
Q-8 Do you agree that NGO's play a big role in supporting medical health services?	Highly agree	13	4.68
	Agree	11	
	Partly agree	6	
	Not sure	5	
	Partly disagree	3	
	Disagree	6	
	Highly disagree	6	

Chart 8: Response for the question number 8

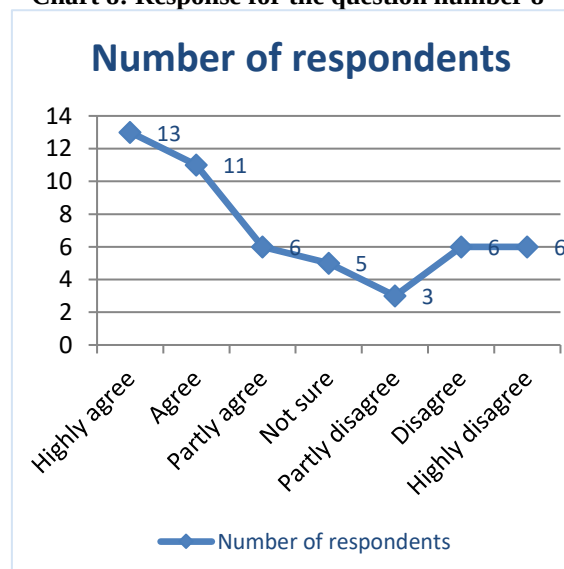


Table 9: Response for the question number 9

Question	Option	Data Collected (50 Responses)	Mean
Q-9 Do you feel that more medical health service centers should be open in rural area?	Highly agree	18	5.71
	Agree	16	
	Partly agree	8	
	Not sure	3	
	Partly disagree	2	
	Disagree	2	
	Highly disagree	1	

Chart 9: Response for the question number 9

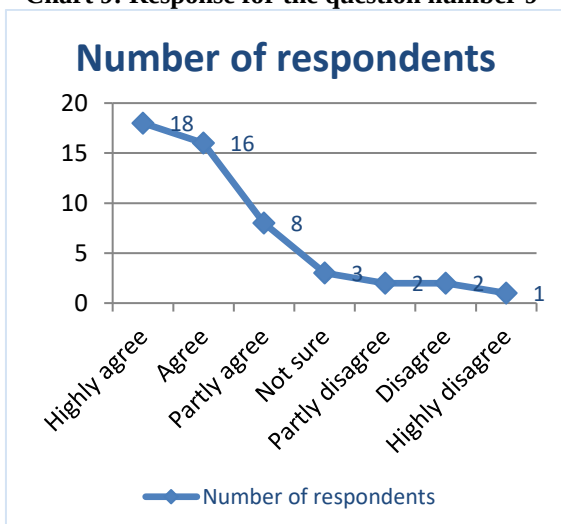
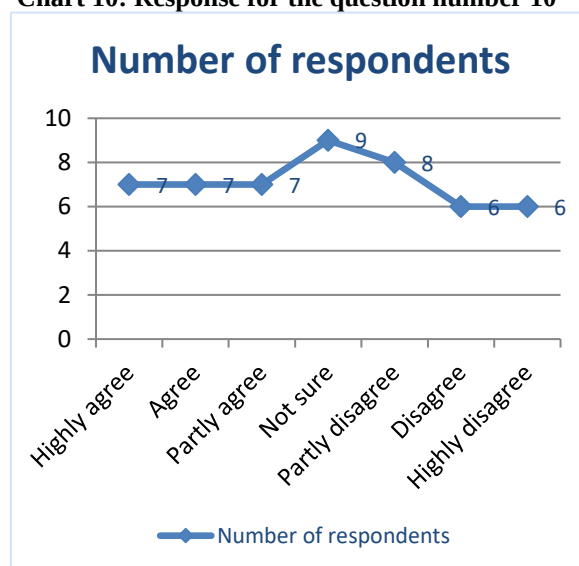


Table 10: Response for the question number 10

Question	Option	Data Collected (50 Responses)	Mean
Q-10 Is it true that health workers willingly work in rural area?	Highly agree	7	4.08
	Agree	7	
	Partly agree	7	
	Not sure	9	
	Partly disagree	8	
	Disagree	6	
	Highly disagree	6	

Chart 10: Response for the question number 10



Discussion

The medical awareness of health services is very necessary in rural areas. When we asked questions from the health workers of that region, we have concluded that Government is providing basic necessities in rural area but either the Government checks it time to time or not for this question we get mixed response from the health workers of that region.

We asked some questions related to know that either the local residents supports them or not, we get the responses which concluded that female residents are more supportive as compared to male residents and Pradhan or any other authority are aware about the benefits of medical health facilities.

NGO and their support is very effective in this region as it is responded by the health workers of that region which shows the awareness camps and activities like street play, rally or any other should be happen time to time.

Health workers posted in rural areas are willingly doing this job or not, the responses received were not sure or mixed.

Conclusion

A few associations are working close by the public authority and NGOs to help ease the weight on the general wellbeing framework utilizing portable innovation. India has more than 900 million cell phone clients and this reality can be utilized to utilize better practices in even the distant territories. Driving worldwide associations of medical care industry are utilizing our portable innovation to upgrade the nature of care and extension the holes in medical services administrations.

Gram Vaani gives front line portable and IVR answers for computerize measures and applies best practices in the field. Our administrations oblige medical care area, social area, and corporate associations for interfacing with the hard to arrive at business sectors at lower part of the pyramid.

We have constructed straightforward innovations on versatile to suit the necessities of various areas and verticals. By improving the frameworks and elements of our customers we have affected huge number of lives in provincial India. Through versatile and IVR administrations we have a broad reach across the demography. Our drive is centered around conveying best apparatuses and answers for our accomplices for contacting the provincial business sectors and gives a stage to be straightforwardly associated with them. Driving worldwide associations of medical care industry are utilizing our innovation to improve the nature of care and extension the holes in medical services administrations in provincial India.

We are utilizing portable innovation in a few medical services projects for driving worldwide associations. In association with the White Ribbon Alliance for Safe Motherhood, for a program of Merck for Mothers, we are attempting to update the nature of maternity medical services in India. There's developing proof from agricultural nations affirming that patient's impression of nature of care and fulfillment with care are basic to use of wellbeing administrations. To this end, we are building a nature of-care agenda for eager moms (and their families) to answer utilizing cell phones and rate on components, for example, regardless of whether they were treated with deference during the conveyance, whether they got privilege for institutional conveyance, whether the transportation gave was of acceptable quality, and so forth.

This device is valuable for:

- Making ladies mindful of their privileges to request great nature of care,
- Bringing responsibility by featuring slips in the wellbeing conveyance measure, and,
- Increasing take-up of proper wellbeing administrations at the correct settings.

As a piece of another medical care program Ananya in Bihar, with NGO's PATH and PCI, we are assembling networks utilizing our voice advances to request more prominent responsibility from the wellbeing conveyance foundation. Through straightforward schooling and conversation programs on portable we make the minimized networks mindful of best practices in medical care and sterilization, and about their privileges and qualifications from the wellbeing conveyance

framework. The people group individuals are urged to draw in and share their accounts with one another on our open versatile stage, and to request complaint redressal and responsibility from the wellbeing framework. In relationship with challenges in nation, we led a Health mission to survey wellbeing administrations for responsibility in Jharkhand. In this mission on Mobile Vaani we welcomed suppositions, encounters, data and input from public on current Government wellbeing offices in Jharkhand. Individuals from various regions of Jharkhand left messages on different issues in medical care offices, for example, wellbeing offices accessible at PHCs, Laboratory testing and Delivery offices at Government Health Centers, accessibility of clean latrine and drinking water at PHCs, and distance of the closest wellbeing community from the Village. Inside the initial a month of the mission, in excess of 1600 guests from 12 locale of Jharkhand brought in and took part. Parcel of significant realities were presented in the mission. 50% individuals educated that there was no office regarding Laboratory Investigation or Delivery accessible at their closest Health Centers. While a sum of 86% guests shared that the office of drinking water and public latrine was not accessible in the Government Health focuses.

This aim empowered us to:

- Understand the current situation of wellbeing offices in various areas of India.
- Identify significant issues that individuals are confronting while at the same time looking for wellbeing administrations.
- Review the province of PHC foundation and its network to close towns.
- Build mindfulness about responsibility in medical services.

To achieve an adjustment of the current medical services framework we took the voices of individuals to the Government specialists. We examined information from our mission and conveyed the genuine picture to the locale gatherers and state wellbeing division for activity.

Social missions led on Mobile Vaani stage are a drive to recognize, comprehend and get answers for public issues and social issues specially in rural areas in concern of health services at various parts of country. The missions are dynamic conversations where the local area individuals are locked in to contribute their perspectives about different issues, and our group helps facilitate these conversations into sensible strings. We have seen many missions on different issues and got enormous reaction on our voice put together medium with respect to cell phone, a lot higher than basic transmission of data

on radio or TV. The outcomes for data spread and source of inspiration through these missions have been amazing.

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