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A study to assess the Awareness about Health Programs and their Benefits in Terms of Knowledge among Rural Population of Bikaner

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Abstract

Background

The most important aspect of the success of health programmes is the extent of availing of public health services by the people. Thereby, it would be necessary to ascertain the level of knowledge which help in better accessibility of public health care service by people especially at grass root level, so that health for all is achieved. As the government is trying to address health issues of rural and urban areas through separate programmes, there is need to examine whether there is any difference in the accessibility of PHC services in these areas.

Government of Rajasthan have launched various schemes for development of women and their health and direction for progress and maintenance health. The separate department was established in Rajasthan is Women and Child Development Department, Rajasthan and there are some schemes that specially for mothers in age group of child bearing ie. Pradhan Mantri Surakshit Matritava Abhiyan, Janani sishu suraksha karyakram, Mukyamantri Rajshree yojana and Bhamasha Swasthya Beema Yojna run by govt. of Rajasthan. The present study address the level of knowledge and utilization of various health services by population of selected area of Bikaner, Rajasthan.

The statement of the present study is A study to Assess the Awareness About Health Programs and their Benefits in Terms of Knowledge Among Rural Population of Bikaner with objectives- (1) To assess the awareness of health programs and their benefits in terms of knowledge among rural population of Bikaner.(2) To find out association between the knowledge of rural population with selected demographical variable.

Materials and Methods: The presented descriptive study was conducted at selected PHC and CHC of Bikaner to assess the awareness of health programmes and their benefits in term of knowledge among rural population of Bikaner. A structured questionnaire was designed to assess back ground variable and the knowledge regarding benefits of health program. Tool administered on 200 samples those selected randomly from accessible population. Validity and reliability of tool was assessed and data collected were analyzed using descriptive statistics. Permission was obtained from concerned authority before actual collection of data.

Results

The results shows that 130 (65%) sample had poor knowledge, 50 (25%) sample had average knowledge and 20 (10%) samples had good knowledge about selected health programmes and their benefits. Also, there was a significant association between knowledge regarding

health programmes and gender and educational level of samples.

Conclusion- The study finding suggests that knowledge regarding health programme in terms of benefits among samples was poor and there is need to implement certain strategies which improves the knowledge and thereby utilization of services.

Key Words:- Health Programme, Awareness, Self structured questionnaire, Rural population

Primary Health Centre, Community Health Centre,

Introduction

Report on the Health Survey and Development Committee, referred to as the Bhore Committee Report, 1946, has been a landmark report for India, from which the current health policy and systems have evolved.(1) Primary Health Care is the first level of contact of the individuals, the family and the community with the public health system, which brings health care as close as possible to where the common peo-ple live and work [2]. The experience and concern in health devel-opment and primary health care in India dates back to the Indus-valley civilization as early as 3000 B.C. In the modern time, the basis for organisation of health services in India through primary health care was laid by the recommendations of the Bhore commit-tee in 1946. Later, based on the proposal of first integrated all round development programme (the community development programme) primary health centres were set up for each community develop-ment block [2].

With the passage of time extensive changes have taken place in the Indian health system in the backdrop of Alma Ata declaration (1978), Health for all and off late the Millennium development goals. The Governments both at central and state level have started play-ing an effective role in providing health care services to the poorest of the poor. Government of India (GOI) has launched various health schemes under National Rural Health Mission (NRHM, sub mission under National Health Mission) in 2005, provided health insurance coverage to the poor and the unorganised workers (Rashtriya Swasthya Bima Yojna, Rajshree yojana, Janani sishu suraksha karyakram and pradhanmantri matratav yozana in rajasthan state), established numerous primary health centres both in rural and urban areas., Com-munity health centres to include all in the web of health care system. Recently the GOI, has launched a new health programme named National Urban Health Mission (NUHM) under Ministry of Health and Family Welfare with an intention to upgrade the health status of the urban population in general and disadvantaged sections of the society in particular. Under NUHM, the government plans to establish more PHCs in urban areas. In this regard, it becomes essential to crosscheck the success of the existing health care centres especially Primary Health Centres as they are bridge (referral) between Community Health Centre and Sub Centres and first tier health care units. As the success of Pri-mary Health Centres lies in the maximum utilisation of its services by the people, there is a need for intensive research in this field.

A.R. Jhonson, B Rock (2015) conducted A cross sectional study was carried out among women attending antenatal clinic in a rural hospital, Karnataka using a structured interview schedule. The maximum awareness was for maternal nutrition supplements under Integrated Child Development Services (ICDS) (83.6%). The awareness of the schemes was significantly associated with education of mother, socio economic status of family, gestational age and parity index. Source of information was mainly from health personnel (health workers, health professionals), followed by friends and family. Awareness regarding the schemes among antenatal mothers range from 0% to 83.6%.(3).

The most important aspect of the success of health programmes is the extent of availing of public health services by the people. Thereby, it would be necessary to ascertain the level of knowledge which help in better accessibility of public health care service by people especially at grass root level, so that health for all is achieved.

Objective

(1) To assess the awareness of health programs and their benefits in terms of knowledge among rural population of Bikaner.(2) To find out association between the knowledge of rural population with selected demographical variable.

Hypothesis

The hypothesis formulated for this study was "There will be a significant association between the knowledge of rural population with selected demographical variables at 0.05 level of significance."

Materials and Methods

The presented descriptive study was conducted at selected PHC and CHC of Bikaner to assess the awareness of health programmes and their benefits in term of knowledge among rural population of Bikaner. A structured questionnaire was designed to assess back ground variable and the knowledge regarding benefits of health program. Tool administered on 200 samples those selected randomly from accessible population. Validity and reliability of tool was assessed and data collected were analyzed using descriptive statistics. Permission was obtained from concerned authority before actual collection of data.

Statistical Analysis

The data was recorded into a Excel Spread sheet after collection and was then analyzed using statistical software SPSS. Descriptive statistics like frequency, percentage, and mean were calculated and inferential statistics to find out the out association between the knowledge of rural population with selected demographical variable.

Results: Frequency and Percentage Distribution of Socio-Demographic Characteristics of Rural Population.

S. No.	Demographic variable			
			Frequency	**Percentage**
1.	**Age in years**	18 to 27	21	10.5
		28 to 37	68	34.0
		38 to 47	65	32.5
		48 to 57	46	23.0
		Total	**200**	**100.0**
2.	**Type of Family**	Joint	59	29.5
		Nuclear	141	70.5
		Total	**200**	**100.0**
3.	**Gender**	Male	60	30.0
		Female	140	70.0
		Total	**200**	**100.0**
4.	**Educational Status**	Illiterate	51	25.5
		Up to primary	79	39.5
		Up to higher secondary	50	25.0
		Up to UG/PG	20	10.0
		Total	**200**	**100.0**
5.	**Family Income**	Up to 10000	53	26.5
		10001 to 20000	67	33.5
		20001 to 30000	51	25.5

		More than 30000	29	14.5
		Total	**200**	**100.0**

The majority of samples were 68(34%) belong to 28-37 years and 65(32.5%) belong to 38-47 years age group, Majority of samples 141(70.50%)live in nuclear family, Majority of samples 140(70%)were female, Average population near about 79(39.5%) were educated up to primary standard and in reference to variable family income samples of up to 10000 income group were 53(26.5%). 67(33.5%) samples belong to income group 10001 to 20000, 51(25.5%) samples belong to income group 20001 to 30000, Only 29(14.5%) samples belong to income group more than30000 in rural population selected for the study.

Table2. Knowledge score of samples

Level of knowledge	Score	Frequency	Percentage	Mean	SD	SE
Poor	0-8	130	65	7.180	5.6815	.4017
Average	8-16	50	25			
Good	16-24	20	10			
	Total	200	100			

The table show that majority of 130(65%) sample were have poor knowledge score in range of (0-8) score, 50 (25%)samples were have average knowledge score in range of (8-16) score and small group of20(10%) samples were have good knowledge score in range of (16-24) score, The mean knowledge score of 200 samples was 7.180 with SD(standard deviation)= 5.6815and SE(standard error)= .4017

Association between Demographic Variables and Knowledge

Table 3. Association Between Gender And Knowledge Score Of Samples

			knowledge category			Total
			poor	average	Good	
Gender	Male	Count	30	15	15	60
		% within knowledge category	23.1%	30.0%	75.0%	30.0%
	Female	Count	100	35	5	140
		% within knowledge category	76.9%	70.0%	25.0%	70.0%
Total		Count	130	50	20	200
		% within knowledge category	100.0%	100.0%	100.0%	100.0 %

Chisquare test

Test	Value	Df	P value
Pearson chi square test	22.25	2	0.0001

The result revealed that there was significant association between the knowledge score and demographical variable gender. Male samples had more knowledge compare to female samples.

Table 3. Association Between Education And Knowledge Score Of Samples

			knowledge category			Total
			poor	average	good	
Education	Illiterate	Count	51	0	0	51
		% within knowledge category	39.2%	0.0%	0.0%	25.5 %
	up to primary	Count	79	0	0	79
		% within knowledge Category	60.8%	0.0%	0.0%	39.5 %
	up to higher secondary	Count	0	50	0	50
		% within knowledge Category	0.0%	100.0%	0.0%	25.0 %
	up to UG/PG	Count	0	0	20	20
		% within knowledge Category	0.0%	0.0%	100.0%	10.0 %
Total		Count	130	50	20	200

	% within knowledge_ Category	100.0%	100.0%	100.0%	100.0%

Test	Value	P value
Fisher's exact test	314.082	0.0001

The result revealed that there was significant association between the knowledge score and demographical variable education. More educated samples had more knowledge .

Discussion-

The finding showed that majority of 130(65%) sample were have poor knowledge score in range of (0-8) score, 50 (25%)samples were have average knowledge score in range of (8-16) score and small group of20(10%) samples were have good knowledge score in range of (16-24) score, The mean knowledge score of 200 samples was 7.180 with SD(standard deviation)= 5.6815and SE(standard error)=.4017.There was significant association between knowledge score and gender as well as education level of samples(P value=.0001) and no significant association between knowledge score and age, type of family and income of family.

The study supported by study conducted by **N. Ghimeri (2013)** A descriptive and cross-sectional study to assess the knowledge and practice of mothers regarding the prevention of anemia during pregnancy among mothers who delivered in Tribhuvan University Teaching Hospital (TUTH). Convenient purposive sampling technique was adopted and mothers were included in the study who delivered in TUTH during four weeks period of data collection. They were interviewed by administering semi structured questionnaire. Chi-square test was applied to assess the association between variables. The test result shows that there was significant association in level of knowledge to the educational status regarding prevention of anemia during pregnancy (p=0.002). Furthermore, the study also revealed that there was significant association between frequencies of antenatal care (ANC) visit to the level of knowledge (p=0.007) as well as level of practice (p=0.043) of mothers about prevention of anemia in pregnancy. From the result of the study, it is concluded that the majority of mothers had not adequate knowledge and poor practice regarding prevention of anemia during pregnancy.

Conclusion- Thus, to conclude, the findings reveled that rural population not much aware of the health programmes which are run by government and how to utilize those services. So, to conclude, the investigator has achieved the objective for assessing awareness regarding health programme and their benefits among rural population.

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