

SUMMARY AND CONCLUSION

INTRODUCTION

This chapter illustrates the summary, findings, suggestions, implications, limitations and conclusion of the study. The first part provides a brief account of the method used for the study. The second part describes the major findings of the study. The third part discusses the suggestions based on the findings of the study and the last part concludes the study.

SECTION-1: SUMMARY

The study explored the socio demographic profile of women beneficiaries of the National Rural Health Mission (NRHM), living in the villages of Barwani District of Madhya Pradesh. The study further focused on the knowledge of rural women about NRHM, availability and accessibility of NRHM services, benefits received from NRHM and the challenges faced in availing the services of NRHM. According to National Rural Health Mission Document, the scheme was implemented to provide health services to rural women at an affordable, accessible and effective manner. The state of Madhya Pradesh was considered to be one of the poor performing states in terms of health indicators. There were very few studies conducted on the indicators selected for the study. It was an attempt to study the perception of women beneficiaries about the National Rural Health Mission and its services.

The objectives of the study are as follows:

1. To assess the knowledge of women beneficiaries of Barwani District of Madhya Pradesh on National Rural Health Mission related services.

2. To understand the extent of availability and accessibility of National Rural Health Mission services to women beneficiaries of Barwani District of Madhya Pradesh.
3. To find out the challenges faced by women beneficiaries of Barwani District of Madhya Pradesh in accessing National Rural Health Mission services.
4. To describe the benefits received by women beneficiaries of Barwani District of Madhya Pradesh from National Rural Health Mission.
5. To study the relevance of socio demographic variables on accessing National Rural Health Mission services.

Design of the study

The research design used for the study was descriptive. The study obtained information concerning the women beneficiaries of NRHM to describe "what exists" with respect to variables set for the study.

Sampling Procedure

The researcher chose the method of multi stage sampling in order to select the sample group. The study was undertaken in three village Panchayats (Navalpura, Mehatgaon and Julwania) from Sendhwa Block. A total of 278 participants were chosen from the aforementioned village Panchayats via quota sampling technique. The participants of the study were women beneficiaries of NRHM. The sample for the study was selected from Scheduled Caste and Scheduled Tribe women beneficiaries of NRHM residing in these three village Panchayats.

Tools for collecting the data

The researcher used a semi structured interview schedule for collecting the data. It was a 120 item tool developed by the researcher and validated by experts. The researcher also conducted focus group discussions with participants to have more clarity about the research area.

Validation procedures

Face validity of the tool was established by giving the material to five experts and then making the necessary changes according to the suggestions provided by them. A pilot study was conducted by the researcher administering the tool in the field and certain modifications in terms of the scoring were made. It was found during the pilot study that majority of the women beneficiaries either had a tribal background or belonged to a scheduled caste and hence, were unable to follow the 4-point scale rating used by the researcher. The process was time consuming and the unwillingness of the women to participate in the study added to the woes. The scaling was further changed to 2-point scale which was easy for the participants to comprehend.

Tools for analysis/statistical techniques

The researcher coded and entered the data into SPSS software for analysis. Descriptive statistics was implemented in order to explain about the variables i.e. mean, standard deviation and frequency distribution. Pearson Correlation was used to find out about the association of the variables used in the study. Chi square test of association was done to see if knowledge about NRHM was associated with any of the socio demographic variables. Mann-Whitney Test was used to compare the study variables between people who had heard about NRHM and those who had not heard about the same.

SECTION-2: MAJOR FINDINGS

The major findings of the study are listed under the following 6 parts-

1. Socio demographic profile of the participants

The study results show that the age group of most of the participants of the study was between 26 – 33 years (42.8%). All the

participants of the study follow Hinduism. Scheduled Tribe population forms a major part in these village Panchayats. Majority of the participants (71.9%) are below poverty line (BPL). 84.9% of the participants belong to nuclear families. Majority of the participants (80.9%) got married only after they became of marriageable age. Illiteracy is a major problem in the area as 93.9% of the participants are illiterate. 84.9% of participants are Agriculture Laborers and out of 278 participants, 252 do not have any land. Majority of the participants (93.5%) live in mud houses. Electricity is available to majority of the participants. When asked about the availability of toilets at their home, majority (98.2%) answered in the negative. Majority (87.8%) of the participants use hand pumps provided by the Panchayat to avail drinking water. 77.3% participants have no access to grocery and vegetable shop near their house.

2. Knowledge of women beneficiaries of Barwani District of Madhya Pradesh on National Rural Health Mission services

The study results show that out of 278 participants, 233 (83.8%) have heard about National Rural Health Mission. The findings further show that out of 50 Scheduled Caste participants who have heard about NRHM, majority (10) fall under the age group of 18-25 years. In the Scheduled Tribe category, 97 out of 228 participants who have heard about NRHM, belong to the age group of 26-33 years. The participants of the selected villages have fair knowledge about the aim and coverage of NRHM. 65.5% of the participants said that the aim of NRHM is to improve health. 63.3% of participants were aware that this programme is for the entire rural population.

In the study, the researcher assessed the knowledge of women beneficiaries about the components of NRHM. The study found that 51.1% (142) of the participants disagreed to the usefulness of the

awareness programme on NRHM by ASHAs. 82% of the women beneficiaries know about the village health plan. The study further shows that 64.4% participants are not aware about the Village Health and Sanitation *Samiti* (Committee) at their village. There are only 54.3% (151) of participants who are aware about the role and functions of ASHAs. 66.9% (186) of participants are aware about the health day held every month at the Anganwadi for immunization. The study results show that 57.9% (161) of the participants are not aware of the fact that generic medicines are available for common sickness at sub centre.

The researcher further assessed the knowledge of women beneficiaries about the schemes of Government of Madhya Pradesh under NRHM. The results show that only 44.2% (123) of the participants are aware about these schemes in general. However, when asked specifically, 50.7% (141) participants said that they know about *Vijaya Raje Janani Kalyan Beema Yojana*. 56.8% (158) participants know about *Janani Express Yojana* and 67.3% (187) participants know about *Janani Sahyogi Yojana*. Less than half (41.4%) of the participants know about *Prasav hetu Parivahan evam Upchar Yojana* and about *Bal Shakti Yojana* (46.8%). A few participants (25.2%) know about *Deen Dayal Mobile Hospital Scheme*. 71.6% of the participants know about *Deendayal Anthyodaya Upachar Yojana* while 66.5% participants know about *Janani Suraksha Yojana*.

3. Extent of availability and accessibility of National Rural Health Mission services to women beneficiaries of Barwani District.

This part of the findings deals with the availability and accessibility of health systems and health personnel to the participants. The results of the study show that the response from the participants is mixed in terms of accessibility of Sub centre and Primary health centre. Sub centre is considered as the first meeting point for all the health

related needs of the community which is accessible to only 51.1% of participants. The Primary Health Centre (PHC) is the second layer in the three tier system and is accessible to 61.2% of participants. Majority of the people agreed to the availability of doctors at the Primary Health Centre (PHC) and the Community Health Centre (CHC).

The results show that ASHA workers' visit to the households is frequent for majority (70.5%) of participants. Majority (62.9%) opined that the ANM is available in the sub centre. The study also reveals that 60.4% (168) of participants disagreed to the frequent visit of ANM to their villages.

When studied about care for common and other critical illness, it was found that majority (85.6%) of participants have disagreed to the care for common illness like fever, diabetes and hypertension from PHC whereas, 66.2% had issues with the medical care provided for cancer, epilepsy and mental illnesses from the PHC. The study found a mixed response in terms of availability of laboratory facilities and vaccination facilities at various levels. 59% (164) of participants agreed having laboratory facility at the PHC. Regarding the availability of vaccination facilities, 52.5% (146) opined that it is available at the sub centre whereas, 54% (150) responded positively to the availability of vaccination facility at the PHC. 49.6% (138) of the respondents affirmed that the vaccination facilities are available at the CHC.

Majority of the participants (59%) disagreed with the fact that frequent visits were made by the mobile unit to the village. 51.4% agreed that they get free medicines from sub-centre when required. 78.8% participants said that they did not receive free medicines from the PHC. Accessibility to ambulance service was another area where 58.6% participants had agreed upon. 66.9% participants expressed that they have no accessibility of transportation facilities from their village to the PHC.

The study found that 58.6% (163) of participants have no preparedness against communicable illness in the sampled villages. Majority of the participants (65.5%) agreed that they are availing health education at their doorstep. Half of them (50.4%) found the health education to be useful.

The study results show that only 49.3% of participants receive support during delivery. According to 63.3% of participants, delivery facilities are not available throughout the day at PHCs. Majority of the participants (59.4%) disagreed on availing financial assistance for institutional deliveries. 55.4% participants agreed upon the assistance of ASHA for institutional deliveries. A good number of participants (71.2%) agree having nutritious food at Anganwadi for pregnant and lactating women.

4. Challenges faced by women beneficiaries of Barwani District of Madhya Pradesh to access National Rural Health Mission services

The study findings show that 55% of women face challenges in approaching ASHA. 56.5% (157) of women opined that ASHA is not available during emergencies. Majority of the participants (60.4%) responded that ANM is not available in the sub centers. Lack of proper roads is another major challenge shared by 76.6% (213) participants. Majority of the participants (68.7%) said that there are no programs for them on health issues.

195 (70.1%) participants were of the opinion that their family does not support them to go to hospital for treatment. When asked about the support of community for hospital deliveries, majority (64.7%) responded in the negative. 55% of (153) women opined that the Government hospitals do not provide good services. 181 participants (65.1%) responded that sufficient beds are not provided in the PHC for patients. The findings of the study also show that there is a lack of sufficient

medicines in all the three tiers of health systems. 77.7% participants responded that they have to bribe the hospital staff to avail health services.

Majority of the participants (66.9%) disagreed about the Panchayats taking initiatives in improving health facilities. There are 66.9% participants who expressed no interest in receiving NRHM benefits.

5. Benefits received by women beneficiaries of Barwani District of Madhya Pradesh from National Rural Health Mission

The study results show that only 37.4% (104) out of 278 participants received the cash incentives under Janani Suraksha Yojana. It is found that 37.4% participants had their delivery at hospitals. There is no significant association between the age group and caste of people who avail the benefits of this scheme. Majority (60.8 %) of the participants said that they received assistance from ASHA. The intervention by ASHA for pregnant women was found to be significant.

According to 38.5% of participants, there is no major improvement in the condition of sub centers after NRHM. According to 58.6% (163) participants the health facilities did improve in the last five years. It was found that the women beneficiaries had difficulty in availing the benefits of the scheme. The study shows that the services of Anganwadis are effective in the sampled villages. Majority of them responded that their children receive nutritious food from Anganwadis.

Only 27% participants have family health card under Deendayal Antyoday Upachar Yojana. As per the study results, 46.4% participants are covered under Deendayal Mobile Hospital Scheme. The study further shows that 21.2% (59) of participants are members of Rogi Kalyan Samiti. Half of the participants agreed that their village has a health plan through village health committee.

Only 5 (1.8%) of the participants said that they constructed a toilet at their home after gaining awareness from ASHA. Majority of the participants (66.2%) agreed that ASHAs educate them about the consequences of smoking and chewing tobacco. This finding is really significant in the context of rural areas where majority of them are addicted to tobacco.

6. Association of socio demographic variables on accessing National Rural Health Mission services

The study found significant association between caste and electricity at home and knowledge about NRHM. There is no significant association between age, type of family, marital status and knowledge about NRHM. The mean score on 'Knowledge', between 'No' and 'Yes' group was found to be significantly different (Mann-Whitney $U=3899.0$, $P=.006$). In a similar way, the mean scores of 'Availability and Accessibility' between 'No' and 'Yes' group was also found significantly different (Mann-Whitney $U=1696.0$, $P=>.001$). A similar test was administered to assess the difference between 'Challenges' and 'Benefits' variables. The mean score on 'Challenges', between 'No' and 'Yes' group was found significantly different (Mann-Whitney $U=2032.0$, $P=.001$) and the mean score on 'Benefits', between 'No' and 'Yes' group was also found significantly different (Mann-Whitney $U=1908.5$, $P=.001$).

The correlation between the knowledge scores and challenges scores was found significant ($r = .246$, $P>.001$). The correlation between the knowledge scores and benefits scores was significant ($r = .705$, $P>.001$). The correlation between the knowledge scores and availability and accessibility scores was significant ($r = .735$, $P>.001$).

SECTION-3: SUGGESTIONS AND IMPLICATION

The study recommends initiation of programs for skill building of Accredited Social Health Activists (ASHA) since they play a vital role in National Rural Health Mission. Awareness programs at massive level are required to enable the community to understand each and every component of NRHM. The role of the health staff at Sub Centre, Primary Health Centre and Community Health Centre ought to be performed effectively to avoid delays in the provision of services to the people during emergencies. Monitoring and evaluation mechanisms need to be strengthened at all levels with clearly designed indicators and means of verification.

Further research can be undertaken by incorporating more regions of the state which may give a comprehensive understanding and generalized perspective to the topic. Studies can be incorporated by taking samples from both, backward and forward districts of the state to make comparative analysis of the situations. Action researches can be facilitated in this area where an in-depth pre test, intervention and post test could be conducted, which may have more acceptability and authenticity. A comparative analysis of states could be conducted to understand the level of community in to the programme. A mixed research methodology could be adopted to have both qualitative and quantitative inputs.

The results of the study could positively influence the policy makers to develop strategies in designing programme deliveries. It will further help the Panchayats to strengthen their capabilities and understand the role of local self governing bodies at the village level in a better way. The research could help the NGOs working in the area to design intervention strategies required to strengthen the outlook of people towards Government programs. The study has its implication to social

work since it promotes understanding of the grass root realities of any government programme. Social work methods like Social Group Work, Community Organization and Social Action can be effectively practiced in the intervention programme. Effective intervention strategies can be developed by using the Asset Based Community Development, Locality Development and Social Action models of community organization.

SECTION -4: LIMITATIONS OF THE RESEARCH

Since the study was limited to three village Panchayats the results cannot be generalized. Limited knowledge of local dialect was a challenge to effectively communicate to the participants. Rapport building at the community and hesitation of women participants to interact with the researcher in the initial stages was also another limitation of the study. Lacking more statistical analysis in the research is found as another limitation. Non participation of Panchayat Leaders was one of the major challenges for the researcher while collecting the data.

SECTION -5: CONCLUSION

The study results show that majority of the participants belong to families which are below poverty line. It was surprising that majority of the women who had participated in the study were illiterates as their lack of education prevents them from availing benefits of many of the Government schemes. Majority of the families living in the villages of Sendhwa Block are agricultural laborers and they have no land in their ownership. Annual income of the families is very less and the standard of living is affected with this low income. One interesting fact observed while interacting with the community members is that most of the families have electricity connectivity at their home. Not having toilets attached to their homes is another challenge faced by the participants. People are neither bothered about nor are interested in constructing toilets

at their homes. People in these villages face issues in availing clean drinking water from Panchayats.

As far as the knowledge of NRHM is concerned, many people have heard about the same. It was noticed that even though they don't recognize the name of the programme as NRHM, they understand the components of NRHM scheme. A need to strengthen the capacities of the ASHAs is felt during the study. A positive result was found in terms of people being aware about the cash incentive programme (*Janani Suraksha Yojana*).

The research findings show that the impact of NRHM is average in terms of its availability and accessibility among the rural women. There is a need to strengthen the grass root level interventions in terms of strengthening the sub centers and involvement of the Gram Panchayat in fulfilling the health mission objectives of the country. The NRHM services do reach the villages of the country but a holistic approach in terms of incorporating all the objectives of the programme and its implementation is required. There is a need to strengthen the capacity of ASHA, ANM and other health professionals. A major gap is found in the area of intervention of village Panchayats in terms of promoting health, hygiene and safe drinking water.

The study found that NRHM has succeeded in reaching to the rural communities. Participants acknowledged to have faced challenges in a few areas in terms of approachability and availability of Accredited Social Health Activist (ASHA) and Auxiliary Nurse and Mid wife (ANM) at the village and sub centre level. Quality of facilities provided by Government hospitals was another challenge for the participants. Lack of initiatives of the Panchayat in the improvement of health of the village was found as another challenge for the people. Provision of nutritious food to pregnant women and children was another area of challenge faced

by the participants. Majority of the participants have not showed any interest in availing NRHM services. When asked further, they clarified that the quality and delay in availing services force them to go to private hospitals for treatment. They also discussed that the PHC has no sufficient beds for the patients.

The findings of the study in terms of the benefits of NRHM are not very enriching. Certain areas like assistance of ASHAs, improvement of existing health care services, free medical care, nutritious food from Anganwadi, health of pregnant women, village health plan, free immunization for children at sub centre and education by ASHA worker about the impacts of smoking and chewing tobacco are positive factors but a lot of improvements in terms of other components of NRHM are required to look in to.

Significant association between caste and electricity at home and knowledge about NRHM was found. Most of the participants said that they either have a television or a radio at home. The social advertisements related to the rural development scheme are heard by them. This could be a prominent reason behind 233 participants out of 278 being aware about NRHM. There is no significant association between age, type of family, marital status and knowledge about NRHM.

The study results further show that the mean scores of 'Knowledge', 'Availability and Accessibility', 'Challenges' and 'Benefits' are significantly different. A significant correlation was observed between the total scores of knowledge, challenges, benefits and availability and accessibility.