



TRIBAL POPULATION AND THEIR FEEDBACK AND AWARENESS LEVEL ABOUT NATIONAL RURAL HEALTH MISSION: A STUDY

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Abstract: This paper explores the communication strategies utilized by the National Rural Health Mission (NRHM) to disseminate healthcare information to tribal populations. It investigates the extent to which these strategies have successfully raised awareness about healthcare schemes and services among these tribes using surveys, the study uncovers significant gaps in awareness and identifies communication challenges specific to these communities, such as language barriers, and limited access to reliable information channels. The findings highlight the need for more tailored messaging that resonates with the tribes' linguistic and social context. Additionally, the paper offers insights into how participatory communication methods where tribal communities actively engage in the creation and dissemination of health messages can bridge these gaps. This study underscores the importance of adapting communication strategies to the unique needs of tribal populations in order to improve healthcare access and outcomes under NRHM.

Keywords: Tribal Health, NRHM, Health Communication, Sadri Speaking Tribes, Health Awareness, Tribal Communication.

I. Introduction:

Launched by the Indian government in April 2005, the National Rural Health Mission (NRHM) aims to enhance healthcare access and quality in rural regions, with a special emphasis on 18 states, including Jharkhand, which face significant health and infrastructure challenges. A central component of the mission is the deployment of Accredited Social Health Activists (ASHAs), local women selected to bridge the gap between rural communities and health services. Trained by the NRHM, ASHAs provide essential healthcare services for common illnesses

like diarrhea and fevers, offer guidance on sanitation, hygiene, family planning, and immunization, and assist in patient transportation to health facilities. Additionally, they are involved in administering oral rehydration therapy, tuberculosis treatment, and distributing vital medications such as folic acid and chloroquine. ASHAs also play a crucial role in monitoring disease outbreaks, promoting immunization, supporting maternal and child health services, and advocating for improved household sanitation.

Previous studies on tribal health in India have underscored the importance of tailored communication that takes into account tribal communities' unique cultural perspectives, their local health beliefs, and their access to healthcare services (Subba et al., 2014).

Health communication in the context of rural and tribal populations has historically been approached with varying degrees of success. Much of the early communication efforts in public health, particularly in the 20th century, were rooted in linear communication models, where information was simply transmitted from authorities to the public with the expectation of behavioral change. This method, often referred to as the "information deficit model," assumed that providing information alone would lead to desired health behaviors (Kreps, 2006). However, as studies evolved, particularly in the field of rural health communication, it became clear that such a one-way approach failed to account for the complexities of social, cultural, and linguistic factors that influence health behavior in diverse populations (Dutta, 2008).

Historically, health communication strategies in India mirrored global trends, focusing on top-down, message-oriented approaches that emphasized the

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dissemination of health information through mass media (Nair & White, 2007). These strategies, often informed by the diffusion of innovations theory, prioritized the use of media campaigns and interpersonal communication to spread health messages across rural areas (Rogers, 2003). However, research suggests that in tribal contexts, these efforts often failed to resonate with the intended audience due to language barriers, cultural incongruities, and a lack of community involvement in the communication process (Chatterjee, 2011).

In recent years, there has been a growing recognition of the need for more participatory and culturally sensitive health communication approaches in rural and tribal health interventions (Dutta, 2011). Theoretical perspectives such as the Participatory Approach and Development Support Communication emphasize the active involvement of communities in the creation and dissemination of health messages (Melkote & Steeves, 2001). These approaches argue that health communication should be a dialogic process, where local communities have a voice in defining health priorities and in shaping the communication strategies used to address them (Tufté & Mefalopulos, 2009).

This paper builds on these theoretical frameworks to examine the communication strategies employed by NRHM, particularly in relation to the Sadri speaking

tribal populations. Sadri, a language spoken by various tribes in Jharkhand, Odisha, and Chhattisgarh, is often overlooked in mainstream health communication efforts (Mahato & Choudhary, 2014). The research explores how these communities perceive NRHM's healthcare schemes and services, and the effectiveness of the communication strategies used to reach them. It aims to assess the extent to which current NRHM communication strategies align with culturally appropriate, participatory approaches.

Objectives of the Study

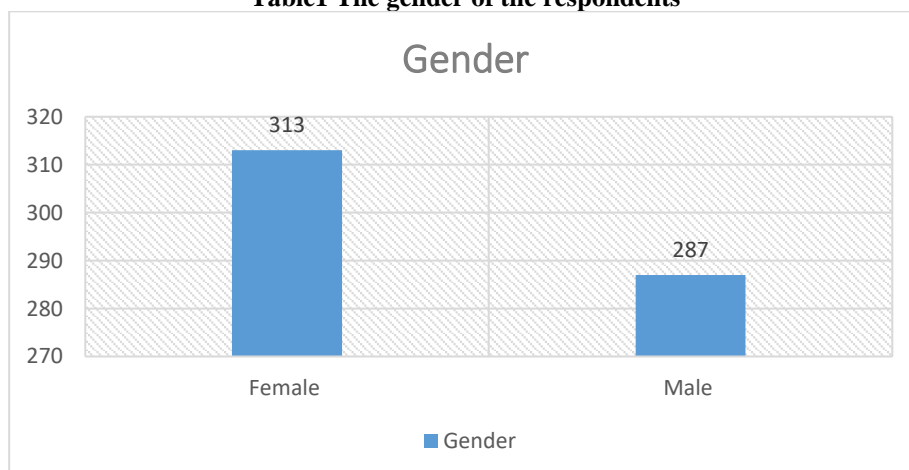
- To understand the awareness level of tribal population about NRHM.
- To know the preference of media for community mobilization and rural development.

II. Methodology

This study utilized a structured questionnaire to gather data from 600 respondents within the tribal communities of Ranchi, located in Jharkhand's South Chotanagpur region. To ensure that the sample accurately reflected the target population, purposive sampling was employed. This method allowed for the intentional selection of participants who could provide relevant insights, enhancing the representativeness and reliability of the findings.

Analysis of the data

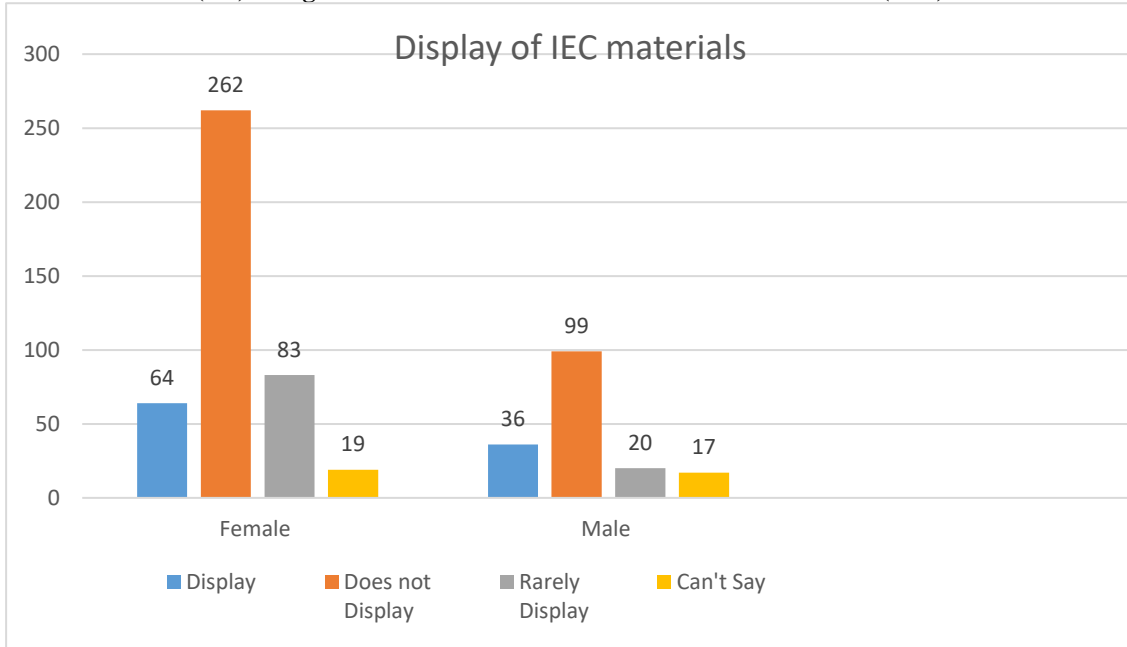
Table1 The gender of the respondents



The data in Table 1 indicates that the study involved a total of 600 respondents. Of these, 313 respondents, representing 52.17%, were tribal females, while 287 respondents, accounting for 47.83%, were tribal males. This distribution highlights a slightly higher representation of tribal females compared to tribal males in the study population.



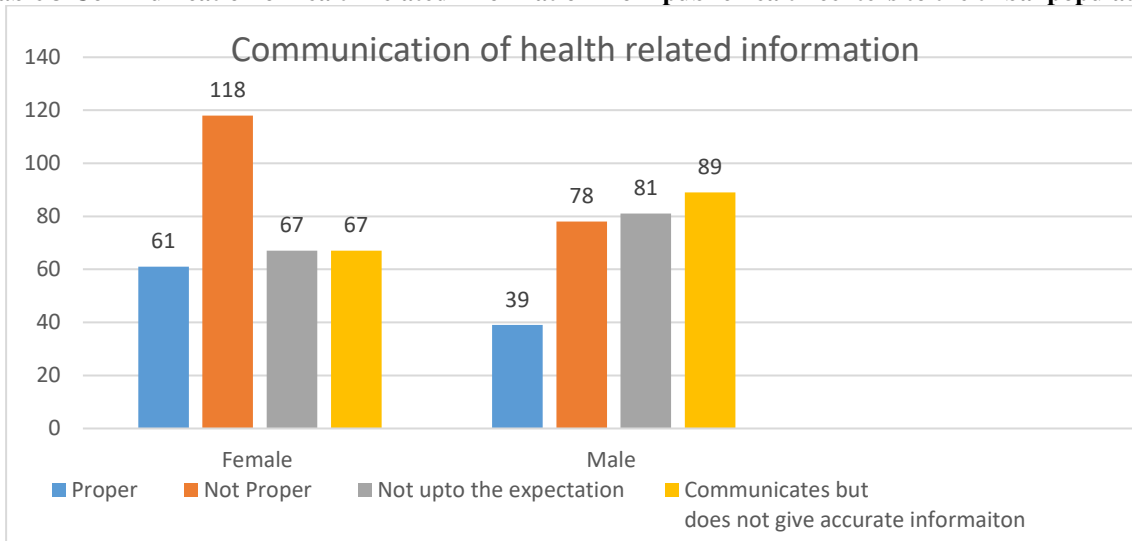
Table 2 Display of health service related information in the Anganwadi Centres (AWC) and Sub Centres (SC) along with information and education Communication (IEC)



According to Table 2 the data shows that out of 313 female respondents, 64 said the IEC materials are displayed, 262 said it is not displayed 83 said it is rarely displayed and 19 could not say anything. Out of 287 male respondents, 36 said the IEC materials are displayed, 99 said it is not displayed 20 said it is

rarely displayed and 17 could not say anything. This indicates that there is a general lack of visibility or accessibility of IEC materials among the tribal population, which may hinder effective health communication efforts.

Table 3 Communication of health related information from public health centers to the tribal population



The data in Table 3 reveals that out of 313 female respondents 61 found the information proper, 118 found the communication improper, 67 found the communication not up to the expectation and 67 said

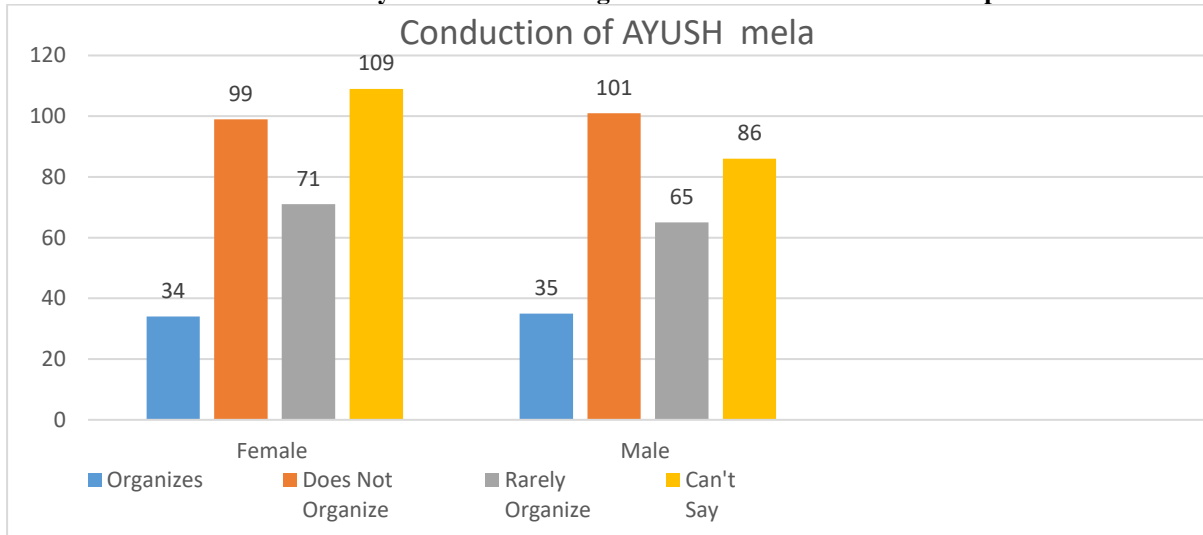
the communication is there but the accurate information is not there. 39 found the information proper, 78 found the communication improper, 81 found the communication not up to the expectation



and 89 said the communication is there but the accurate information is not there. This indicates a pressing need for improved communication strategies that address both the content and delivery

of health information, ensuring it is accurate, appropriate and meets the expectations of the tribal population.

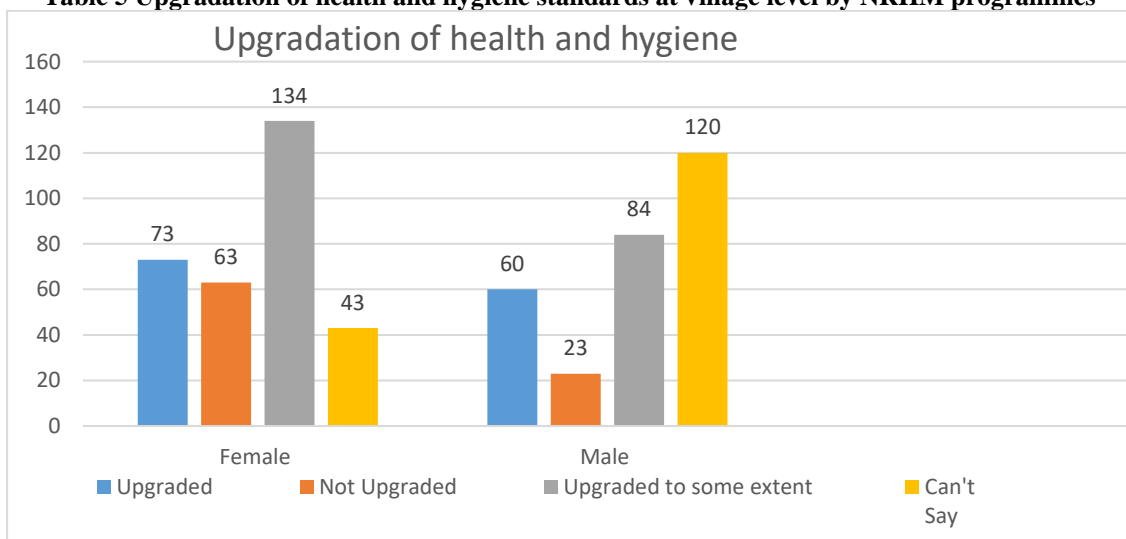
Table 4 Conduction of AYUSH mela by government to inform people about new health schemes and services for community mobilization and gender wise distribution of the respondents



The data in table 4 reveals that out of 313 female respondents 34 marked that AYUSH mela is organized, 99 said it is not organized, 71 said it is rarely organized and 109 did not say anything. 35 marked that AYUSH mela is organized, 101 said it is not organized, 65 said it is rarely organized and 86

male respondents did not say anything. This reveals a varied awareness and engagement with AYUSH melas among the tribal population, highlighting potential gaps in communication or access to such health initiatives.

Table 5 Upgradation of health and hygiene standards at village level by NRHM programmes



The data in table 5 shows that out of 313 female respondents 73 said that NRHM programmes has upgraded the health and hygiene standards, 63

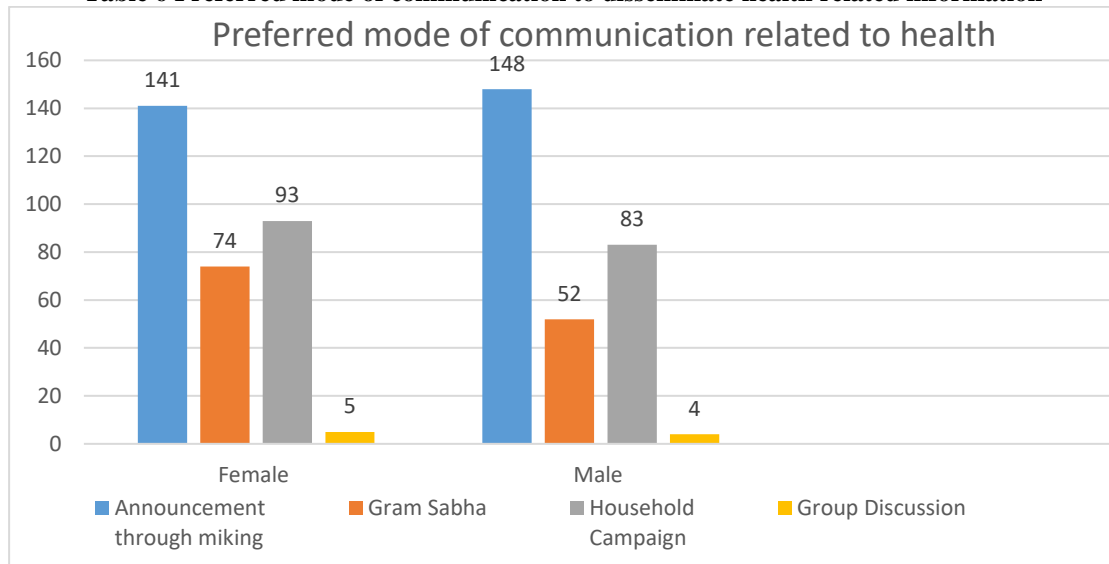
said it has not upgraded, 134 said it has upgraded to some extent and 43 could not say anything. Among the 287 tribal male respondents 60 said that NRHM



programmes has upgraded the health and hygiene standards, 23 said it has not upgraded, 84 said it has upgraded to some extent and 120 could not say anything. This underscores the need for better

targeted efforts and enhanced engagement to fully realize the impact of these initiatives on tribal health and hygiene.

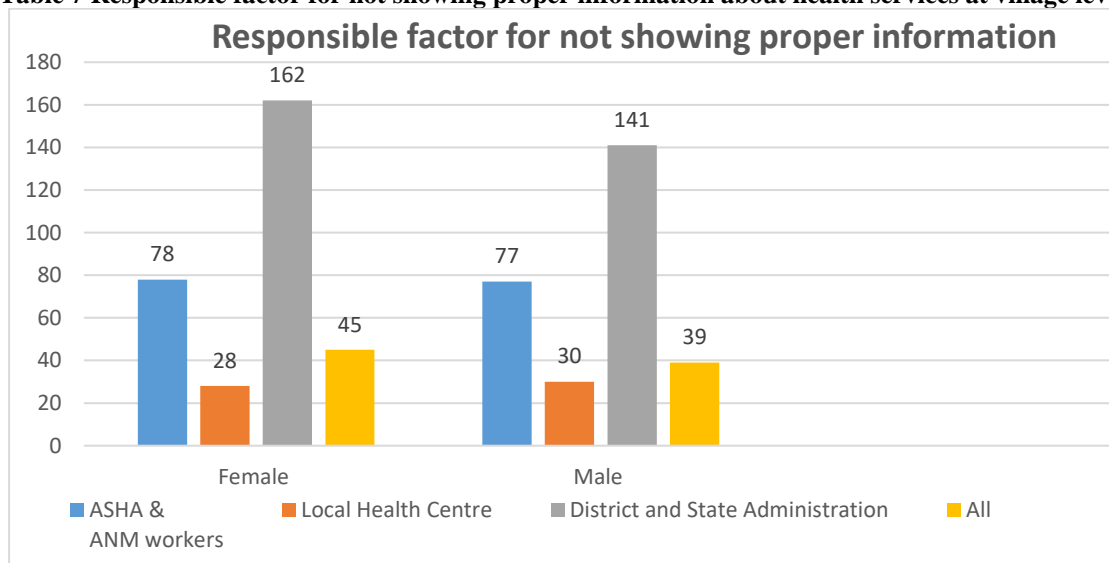
Table 6 Preferred mode of communication to disseminate health related information



The data in table 6 reveals that out of 313 female respondents 141 said they preferred announcements through miking, 74 said gram sabha, 93 said household campaigns and 5 identified group discussions. out of 287 male respondents 148 said they preferred announcements through miking, 52 said gram sabha, 83 said household campaigns and 4

identified group discussions. These findings highlights the importance of utilizing diverse communication strategies, with a particular emphasis on miking and household campaigns, to effectively reach and engage tribal populations in health-related initiatives.

Table 7 Responsible factor for not showing proper information about health services at village level

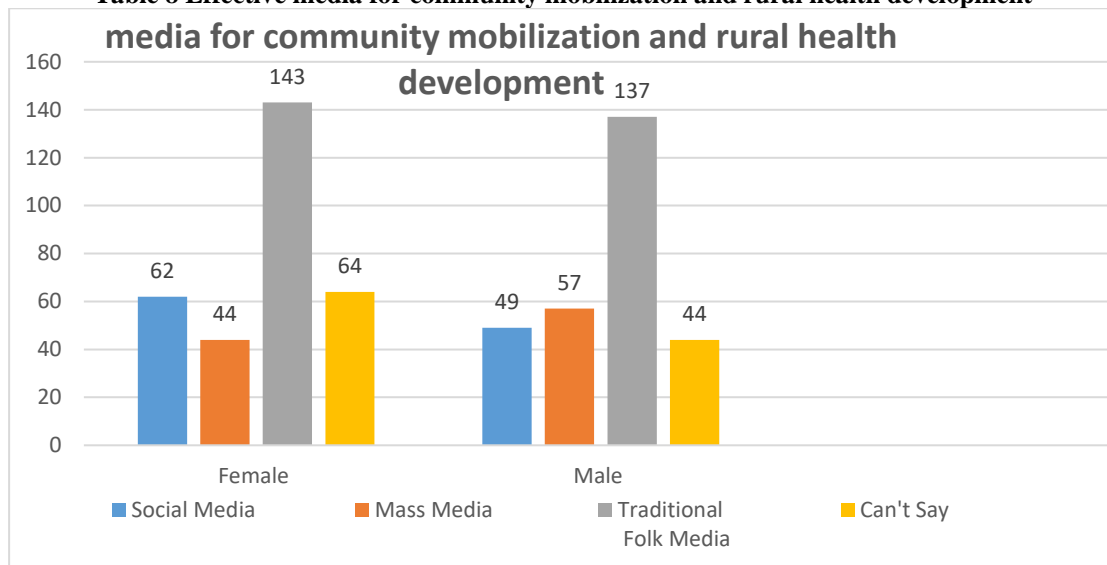




The data in table 7 reveals that out of 313 female respondents 78 said they ASHA and ANM are the responsible factors for not showing proper information, 28 said local health centre, 162 said district and state administration and 45 said all the factors are responsible. out of 287 male respondents 77 said they ASHA and ANM are the responsible factors for not showing proper information, 30 said local health centre, 141 said district and state

administration and 39 said all the factors are responsible. This suggests that the problem of inadequate information dissemination is perceived as multifaceted, involving not just frontline health workers but also local health centers and broader administrative bodies. Effective strategies must therefore address all levels of communication to improve health information outreach.

Table 8 Effective media for community mobilization and rural health development

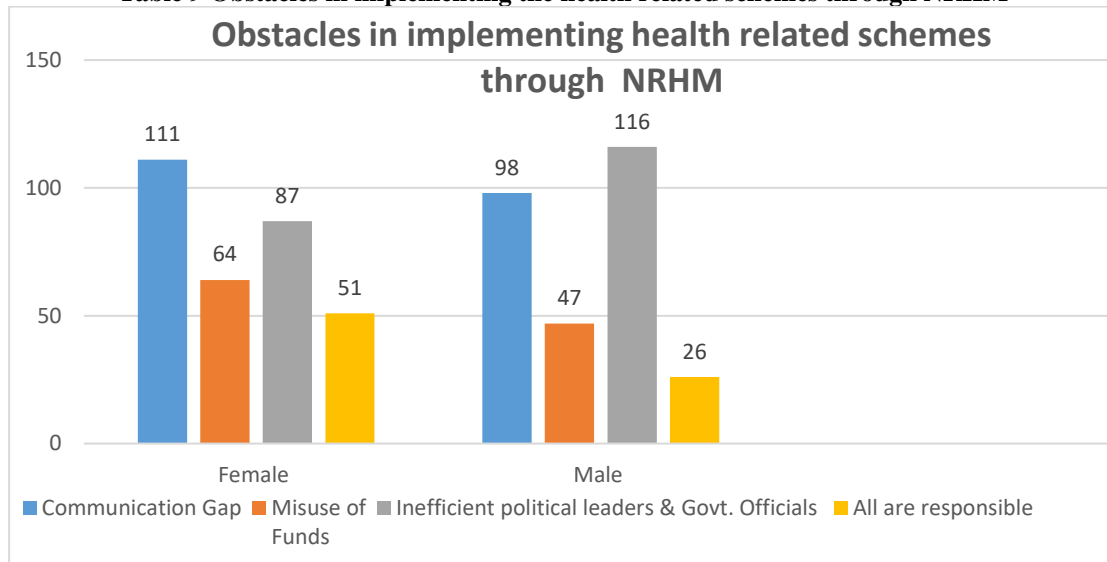


The data in table 8 reveals that out of 313 female respondents 62 said they preferred social media for community mobilization and rural health development , 44 said mass media, 143 said traditional folk media and 64 could not say anything. out of 287 male respondents 49 said they preferred social media, 57 said mass media, 137 said

traditional folk media and 44 could not say anything. This indicates a potential gap in media accessibility or awareness and suggests that traditional folk media remains a dominant medium for health communication among the tribal population, highlighting its cultural relevance and effectiveness.



Table 9 Obstacles in implementing the health related schemes through NRHM



The data in table 9 reveals that out of 313 female respondents 111 said communication gap is the obstacle in implementing health related schemes, 64 said misuse of funds, 87 said inefficient political leaders and govt. officials and 51 said all the mentioned factors are responsible. out of 287 male respondents 98 said communication gap is the obstacle in implementing health related schemes, 47 said misuse of funds, 116 said inefficient political leaders and govt. officials and 26 said all the mentioned factors are responsible. This highlights the multifaceted nature of the obstacles faced in the effective implementation of health schemes, suggesting that addressing communication barriers alongside political and administrative inefficiencies could be critical in improving the delivery of healthcare services.

IV Discussions

The findings highlight several key issues regarding the awareness level of the tribal population about the National Rural Health Mission (NRHM) and their media preferences for community mobilization and rural development.

Awareness and Visibility of NRHM Initiatives:

The data indicates a general lack of visibility and accessibility of Information, Education, and Communication (IEC) materials among the tribal population, with a majority of respondents stating that such materials are not displayed or are rarely visible. This suggests a significant gap in the awareness efforts of NRHM, potentially hindering effective health communication. Furthermore, the

mixed responses regarding the organization of AYUSH melas reveal varied awareness and engagement with these health initiatives. A considerable number of respondents indicated that they are not well organized, pointing to potential gaps in the communication or accessibility of these events. These gaps underscore the need for better-targeted outreach strategies that can enhance the visibility and impact of health initiatives within tribal communities.

Perception of Communication Quality: A notable proportion of respondents expressed dissatisfaction with the quality of health communication, with many finding it improper, not up to expectations, or lacking accurate information. This suggests that the current communication strategies under NRHM may not be adequately addressing the needs and expectations of the tribal population. The perceived inadequacies in information dissemination were attributed not just to frontline health workers like ASHA and ANM but also to local health centers and broader administrative bodies. This multifaceted nature of the problem indicates a need for comprehensive strategies that address communication issues across all levels, ensuring that information is accurate, culturally appropriate, and effectively delivered.

Effectiveness of NRHM Programs:

While a significant number of respondents acknowledged that NRHM programs have upgraded health and hygiene standards to some extent, many others felt the impact was limited or uncertain. This points to a need for enhanced engagement and tailored efforts to fully realize the benefits of NRHM initiatives among the tribal population. Improving the quality and



accessibility of health information, alongside more direct engagement with the community, could help bridge this gap.

Media Preferences for Community Mobilization:

The preference for announcements through miking and household campaigns suggests that these are the most effective channels for reaching the tribal population. Traditional folk media also emerged as a dominant medium for health communication, reflecting its cultural relevance and effectiveness within these communities. Despite the growing influence of social media and mass media, traditional forms of communication seem to resonate more with the tribal population, indicating the importance of integrating culturally familiar media into health communication strategies.

Obstacles to Implementing Health Schemes: The findings point to communication gaps, misuse of funds, and inefficiencies among political leaders and government officials as primary obstacles in implementing health-related schemes. Addressing these challenges requires a multifaceted approach that improves the clarity and effectiveness of communication, ensures the proper utilization of resources, and fosters accountability at all administrative levels.

V Conclusion

The study reveals that the tribal population has limited awareness and engagement with the National Rural Health Mission (NRHM) due to inadequate visibility of Information, Education, and Communication (IEC) materials and sporadic organization of health-related events like AYUSH melas. A significant number of respondents found the quality of health communication lacking, indicating that current strategies may not meet the needs and expectations of the tribal communities. To improve awareness, NRHM must enhance the accessibility of its communication efforts, ensuring that health messages are both culturally relevant and effectively disseminated.

In terms of media preference for community mobilization and rural development, the tribal population shows a strong inclination toward traditional communication methods. Traditional folk media, announcements through miking, and household campaigns are favored over modern channels like social media and mass media. This preference suggests that culturally familiar forms of communication resonate more with these communities, making them more effective for health

outreach. Therefore, NRHM's health communication strategies should prioritize these traditional channels to engage the tribal population more effectively. By aligning communication methods with the cultural context and preferences of the tribal communities, NRHM can enhance the impact of its initiatives and promote better health outcomes in these areas.

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