

Dissemination and Awareness of National Health Mission (NHM) Programs in Mizoram, India

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Abstract:

Background: NHM is one of the leading programs of the government to leverage public health and provision of well-being facilities to the people. The awareness of the program is very essential for the public to utilize the services under the mission. The government has taken steps to make awareness to the people through different means and is very essential to study the extent of awareness and its utilization.

Materials and methods: The study was conducted in the State Referral Hospital (SRH), a unit of Zoram Medical College. SRH is a 300 bedded hospital. The researcher received 180 duly filled-in questionnaires out of the 300 bedded patients in SRH that constitute 60%. A structured questionnaire was utilized to collect data from the in-patients of the SRH during January and February 2020 from different departments. The collected literature and data were arranged, tabulated, and analysed to draw the research findings with the help of the IBM Statistical Package for Social Sciences (SPSS).

Results: The awareness of the mission's preventive programs by the community on the basis of gender, settlement, and educational qualifications respectively was disclosed through the study.

Conclusion: The acquisition of equitable and affordable health services plays a pivotal role for leveraging health. This could be pervaded through the identification of matter that could be tackled and incorporated with the lacking factors. Therefore, we concluded that greater mass awareness has to be undertaken among all people to make a good decision on health issues and the utilization of health services.

Keywords: National Health Mission, Preventive Health Programs, Zoram Medical College, National Rural Health Mission, National Urban Health Mission, Awareness.

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I. Introduction

Health, as defined by WHO is a state of complete physical and mental wellness. Many diseases are either preventable or not preventable. Preventive diseases are those that are preventable through early detection with certain health measures. Apart from dietary control and exercise, physicians usually prescribe specific health measures. The identification of certain symptoms and early screenings can help to a certain extent of disease prevention which is why preventive health programs play a significant role. Mizoram is a state with a high prevalence of Sexually Transmitted Infection (STI), Cancer, Diabetes, and Depression, which can be reduced or prevented through proper awareness of preventive health measures. Information awareness on health is a matter that even a constitutive body of India protects with article 47 stating the accountability of the government for health provision and promotion to every Indian citizen. ¹ It is also remarkable that the first five-year plan in 1952 embodies the systematic execution of healthcare planning in India, which resulted in the speedy development of community healthcare. Kreps (2005) highlighted that "Health information is essential in health care and health promotion because it provides both direction and rationale for guiding strategic health behaviours, treatments, and decisions". ² It is also noteworthy that the Sustainable Development Goals (SDG), goal number three anticipated ensuring healthy lives and promoting well-being for all ages. ³

Health is an important factor that determined the progress of social and economic development in the world. It has prevalent value in many countries, particularly in developed and developing countries whereas it is a matter of serious concern in under-developed countries. Recognizing the significant impact of health, the Government of India implemented the preventive health programs under the National Health Mission (NHM) for the best livelihood and well-being of the people.

National Health Programmes in India:

The total population of India, according to the 2011 census is 1,210,193,442, being the second next to China. The human sex ratio is 940:1,000 (female: male). The population distribution of rural-urban is 742,490,639 and 286,119,689 which forms rural population as 72.18% and urban population 27.82%. The rural population is higher than the urban population by 456,370,952 which is 37.71%.³

In 2013, the Union Cabinet gave its approval to launch the National Urban Health Mission (NUHM) as a sub-mission of the National Health Mission (NHM). The main components of NUHM include strengthening of the health system in rural-urban areas on reproduction, maternal, neonatal child and adolescent health, and communicable and non-communicable diseases.⁴

Since 2013, NRHM and NUHM have become sub-mission under the National Health Mission (NHM) in India until 31 March 2017. NHM works for everyone in the country to safeguard responsible and quality healthcare services. It has been approved by the Cabinet in its meeting on 21.03.2018 to be extended with effect from 01 April 2017 to 31 March 2020. There are five components under National Health Mission, such as Reproductive, Maternal, New-born, Child and Adolescent Health (RMNCH+A), Health Systems Strengthening, Non-communicable Disease Control Programmes, Communicable Disease Control Programmes, and Infrastructure Maintenance. The vision of the mission is to provide accessible, affordable, and quality universal health care, both preventive and curative, which would be accountable and at the same time responding to the needs of the people. It has six objectives, such as: Universal access to public health services such as women's health, child health, drinking water, sanitation and hygiene, nutrition, and universal immunization, prevention and control of communicable and non-communicable diseases, population stabilization, gender & demographic balance, access to integrated comprehensive primary health care and Promotion of healthy lifestyles.⁵

NHM in Mizoram:

Mizoram, a state in the Northeastern part of India, has a population of 1,097,206 populations having a density of 52 persons per sq. Km., according to the 2011 census. There are 26 blocks and 830 government-recognized villages. The sex ratio is 975 females to 1000 males. The literacy rate is 91.58% which is the second-highest state in India next to Kerala. The rural-urban population is 525,435 and 571,771 respectively. The male population in rural areas is more than female by 12,835 and 637 in the urban area.⁶

In Mizoram, NRHM was implemented in 2007-2008 and NUHM during 2013-2014.⁷ As a result of the Union Cabinet's approval, these two missions have been taken up under one umbrella of NHM in 2014-2015. The government organized training, workshop, sensitization programs etc. in different places for the mission staff in catchment areas. The awareness program of NHM has been carried out in different forms in Mizoram. As the people of Mizoram are of varied social and educational background, the government is engaging different awareness programs to people in various forms, like Television, Newspaper, Social Media, Door-to-door messages, Radio, Pamphlets, Brochures, and Local Information System.

Significance and scope of the study:

NHM is one of the leading programs of the government to provide health and well-being facilities to the people. The awareness of the program is very essential for the public to utilize the services under the mission. The government has been taking steps to aware the people through different means and is very essential to study the awareness of the people.

State Referral Hospital (SRH), a unit hospital of ZMC, is located 16 kms to the south of Aizawl, the state capital, on the highway passing Mizoram from north to south. ZMC (erstwhile Mizoram Institute of Medical Education and Research-MIMER) positioned within the campus of SRH was inaugurated on 7 August 2018 by the Chief Minister of Mizoram.⁸ As a practicing hospital, SRH has been one of the most reputed hospitals in the state and is famous for its varied services to the patients. Many patients from different areas with various backgrounds of the state are being hospitalized for treatment and is very convenient to collect the comments of the people of the state on different health programs. Therefore, the researchers selected the hospital to take their research from diverse patients. From this study, the government may take necessary steps for the promotion of the mission to the public at its best.

The mission comprised of different areas under preventive and curing different ailments. The Integrated Disease Surveillance Programme (IDSP) whose major role includes data collection on disease and analysis reports from every district, which is done weekly so that timely and effective public health response is made available. The objective of the IDSP is to ensure that every subordinate state has undertaken effective control over communicable public health threats. The Expanded Program on Immunization (EPI) was introduced in 1978 in India as a key procedure that is performed to provide vaccination to prevent seven vaccine-preventable diseases i.e. Diphtheria, Pertussis, Tetanus, Polio, Measles, severe kind of Childhood Tuberculosis and Hepatitis B, Haemophilia's influenza type b (Hib) and Diarrhoea. In Mizoram, the EPI has two

focus viz. pregnant women against tetanus and children below 1 year against the EPI listed diseases. Siddiqi et.al (2007) stated that it took US\$15 for the cost of full immunization of a child cost and hence the reduction of cost for disease treating can help in poverty elevation and socio-economic development of the country.⁹. In Mizoram, under the National Leprosy Eradication Programme (NLEP), the leprosy case detection have been actively undertaken in various parts of the state. Various awareness programs at different parts of the State have contributed to the alleviation of stigma and discrimination of people affected with Leprosy. The NPCDCS was launched on 4th February 2014 in Mizoram to provide support for diagnosis and cost-effective treatment and to give aid technically and financially for the prevention of non-communicable diseases especially cancer, diabetes, Cardiovascular Diseases. It aims to undertake health promotion through behavior change with the involvement of the community, civil society, community-based organizations, media, etc. The other components of the preventive program also includes National Programme for Prevention and Control of Deafness (NPPCD) and the National Programme for Prevention and Control of Fluorosis (NPPCF)^{10,11}

Objectives:

The objective of the study is to determine the awareness of the mission’s preventive programs by the community based on gender, settlement, and educational qualifications.

II. Material and Methods

The study was conducted in the State Referral Hospital (SRH), a unit of Zoram Medical College which is a 300 bedded hospital and a total of 180 patients who visited the hospital were enrolled for the study.

Study Design: Cross sectional study

Study Location: The study was a tertiary care teaching hospital based study done in State Referral Hospital (SRH), a unit of Zoram Medical College, Falkawn which is a 300 bedded hospital in Mizoram.

Study Duration: January 2020 to April 2020.

Sample size: The study was confined to the patients of State Referral Hospital of Zoram Medical College. A total of 180 patients who are admitted in the hospital were enrolled for the study.

Procedure methodology

A semi-structured questionnaire was utilized to collect data from the patients of the SRH during the study period from different departments. The questionnaire included socio-demographic data like age, gender, educational qualification, residential information and awareness of the various preventive healthcare programs under NHM. A total 180 patients of the hospital were enrolled by means of convenient sampling. After obtaining informed consent from the patients, the researcher explained the details of the questionnaires, which were then filled up by the participants in his presence. The questionnaire were then collected for compilation and analysis.

Statistical analysis

The collected literature and data were arranged, tabulated, and analysed to draw research findings with the help of the IBN Statistical Package for Social Sciences (SPSS).¹² The results were expressed in percentages and tabulated accordingly.

III. Results

The awareness of health programs under NHM are depicted from the collected data through a structured questionnaire in three dimensions, such as gender, settlement, and educational qualifications as below:

1) **Awareness based on gender:** The following data in the table shows the responses of the 180 respondents comprising 90 males and 90 females. It represents awareness of the preventive program of NHM by gender. The data and percentage is calculated from the 180 respondents.

Table no 1: Awareness of Preventive Programme by Gender

Name of Program	Scale	Male (90)	Female (90)	Total(180)
NPCDCS	Aware	42 (23.33%)	28 (15.55%)	70 (38.88%)
	Unaware	48 (26.66%)	62 (34.44%)	110 (61.11%)
NPPCF	Aware	2 (1.11%)	1 (0.55%)	3 (1.66%)
	Unaware	88 (48.88%)	89 (49.44%)	177 (98.33%)

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NPPCD	Aware	8 (4.44%)	9 (5%)	17 (9.44%)
	Unaware	82 (45.55%)	81 (45%)	163 (90.55%)
NLEP	Aware	30 (16.66%)	14 (7.77%)	44 (24.44%)
	Unaware	60 (33.33%)	76 (42.22%)	136 (75.55%)
IDSP	Aware	18 (10%)	16 (8.88%)	34 (18.88%)
	Unaware	72 (40%)	74 (41.11%)	146 (81.11%)
EPI	Aware	19 (10.55%)	16 (8.88%)	35 (19.44%)
	Unaware	71 (39.44%)	74 (41.11%)	145 (80.55%)

Source: Primary Survey Data

By taking all the six preventive health programs of NHM, it is very clear that the level of awareness is much lesser than unawareness of all the programs. The unawareness level of the programs is much higher among male respondents in all programs and it is true in female respondents.

Among the 180 respondents, the awareness of the NPCDS program in males and females is 23.33% and 15.55% respectively and, unawareness of the program in males and females is 26.66% and 34.44% respectively. The awareness of NPPCF in males is 1.11% and in females 0.55% which shows that the awareness of this program is very low among the respondents. Also, the awareness of the NPPCD program by males respondent is 4.44% and in females, it is 5% which shows higher awareness level in female respondents. By taking the NLEP program, there are 16.66% and 7.77% awareness in male and female respectively and male respondents are more aware of the program than females. The awareness of IDSP in males is 10% and in a female, it is 8.88% resulting in more awareness in males than female respondents do. Likewise, the awareness of EPI in males is 10.55% and 8.88% in females, which shows more awareness in male respondents.

2) Awareness based on place of living: Out of the 180 respondents, there are 99 rural and 81 urban respondents. The percentage have been calculated from the respective total respondents in the study. The awareness of NHM preventive health programs is presented in the following table:

Table no 2: Awareness of Preventive Program by Settlement

Name of Program.	Scale	Rural (99)	Urban (81)	Total(180)
NPCDS	Aware	33 (33.33%)	37 (45.67%)	70 (38.88%)
	Unaware	66 (66.66%)	44 (54.32%)	110 (61.11%)
NPPCF	Aware	0 (0%)	3 (3.7%)	3 (1.66%)
	Unaware	99 (100%)	78 (96.29%)	177 (98.33%)
NPPCD	Aware	3 (3.03%)	14 (17.28%)	17 (9.44%)
	Unaware	96 (96.96%)	67 (82.71%)	163 (90.55%)
NLEP	Aware	22 (22.22%)	22 (27.16%)	44 (24.44%)
	Unaware	77 (77.77%)	59 (72.83%)	136 (75.55%)
IDSP	Aware	13 (13.13%)	21 (25.92%)	34 (18.88%)
	Unaware	86 (86.86%)	60 (74.07%)	146 (81.11%)
EPI	Aware	18 (18.18%)	17 (20.98%)	35 (19.44%)
	Unaware	81 (81.81%)	64 (79.01%)	145 (80.55%)

Source: Primary Survey Data

The data in the total column expose that awareness is lower than unawareness in all the six preventive health programs of NHM by settlement, explaining that the programs are not aware by the respondents.

Among the rural respondents, the awareness of NPCDS is 33.33% and 45.57% in urban areas; NPPCF is aware in rural by 0% and 3.7% in urban areas, showing poor awareness of the program. The awareness of the NPPCD program is 3.03% and 17.28% among rural and urban respondents respectively, which reveals that urban respondents more aware of the program than their rural counterparts. The awareness of NLEP in rural areas is 22.22% and 27.16% in urban areas, showing urban areas have more awareness in this program. Awareness of IDSP in the rural area is 13.13% and 25.92% in urban areas. Among the rural respondents, 18.88% were aware of EPI and 20.98% among the urban respondents. Overall, urban people are more aware of all these programs than in rural areas.

3) Awareness based on Education: Out of the 180 respondents, by educational qualifications, there are 84 under matric, 35 HSLC, 27 HSSLC, 26 graduate and 8 post-graduates. The percentage is calculated from their respective total respondents.

Table no 3: Awareness Program by Educational Qualification

Program	Scale	Under Matric(84)	HSLC (35)	HSSLC (27)	Graduate (26)	Post Graduate(8)	Total (180)
NPCDS	Aware	28 (33.33%)	15 (42.85%)	5 (18.51%)	17 (65.38%)	5 (62.5%)	70 (38.88%)
	Unaware	56 (66.66%)	20 (57.14%)	22 (81.48%)	9 (34.61%)	3 (37.5%)	110 (61.11%)
NPPCF	Aware	1 (1.19%)	2 (5.71%)	0 (0%)	0 (0%)	0 (0%)	3 (1.66%)
	Unaware	83 (98.8%)	33 (94.28%)	27 (100%)	26 (100%)	8 (100%)	177 (98.38%)
NPPCD	Aware	3 (3.57%)	3 (8.57%)	3 (11.11%)	6 (23.07%)	2 (25%)	17 (9.44%)
	Unaware	81 (96.42%)	32 (91.42%)	24 (88.88%)	20 (76.92%)	6 (75%)	163 (90.55%)
NLEP	Aware	17 (20.23%)	7 (20%)	1 (3.7%)	14 (53.84%)	5 (62.5%)	44 (24.44%)
	Unaware	67 (79.76%)	28 (80%)	26 (96.29%)	12 (46.15%)	3 (37.5%)	136 (75.55%)
IDSP	Aware	10 (11.9%)	6 (17.14%)	7 (25.92%)	8 (30.76%)	3 (37.5%)	34 (18.88%)
	Unaware	74 (88.09%)	29 (82.85%)	20 (74.07%)	18 (69.23%)	5 (62.5%)	146 (81.11%)
EPI	Aware	16 (19.04%)	7 (20%)	2 (7.4%)	6 (23.07%)	4 (50%)	35 (19.44%)
	Unaware	68 (80.95%)	28 (80%)	25 (92.59%)	20 (76.92%)	4 (50%)	145 (80.55%)

Source: Primary Survey Data

Out of the total 84 under matric respondents, 33.33% are aware of NPCDS and 66.66% are not aware of it; 1.19% aware and 9.8% unaware of NPPCF; 3.57% aware and 96.45% unaware of NPPCD; 20.23% are aware of NLEP and 79.76% were unaware of it; similarly 11.9% and 88.09% are aware and unaware respectively of IDSP and 19.04% are aware and 80.95% were unaware of EPI. Among under matric respondents, unaware are more than aware of all the programs. By taking HSLC respondents, out of the total 35 respondents, there are 42.85% aware and 57.14% unaware of NPCDS program; 5.71% and 94.28% aware and unaware respectively of NPPCF; 8.57% aware and 91.42% unaware of NPPCD; 20% aware and 80% unaware of NLEP; 17.14% are aware and 82.85% unaware of IDSP; and 20% aware and 80% unaware of EPI. Unawareness is more than awareness of all six programs. Out of the total 27 HSSLC respondents, awareness of all the six programs was much lower than unaware respondents. 100% of respondents were unaware of NPPCF. Among the graduates, the awareness of NPCDS and NLEP programs is higher than those who are unaware. Likewise, the awareness level of the post graduate respondents are more in NPCDS, NPPCD, NLEP, and IDSP programs than those unaware to it, whereas it is equal in the EPI program.

IV. Discussion

Kreps (2005) identifies the digital divide as a significant disparity in access and abilities to use health information for underserved population and at-risk audiences.² Lalmalsawmzauva (2013) undertook a study on the distribution of healthcare facilities in Mizoram and stated that Mizoram being surrounded by an irregular topography has witnessed a slow-motion of healthcare development. He further reveals that in all spheres of simple assessment and based on facilities and mere health care establishment, the health centres are not sufficient.¹³ Ottosen *et al* observe in their paper that amidst the complex information ecosystem, health literacy becomes an important factor across the globe.¹⁴

The findings of the study revealed that the awareness of preventive health programs of NHM is significantly low from the study based on gender, settlement, and educational qualifications

Although the unawareness level is higher in all programs, a study finds a slight variation indicating a majority of male dominance in the awareness level but the differences are not certainly significant. A broad classification range of settlement, viz. rural and urban shows that the awareness level of urban residents is higher than that of the rural residents. The awareness level of the various programs was highest among the Post-Graduate respondents, followed by Graduate and HSLC in second and third. The Class 12 respondents show the least level of awareness among all respondents.

V. Conclusion

Health Information awareness can vary according to factors such as gender, residence, and educational level. Even if the publicity of health programs is sufficient, the receptor's awareness can be synthesized in a different parameter depending on the stated factor. Hence, the acquisition of equitable and affordable health services can be pervaded through the identification of matter that is incorporated with the lacking factors. Therefore, we concluded that greater mass awareness has to be undertaken among all people to make a good decision on health issues and the utilization of health services.

References

- [1]. Article 47 Constitution of India. Indianconstitution.in. (2021). Retrieved 13 January 2021, from <https://www.indianconstitution.in/2016/05/article-47-constitution-of-india.html>.
- [2]. Kreps, G. L. (2005). Disseminating relevant health information to underserved audiences: Implications of the Digital Divide Pilot Projects. *J Med Libr Assoc*, 93(4), 68-73.
- [3]. THE 17 GOALS | Sustainable Development. Sdgs.un.org. (2021). Retrieved 13 January 2021, from <https://sdgs.un.org/goals>.
- [4]. NATIONAL URBAN HEALTH MISSION. Upnrhm.gov.in. (2021). Retrieved 13 January 2021, from <http://upnrhm.gov.in/NUHM/aboutus>.
- [5]. Mission Objectives | NHM. Nrhmh.gov.in. (2021). Retrieved 13 January 2021, from <http://www.nrhmh.gov.in/content/mission-objectives>.
- [6]. Mizoram Population Sex Ratio in Mizoram Literacy rate data 2011-2021. Census2011.co.in. (2021). Retrieved 13 January 2021, from <https://www.census2011.co.in/census/state/mizoram.html>.
- [7]. National Health Mission Mizoram. Nhhmizoram.org. (2021). Retrieved 13 January 2021, from <https://nhmmizoram.org/page?id=2>.
- [8]. Welcome. Zmc.edu.in. (2021). Retrieved 13 January 2021, from <https://zmc.edu.in>.
- [9]. Siddiq, N., Khan, A., Nisar, N., & Siddiqi, A.-e.-A. (2007). Assessment of EPI (Expanded program of immunization) vaccine coverage in. *J Pak Med Assoc*, 57 (8), 391-395.
- [10]. Ministry of Health and Family Welfare, 2020. <https://www.mohfw.gov.in/>
- [11]. National Health Mission Mizoram (2019). Executive Summary. Retrieved from NUHM. https://www.nhp.gov.in/national-urban-health-mission_pg.
- [12]. SPSS - Statistical Package for the Social Sciences - Quick Overview. Spss-tutorials.com. (2021). Retrieved 13 January 2021, from <https://www.spss-tutorials.com/spss-what-is-it/>.
- [13]. Lalmalsawmzauva, K. (2014). Disparities of Healthcare Facility in Mizoram, India. 2014 Asia-Pacific Social Science Conference (APSSC). South Korea.
- [14]. Ottosen, T., Mani, N. S., & Fratta, M. N. (2019). Health information literacy awareness and capacity building: Present and future. *IFLA*, 45(3), 207-215.

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