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COMMUNICATION PERSPECTIVES OF NRHM: A STUDY ON THE PERCEPTIONS OF TRIBAL POPULATION

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Abstract: This study explores the communication perspectives of the National Rural Health Mission (NRHM) among tribal populations, focusing on their perceptions and experiences with healthcare delivery. Conducted in the rural areas of Ranchi, the research aims to identify the communication aspect of NRHM and to find out the authentic source and best centre of information regarding health using quantitative approach, the study incorporates structured surveys with a purposive sample of 600 participants. Key findings reveal significant challenges in communication, particularly related to Accredited Social Health Activists (ASHAs) and Auxiliary Nurse Midwives (ANMs), which often result in limited awareness and understanding of healthcare programs. The study underscores the need for improved communication strategies to bridge gaps, enhance healthcare outcomes, and elevate patient satisfaction within tribal communities.

Keywords: Health Communication, Tribal Health, NRHM , Health Awareness, Tribal Communication

Introduction: Health communication strategies in the 20th century were primarily focused on simply delivering information. These strategies used social marketing to target specific groups and relied on social psychology to understand how people process that information (Wilson, 2007; Waisbord & Obregon, 2012). Despite significant research into global health communication, the outcomes often remain ambiguous (Fallowfield & Jenkins, 2004). However, in recent years, new approaches have emerged that emphasize a deeper, more collaborative creation of meaning. These approaches move beyond the purely mechanical nature of previous health campaigns, incorporating social constructionist ideas that highlight the cultural dimensions of health communication. Researchers are now interested not only in how individuals respond to health messages, but also in how societies define health problems and prioritize solutions (Willis & Lawton, 2014; Willis et al., 2006). Cultural perspectives, in particular, have gained prominence, recognizing that health and illness are shaped by social contexts and collective decision-making.

Health is the real wealth of a nation. Without a healthy population, a country cannot achieve sustained social and economic development. As Sashi Rani Agrawal points out, the Alma Ata Declaration of 1978, adopted at the Universal Conference on Primary Health Care, emphasized that certain essential components must be included in primary health care. India recognized this early on, placing a strong focus on public health immediately after gaining independence. In recent years, the country has renewed its commitment to public health by establishing "Health Sections" and launching initiatives focused on nutrition, birth control, and health education.

However, in many developing countries, including India, tribal communities often neglect health issues or rely on traditional, unscientific practices. Due to preconceived notions and lack of awareness, these communities may delay seeking medical care for long periods.

This makes an effective communication strategy that raises awareness about health issues critical for any health screening program. As Hazra (2017) notes, several barriers such as transportation challenges, low literacy rates, and religious restrictions make it difficult to engage certain vulnerable populations. These challenges must be addressed to ensure the success of health interventions among marginalized groups.

This study focuses on the perceptions of the tribal communities regarding the communication perspectives.of National Rural Health Mission (NRHM). The research examines how the tribal population perceives the communications.

Relevant literature on health communication focuses on barriers and dissemination methods (Corcoran, 2011). This review highlights studies that examine audience responses to health messages.

Communication is essential for sharing information, using symbols, words, and gestures. It involves transmitting knowledge and ideas, and can be either conscious or voluntary (Kapur, 2020). It's crucial for our identity and for exchanging knowledge (Rimal et al., 2009). Health communication, a key aspect of this field, focuses on using strategies to inform and influence health-related choices (CDC; Singh et al., 2010).

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As global communities become more diverse, accessing healthcare often requires using a second language (L2) when patients and providers speak different first languages (L1). This is particularly challenging for linguistic minorities such as immigrants, indigenous groups, and refugees, and can significantly impact their healthcare experiences (Zhao et al., 2021).

Communication in well-being takes place on various stages organization, group, community or mass-media and individuals. Communication in health can be defined in much the same way as communication has usually been defined: a transactional procedure. The main difference in communicating health is that the focus is not a general one but one specific to health information, Corcoran (2007).

National Rural Health Mission (NRHM)

The National Rural Health Mission (NRHM) was launched by the Indian government in April 2005 to improve healthcare access and quality in rural areas, with a particular focus on 18 states, including Jharkhand, which face significant health and infrastructure challenges. A key element of this mission was the introduction of Accredited Social Health Activists (ASHAs)—local women chosen to serve as the primary link between villagers and health services.

ASHAs were trained to provide basic healthcare for common illnesses like diarrhea and fevers, offer advice on sanitation, hygiene, family planning, and immunization, and assist in transporting patients to health facilities when needed. They also took part in administering oral rehydration therapy, tuberculosis treatment, and distributing essential medicines such as folic acid and chloroquine. ASHAs played an essential role in alerting authorities to disease outbreaks and were also involved in promoting immunization, supporting maternal and child health services, and advocating for household sanitation.

Their efforts were recognized through performance-based incentives, ensuring that ASHAs were not only healthcare providers but also champions of public health education and awareness in their communities.

Objectives of the Study

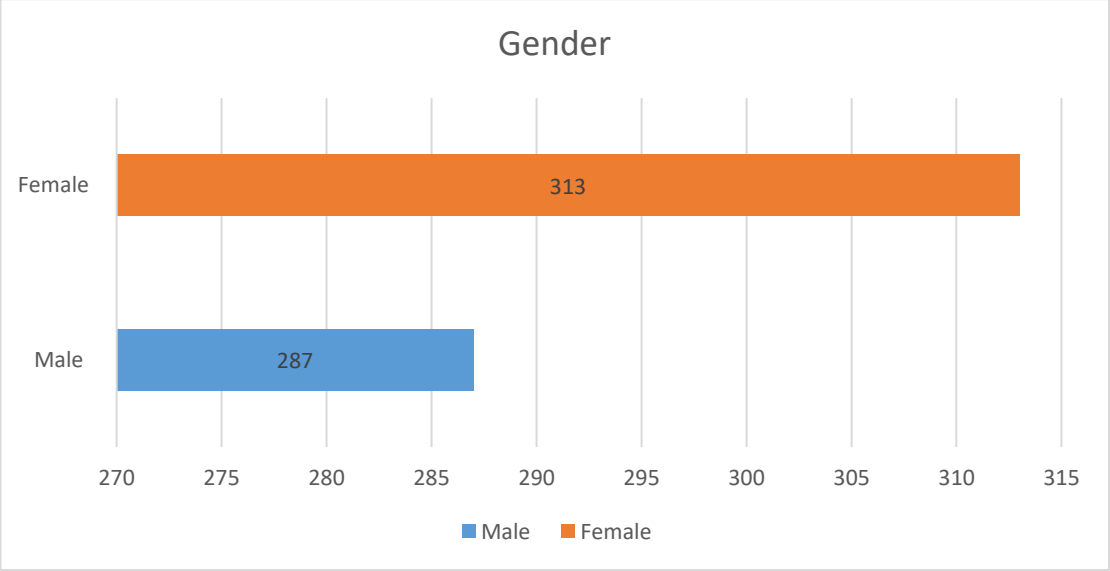
- To understand the communication aspect of NRHM and the perception of tribal population related to health scheme.
- To find out the authentic source and best centre of information regarding health services among tribal communities.

Methodology

For this study, a structured questionnaire was used as part of the survey method. This study draws on data from 600 respondents in the tribal settlements of Ranchi, in the South Chotanagpur region of Jharkhand. Data was collected through structured questionnaire with individuals, using purposive sampling to ensure a representative sample.

Analysis of the data

Table 1 The gender of the respondents.



The data in table 1 reveals that the total number of respondents are 600 of which 313 (52.17%) are tribal female and 287 (47.83%) tribal male.

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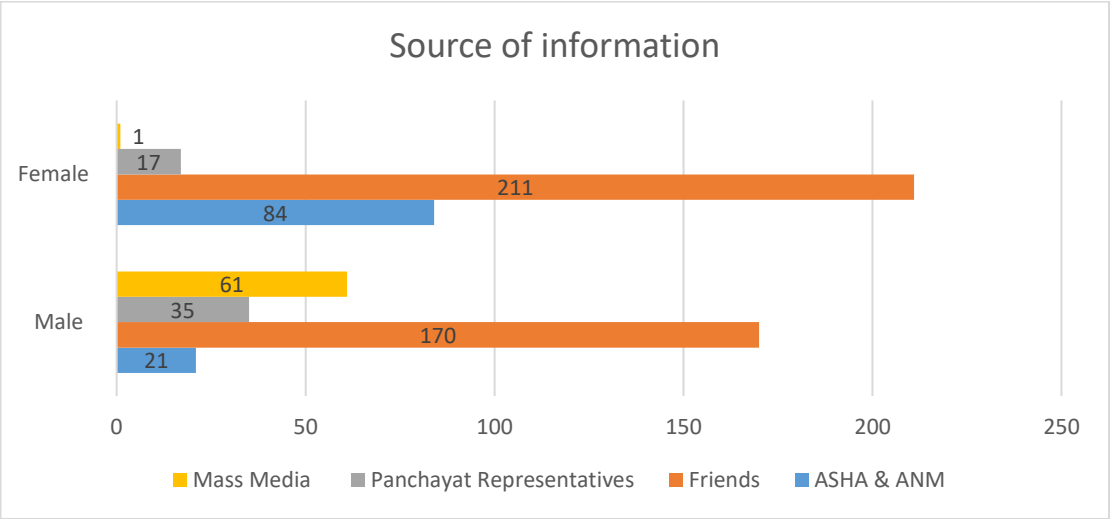
Table 2 Source of information about health related scheme and services under NRHM



In table 2, The data shows that out of 313 female respondents, 84 cited ASHA & ANM, 211 cited friends, 17 cited panchayat representatives, and 1 cited mass media. Out of 287 male respondents, 21 cited ASHA & ANM, 170 cited friends, 35 cited panchayat representatives, and 61 cited mass media as their source of information about health related scheme and services under NRHM **.**

Table: 3 Authentic source of information for the health related scheme under NRHM

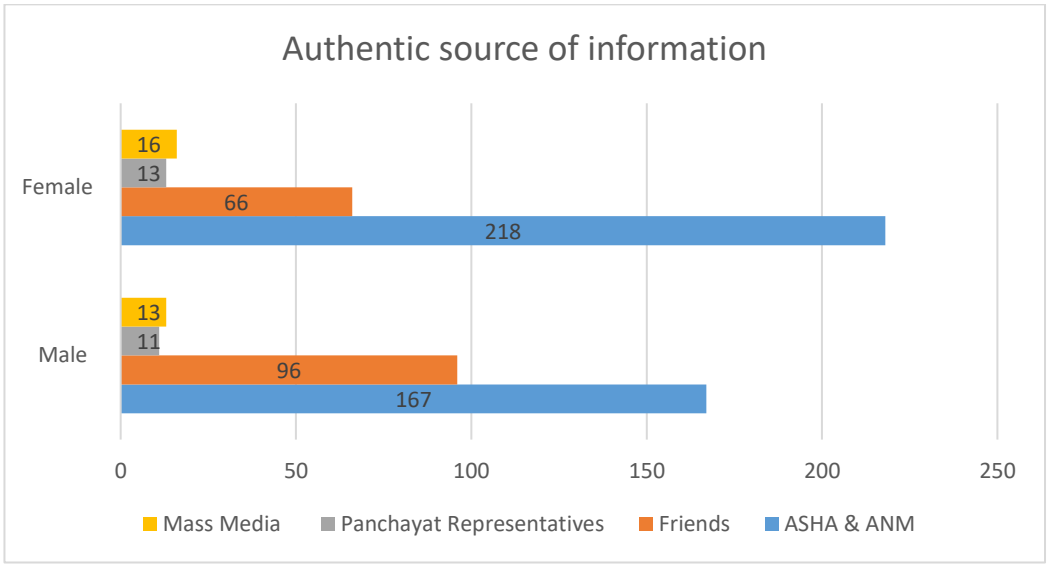


Table 3 The data shows that out of 313 female respondents, 218 cited ASHA & ANM, 66 cited friends, 13 cited panchayat representatives, and 16 cited mass media. Out of 287 male respondents, 167 cited ASHA & ANM, 96 cited friends, 11 cited panchayat representatives, and 13 cited mass media as their authentic source of information about health related scheme and services under NRHM**.**

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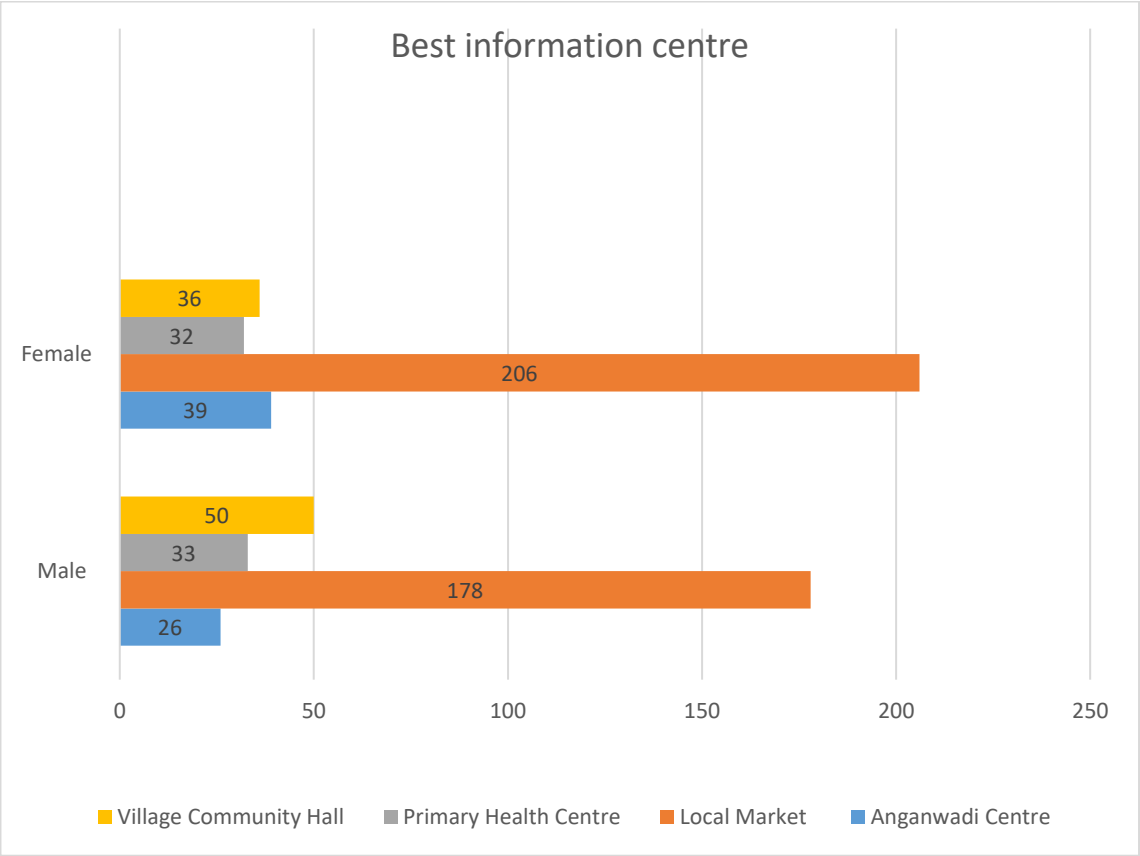
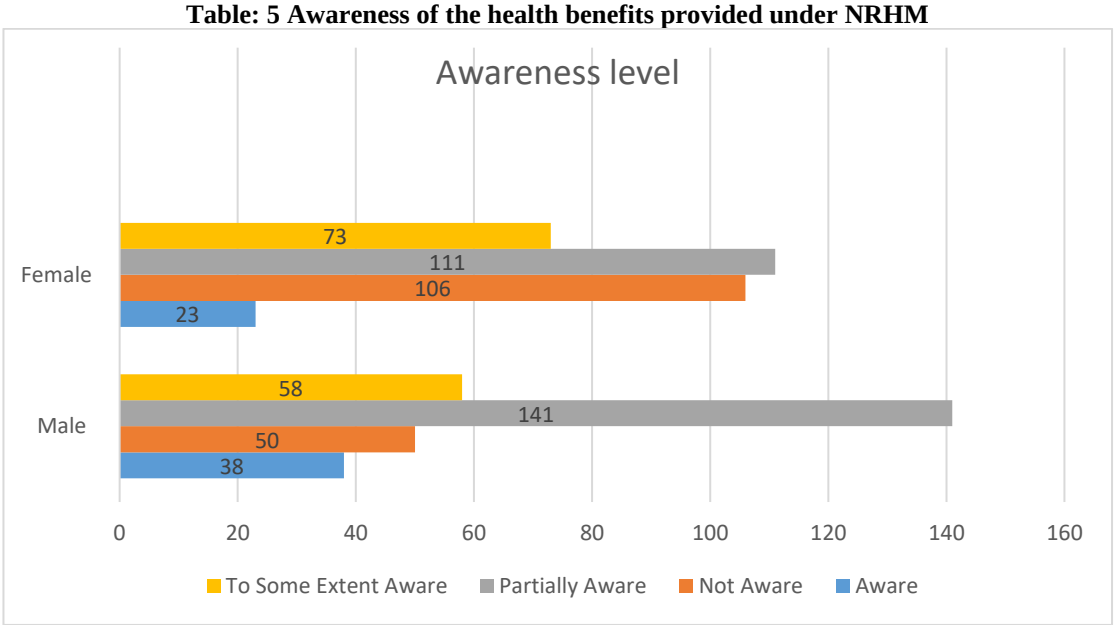
Table: 4 Best information Centre about health related to NRHM



The data in table 4 reveals that out of 313 female respondents, 39 cited anganwadi centre, 206 cited local market, 32 cited primary health cenre, and 36 cited village community hall. Out of 287 male respondents, 26 cited anganwadi centre, 178 cited local market, 33 cited primary health cenre, and 50 cited village community hall. as their best information centre about health related information.

Table: 5 Awareness of the health benefits provided under NRHM



In table 5, the data reveals that out of 313 female respondents, 23 cited that they are aware of various health schemes under NRHM. 106 said they are not aware, 111 said they are partially aware and 73 said they are upto some extent aware. centre about health related information. out of 287 male respondents, 38 cited that they are aware of various health

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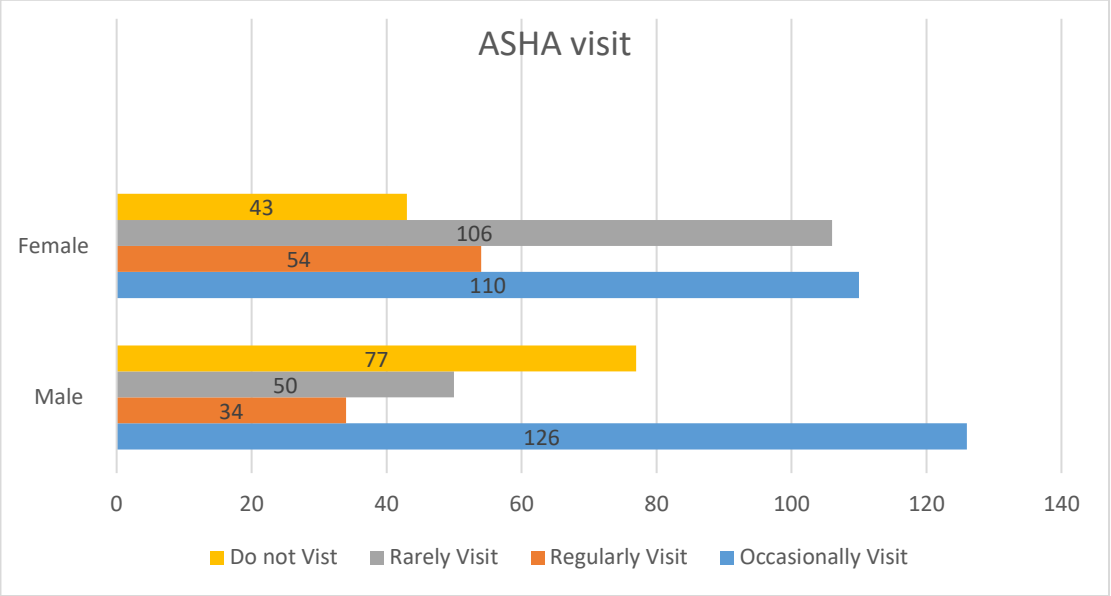
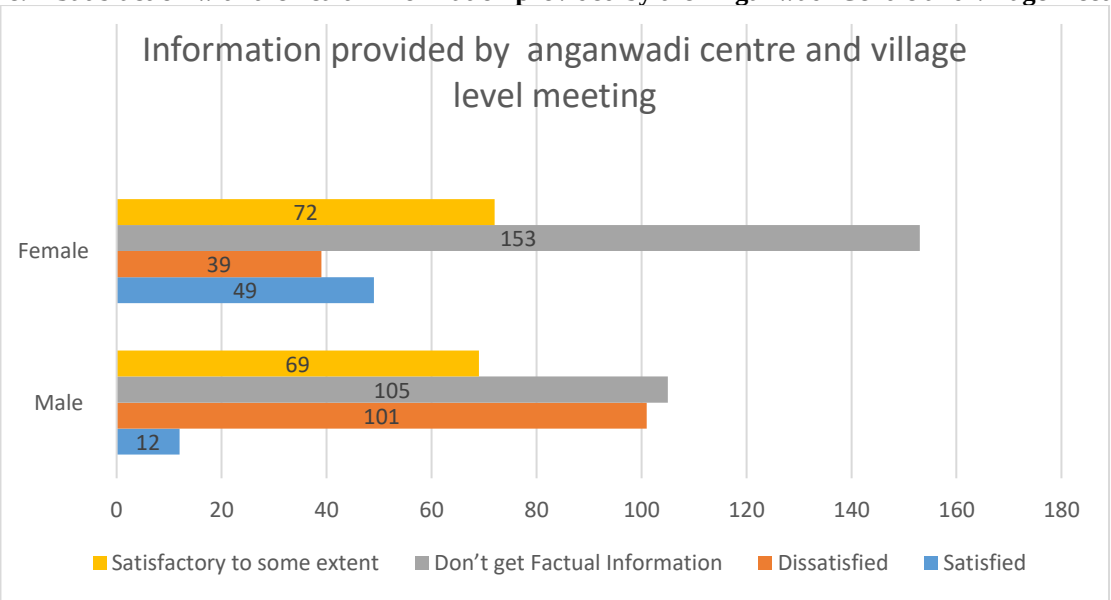
schemes under NRHM. 50 said they are not aware, 141 said they are partially aware and 58 said they are upto some extent aware.

Table: 6 Respondents' views on ASHA's home visits for sharing information



In table 6, the data reveals that out of 313 female respondents, 110 said that the ASHA visit occasionally. 54 said they visit regularly, 106 said they rarely visit and 43 said the ASHA do not visit. Out of 287 male respondents, 126 said that the ASHA visit occasionally. 34 said they visit regularly, 50 said they rarely visit and 77 said the ASHA do not visit.

Table: 7 Satisfaction with the health information provided by the Anganwadi Centre and village meetings



According to the data in table 7, out of 313 female respondents, 49 said that information provided by the anganwadi centre and village level meetings are satisfactory. 39 said it is not satisfactory, 153 said they do not get actual information and 72 said it is satisfactory to some extent. Out of 287 male respondents, 12 said that information provided by the anganwadi centre and village level meetings are satisfactory. 101 said it is not satisfactory, 105 said they do not get actual information and 69 said it is satisfactory to some extent

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Table: 8 ASHA workers and local health centers efforts in connecting the community to government health programmes

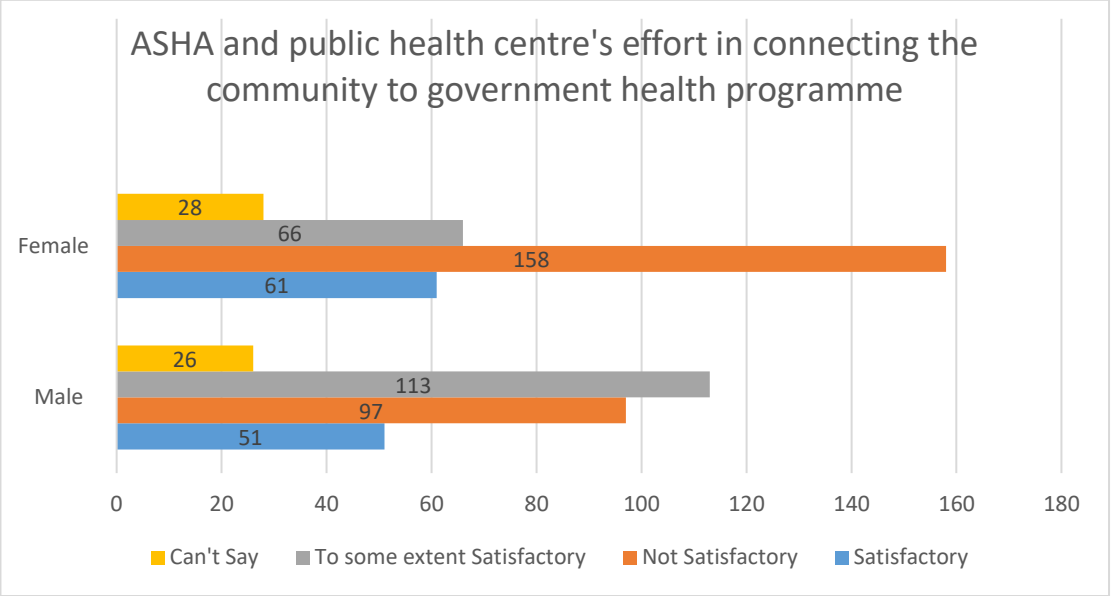
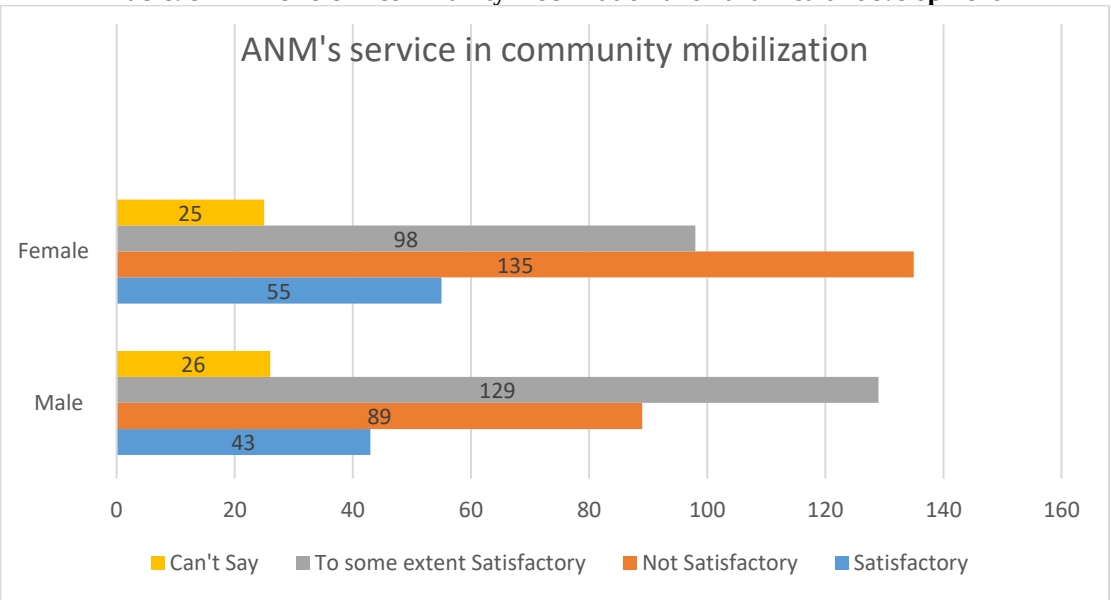


Table 8 reveals that out of 313 female respondents, 61 said that the efforts of ASHA and public health centre in connecting the community to the government's health programme are satisfactory, 158 said it is not satisfactory, 66 said it is to some extent satisfactory and 28 did not say anything. Out of 287 male respondents 51 said that the efforts of ASHA and public health centre in connecting the community to the government's health programme are satisfactory, 97 said it is not satisfactory, 113 said it is to some extent satisfactory and 26 did not say anything.

Table: 9 ANM's role in community mobilization and rural health development



The data in table 9. out of 313 female respondents, 55 said that the ANMs services towards community mobilization are satisfactory, 135 said it is not satisfactory, 98 said it is to some extent satisfactory and 25 did not say anything. Out of 287 male respondents 43 said that the ANMs services towards community mobilization are satisfactory, 89 said it is not satisfactory, 129 said it is to some extent satisfactory and 26 did not say anything.

Conclusion

The study highlights the key role that informal networks, and interpersonal communication like friends, and trusted health workers, such as ASHA workers and ANMs, play in disseminating health information within the community.

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Local markets also emerge as significant sources of health related information. Awareness of NRHM schemes remains inconsistent, with many respondents having only partial knowledge. While ASHA workers are a primary source of information, their visits are seen as infrequent, and many respondents express dissatisfaction with the effectiveness of ASHA workers and local public health centers in connecting them to government health programs. On the other hand, ANMs are generally viewed more favorably for their role in community mobilization and rural health development, though there is still room for improvement in overall outreach and engagement.

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