

Role of information sources in carrying government reproductive health scheme to tribal women in India: A case study among women belonging to Koraga community

Nandini Lakshmikantha¹, Shivalingappa B. Javali²

¹Research Coordinator, Sri Chidambara Institute for Research and Development, Gubbi, Karnataka and Bharatiya Shiksha Shodh Sansthan, Luknow, Uttar Pradesh, India, ²Department of Community Medicine (Statistics), USM KLE International Medical Program, Belagavi, Karnataka, India

ABSTRACT

Context: To improve the health status of its people irrespective of their socio and economic status, the government will design various schemes. In taking the government schemes effectively to the target group, the role of information sources is crucial. For the study purpose, *Koraga* community residing in and around Udipi—a district of Karnataka State, which has earned a name not only for its mythological significance but also for its culture of having their women empowered is considered. In the present study, role of information sources in taking the *Janani Shishu Kalyan Yojana* planned towards improving the pre- and post-natal health of women to reduce maternal death is considered. The results of the study enable us to understand the preference and dependency of the target group on various sources regarding the information received. Since the government-proposed health schemes should reach the target group to bring in a better health index which is one of the SDGs set for 2030, this study gains importance. **Aims:** The study intends to examine the role of information sources in educating the women, particularly those belonging to Koraga community, who fall under the particularly vulnerable tribal groups (PVTG) category among the tribals of India about the government schemes earmarked for safe motherhood. **Settings and Design:** It was conducted in the colonies designated for Koraga community near Udipi of Karnataka using a questionnaire. **Materials and Methods:** Based on the results obtained from the pilot study, a final questionnaire was prepared and was personally demonstrated among Koraga women during the month of January 2020. Data were collected from 117 women belonging to Koraga community. SPSS version 17.0 software, Microsoft Word and Excel were used in data handling and analysis. **Results:** The results obtained out of the study reveal that among the sources, the respondents consider doctors as dependable sources followed by ASHA/Anganwadi workers. The target group is not aware of the nomenclature of the scheme nor the benefits to expect, but they are receiving medical support during their pre- and post-natal period. **Conclusion:** The governments may initiate schemes for the benefit of the public, but the schemes will become successful only when the desired information reaches the target group. The study intended to examine the role of information sources in educating the women particularly those belonging to Koraga community and found that the dependency of the target group on various sources of information regarding government projects is evident and should be further strengthened.

Keywords: Anganwadi workers, Government health schemes, Koraga women, Reproductive health, Tribal population

Address for correspondence: Prof. Nandini Lakshmikantha,
Sri Chidambara Institute for Research and Development, Gubbi,
Karnataka - 572216, India.
E-mail: nandini.teacher@gmail.com
Prof. Shivalingappa B. Javali,
USM KLE International Medical Program, Belagavi,
Karnataka, India.
E-mail: shivalingappa.javali@gmail.com

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Introduction

Health index (HI) of India which is at 145/195 is an obvious obstacle for India to earning its status as a developed country.^[1] In its effort to improve the health status, the government has

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initiated various schemes to provide 'Health for All'. The government has employed medical professionals and established primary healthcare (PHC) centres across the country intending to provide health facilities to every citizen apart from the commissioning of Accredited Social Health Activists (ASHA) and Anganwadi workers to these PHCs^[2] since 1995 particularly to improve the health status of women. Despite all its efforts, the maternal mortality rate (MMR) continues to bother the Indian government; despite its fall from 488 deaths per 100,000 live births in 1994 to 174 deaths per 100,000 live births in 2015, the country continues to stand at 51 out of 121 among the listed countries of the world. The proactive role of medical professionals in providing not only suitable treatment but also information to beneficiaries appears to bring in the desired change. Maximizing and persistent communication from the trustable sources towards creating awareness during the medical examination and follow-up treatments between the source and the beneficiary not only improves the health index but also enhances awareness regarding the schemes designed to bring in the change. It is important to note the initiatives of the government can be claimed to be successful only when the benefit of the schemes reaches the target group, and in a country like India, the sources who carry information to the target group play an important bridging role. The Koraga women have been employed by various institutions situated at Manipal—a Tinsel town in Karnataka where women belonging to various communities in the region are empowered. It is important to examine if the empowered society has its influence on the less empowered.

Hypothesis

Ho: Koraga women are aware of the benefits provided by the government during pre and post-natal period

Ho: The information sources play an important role in taking the schemes initiated by the government to the target group to empower them

Ho: Media penetration has reduced the burden of healthcare workers and medical professional in creating awareness regarding the facilities initiated by the government.

Material and Methods

The study followed mixed method while collecting the data. The respondents belonged to Koraga, a tribal community which is identified as particularly vulnerable tribal groups (PVTGs) by the Government of India. The community originated from the Western Ghats have settled in various colonies across the coastal belt. For the study purpose, the Koraga women residing in colonies Manchi Kere, Indrali and Alevooru, falling under Udupi Municipal jurisdiction, located about five KM from temple town Udupi were considered. The reason for selecting these colonies near Udupi was primarily because of the establishment of world-renowned institutions which provide employment, education and health to the people living in and around. An

interview schedule was used as a tool for collecting the data from the respondents, and it had three sections, using which personal data, awareness of government schemes provided during the pre-/post-natal period and the sources of information, and their media usage pattern, were collected.

The study focused its attention on the National Maternity Benefit Scheme (NMBS). Though the nomenclature and features of the scheme have taken several revisions since its inception in August 1995, a core concept of the scheme is to provide nutritional, medical and monetary benefits to the woman during her pregnancy and post-delivery period. The cluster sampling method was used while drawing the sample as all the women who were in the age group of 18 to 45 years were considered for the study and women above 45 were not considered for the study as the scheme was introduced only in 1995. However, this also found a limitation of the study as it was not possible to reach all possible respondents during the visit of the researcher between December 2019 and January 2020 to the select colonies considered for the study.

Based on results obtained from the pilot study which was conducted to test the reliability coefficient (0.8145) and validity (90.01), the study tool was administered among 117 Koraga women on the personal interview method. The data were coded and entered in SPSS 20.00 statistical software. The summary statistics include mean, SD, frequency and percentages were calculated. Then the Chi-square test was applied to the association. The statistical significance was set at a 5% level of significance ($p < 0.05$). Ethical Committee approval obtained on 22.06.22.

Results and Discussion

Studies on Koragas,^[1,3,4,10,11] observe that this community remains 'deprived of social benefits'^[3,5] despite the numerous government and non-government sponsored programs to uplift the community. The status that Koragas remain 'untouchables' even by the Scheduled Castes community is another reason for selecting the community for study as creating awareness among tribal women and taking the schemes to those who are distanced due to their social beliefs and customs is a challenge. The results obtained from the present case study among the women belonging to the Koraga community, who reside near Udupi, the temple town of Karnataka State in India justify the fact that if the sources of information are focused, the desired effects can be achieved.

The Government of India has initiated various health schemes for the welfare of tribal communities, under the aegis of the Ministry of Tribal Affairs, Government of India (GoI) and the National Commission on Scheduled Castes and Scheduled Tribes;^[4,6,7] however, this paper focuses its attention towards the awareness of benefits received during pregnancy and motherhood, from the National Maternity Benefit Scheme (NMBS) which was launched 25 years ago. The scheme, which is presently popular as Janani Shishu Suraksha Karayakram,^[4,9,11] is initiated by the

government to motivate women to opt for institutional deliveries and to provide nutritional support during the pre- and post-natal period. The initiative here is largely to reach every needy pregnant woman coming to a government institutional facility.

It is important to observe here that the schemes initiated by the government will reach the target group only if the channel of communication is dedicated. In the process of communication, particularly health, the ‘source’, that is the sender of a message, plays a significant role as he/she will not just deliver the information but also make an effort in bringing the desired change. The communication will be effective only when the source constructs the message suitable to the understanding ability of the receiver, thus avoiding all the barriers that interrupt the process of communication.^[8]

In the study, the mean age of women who participated in the study was 33.69 ± 4.01. It is important to observe that the mean age of women giving birth to their first child is 22.49 ± 3.34 years. Considering the age group distribution of respondents whose lower limit was 18 and the highest being 45, the average age of women giving birth to their first child at the age of 22 years and above is recommendable.

Figure 1 provides details that out of the total of 117 respondents of Koraga community who participated in the study, a majority of the women are either illiterate or educated only up to the primary level. Only 46% of the respondents are employed, and they all belong to the lower economy group. An easy and obvious co-relation between education and the status of income can be drawn. Interestingly, girls are better educated than boys, and the average marriage age is also not less than 22 years. It can be noted that the majority of the respondents who are employed are working in private institutions. It is important to note that the nature of work assigned for both men and women by the institutions largely restricts housekeeping. A handful of respondents (10%) are single (not divorced). A small percentage of respondents were found to be housewives, and their men were found to be working as daily wage labourers. The results indicate that a majority of the respondents are not educated but financially empowered.

A set of questions were asked to the respondents about the place of childbirth and the health of the new-born. It is important to note that all of them have had institutional delivery. Since the number of women has had delivered in private hospitals as compared to government hospitals, the association between place of delivery and employment of respondents was calculated and is found to be statistically significant (p = 0.0100). The result was tested on their economic level and with that number is found no significance with the number of children alive (p = 1.0000) and abortion (p = 0.3280). The results obtained from Table 1 clearly indicate that the information sources are working effectively in providing care to mothers during their pre- and post-natal period. Further, the income of the family is significantly associated with the employment of women (p = 0.0020).

A question was specifically asked to understand if the respondent’s husband’s occupation had any implication on the number of children per family. From the details available in Figure 2, it is evident that a majority of Koraga men are employed by various private institutions and have restricted the family size to two children. It is also important to note respondents who have two or three children have undergone Tubal Ligation (TL) surgery.

A question was asked to understand the important role of sources in creating awareness. Table 2 provides details regarding the role of information sources during the pre and post- natal period of pregnancy. The respondents were provided with a list of sources they would refer for information during pregnancy and childbirth. Except doctors (55%) and Anganwadi/ASHA workers (45%), no other sources like mother, sister, and media were considered as source of information by the respondents. ‘We met the Doctor as per the schedule provided in the card’ expressed the respondents. For women working in hospitals,

Table 1: Association between employment status with factors related to awareness regarding childbirth

	Private sector	Government sector	Total	Chi-square	P
Place of baby born					
Government hospital	37	18	55	6.6270	0.0100*
Private hospital	54	8	62		
Children alive					
Yes	91	26	117	0.0000	1.0000
No	0	0	0		
Status of abortion					
Yes	3	2	5	0.9550	0.3280
No	88	24	111		
Social characteristics					
Employment status					
Yes	38	16	54	3.1840	0.0740
No	53	10	63		
Family monthly income					
<=10000	81	21	102	15.3550	0.0001*
10001–20000	10	5	15		
Total	91	26	117		

*P<0.05

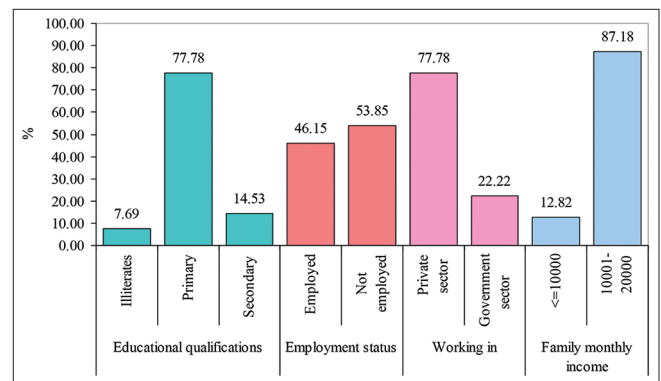


Figure 1: Socio-demographic characteristics wise distribution of Koraga community

the doctors and for others Anganwadi/ASHA workers have alerted them regarding the check-up dates. In addition to benefits provided by the government, Health Card issued by Manipal Hospital provided an added advantage to the respondents.

From the details, it is evident that along with the commissioned healthcare work force, the doctors have played an important role in bringing in the change. Many of the respondents recall that the doctors have not only provided suitable medical care, but also have created awareness regarding the facilities provided by the government/hospital. This signifies the effective role of doctors as sources of information in bringing in the change not only with regard to maternal care but also related to family size.

Table 3 reveals that a majority of the respondents have availed of the facilities provided under government/hospital schemes. However, the respondents could not recollect the name of the government scheme under which they received maternal care benefits. A majority of the respondents who fall in the senior age group recollect receiving cash benefits after their second child and the respondents of the younger age group remember receiving medical, nutritional food and other facilities during the pre- and post-natal period. This indicates that Anganwadi/ASHA workers have helped the respondents in availing the benefits of schemes earmarked for the woman during pregnancy and post-delivery period.

The results indicate that 'Anganwadi'/ASHA workers or health professionals have used their interpersonal communication skills to influence the grass root level and, in this case, tribal women.

Among the various sources of information, the role of media cannot be ruled out. Media being an effective tool for carrying messages towards national reconstruction, a question was asked to examine if media created awareness regarding the government schemes. The results obtained clearly indicated that, though a majority of respondents belonging to the Koraga community are exposed to TV and mobile media, the content accessed out of Audio Visual medium is largely restricted to film and film-related programs, television serials and reality shows. The

respondents expressed a lack of interest in news or health-related programs. Women said they have no time to read newspapers nor do they have subscriptions for newspapers and only 3% of the respondents listen to film music programs on the radio. The results indicated a big lapse from the side of the media. Television, despite its maximum penetration, has not made any impact on its viewers related to health. Interestingly though every respondent has an access to a mobile phone, the respondents said they know how to make and receive calls and nothing other than that. Language limitations in reading the messages and replying were found as another handicap in using the mobile. The observations here indicate that Koraga women though have access to multiple media formats do not consider media as a source of information. Since the data obtained failed to provide any significant clue on the role of media in creating awareness, statistical data of the same are not presented here.

The interactions held with the respondents provided clues that the schemes initiated by the government to provide benefits for women during their pre- and post-natal were initially mistaken for benefits of undergoing family planning by some respondents.

Table 2: Distribution of respondents regarding the source of information during the pre- and post-natal period

Source of information	Number	Percentage
During pregnancy, did you go for monthly check-ups?		
Yes	113	96.58
No	4	3.42
During pregnancy, whom did you approach for support during medical consultations?		
Doctors	63	53.85
Anganwadi/ASHA workers	50	42.74
During pregnancy, did you avail the facilities sanctioned under government schemes?		
Yes	108	92.31
No	9	7.69
The reliable source of information during the pre- and post-natal period		
Doctors	64	54.70
Anganwadi/ASHA workers	53	45.30

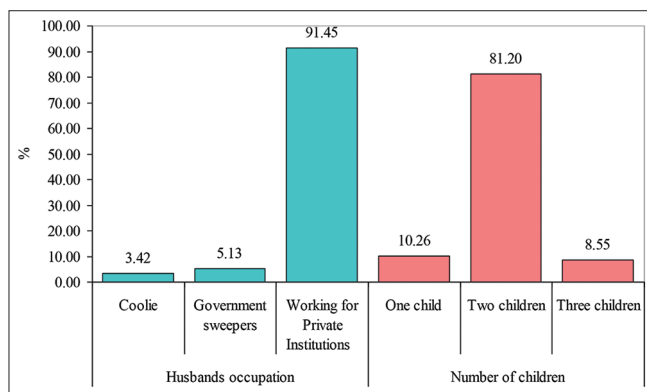


Figure 2: Distribution of respondents according to husband's occupation and number of children in the Koraga community

Table 3: Distribution of respondents about the method they have received benefits out of the schemes earmarked during pregnancy and childbirth

	Number	Percentage
Have you availed the facilities earmarked by the government for pregnant women?		
Yes	108	92.31
No	9	7.69
Facilities received		
Monetary support (relaxation in the bills)	62	52.99
Nutritional supplements	44	37.60
Complete care during pregnancy and post-natal period	45	38.46
None of the above	9	07.69

The interactions also provided clues that the beneficiaries failed to identify the schemes by their nomenclature.

Ho: The respondents belonging to Koraga community are aware of the benefits provided by the government during the pre and post-natal period can be accepted. It is true that a majority of respondents are not aware of the nomenclature of the programme under which they are receiving the benefits, but awareness of a provision and acknowledgement of having received create a hope for change.

Ho: The information sources play an important role in taking the schemes initiated by the government to the target group and empowering them can be accepted. Apart from commissioned workers like Anganwadi and ASHA, it is important to note that medical professionals irrespective of working in the private or public sector are playing a prime role in educating women.

Ho: Media penetration has reduced the burden of healthcare workers and medical professionals in creating awareness regarding the facilities initiated by the government, which can be rejected and alternative hypotheses can be accepted as media is not considered an effective tool by the respondents. Interestingly though India is claimed to have more mobile phone networks, a majority of respondents expressed their inability to access information using mobile phones and have language barriers to understand the messages sent to them.

Limitations of the Study

The study used the cluster sampling method while collecting the data. While drawing the sample, all the women who were in the age group of 18 to 45 years were considered for the study and women above 45 were not considered for the study as the scheme was introduced only in 1995. Apart from that, it was also not impossible to reach all eligible respondents during the visits due to human resources and time constraints of the researcher. The researcher could not visit all the colonies of Koragas in the coastal belt due to the same limitations.

Policy Implications

The study had the intentions to examine if the beneficiaries are aware of schemes initiated for their benefit apart from understanding the role of information sources in carrying the message to the target group. Education and Information is one of the prime roles of the media, which is enjoying maximum penetration among Indian households in creating awareness of health schemes sanctioned by the government. The intention was also to check if new media tools can be effectively used to propagate tools of communication. The results of the study highlight the role of healthcare workers and medical professionals in educating the population. This observation indicates strengthening the present system of the workforce and encouraging medical professionals to become better communicators. This also highlights the need for establishing

an orientation programme for medical professionals regarding interpersonal communication skills. The Health Department of India should also not change the nomenclature of the schemes, thus enabling the beneficiaries to remember the schemes name.

Conclusion

Improving Health India is identified as one of the SDGs set for 2030, it is very important to take government-proposed health schemes to target groups effectively. Communication is the key element while educating the mass, and it is important to understand the role of various information sources in educating the mass. This study makes an attempt to understand the role of various information sources among the women belonging to Koraga community, who are residing in different colonies near Udupi—a coastal district of Karnataka State, India, on *Janani Shishu Samrakshana Yojana* largely appears to be health empowered. The study however provides us clues that not all women are aware of the nomenclature of the scheme, and they also tend to mistake the benefit of the scheme for some other scheme. Proactive medical professionals and Anganwadi workers whom the respondents consider as their primary source of information appear to be playing an important role in taking the schemes to the target group. The district which also has a culture of empowering women to appear strongly influences the target group as they work in the same institutions. Even though the target group are bothered with economic, health and cultural issues, the mindset of medical professionals working both in private and public institutions has brought a small yet significant change. The respondent women belonging to PVTGs though do not have complete information regarding the schemes, it is important to note that institutional childbirth having achieved 100% among the Koraga community and restricting the number of children per family to two itself is a major shift in the health aspects. The empowerment of Koraga women is also reflected in the education level and marriage age of girls belonging to the present generation. It is rather disheartening to observe media which should have been a strong source of information that has not contributed much to empowering its users. The study highlights if the medical professionals become a strong source of communication, the desired changes in the health index can be achieved, probably the model can be applied and followed in all public health centres while taking the schemes designed by the government successfully to the target group.

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Conflicts of interest

There are no conflicts of interest.

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