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A study on impact of community participation on health care promotion of Barpeta District of Assam

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***Abstract*---**Health is an important element of human development. India to arrive WHO's slogan 'Health for All' amongst different ways also included community participation as an important tool to arrive health issues from the grass root level. Community participation and its important role on health is found in different studies for different parts of India, while with respect of Assam a very less studies were there. The present study is an attempt to find how far community participation was successful to promote health particularly of the Barpeta district of Assam. The study took the participation of members of panchayats in health care activities as the community participation. Mean health participation index and mean awareness score on 0 to 1 scale is calculated to examine community participation on health development. It is found from the study that community participation on health had positive linkages with the increase in awareness of the members of the panchayats about the available health care services and their roles and functions on delivery of health services. Absense of proper guidelines for health partcipation, lack of proper coordination among the panchyat members and district health centres etc, lead to absentia nature of health participation of panchayts.

***Keywords*---**Community participation, Health care services, Panchyats, Rural health.

Introduction

Community participation in simple words implies a group of people having similar interest coming together to solve their common problems. When a group of people unite together to form a community, they can address the different issues they have in any sphere of life, say economic, social, political etc. Different definitions are there on community participation. According to WHO (WHO, 2002) the term

'community participation' implies people who are grouped according to their common geography, common interest, common identity and are involved in addressing the common problem associated to them. Community participation may be of different forms and reasons, and when community participation occurs it results to the maximum benefits to the individuals associated with the community (Smithies, J and G Webster, 1998; Poland et. al 2000). In this paper attempt has been made to see how community participation can play a role in promotion of health. The rationale of considering health is that, health is considered as important element of human development or creation of human capital. Human capital has an important role in the economic growth of a country (Kendrick, 1961; Denison 1962; Schultz 1961; Becker 1964). Making human being to be the agent of development requires increasing his potentialities (Sen, A.K, 2003) and health is one of the essential components to create human capital. It is an important ingredient of human development and human development gets its means and end with health. Development of socio economic condition of an economy depends both directly and indirectly on health status of its citizen. Enhancing the capabilities of masses depends on health. When a person gets better health it not only improves the living condition of him but at the same time improvises his productivity in one hand and on the other hand helps to contribute towards the economic growth of the country (Sen. A.K, 1983). Though health seems to be very crucial in creating human capital but in practice we find that most of the developing countries are facing crisis in delivery of health care services. Particularly when we speak of rural areas the condition is again more severe. There lies the problem of accessibility and affordability of health services and hence we find the slogan of WHO "heath for all" or health as a fundamental human right gets violated. The international conference of WHO-UNICEF (1978) at Alma –Ata proclaimed 'primary health' care as way to achieve it. Primary health care based on the principle of equity, wider coverage, individual and community involvement in health services is an integral part for improving the health status of the population as well as country's plan for socio-economic development. Accordingly the importance of community participation throughout the world got its importance to enhance health to remove inequality in health status. Community participation when occurs for health, it ensures that an individual through the process of participation becomes an agent to address not only his health issues and problem associated with health care services but also the community he lives in. The health supply thus becomes more smooth and sustainable. With community participation in health care it is believed that people will gain knowledge, skills and confidence by involving them in community health (Cueto, 2004) and thus, will promote health. It is also necessary in implementing, developing and evaluating the health services. Community participation has positive impact on not only the better health condition of an individual but the community and at the same time at the organizational level (Haldone, V et.al 2019). In the case of developing countries where we find lack of proper health facilities, community involvement makes delivery of health services more smoother (Perter, Oakley, 1989). Community participation ensures that health promotion takes place by and with the people instead of on or to people. It signifies a meaningful engagement with the communities. According to Rifkin (Rifkin. Susan B, 2014) participation in health, has its importance as social determinants of health and attaining the goal of health as a fundamental human right. When everyone in the community comes forward to addresses the identified

needs, priorities, problems associated with health, results active community participation. Thus each and every one of the community has to participate actively to promote the health of the entire mass. Inclusion of 'all' is the ultimate goal of community participation to smoothen health promotion practice. According to WHO health promotion implies the process of enabling people to increase control over their health and thereby to improve their health. According to Acheson Report (1988), the science and art of promoting health, preventing disease, and prolonging life through the organized efforts of society is public health. Thus community involvement is necessary for health promotion.

To make health accessible and affordable to its masses and to improve the poor health status of its citizen, India started to launch and practice different health promotional services and activities. Being a signatory of Alma Ata declaration India was also committed to make provision to improve the health and well-being of its citizen. In India also we find the practice of establishing primary health care services and the existence of community participation to promote health. From the grass root level to access the primary health care facilities, direct community involvement was made. In this sense the three tire panchayat system was made as a proxy of community participation and accordingly, PRIs got its importance from 8th five year plan. As per the Balwant Raj Meheta Committee, Panchayat Raj would act as the representatives of the village and ensure the development of the village as well as participation of villages in development activities. The 73rd amendment Act (1992) is a stricken landmark in the transition of political power to the grass-root democracy in our country, Decentralization of power have led the local bodies to take active participation in all socio economic and political decisions. PRIs provide the opportunity to the rural masses to involve themselves from grass-root level to achieve all the national challenges. To achieve the goal of 'Health for All' the Government of India entrusted the PRIs to perform health and health related duties viz. health sanitation, safe drinking water, primary health centre, etc. As we know one of the provisions of NRHM was the wider coverage of health with full community participation and in this respect the Government of India has empowered the PRIs. Thus, involvement of PRIs is considered as the participation (Das, S and N. Roy, 2018) and involvement of community in promoting the health of rural masses. Different studies have been made showing the role of participation of panchayats in health development. It leads to decentralization of delivery of health care services where people's participation takes places and leads to accountability and transparency of health services (Nanjunda, D.C., 2020; Das, S and N.Roy, 2012)

In this respect it *necessitates* in the present paper to study the performance of PRIs as a symbolic of community participation in improving the rural health conditions in Barpeta District of Assam.

Background of the study

Barpeta with an area of 2645 sq.km is a district in the lower part of Assam., Barpeta has Nalbari District in its east, in its west it has Bongaigaon and Chirrang District, Baksa district and Bhutan Hills in its North and two other districts Goalpara and Kamrup in its South.

Barpeta is situated between longitude 26°45' to 26°49' North and between 90°45' to 90°15' East latitude. The district is situated at the plains of Brahmaputra Valley. The major part of the district is the Char area created by Brahmaputra and Beki rivers in the southern and western part. The district has the World Heritage Site the Manas National Park and is enriched with flora and fauna.

Total population of the district is 16,42,420 with 506 sq km density as per 2001 Census. The rural literacy rate of the district is 61.47 %percent (census, 2001). Sex ratio of the the district is 951 per 1000 male population. Largest number of population of Barpeta i.e. 91.30 percent (census 2011) resides in the rural areas. With largest rural areas Barpeta has local rural self government or Panchayat Raj institution (PRIs) constituting of 1 Zillah Parishad, 7 Anchalik Parishads with 129 Gaon Panchayats.

The main occupation of the rural people specially in the Char areas of Barpeta is agriculture and allied activities. The district is leading in the State for its agricultural production. The total gross cropped area of the district is 3,10,000 hectares with cropping intensity of 175 percent. The main crops grown in the district are paddy, wheat, mustard oil, jute, potato, pulses, fruits, vegetables etc. The district has 1,86,205 nos. farm families out of which, 19798 nos. are big farm families, 6543 nos. are marginal farm families, 78582 nos. are small farm families and 22394 nos. are landless families.

Rice accounted for nearly 63% of the gross cultivated area followed by oilseeds and vegetables nearly 10 percent, pulses and vegetables 4 percent and 9 percent respectively. Other crops have share less than 3 percent. Due to lack of infrastructure the district has no such industries only some small scale industries are found like bell and brass metal, bricks etc. The literacy rate of district is 79.72.

Objective of the study

To study the community participation in delivery of rural health care services in Barpeta district.

Methodology and data base

This paper makes a study on the community participation ie the involvement of members of panchayats in promoting health care services in the rural areas. To ensure the commitment of panchayat members in involving the community in health promotion implies their complete participation in the mechanism of delivery of health care services. Participation of community in health related activities are considered under the following heads:

1. Community participation in providing safe drinking water and sanitation amongst the rural people.
2. Community participation in child immunizations, addressing health problems by organizing health camp, making health policy and plan, participating in any training related to health orientation program.
3. Community participation in selecting health activists like ASHA and keeping in touch with them with their health related functions.

To analyze the community participiation in health promotion, mean participation score has been prepared which ranges from 0 to 1 scale. 0 implies complete absence of panchayat members's participation and 1 implies complete participation of panchayat members's in health promotion of the rural areas of the Barpeta district. The health participation score of the representatives of the panchayats is calculated as:

$$\text{Mean Health Community Participation score of (HCP)} = \sum_{i=1}^{12}(\text{hcp}_i)/8$$

Where,
hcp_1=Sanitation; hcp_2=Safe drinking; hcp_3= Immunisation Day; hcp_4= Organising health camp;
hcp_5= making health policy and plan; hcp_6= Attending training on health activities; hcp_7= Selection of ASHA; hcp_8= Coordination with ASHA.
Health community participation index of the sample data of Barpeta District is constructed taking the average of mean health community participation score of the Barpeta District.
Mean Community Health Participation index of Barpeta District: $HCP_b = \frac{\sum \boldsymbol{HCP}}{\boldsymbol{Nb}}$
Where, $\sum \boldsymbol{HCP}$ is the total participation score of the sample representatives of panchyats and Nb are the total number of sample representatives of Barpeta district.

Community Participation in terms of members of panchayat in health promotion is assumed to occur when they are aware about the exiting health care delivery services and their role in promotion of health of rural masses. Thus awareness of the representatives or members of panchayats on the existing plans on rural health, and roles, responsibilities, powers, and functions related to health vested on them are studied. An awareness score of health promotion is prepared on the following:

Mean Health Promotion Awareness Score $AWP_b = \sum_{i=1}^{4}(AWP_i)/4$

Where, AWP_1= Aware about NHM; AWP2= Aware about Ayushman Bharat; AWP_3 = Aware about village health committees. AWP_4= Aware about schemes on maternal and child health

Hypothesis of the Study

Following hypothesis is framed and tested for the objective of the study:
Community health participation is not linked with the awareness of the community on existing health promotional services.

Data Base

The study is based on primary as well as secondary data. To collect the primary data regarding health, standard questionnaires were used. For this amongst 11 AP of Barpeta district we have purposively selected 2 AP and from these 2 AP we have selected 50 percent of GP on random basis. The president of the gaon

panchyats, members of the gaon panchayat, members of anchalik parishad and members of zilla parishad of the sample areas are directly interviewed on the above mentioned health awareness and participation heads and examined with the help of statistical tools like mean, percentage.

Secondary data are collected from different official publications such as Director of Health, Zillah Parishad, Barpeta, Department of Statistics and Economics, Ministry of Health and Family Welfare and also some unpublished sources.

Discussion

It is found in the study that community participation in promotion of health has not occurred in its due nature. The members of the panchayats in its different structure, who are also the true representation of community participation, have failed to execute the responsibilities related to all the health related plans and programs in the sample area. It was found from the sample area, that the representatives of the panchayats had minimal knowledge about the existing different schemes, plans and programs for health promotion of mother, child, different morbidity diseases, programs for disabilities etc. It was also found that the panchayats representatives were even less interested to know about those health schemes and programs and they left all those to get performed by the district health centres though the local health cadets the ASHA workers. So, the ASHA workers were found to be representing the pancayats and the villagers in delivery of primary health care facilities. The role of panchayats as the synonym of community participation to address its local health issues, monitor the health services, making any health plans were found to be not satisfactory at all. In this way the community participation in smoothing the district health mission becomes gloomy. As seen from table 1, the representatives of panchayats in the sample area, only 31.91 percent are aware about NHM. They have no idea about the roles, responsibilities and functions that the panchayat members as the representation of the community have to perform under the national rural health mission and national health mission. Janani Surokha Yojana, Janani Sishu Surokha Karyakam are landmarks schemes launched to uplift the maternal and child health in the rural areas in particular. But it was found that nearly 95.74 percent of them were not at all properly aware of those schemes and how those can be implemented. None were aware about Ayushman Bharat Health Infrastructure Mission and about Rogi Kalyan Smaiti, Sthaniya Sastha Sabha etc. From amongst the members of the gaon pachayats it was found that only 3.23 percent of them were aware about existing different committees for village health promotion, like Village Health Sanitation and Nutrition Committee etc. They have less idea about establishing different village health committees and its proper functioning. They have thus less information and awareness on the existing different mechanism under NHM and its different wings like Rashtriya Bal Swasthya Karyakarm, Sanjeevani, Mobile Medical Unit, etc. to promote health of the people and at the same time the role they also have as the community representative to take part in the health development of its own village.

Table 1
PRIs Aware about Health Promotional Activities (in percentage)

Blocks of Barak Valley	NHM	Schemes on Maternal and Child health (JSY/JSSY)	Ayusman Bharat	Village Health Committes
Gobardhana	37.5	4.17	0	4.17
Mandia	26.09	4.35	0	4.35
Barpeta	31.91	4.26	0	4.26

Source: Sample Survey

Having a very low level of awareness on the responsibilities vested on them to promote health, the study finds that community participation in health promotional activities is not so impressive. It is seen that in Barpeta district, panchyats are only active in selection of ASHA. They have confined themselves only in the process of selecting ASHA workers but taking a note on the functioning and performances of ASHA workers are not been monitored by the community representatives. Though the monitoring of ASHA workers is vested on the panchayats but they failed to practice it. The reason is found to be the lack of information and proper guidelines about how to monitor the functioning of ASHA workers. There remained a massive gap of communication between the health cadets i.e the ASHA workers and the panchayat members. As seen from table 2, nearly 85.11 percent of the panchayat members select the ASHA workers but only 2.12 percent keeps a look on how the ASHA workers are performing in the village.

Another important activity to make proper community participation is to organize health awareness camp for the rural masses. But in practice it is found that the members of the panchayats seldom organize such camps. It was found during the survey that the members of the panchyat also do not even participate in polio eradication program. As can be seen from the table 2 only 4.23 percent of them participate on immunisation day. Table 2 shows that only 4.23 percent of them participate on immunisation. However, the representatives of panchayats had thecomplain during the interview that they get no formal informations to participate on such immunizations programs. While some other (2.12 percent) made the comment that they organize the place where to conduct the immunization camp, but they do not actively participate on such programs. The ASHA workers make proper linkages between the villagers and the health centres.

Establishing different village health committees are important to ensure proper execution of health plans and programs. Accordingly it was found that in the sample area, different village committee were formed but they were not functioning actively. Only 4.3 (refer table 2) percent of the panchayat members were attending the different meetings of the different health committee but no proper health planning had been done specific to need of the sample areas. It is also found that they have never participated in any training programme related to health promotion of the village.

However, the community participation shows a better picture in terms of practicing proper sanitation and making the provision of safe drinking water facilities in the sample area. Selecting the needy households to confer sanitation is remarkable community participation in respect of health. Similary taking all possible steps to reach safe drinking water to each households is progressive step of commumity participation in the sample areas. Nearly 44.68 (refer table 2) percent of representatives of panchayats participated in providing sanitation facilities to the rural masses. While interviewing the representatives of the panchayats it is found that 68.08 percentages of the representatives engaged themselves in providing safe drinking water facilities.

Table 2
PRIs of the Sample Blocks Participating in Health Promotional Activities

Blocks/ District	Health Promotional Activities (in percentage)							
	Selection of ASHA	Monitoring ASHA	Participate in immunisation Day	Attend VHC Meeting	Organize Health Camp	Training on Health	Provide Sanitation	Provide Drinking Water
Gobardhana	92.76	4.12	4.12	8.33	0	0	58.33	66.67
Mandia	82.56	0	0	0	0	0	30.43	69.57
Barpeta	87.66	2.12	2.12	4.25	0	0	44.68	68.09

Source: Sample Survey

Community Health Participation Index

From the different health promotional responsibilities of pancayats, a mean community health participation score is calculated. From the calculation it is found that the community health participation score is not appreciable. The community health participation index was found to be only 0.21(refer table 3) for the entire samples. When segregated under different heads it was found that the community health participation score for selecting ASHA workers, providing safe drinking water facilities and proper sanitation, is better. This implies that under those heads there is active community participation. The mean participation score on providing sanitation is 0.45, on providing drinking water is 0.68 and in selection of ASHA is 0.85 as seen in table 3. However, monitoring the activities of ASHA is also another important aspect of ensuring health care services making available to the rural masses and at the same time making the panchayts participating in health promotional activities. But it is found that the mean particiption score in this respect is only 0.02. The community participation in other health related activities is also very low, the mean community health participation score of Barpeta in participating and organizing different immunization day is found to be only 0.04. They also less participate in implementing Janani Suruksha Yojana (JSY). The members of the panchayats have no participation in respect of organizing health camp for promotion of health and at the same time making aware the rural masses about how to live a healthy life by maintaining and ensuring some basic healthy life style. The mean score in this respect is zero. Again the mean score of the sample data is zero in case of attending some health training programme organized by health and family welfare department for making the localities acquainted with different health promotion activities. (refer table 3) . It is found from the study that the awareness level of the

members of the panchyats in the sample area is only 0.10. The correlation between awareness level of members of the panchyats on health promotional services and the health participation index is only 0.097. This implies that the low of level of awareness of the members of the panchayats on health promotion activities had led to low level of participation of them on rural health development. The calculated t-statistics has been found at -5.29 and is insignificant at 95 percent level of significance, thus the null hypothesis is rejected and the alternative hypothesis is accepted that, community health participation is linked with the awareness of the community on existing health promotional services.

Table: 3: Mean Community Health Participation Index of Barpeta District	
Heads	Score
1. Sanitation	0.45
2.Drinking Water	0.68
3.Poloi Day	0.04
4.Health Camp	0
5.Health Training	0
6.Selecting ASHA	.85
7.Monitoring ASHA	0.02
8.VHC	0.04
Total	0.22
Source: Sample Survey	

Table 4 Correlation between awareness on health promotional activities and health participation of community		
		Health Participation Index
Awareness on Health Promotional Activities	Pearson Correlation	0.097
	Sig. (2-tailed)	0.816
N=150		

Conclusion and Suggestions

It can be concluded from the study that, community participation index for promotion of health development is very minimum. As per the norms of the National Health Mission and National Rural health mission, panchayats are the true representatives of community to promote health but in practice it is found that, there is a lot of gap between the guidelines and its execution. Existence of improper linkages between the district health administrative and the panchayats lead to poor performances of the community for health development. Amongst all the members of the three tire panchayats do not know properly about most of the health related schemes, plans and programs. It seems that there exists lack of coordination, cooperation and execution, and all these created lack of implementation of health from the side of the community partners. Most of the panchayat members are health illiterate and thus fails to convey in proper sense the health promotional delivery services. Almost all of the health related decisions comes in absence of the participation of the panchayats. Failure of proper

institutional framework keeps the problem associated with the grass root level unattended, and thus the delivery of health care services fails to reach each and every needy one. Since there exists absentia participation of panchayats in health development mechanism, the health problems from ground level reality and area specific gets unnoticed. The panchayts were found to make only political involvement for the purpose they were elected. The only health related performances are some administrative participation like selection of ASHA workers, selecting the BPL families to take part in delivering the sanitation equipments etc. Until and unless active community involvement occurs in all spheres of health care delivery system, making the provisions to reach 'health for all' cannot be completely attained. From the above study some policy suggestions can be arrived:

- To make community participation a successful one that is to improve health status of the people within the community, the urgent need is to make the rural people aware of the need of community participation.
- Secondly, the members of the panchayats who represents the community has to be make literate about the health care services available to render for the rural masses.
- Thirdly, a proper guideline has to make so that the members of the panchayats knows about how they can get themselves involved to promote health.
- Forthly, strong recommendations have to made for the members of the panchayats to conduct health related camp, make active participation of all in different health realated committees.
- Fifthly, a monitoring committee has to be made to check how the different health committees are functioning, how far they are involved to identify local health issues.
- Panchayats must get more decision making capacity regarding addressing and implementing health issues and services. A proper coordination has to make in between the panchayats and the district health administration for proper implementations of health services in the rural areas in real sense.
- Educated citizens and different NGOs can also come forward to make awareness campaign on different health related plans and policies in the rural areas.
- A small group can be made from among the young students of the village to identify the different health problems of their respective areas or even among the students of their school also.
- Last, but not least, taking a small number of female members from each family having one ASHA, AWW, ANM as one of its permanent members, some small groups can be made to raise the health issues they have in their family, which can be placed during the meetings of village health meeting and find all necessary ways to solve those problems.

Thus, when the community becomes aware of the advantages of becoming united can address their health problems on the one hand and on the other hand make the stakeholders accountable to provide transparent and fruitful health care services.

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