



IJCR

Vol 06 issue 11

Section: Healthcare

Category: Research

Received on: 25/03/14

Revised on: 21/04/14

Accepted on: 18/05/14

## PERCEPTION OF BENEFICIARIES INVOLVED IN AN INNOVATIVE COMMUNITY HEALTH CARE PROGRAM (CHCP) IN ADOPTED VILLAGE OF WARDHA DISTRICT: A CROSS SECTIONAL STUDY

Abhay Mudey<sup>1</sup>, Meenakshi Khapre<sup>1</sup>, Smrutiranjana Nayak<sup>1</sup>, Shubhangi Baviskar Bhagat<sup>1</sup>, Yogesh Raut<sup>1</sup>, V. K. Deshpande<sup>2</sup>

<sup>1</sup>Department of Community Medicine, Jawaharlal Nehru Medical College, Sawangi (M), Wardha, Maharashtra, India

<sup>2</sup>Department of Physiology, Jawaharlal Nehru Medical College, Sawangi (M), Wardha, Maharashtra, India

E-mail of Corresponding Author: abhaymudey@hotmail.com

### ABSTRACT

**Background of study:** CHCP is an innovative, inter-disciplinary and unique approach launched by DMIMS (DU) first time in India in 2011. The main aim of the program was to introduce a comprehensive health care approach in the community along with the development of team spirit in newly entered medical and Para-medical students. This study is designed to evaluate the perception in terms of benefits of this innovative programme from beneficiaries involved in the program

**Methodology:** A community based Cross sectional study, which was conducted from Feb to July. A comprehensive team comprised of 150 medical, 100 dental and 100 nursing students structured at the beginning of academic session and 5 families are allotted to each team of 3 medical +2 dental + 2 nursing students. Faculty members from all the three disciplines were designated for the program to give expert guidance to students. Randomly total 50 villagers i.e. one from each 5 allotted families of health team, who belong to the adopted area of programme, were selected for study.

**Result:** Findings were that 90 % perceived that program was useful for them. Out of them 66.7% had perception that they get free, dental and nursing advice together. 59.57% perceived that if students guide them, fear of hospital is minimized. In all community is benefited through Routine Health check-up, early detection, Removes the fear, anxiety, myths of some diseases & doorstep health education

**Conclusion:** Beneficiaries get doorstep services by medical, dental and nursing students free of cost. They are also happy because of the counseling & health education by these students to remove fear and psychological tension regarding their diseases.

**Keywords:** Comprehensive health, Community health care, primary care, Doorstep service

### INTRODUCTION

Community based medical education (CBME) consists of activities that use the community extensively as a learning environment, where students, teachers, community members and representatives of other sectors are actively engaged throughout the educational experience in providing medical education that is relevant to community needs. It may be an urban or a rural

community, though at present in developing countries most of the people live in rural areas. Primary care stands at the centre of health care systems. CBME is a broad concept, providing students with opportunities to interact with people from a wide range of social, cultural and ethnic backgrounds. It is directed towards the priority health needs and development of professional competencies. CBME might involve visiting

families or taking part in community projects. It provides students with opportunities to become increasingly involved in health issues and, as their competency grows, to plan and provide care.<sup>[1]</sup>

Rural population comprises 60% of total population of India. Nearly 30% of population even today does not have access to health care facilities even in modern e-health era. In 1942 *Bhore committee* addressed same problem and assigned one year compulsory internship in rural community and concept of community physician was also introduced way back.<sup>[2,3]</sup>

But if we look deep into the solution of this under serving problem we can make out that inculcation of this concept of serving in rural community can be done in very early stages of medical career. The classroom lectures or the bed-side clinics in the wards do not take into account the total factors, which have bearing on health and disease. The approach should not only be in the area of medical care but also sensitive to the political, economical and environmental factors. Hence there is need for a community based teaching.<sup>[4]</sup>

In India too Reorientation of Medical Education (ROME) was introduced to make the medical students to be responsive to community need. But the above program commences from Internship where students are posted in rural and urban health centre apart from hospital training.

CHCP is an innovative, inter-disciplinary and unique approach launched by DMIMS (DU) first time in India in 2011. In this programme students are introduced in community from first year onwards till completion of course.

The aim of above study was to assess perception of beneficiaries in community in terms of services made available to them through introduction of this program.

## **MATERIAL AND METHODS**

DMIMS is an experienced community based public charitable trust committed to providing comprehensive and holistic health care to over

3,50,000 poor and marginalized patients hailing from surrounding districts of central India.

*Nachangaon* is adopted for 2012-2013 batches for giving comprehensive health care through health team by this innovative CHCP programme

### **Study design**

A community based **Cross sectional study**

### **Study duration**

6 months (1<sup>st</sup> Feb to 31<sup>st</sup> July)

### **Study participants**

Beneficiaries from the community of adopted villages.

### **Sampling method**

One family member from 5 adapted families of each health team was selected for interview so that total members involved were from 50 families.

### **Study tools**

Form to record data from the family members of adopted villages involved in the programme referred to as Family Form

## **METHODOLOGY**

In DMIMS (DU), a comprehensive team of 150 Medical, 100 Dental and 100 Nursing students was structured at the beginning of academic session and 5 families were allotted to each team of 3 Medical +2 Dental + 2 Nursing students. This team is referred as "Health Team Unit".

All the students were given introductory lectures regarding their role in program. Faculty members from all the three disciplines were designated for the program to give expert guidance to students.

Each health team visited their families fortnightly on Saturday morning. They interact with family members regarding their health and health problems; impart health education and the members of families who need medical help refer to hospital.

After an exposure to the program for approximately 6 months we have conducted this study of assessment of perception regarding this innovative approach of CHCP programme.

For this assessment data was collected from family members included in the programme by pre designed and pre tested questionnaire.

Interviews in community were conducted at home. The questions were translated and asked and later they were analysed.

### **OBSERVATIONS AND RESULTS**

In case of beneficiaries, findings were that 90 % perceived that program was useful for them. Out of them 66.7% had perception that they get free medical dental and nursing advice together.

75.5% of all the participants stated that they personally were benefited from the initiative. Out of them 70.6% perceived concession was the most beneficial part followed by the facility of regular health check-up (14.7%)

59.57% perceived that if students guide them, fear of hospital is minimized. Just half of the participants were of the perception that the concession services they are getting regarding the laboratory investigations are of satisfactory level.

On asking the beneficiaries of the program regarding continuing the program, more than two third (80%) stated that it should be continued.

### **DISCUSSION**

94 % of respondents had positive attitude towards the utility of program. It had mainly motivated them for regular health check-up. Easy to access health care as the students themselves go to their allotted family and escort them to hospital for regular health check-up or during emergency. They are also benefited by health education given by students. Seven families were motivated for using FP methods and two for vasectomy. Three cases of hypertension and one of diabetes were detected while one with frequent history of epileptic fits was put on medication. Also the team approach was highly appreciated by the community. There is paucity of research on community's attitude towards the community centric medical education. A study conducted at the University of Natal, Durban in 1998 notes that

the active participation of community in the educational process is very uncommon. <sup>[5]</sup>The study indicates the shortcomings of medical schools as lack of “fulfilling their social contract at the level of the community. When it was implemented in a manner to “facilitate development of a health programme desired by the community a good compliance was received from community. Same approach was used in our program too. Before the implementation the political leader, influential person in village, Youth group and Mahila Mandal were contacted. The program was tailored according to their needs and expectations and implemented only after the final acceptance of the blue print from community. Therefore a good response was seen in his study.

Next was the practical question of how many were benefited and how? 75.5 % were benefited by different means given in result section. It had also helped many of them to remove the fear of hospital as the students guide the patient. Only half of them felt the concession on lab test to be satisfactory. Most of them were advised for the test other than routine for which they have to do out of pocket expenditure. About four in five families share their health information with students and want the program to continue further with some modifications like availability of drugs, renewal in concession etc. Thirty-five years after Alma Ata declared primary health care as the tool to achieving Health for all, growing health inequities still persist. Therefore it is important that the community leaders and members play a crucial role in the identification of the health need which need to be addressed by health professionals by such type of community oriented educational programme. In the CHCP, the health is viewed through the eyes of community. Thus the CHCP approach in training of the under graduates gives better understanding of the subject and benefit to community.

**CONCLUSION**

Community people get doorstep services by medical, dental and nursing students free of cost. They are also happy because of the counseling & health education by these students to remove fear and psychological tension regarding the different diseases.

However there is a scope for strengthening this innovative CHCP programme by making meaningful changes in the planning and reorganizing the complete programme to be implemented from next academic year based on study findings.

**REFERENCES**

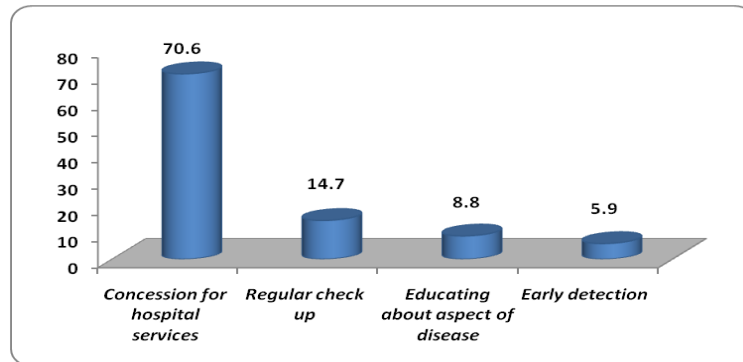
1. Critchley J, DeWitt DE, Khan MA, Liaw ST: A required rural health module increase students' interest in rural health careers. *Rural Remote Health* 2007, **7**:688.

2. Government of India, Census. The Registrar General and Census Commissioner, India. New Delhi, Ministry Of Home Affairs. Government of India; Census, 2011

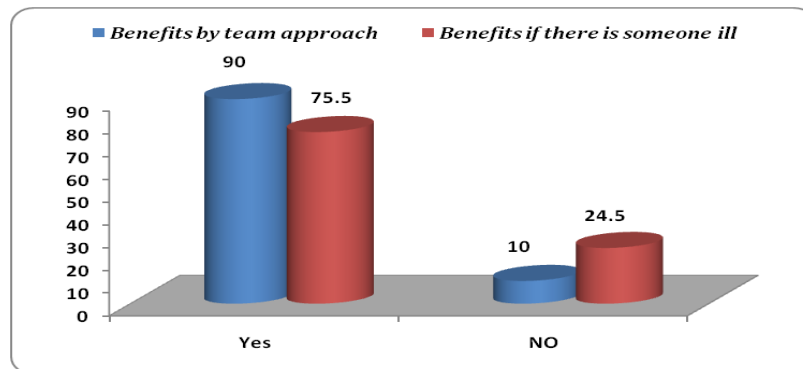
3. Govt. of India (1946). Report of the Health Survey and Development Committee, Govt. of India Press, Shimla.

4. Baumslag N. (1973) Family Care: A Guide. Baltimore USA: The Williams and Williams Co, Bennett M, Wachford. Selection Student for Training in Health Care: WHO. Geneva: WHO Offs Pub; 74, 1983

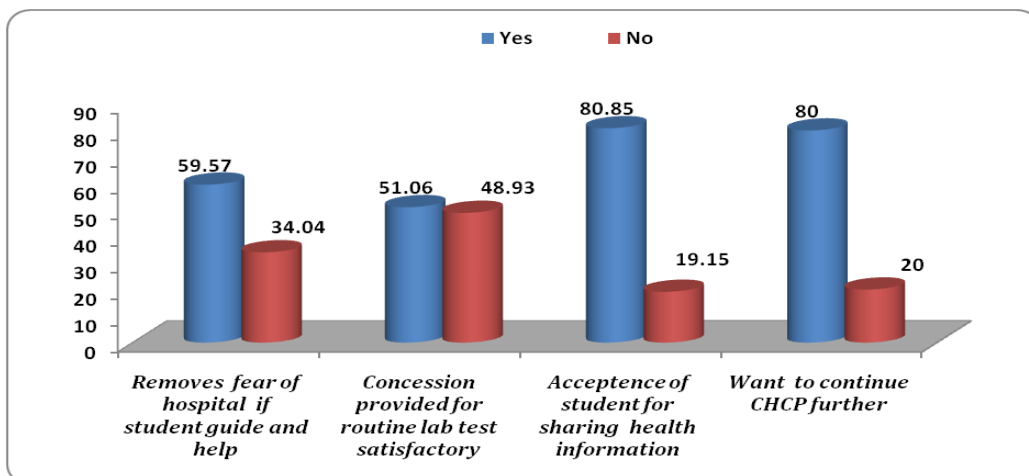
5. Williams, R. L., Reid, S. J., Myeni, C., Pitt, L., & Solarsh, G. (1999). Practical skills and valued community outcomes: The next step in community-based education. *Medical Education*, 33(10), 730-737.)



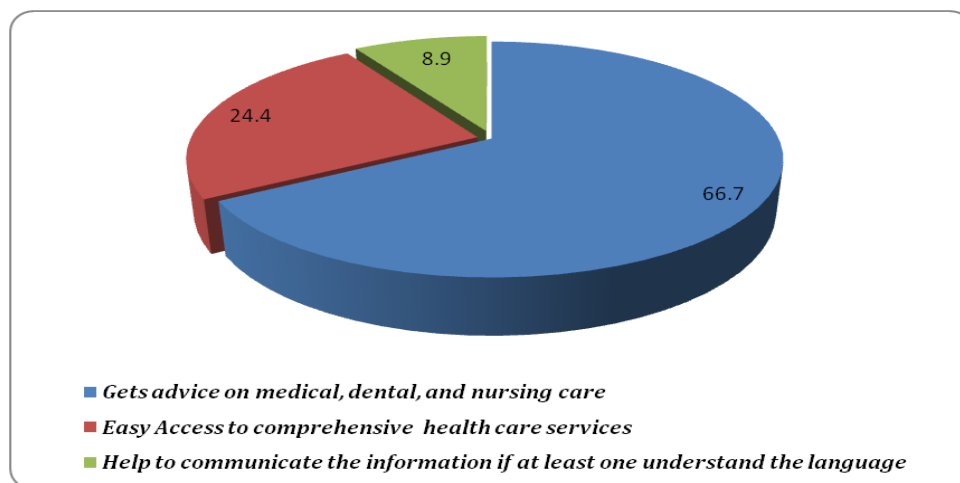
**Figure I: Reasons why people feel they are benefitted by CHCP if someone is ill in their family**



**Figure II: Perception of villagers regarding benefits of the program**



**Figure III: Perception of villagers regarding CHCP**



**Figure IV: Perception of villagers for reasons why people have accepted CHCP**