

## PEOPLES AWARENESS AND UTILIZATION TOWARDS MAKALAI THEDI MARUTHUVAM SCHEME WITH SPECIAL REFERENCE WITH POOMALUR CITY

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### ABSTRACT:

India has a rising burden of non-communicable diseases, especially diabetes, with Tamil Nadu state with a high burden. The STEP-wise Approach to NCD Risk Factor Surveillance a simple tool developed by the World Health Organization (WHO), is a standardised method to collect, analyse and disseminate data on risk factors of NCDs in the member countries. As per the STEPS survey conducted in 2020 in the state, only 10.8% of people with diabetes had good control of blood sugar levels. The Covid-19 pandemic has disrupted care for NCDs further and exposed the weakness of the health system in providing institutional care resulting in increased morbidity and mortality due to non-Covid conditions in the state.

**Keywords: People awareness, uses of the scheme, benefits of the scheme**

### INTRODUCTION:

To address these health needs and to effectively strengthen the health system's response, a holistic scheme for home-based care called "Medicine at people's doorstep" or "Makkalai Thedi Maruthuvam" (MTM) was launched in the state in August 2021. The scheme has a range of services that are delivered at the beneficiaries' doorsteps. This scheme involves population based screening for those who are 18 years and above covering 10 conditions, delivery of drugs at the doorstep for hypertension and diabetes for those who are 45 years and above, and for people with restricted or poor mobility. Launched by the tn Chief

minister in August 2021, the scheme will be implemented in a phased manner to cover a total of 3 million families and 10 million population

People's awareness is awareness is a concept about knowing, perceiving and being cognizant of events. Another definition describes it as a state wherein a subject is aware of some information when that information is directly available to bring to bear in the direction of a wide range of behavioural actions or the quality or state of being aware, knowledge, and knowing that something is happening or exists, supporting a raised awareness of the issue or a current occurrence, or a programme established, and the population's utilisation is the process of level of usage of the process. Given the importance of peoples' health, the Indian government has created new programmes to assist those in need by providing health care services at their doorsteps.

## **STATEMENT OF THE PROBLEM**

Numerous innovative programmes launched by the federal and state governments have focused on improving people's well-being. The success of a strategy can be measured by determining how well-known it is among the general public. People are less likely to use government schemes since they are not well informed about them. The study's biggest problem is that individuals are not more aware of the government's plans. The fundamental issue is that people's use of government schemes is quite low due to a lack of understanding of the government schemes that have been implemented. As a result, the study's goal is to determine people's level of awareness and utilisation of the makalaithe dimaruthuvam plan.

## **OBJECTIVES OF THE STUDY**

- To determine the population's socioeconomic level.
- To ascertain public awareness and use of the "MAKALAI THEDI MARUTHUVAM" scheme.
- To determine which factors, influence the population's utilisation of the scheme.
- To ascertain the population's overall satisfaction

## RESEARCH METHODOLOGY

### DATA COLLECTION:

The study makes use of primary data. The questionnaires were filled out by the respondents for the purpose of collecting primary data, questions were filled by the respondents.

### SIZE OF THE SAMPLE

The sample size for this study is 120 respondents.

### SAMPLE TECHNIQUE

Convenient random sampling technique has been used to select 120 respondents for the purpose of the study

### AREA OF THE STUDY

The area of the research will be confined to the scheme launched and on-going process in the rural area poomalur village, Tirupur district

### TOOLS USED

The data collected for the study was analysed manually with suitable statistical tools.

The following statistical tools have been used for analyses of this study

1. Percentage Analysis
2. Ranking analysis

## REVIEW OF LITERATURE:

**ANU DEVI (2019) "A STUDY ON THE AWARENESS OF BPMP STREET VENDORS TOWARDS GOVERNMENT SCHEMES IN BENGALURU"**. This article highlights that the street vendors play an immense role in building the urban culture. The study reveals that majority of the respondents are not aware of the changes in monetary policy and benefits that the government of Karnataka

provide to the street vendors. This study investigated the level of awareness and the utilization of the government schemes available to the street vendors. This study investigated the level of awareness towards government schemes among street vendors. As most of the vendors are unaware of the government schemes, this study suggested an awareness level among street vendors towards government schemes.

**DR. A. SHIRALSHETTI (2015) “Awareness level towards government schemes”** she frames that Indian Women entrepreneurship is emerging trend in development of economy of self, family and nation.. The study is based on the primary data collected from the 1250 entrepreneurs from the districts of north Karnataka. The study suggested to increase the awareness level among women entrepreneurs about benefits of Government schemes and encouraged them to earn self-income. This study investigated the level of awareness towards government schemes among women.

**PAULMONI, P. GEETHA (2019) “A Study on Women Entrepreneurs Awareness about Government Schemes”** covers women entrepreneurs’ awareness about government schemes - special reference to Kanyakumari District. The objectives of the study are to know the socio-economic status of women entrepreneurs in the study area and to assess the awareness about government schemes available for women entrepreneurs. The present study has been undertaken in Kanyakumari District. This is based on the primary and secondary data. The interview schedule was used to collect the primary data. The primary data has been collected from urban women entrepreneurs in Kanyakumari District.

**HIMANI SARDAR (2018) “A Study on perception and awareness towards entrepreneurship and Start up scheme”** is based on primary data and the primary respondents of this research paper are students of graduation and post-graduation level. This study is to find out the awareness towards start up scheme.. The study reveals that majority of the respondents are not aware of the changes in monetary policy and benefits that the government of schemes provided for the entrepreneur. This study investigated the level of awareness and the utilization of the government schemes available to the entrepreneurs .The study focused mainly to find out level of the awareness and entrepreneur perception towards the start-up schemes as most of the entrepreneurs are unaware of the government schemes. This study is to find out the awareness towards start up scheme.. The study reveals that majority of the respondents are not aware of the changes in monetary policy and benefits that the government of schemes provided for the entrepreneur.

**SEDAMKAR (2011) “Study to find out the awareness towards schemes and subsidies among women”** in his study has highlighted that rural women entrepreneurs are unaware of policies and schemes offered by Central and State governments. The government should take the initiative to create awareness of the schemes and subsidies among women. This study is mainly depend on the investigation towards the

awareness towards schemes and subsidies among the women. Most of women's are unaware of the government schemes available for women. This study mainly focus on the awareness level of the women towards the schemes and subsidies available to women. The study conclude that majority of women are unaware of the policies and the schemes offered by the central government, thus the government must take an initiative action to create an awareness among the women.

## ANALYSIS AND INTERPRETATION

**TABLE 1**  
**THE TABLE SHOWING OCCUPATION WISE SIMPLE PERCENTAGE ANALYSIS OF THE RESPONDENTS**

OCCUPATION	NO.OF. RESPODENTS	PERCENTAGE
Self employed	46	39%
Professional	22	18.0%
Student	18	15%
Others	33	28%
<b>TOTAL</b>	<b>120</b>	<b>100</b>

(Source: primary data)

## INTERPRETATION

From the above it's clear that 39% of the respondents are self-employed, 18% of the respondents are professional, 15% of the respondents are students and 28% respondents are under another category.

## INFERENCE

Majority (39%) of the respondents are self employed.

**TABLE 2**

**AWARNESS MODE WISE SIMPLE PERCENTAGE ANALYSIS OF THE RESPONDENTS**

(Source:  
Primary  
data)

<b>AWARENESS MODE</b>	<b>NO.OF. RESPODENTS</b>	<b>PERCENTAGE</b>
Newspaper	12	10%
TV ads	42	36%
Radio	7	6%
Social media	16	13%
Word of mouth	43	35%
<b>TOTAL</b>	<b>120</b>	<b>100</b>

**INTERPRETATION**

From the above 10% of the respondent’s awareness mode of the scheme is Newspaper, 36% of the respondent’s awareness mode of the scheme is by TV ads, 6% of the respondent’s awareness mode is by Radio, 13% of the respondent’s awareness mode is by social media and 35% of the respondent’s awareness mode is by the Word of mouth.

**INFERENCE**

Majority (36%) of the respondent’s awareness mode towards the scheme is by TV ads.

**TABLE 3**  
**THE TABLE SHOWING THE RANKING OF THE RESPONDENTS**

<b>PARTICULARS</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>TOTAL</b>	<b>RANK</b>
Individual expectations of scheme	75 (5) 375	5 (4) 20	3 (3) 9	19 (2) 38	17 (1) 17	459	<b>I</b>
Health care provider knowledge	10 (5) 50	58 (4) 232	18 (3) 54	17 (2) 34	17 (1) 17	387	<b>V</b>
Important level of scheme for community	34 (5) 170	14 (4) 56	34 (3) 102	20 (2) 40	16 (1) 16	384	<b>VI</b>
Access of service provided under scheme	37 (5) 185	22 (4) 88	23 (3) 69	23 (2) 46	14 (1) 14	402	<b>III</b>
Improve overall health of community	49 (5) 245	20 (4) 80	8 (3) 24	23 (2) 46	20 (1) 20	415	<b>II</b>
Recommendations level	37 (5) 185	23 (4) 92	21 (3) 63	17 (2) 34	22 (1) 22	396	<b>IV</b>
Scheme timely and efficient	12 (5) 60	14 (4) 56	21 (3) 63	44 (2) 88	29 (1) 29	296	<b>VII</b>

**(Source: Primary data)**

**INTERPREATATION**

From the above table, individual expectation of the scheme is ranked I, improve overall health of community is ranked II, Access of service provided under scheme is ranked III, Recommendations level is ranked IV, Health care provider is ranked Importance level of scheme of community is ranked VI, scheme timely and efficient is ranked VII.

**INFERENCE**

Majority of I rank indicates that the scheme fulfils the individual expectations of the scheme.

**TABLE 4**  
**THE TABLE SHOWING THE SATISFACTION LEVEL OF THE RESPONDENTS**

FACTORS	SATISFIED LEVEL					TOTAL	RANK
	HIGHLY SATISFIED	SATISFIED	NEUTRAL	DISATISFIED	HIGHLY DISATISFIED		
Free of cost	89 (5) 445	29 (4) 116	1 (3) 3	0 (2) 0	1 (1) 1	565	I
Service of volunteer team under scheme	90 (5) 450	13 (4) 52	13 (3) 39	2 (2) 4	2 (1) 2	547	II
Quality of medicines	41 (5) 205	38 (4) 152	37 (3) 111	3 (2) 6	1 (1) 1	475	VII
Camp facilities	26 (5) 130	37 (4) 148	51 (3) 153	4 (2) 8	2 (1) 2	441	VIII
Doorstep health consultation	38 (5) 190	59 (4) 236	19 (3) 57	2 (2) 4	2 (1) 2	489	V
Regular consultation	45 (5) 225	40 (4) 160	28 (3) 84	5 (2) 10	2 (1) 2	481	VI
Medical kid facility	41 (5) 205	66 (4) 264	11 (3) 33	1 (2) 2	1 (1) 1	505	III
Service during covid period	36 (5) 180	67 (4) 268	14 (3) 42	2 (2) 4	1 (1) 1	495	IV

**(Source: Primary data)**

**INTERPRETATION:**

From the above table, free of cost is ranked I, volunteer service team is ranked II, Medical kid facility is ranked III, Service made during the covid period is ranked IV, Doorstep health consultation is ranked V, Regular consultation is ranked VI, Quality of medicines is ranked VII, Camp facilities is ranked VIII

**INFERENCE**

Majority of I that indicates that the people are mostly satisfied with free cost of health care services provided

## **FINDINGS**

1. The survey reveals that majority 42% of the respondents are above the age category of 45.
2. The survey reveals that majority that 53% of the respondents are female.
3. The survey reveals that majority that 55% of the respondent's income status is under 50000.
4. The survey reveals that majority that 76% of the respondents are Married.
5. The survey reveals that majority that 39% of the respondents are qualified under graduate category.
6. The survey reveals that majority that 39% of the respondents are self-employed.
7. The survey reveals that majority that 71% of the respondents have not yet visited any medical camp before.
8. The survey reveals that majority that 72% of the respondents are aware that the scheme is to treat non-communicable disease.
9. The survey reveals that majority that 36% of the respondent's awareness mode towards the scheme is through the word of mouth.
10. The survey reveals that majority that 86% of the respondents are aware of the age ranges treated under the scheme.
11. The survey reveals that majority that 61% of the respondents of the respondents have not gained much information about the scheme before utilization
12. The survey reveals that majority that 50% of the respondent's awareness mode towards the health care centre is through the friends and family.
13. The survey reveals that majority that 58% of the respondent's opinion is positive that the scheme covers a wide range of health care services.
14. The survey reveals that majority that 52% of the respondents have utilized the scheme only once.
15. The survey reveals that majority that 50% of the respondent's opinion of utilization is because of the availability of free health care services.
16. The survey reveals that majority that 45% of the respondents are treated under the scheme for the diabetics.
17. The survey reveals that majority that 52% of the respondents have rarely visited health care centre.

18. The survey reveals that majority that 47% of the respondents have somewhat likely bought medicines from the health care centre.
19. The survey reveals that majority that 71% of the respondents have occasionally visited the camp conducted in their area.
20. The survey reveals that majority that 44% of the respondents have utilized the medications under the service utilization of the scheme.
21. The survey reveals that majority that 69% of the respondents has a positive attitude towards that the scheme is affordable.
22. The survey reveals that majority that 75% of the respondent's opinion on non-utilization of the scheme is due to lack of awareness.
23. The survey reveals that majority that 42% of the respondents are somewhat likely to recommend the plan and the services to other people.
24. The survey reveals that majority that 77% of the respondents have an positive attitude towards the implementation of the online registration.
25. The survey reveals that majority that 39% of the respondents have influenced by the easy availability of the scheme to the populace.
26. The survey reveals that majority of I rank is towards the fulfilment of individual expectations of the scheme (RANKING).
27. The survey reveals that majority of I rank is towards free cost usage of scheme (SATISFACTION).

## **5.2. SUGGESTIONS**

- Implementing online registration will enable patients to access health services promptly and effectively.
- Raising awareness of the programme, especially in rural areas, will be necessary.
- Regular consultation needed by service volunteer team under the scheme.
- To establish or carry out more camp facilities.

### 5.3. CONCLUSION:

The scheme makalaithe dimaruthuvam scheme, which was launched to treat non-communicable diseases at people's doorsteps, and this study finds that the information on people's satisfaction level, influencing factor of the scheme, determination of awareness and utilisation level. This study concludes that the state government should try to enhance the above ideas in order to provide useful health care services to the people, and that this plan should be implemented or launched as soon as feasible in order to provide valuable health services to the people.

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