

Original Article



Comparative Analysis of Knowledge, Attitudes, and Practices Regarding National Health Programmes Among MBBS Students: A Study of the 2021 and 2022 Batch in GSVM Medical College, Kanpur, UP

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ABSTRACT

Background: The Ministry of Health and Family Welfare manages healthcare in India, reflecting the government's dedication to public health. Since the 1950s, the Indian government has initiated public health projects to tackle communicable diseases, improve sanitation, nutrition, control population growth, and enhance rural health.

Aim And Objective: To assess and compare the knowledge, attitude and practice regarding National Health Programmes between 2021 and 2022 batch 2nd year MBBS students.

Materials and Methods: This cross sectional KAP study utilized Google Forms to assess 2nd year MBBS student's regarding National Health Programmes. The study employed the same questionnaire as Agrawal et al.'s 2021 batch research for comparison between two MBBS batch students. Initially, a pre lecture evaluated students' baseline knowledge. Following a lecture and sensitization on National Health Programmes, a post-lecture questionnaire was conducted to measure knowledge improvement. The study involved 120 students for the pre-lecture and 90 students for the post-lecture questionnaire. The results obtained were compared against the results of study conducted by Agrawal et al.

Results: In this study most common source of information is internet which increase from 37.2% to 44.4% as compared to agrawal et al. study which shows decrease in trend from 38.2% to 34.4%. Knowledge about RNTCP and NTEP questions increased significantly from 39.7% to 54.4% as compared to Agrawal et al. which shows only 7% increment.

Conclusion: The study shows student's positive attitudes towards National Health Programmes and improved knowledge post-lecture.

Keywords: National Health Programmes (NHP), Knowledge, Attitude, and Practice (KAP) Study, MBBS Students, Medical Education, Healthcare Awareness, Comparative Analysis, Public Health Initiatives

INTRODUCTION

India's healthcare system is a combination of people and organizations working to meet the health needs of its population. The government, led by the Ministry of Health and Family Welfare, focuses on improving health and wellbeing. Since the 1950s, it has introduced several initiatives, with the National Health Programmes (NHP) being one of the most significant. These programs aim to address issues like improving rural healthcare, controlling diseases, ensuring better sanitation, providing proper nutrition, and managing population growth¹. International organizations such as WHO, UNICEF, and UNFPA, along with agencies like SIDA, NORAD, and USAID, have supported these efforts by providing technical expertise and resources.

Currently, India is tackling challenges such as poverty, food shortages, and both infectious and non-communicable diseases. Addressing these problems requires a lot of funding, careful planning, and teamwork. While the central government oversees and manages these initiatives, the states are responsible for implementing them. Key programs under the NHP include efforts to control diseases spread by insects, improve maternal and child health, combat AIDS and tuberculosis, and prevent cancer. Other initiatives focus on mental health, blindness, hearing issues,

tobacco use, diabetes, heart diseases, strokes, and vaccinations through the Universal Immunisation Programme.²

MAJOR HEALTH PROGRAMMES IN INDIA

The Reproductive and Child Health (RCH) Programme is a comprehensive initiative designed to address the health needs of individuals of reproductive age and children. Launched in 1997, the programme was further expanded with the introduction of its second phase, RCH-II, in 2005. In 2013, the RMNCH+A approach was introduced to emphasize the "continuum of care" concept, ensuring a holistic focus on health across different life stages. This approach integrates services for reproductive, maternal, newborn, child, and adolescent health, aiming to improve outcomes through equitable and quality care. The programme also focuses on reducing maternal and infant mortality and enhancing family planning services³

Maternal and newborn health initiatives, such as the Janani Suraksha Yojana (JSY), launched in 2005, and the Janani Shishu Suraksha Karyakram (JSSK), introduced in 2011, are critical components of the National Health Mission (formerly the National Rural Health Mission). These programmes aim to improve maternal and newborn health by promoting institutional deliveries, offering financial



incentives, and ensuring access to high-quality healthcare services. The Integrated Newborn Action Plan (INAP), launched in 2014, focuses on eliminating preventable newborn deaths through cost-effective and evidence-based interventions.⁴ In 2015, the Dakshata initiative was introduced to strengthen the capacity of healthcare providers to deliver quality childbirth services, ultimately reducing maternal and newborn mortality rates. The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), launched in 2016, seeks to improve the quality and reach of antenatal care (ANC), including diagnostic services and counseling for pregnant women. Additionally, the midwifery services programme, initiated in 2007 as a pilot project, aims to enhance the training and skills of midwives and nurses, who play a vital role in maternal and newborn care. The LaQshya Quality Improvement Initiative, introduced in 2017, focuses on upgrading the quality of labour rooms in healthcare facilities across the country. Other measures, such as supplementing nutrition during pregnancy, deworming, and syphilis screening, have been implemented since 2014 under the RMNCH+A framework to improve maternal health outcomes further. These initiatives collectively aim to provide equitable, accessible, and high-quality maternal and newborn healthcare services across India.⁵

Reproductive health focuses on family planning through interventions like contraceptive distribution, sterilization, and access to abortion care. Centchroman, marketed as Saheli, has been available in India since the 1990s as an alternative to steroid-based oral contraceptive pills (OCPs). It is distributed for free under a government-funded family welfare programme and is effective, safe, and free from the side effects of steroidal OCPs.⁶

India's National Family Planning Programme, launched in 1952, became part of the RMNCH+A initiative in 2013. Its primary goals are reducing the crude birth rate (CBR), total fertility rate (TFR), and population growth rate. These objectives align with key policies like the National Population Policy, National Health Policy, and National Health Mission. By integrating strategies and activities with these policies, the programme aims to improve reproductive health and ensure access to equitable, high-quality healthcare services across the country.

The **Rashtriya Bal Swasthya Karyakram (RBSK)** was launched in 2013 to conduct comprehensive health screenings and provide treatment for children from birth to 18 years. The programme focuses on identifying and addressing a wide range of health issues, including congenital deformities, nutritional deficiencies, illnesses, and developmental delays, including disabilities. Through this initiative, early intervention and management are emphasized to improve the overall health and quality of life of children.⁷

The **Rashtriya Kishor Swasthya Karyakram (RKSK)**, introduced in 2014 by the Ministry of Health and Family Welfare (MoHFW), aims to improve the health and well-being of adolescents. It addresses various aspects of

adolescent health, such as sexual and reproductive health, nutrition, injuries, non-communicable diseases, mental health, and substance abuse. This programme caters to adolescents from diverse backgrounds, including urban and rural areas, married and unmarried individuals, and those in or out of school. A particular emphasis is placed on reaching marginalized and underserved groups and recognizing their unique vulnerabilities and challenges.

To combat the widespread issue of anemia among adolescents, the **Weekly Iron and Folic Acid Supplementation (WIFS)** programme was initiated in 2012 by the MoHFW. This programme targets school-going adolescents in grades 6 to 12 in government, government-aided, and municipal schools, as well as out-of-school adolescent girls. Alongside weekly iron and folic acid supplementation, the programme focuses on spreading awareness about the importance of nutrition and hygiene to prevent anemia.⁸

These initiatives, together with community engagement and school-based interventions, aim to create a healthier foundation for India's younger population, promoting their physical, mental, and social well-being.

The **Integrated Disease Surveillance Programme (IDSP)** was launched in 2004 to quickly identify and respond to disease outbreaks. The program was initially supported by financial assistance from the World Bank until 2012.⁹

The **National Tuberculosis Elimination Programme (NTEP)**, which began in 1962 as the National Tuberculosis Programme (NTP), was re-evaluated in 1992 by the Government of India, WHO, and the Swedish International Development Agency (SIDA), leading to key revisions. In 1993, it was renamed the **Revised National Tuberculosis Control Programme (RNTCP)**, with WHO declaring TB a global emergency and recommending the **Directly Observed Treatment, Short-course (DOTS)** strategy. India adopted this method in 1997, and by 2005, it was implemented nationwide.

The second phase of the RNTCP ran from 2006 to 2011, meeting its targets by 2007-2008. In 2020, the program was renamed the **National Tuberculosis Elimination Programme (NTEP)**, reflecting India's commitment to eradicating tuberculosis by 2025, as outlined in the National Strategic Plan for Tuberculosis Control and Elimination (2017-2025).¹⁰

The **National AIDS Control Programme (NACP)** was launched in 1992 as India's primary initiative for managing HIV/AIDS. The programme has been updated over time to meet emerging needs and strategic goals, leading to the creation of NACP II (1999), NACP III (2007-2012), and NACP IV (2012-2017, extended until 2020). The programme successfully met the target set by the **Millennium Development Goal 2015**, which aimed to reduce new HIV infections and AIDS-related deaths by 50%. Over time, the programme's strategies have been revised to expand and improve the effectiveness of AIDS-related services,



ensuring a more comprehensive approach to combating the epidemic.¹¹

The **National Vector Borne Diseases Control Programme (NVBDCP)** is India's primary initiative for the prevention and control of vector-borne diseases. It was launched between 2003 and 2004 by combining the **National Anti-Malaria Programme**, **National Filariasis Control Programme**, and **Kala Azar Control Programme**. The programme has since expanded to include diseases like **Japanese Encephalitis** and **Dengue**. Key initiatives under this programme include the **National Malaria Eradication Programme**, **Kala-Azar Elimination Programme**, **National Filariasis Control Programme** (started in 1955 and expanded to rural areas in 1994), **Japanese Encephalitis Control Programme**, and efforts to control **Dengue** and **Dengue Haemorrhagic Fever**.¹²

The **Non-Communicable Diseases (NCDs I)** programmes address conditions such as mental health, elderly care, and hearing loss prevention, including the **National Mental Health Programme (NMHP)**, **National Programme for Health Care of the Elderly (NPHCE)**, and the **National Programme for the Prevention and Control of Deafness (NPPCD)**.¹³

The **Non-Communicable Diseases (NCDs II)** programmes focus on the prevention and control of diabetes, cancer, cardiovascular diseases, strokes, and dialysis through initiatives like the **National Programme for Prevention and Control of Diabetes (NPCDCS)**, **Cancer, Cardiovascular Diseases and Stroke Programme (NPCDCS)**, and the **Pradhan Mantri National Dialysis Programme**.¹⁴

The **Universal Immunisation Programme (UIP)** was launched in 1985 with the main goal of reducing the death and illness rates caused by six vaccine-preventable diseases. Over time, the programme has been adapted to meet emerging needs and was incorporated into the **National Rural Health Mission** in 2005. In 2012, the Government of India declared it the year of increased focus on routine immunization and committed to eliminating measles by 2020.¹⁵

The **Pulse Polio Programme** was introduced in 1995 as part of the effort to control and eradicate polio, alongside the UIP. Due to consistent efforts and successful implementation, India recorded its last polio case in 2011 and was officially removed from the list of polio-endemic countries in 2012. In 2014, India was certified free of the wild poliovirus.¹⁶

For second-year MBBS students, learning about these health programs is an important part of their studies. Doing a **Knowledge, Attitude, and Practice (KAP)** study among them helps to check how much they know, their views, and how prepared they are when it comes to national health program.

AIM AND OBJECTIVES

To assess and compare the knowledge, attitudes, and practices regarding National Health Programs between the 2021 and 2022 batches of second-year MBBS students.

To Evaluate knowledge levels, attitudes, and practices between the two batches and identify areas for improvement.

MATERIALS AND METHODS

This cross-sectional KAP (Knowledge, Attitude, and Practice) study was conducted at the Department of Pharmacology, GSVM Medical College, Kanpur, involving 232 MBBS students from 2022. The study utilized the same questionnaire used in Agrawal et al.'s research on the 2021 batch to enable a direct comparison between the two cohorts. Initially, a pre-lecture assessment was conducted to evaluate the students' baseline knowledge. This was followed by a sensitization lecture on National Health Programmes. After the lecture, a post-lecture questionnaire was administered to measure the improvement in knowledge. The pre-lecture assessment included 90 students, while the post-lecture evaluation involved 120 students. The findings were compared with the results of the previous study by Agrawal et al. Data were collected using a structured questionnaire comprising 15 questions. The questionnaire was disseminated via an online platform (Google Forms) both before and after the two-hour interactive educational lecture on National Health Programmes. Responses were automatically recorded pre- and post-discussion through two separate links shared with the students via email. The data collected were analyzed using MS Excel to assess and compare the students' responses before and after the lecture, providing insights into the effectiveness of the educational intervention.

RESULT

Gender and Age distribution of students during the pre and post-test in comparison to the 2021 study pre and post-test have been shown in the following Figures respectively.

The graph provides a visual representation of the gender distribution of participants in two different study batches (2022 and 2021). It shows that both batches had a higher proportion of male participants compared to female participants. Specifically, in Batch 2022, approximately 75% of participants were male, while 25% were female. Similarly, in Batch 2021, around 77% of participants were male and 23% were female.

The table summarizes the results of two studies conducted on different batches of students. The batch 2022 study shows an average age of 19 years with 75% males and 25% females. The batch 2021 study shows an average age of 20 years with 77% males and 23% females.

KNOWLEDGE

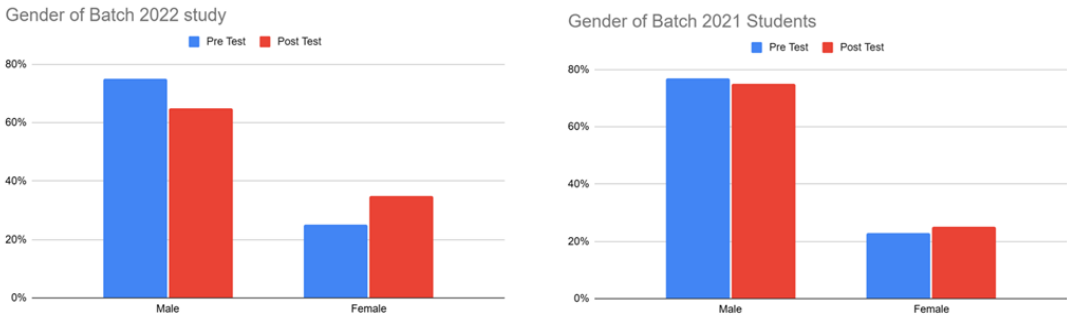
The awareness of national health programs among participants remained high in both 2021 and 2022, with a slight improvement in 2022 (98%) compared to 2021



(97.8%). The use of the Internet as a source of information significantly increased in 2022 (44.4% for one source and 25.3% for another) compared to 2021 (38.2% and 14.5%, respectively). This represents a 7.2% and 3% improvement, indicating growing reliance on digital platforms. NHM (National Health Mission) integration showed a notable improvement, with post-test results rising from 63.4% in 2021 to 78.9% in 2022 (+17.7%), reflecting better

assimilation of knowledge about health initiatives. Awareness about the primary objective of Poshan Abhiyan showed a slight improvement in 2022 (88.4%) compared to 2021 (78.5%), with a +1.7% increase. Vaccination awareness regarding its role in reducing severe diarrhea cases rose significantly, with an increase of +19.1% in 2022 (84.4%) compared to 2021 (53.8%).

Sociodemographic Characteristics of Participants



Characteristics	Batch 2022 study		Batch 2021 study	
	Pre Test	Post Test	Pre Test	Post Test
Age (Mean)	19yr		20yr	
Gender (%)				
Male/Female	75%/25%	65% 35%	77%/23%	75%/25%

Question	Pre Test (2022) (%)	Post Test (2022) (%)	Pre Test (2021) (%)	Post Test (2021) (%)	Improve-ment in 2022 study (%)	Notes
Knowledge-Based Questions						
Heard about national health programmes	94.2%	98%	96.7%	97.8%	+3.8	High awareness in both studies
Source	37.2%/22.3%	44.4% / 25.3%	38.2% / 14.5%	34.4%/16.1%	+7.2%/+3%	More people used the internet for information.
NHM Integration	61.2%	78.9%	44.7%	63.4%	+17.7%	Significant improvement in our study
Primary objective of the Poshan Abhiyan	86.7%	88.4%	70.4%	78.5%	+1.7 %	Slight improvement; indicates good retention of knowledge.
Vaccine decreased severe diarrhea cases	65.3%	84.4%	50.0%	53.8%	+19.1%	Significant improvement; indicates effective knowledge

ATTITUDE

For attitude-based questions, the UIP (Universal Immunization Program) effectiveness scores improved modestly in 2022, rising to 60% from 78.5% in 2021, with a minimal improvement of +0.5%. The importance of caregiver awareness saw limited progress, with post-test scores moving from 66.7% in 2021 to 56.7% in 2022 (+0.5%).

HIV/AIDS stigma reduction showed a slight positive trend, increasing by +1.2% in 2022 (51.2%) compared to 2021 (57%)

PRACTICE

Under practice-based questions, there was a stable level of commitment to awareness practices in 2022, with minimal change from the previous year, reflected in a +0.4%

improvement (50.4% in 2022 compared to 50% in 2021). Engagement in the Mid-Day Meal scheme showed a more positive trend in 2022, with an improvement of +2.9% (49.6%) compared to 2021 (46.7%). Participation in NVBDCP

(National Vector Borne Disease Control Program) also demonstrated a modest increase of +1%, with 48.9% engagement in 2022 compared to 47.9% in 2021.

Question	Pre Test (2022) (%)	Post Test (2022) (%)	Pre Test (2021) (%)	Post Test (2021) (%)	Improvement in 2022 Study (%)	Notes
Attitude Based Questions						
UIP Effectiveness	59.5%	60%	52%	78.5%	+0.5%	Modest improvement;
Importance of Caregiver Awareness	56.2%	56.7%	53.9%	66.7%	+0.5%	Limited change compared to batch 2021 study
HIV/AIDS Stigma Reduction	50%	51.2%	42.8%	57%	+1.2%	Slight increase in agreement; still below batch 2021 study post-test level.

Question	Pre Test (2022) (%)	Post Test (2022) (%)	Pre Test (2021) (%)	Post Test (2021) (%)	Improvement in 2022 study (%)	Notes
Practice Based Questions						
Awareness in Practice	50%	50.4%	43.4%	60.2%	+0.4%	Stable commitment; less engagement than 2021 batch
Engagement in Mid-Day Meal	46.7%	49.6%	44.1%	55.9%	+2.9%	Positive shift in practice
NVBDCP Participation	47.9%	48.9%	39.5%	55.9%	+1%	Modest increase; in batch 2021 study showed greater engagement

DISCUSSION

This study evaluates the Knowledge, attitudes, and practice of National Health Programmes among Second Year MBBS students. The majority of the participants are male and of the age group 19-20 both in pre-test as well as post-test. A comparative analysis of the 2021 and 2022 batches highlights key trends. Awareness of national health programs remained consistently high, rising slightly from 97.8% in 2021 to 98% in 2022. The use of the Internet for health information showed a remarkable increase, jumping from 38.2% and 14.5% in 2021 to 44.4% and 25.3% in 2022, emphasizing technology's growing role in health awareness.

Significant progress was observed in NHM integration, with post-test scores improving by 17.7%, showcasing an enhanced understanding of health mission objectives. Knowledge of the Poshan Abhiyan's primary goals saw a modest 1.7% improvement, while comprehension of vaccines' role in reducing severe diarrhea cases surged by

19.1%, reflecting effective retention and application of health knowledge among the 2022 batch. These findings underscore the critical impact of targeted educational interventions on improving health-related KAP among future healthcare professionals.

The analysis of attitudes reveals a mixed picture. Perceived effectiveness of the Universal Immunization Program (UIP) showed a slight improvement, rising by 0.5% to 60% in 2022, though it still lagged behind the 78.5% achieved by the 2021 batch. Similarly, the importance placed on caregiver awareness increased by only 0.5%, highlighting gaps in effectively communicating caregivers' critical roles. Encouragingly, attitudes toward reducing stigma around HIV/AIDS displayed a positive trend, with a 1.2% improvement in 2022. However, the post-test score of 51.2% remained below the 57% recorded by the 2021 batch, underscoring the need for sustained efforts to combat societal stigma and discrimination.



Practice-based outcomes indicated stability with modest progress. Awareness in practice rose marginally by 0.4%, reflecting consistent yet limited engagement. Participation in the Mid-Day Meal program showed a more significant increase of 2.9% compared to 2021, signalling greater involvement in nutritional initiatives. Similarly, engagement in NVBDCP activities saw a 1% rise, highlighting incremental progress in vector-borne disease control practices. These findings emphasize the importance of continuous efforts to strengthen both attitudes and practices related to health programs.

Therefore, overall, 2022 batch demonstrated notable advancements in knowledge and modest progress in attitudes and practices. Significant improvements were observed in areas like NHM integration and vaccine awareness, reflecting effective retention and application of health program objectives. However, challenges such as caregiver awareness and stigma reduction persist, underscoring the need for targeted interventions. These findings emphasize the value of leveraging digital platforms and employing strategic, focused approaches to drive meaningful improvements across all domains. Sustained efforts and innovative methodologies are vital to bridging gaps and achieving holistic growth in knowledge, attitudes, and practices.

Consistent with our results, Agrawal et al. (2023)¹⁷ reported similar findings, highlighting significant gains in attitudes and steady progress in practices under comparable experimental conditions. These parallels further validate the importance of structured interventions in fostering positive outcomes in health education.

CONCLUSION

The comparative analysis of the 2022 and 2021 batches reveals notable strides in health-related knowledge, meaningful gains in attitudes, and consistent advancements in practices. Highlights include heightened awareness of NHM integration and vaccine benefits, demonstrating effective knowledge retention. However, limited progress in caregiver awareness and stigma reduction signals areas for targeted focus. The increasing reliance on digital platforms for health information presents untapped potential for expanded outreach. Encouraging improvements in engagement with initiatives like Mid-Day Meals and NVBDCP show promise, but sustained efforts are vital. A strategic, innovative approach is crucial to drive comprehensive growth in knowledge, attitudes, and practices.

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