CHAPTER 5

DISCUSSION

The study has been conducted to present an overview of the existing health inequality in a peripheral region and healthcare and media professionals' role in addressing the inequality. The wide-ranging and fecundated literature review (chapter 2) presented a bigger picture of the research problem and associated theories, approaches, and concepts that are tried to address through suitable research methodology (chapter 3). Thereupon, data were collected and analysed as per the predefined objectives. The chapter predominantly engages in the interplay of the present healthcare scenario in the borderline and peripheral region and the conceptual arrangements and insights discussed in chapter 2.

With a view to discussing the current context in the healthcare system and associate it with the existing knowledge, the chapter is divided in accordance with the objective of the study. Section one discusses the effect of social determinants of health on utilization and access to healthcare services, along with the existing inequity in health. This section discusses the health capability paradigm from the context of utilization and access to healthcare. Against this background, the second section of the chapter focuses on healthcare professionals' and media professionals' roles in addressing healthcare inequity in the studied region. This part will elaborate on the three broad roles of healthcare professionals identified through the factor analysis: a) Community engagement and service, b) skill and competency, c) working for advocacy, followed by the role of media professionals in addressing inequity in health. The five challenges and barriers were identified from the interviews of sixteen media professionals focusing on health-related information and news. In short, this chapter provides a blend of rural healthcare services in the peripheral region and the interplay of media and healthcare professionals to address the challenges in the healthcare system.

5.1 Objective 1

To determine the level of inequality of the community across the population in the bordering districts of India-Bangladesh in Assam.

The level of inequality of the community is measured using socioeconomic indicators, which largely constitutes the basic household amenities, living and housing conditions. The result revealed the inequality gradient across the population, with a population close to the borderline are poor, and it changes to least poor with every inch away from the borderline. It is also to be noted that the studied borderland regions have a long history of migration and are mostly politically driven (Saikia & Chowdhary, 2021). The long-standing border disputes with Bangladesh resulted in underdevelopment and facilitation of necessities such as education and healthcare services (Chakrabarti & Dragsbæk, 2021). The mainland areas mostly overlook the neighboring region, be it State or central government. The data revealed that studied region's working population is mostly the daily-wage and agricultural laborers, with limited economic resources. Moreover, the studied population households are grappled with a large population density in the studied population. The average household size in the examined population is 5.98 people per family, which is 33.03 percent and 25.96 percent greater than the national average of 4.45 and 4.7 members per family, respectively (Census of India, 2011). Limited resources for employability and the growing population density have pushed the studied population into the line of poverty.

Previous studies have tried to link the critical role of the nature of the geographical location and the population's socio-economic profile (Hasan et al., 2017). Geographical location plays a crucial role in the disadvantageous condition of the population in the bordering areas. As mentioned previously, the study was conducted within the range of 15 km from the borderline; it is found that 69 percent of the studied population are Muslims while the remaining are

Hindus. The Muslim population mostly resides close to the borderline, where the resources and infrastructure are scarce.

Besides, the geographical location has adversely affected the quality of education and healthcare services. The challenges such as workforce deployment, logistic support for infrastructure, an adequate and smooth supply of medical deliverables, and all-weather roads limits the scope of quality of public services. These challenges have a direct influence on the accessibility of the services. Focusing on the paradigm of health, the determinants of health comprising of biological, behavioral, sociocultural, economic, and ecological (Balarajan et al., 2011; Braveman et al., 2011; Fielding, 1999; Hinchliffe et al., 2018; Patwardhan et al., 2015). Therefore, considering these views on health determinants, this study estimated the level of inequality based on wealth. This study shows that the wealth-based disparity among the studied population is 26 percent (G.I. = 0.26), below the line of perfect equality. The existing inequality in wealth and housing condition adversely affect the health outcome, further impedes the community from access and utilization of healthcare services. This further widens the gap and leads to disparity in health status across rural-urban areas.

5.2 Objective 2

To analyse the healthcare provisions for the population in the studied rural regions bordering the international border with Bangladesh.

As mentioned in the previous chapter, this study considered households' wealth and dwelling characteristics as a primary indicator for measuring healthcare services' access and utilization. Furthermore, socio-demographic features of the population are utilised to explain healthcare service supply. According to the data, maternal and child healthcare services are provided evenly among the population. The data revealed that maternal and child healthcare services are provided evenly among the population. The concentration is significantly higher among the

more impoverished population than the least poor section (Chaudhuri, 2012b; George et al., 2020). It can be observed that the poorer section, despite the quality of services, has no other option for better treatment. The least poor section of the population preferred private treatment rather than public healthcare. Five major factors that discourage the least poor section not to avail the public healthcare services are:

a) No nearby facilities (Mosadeghrad, 2014; Sharma & Narang, 2011)
b) Visiting time (Banerjee & Chowdhury, 2020; National Academies of Sciences, 2018)
c) Irregularity of healthcare workforce (Perry et al., 2014; Sharma et al., 2013)
d) Waiting time (McIntyre & Chow, 2020; Xie & Or, 2017)
e) Poor quality in the form of treatment and behavior (Banerjee & Chowdhury, 2020; National Academies of Sciences, 2018; J. K. Sharma & Narang, 2011b)

The data revealed that every village in the peripheral region has an Anganwadi centre and the S.C.s, which comes under the control of PHCs or Block PHCs. Despite the availability of health centres, respondents from the least poor quintile rely on private care for their health needs. Due to the non-availability of healthcare services equivalent to private care, people tend to move away from the public healthcare system. Moving away from the public healthcare system increases the out-of-pocket expenditure, and in the long run, pushes the family towards poverty (Binnendijk et al., 2012; Dwivedi & Pradhan, 2017). Similarly, patients in the peripheral region are mostly the daily wage or agricultural laborers, and finding a convenient time for health check-up either for themselves or any other family members is challenging. The loss of a single day wage primarily affects the population in the peripheral region. Therefore, most of the population skip treatment in the public healthcare system. A major problem identified by the population and the State's health administration is the unavailability of a healthcare workforce (Darkwa et al., 2015; Schneider & Lehmann, 2016). Due to the lack of proper road conditions and suitable accommodation facilities, the healthcare workers are reluctant to work in the

peripheral region. Besides, due to the inconvenience in transportation and accommodation facilities, female health workers find it challenging to deliver their services (N. Nath et al., 2020; Saprii et al., 2015). This results in frequent absence from the service and disrupts the functioning of the health centres. The PHCs and S.C.s functioning in the peripheral region are overburdened by increasing patients every day. The staffing structure recommended by the Indian Public Health Standards (IPHS) for efficient functioning is mostly overshadowed by the PHCs and SCs in the bordering region. The overburdening of the healthcare centres in the peripheral region resulted in a much longer waiting time. With longer waiting times, people tend to be more reluctant to move towards the public healthcare system instead of seeking treatment in private health centres (McIntyre & Chow, 2020; Xie & Or, 2017). The quality of services in the peripheral region is also questioned, considering the challenges in delivering the services. An increasing number of people moving towards the private healthcare system signifies diminishing public healthcare services quality. Other than the spatial factors spiraling the healthcare services in the peripheral region, the socio-economic conditions simultaneously add challenges in accessing and utilizing healthcare services and deliverables.

5.2.1 Health Equity and Household Wealth

Despite the decreasing level of poverty in India from 35% in 2001 to 20% in 2011 (Planning Commission, 2013) , there has been a significant increase in the middle-income groups, where a large proportion of Indian at the edge of the global poverty line, possibly only one economic or health stock away slipping back into poverty (Chokshi, 2018). This gives rise to a sheer size increase in the gap between the poor and affluent population. The gap creates a hindrance in access to healthcare services and results in poor health outcomes. The increase in the utilization of private healthcare services can push the population back into the gorge of poverty (Sengupta, 2015). The presence of public healthcare services, and their utilization, would relieve the out-of-pocket expenditure for the population. The wealth of households is considered a significant

determinant in an individual's capability to seek healthcare services (Haenssgen & Ariana, 2017). The health behavior of an individual is driven through the household's wealth condition in many ways. In this study, the data revealed the equitable distribution of healthcare services and deliverables across the population from lowest to highest quintile in the peripheral region. Our data revealed that all the primary healthcare services are equally distributed across the population. The distribution curve is more concentrated towards the poorest households in the studied population. The higher concentration of services among the most impoverished population is due to an efficient system of resources across the population (Kalita et al., 2015). It is cited that every villages and block have healthcare and distribution centres, and services are proportionately distributed.

For equitable access to deliverables and services across different quintiles of the studied population, it is crucial to focus more on the community's economic conditions. The government and policymakers ought to focus on three major elements: information, education, and communication to ameliorate the utilization of healthcare services and the region's overall health outcome (Tewathia et al., 2020; Thompson, 2014). These three elements can only be supported through the stable economic conditions of the population's family members. As discussed earlier, the studied area population strives for a basic daily necessity such as food and shelter, where most of the population's health is not the priority. Therefore, government efforts prioritize a healthy life across the population through information, education, and communication failure due to a lack of resources. The studied region population is less likely to afford television and mobile phone; therefore, this hinders access to information and communication on healthcare (Bolle et al., 2015; Liu et al., 2020).

Moreover, almost 22% of the region's population are without education, which further disrupts the population's communication reach. Health communication for various government schemes and policies are less likely to reach the households, and even if it reaches, explaining and

making the audience understand the messages become difficult . Meanwhile, the awareness is also hindered by different rumors and misleading information (Ali, 2020). Therefore, the fundamental problem identified in the peripheral region that causes inequity in access and utilization is lack of information, education, and communication.

Moreover, the wealth of an individual household also determines the dwelling characteristics of the household (Kim et al., 2020). Every aspect of the dwelling characteristics such as the drinking water, sanitation facilities, fuel used for cooking, separate kitchen, number of rooms, and types of wall and floor acts indirectly to a population health outcome (Croft et al., 2018). The quality of drinking water largely depends on the sources, and usually, unimproved water cause water-borne diseases. It is noticed that wealthier households have better drinking water facilities than the least wealthier households. Besides, unimproved or open defecation mostly causes a threat to the health of every household member (Dajaan et al., 2018; Raihan et al., 2017). Despite government efforts to provide improved sanitation facilities through varied rural India schemes, areas near the borderland are far from the reach. The schemes and policies usually do not reach the final beneficiary due to the lack of awareness and communication. The population who can afford to build a toilet on their own remain less likely to be affected by diseases. The quality of housing with no separate kitchen and only a room for all the family members are even prone to diseases (DHS, 2018; UNICEF, 2016; WHO, 2020b). On the contrary, housing with an improved drinking water source, sanitation facilities, and better housing quality are less likely to expose any threat from diseases. These cause an aberration in the health status of the region resulting in inequity in healthcare.

5.2.2 Access and Utilization of Services: Perspectives from Health Capability Paradigm

The principles of health capabilities are not directly observable in the field, but this study contextualized its tenets with the reality in the peripheral region, it becomes pertinent to analyse the associated functioning and agency. Ruger described health agency as an individual's

capability to attain health objectives they value and act as agents of their own health, whereas health functioning is the result of action to preserve or enhance health (Ruger, 2006). As previously stated, the health capability strives to empower individuals to take personal responsibility for their health through health agencies. Health capability is individuals' ability to achieve specific health functionings and the freedom to achieve those functionings (Ruger, 2009b). For example, it is observed that the individual's ability and freedom to attain healthy wellbeing is restricted due to multiple socio-economic conditioning. Despite an individual's physical ability, the functioning is impaired. Individuals' health capabilities are the abilities they have to do health-related activities. In a society obligated to improve the health capabilities and reduce health inequity, it is central to understand the health needs associated with impairments in health functionings.

Social and geographical conditioning mainly constitutes the impairment of the desired health achievement and ability of the individual. Age, education qualification, wealth, and housing condition limit an individual's ability to achieve health functioning. Moreover, geographical location, for example, an individual in urban areas, is more likely to have access to better health agency than an individual in a rural area, contributing to its health outcome.

It is central to understand equity in healthcare through the lens of social justice. Ruger (2009) argued that it is important to evaluate justice in health policy since health capabilities indicate capabilities for good health as a result, as opposed to a system that justifies functioning or healthcare for equality of opportunity or any other social goal such as utility (Ruger, 2009a). The health needs of the individual concerning functioning required to improve the health capabilities. This study exemplifies maternal, and child healthcare needs in the peripheral region, requiring policy interventions to ameliorate individuals' health capabilities. A comprehensive framework is required to enhance health services' access and utilization by improving an individual's health capabilities by preventing, curing, and compensating for

conditions that curtail health functioning capabilities. Women's capability to achieve the outcome of health functioning is through easy access and utilization of services. Access to nutritional supplements during pregnancy, antenatal care, postnatal care, and institutional delivery together constitute better health outcomes. More than women's ability, women's freedom, and space push the women to achieve wellness or the functional outcome.

Families in the peripheral region are mostly the landless and daily-wage laborers, and the women of the households are dependent on the male counterparts. Right from the willingness to conceive a child to treatment, every process is influenced by male and family members. The data revealed that healthcare services' choice is not driven by the woman's need but by the family's socio-economic profile. It is being noticed that despite in need for any critical care for the women, family members took the women to the readily available or nearest healthcare centre. The ability of women for a healthy choice is limited, thus curtailing the capabilities for health functioning.

Other than the curtailment of women's capability due to family and husband bondage, the women's age and education limit the choice of women and child choice of care. Firstly, women's age and education contribute to choosing government facilities in case of any illness in the family or self. Married women from the age group of 26 to 49 are usually seen to have made a more informed decision. Irrespective of the family members' dominance of choice, it is very likely that women above 26 years old mostly have consent over treatment choice. This study also revealed that women's education also significantly contributes to the choice of healthcare facilities, place of delivery, and attention by the skilled personnel. Education among women makes them more aware and informed about various schemes. Moreover, it helps them make an informed decision towards the utilization of services.

Institutional delivery has been crucial for reproductive health when it comes to the child and mother's safety. Studies have identified that the risk of maternal and neonatal mortality rates is less likely to decrease with increasing institutional delivery (Darega et al., 2016; WHO, 2015). This study shows that older women are more likely to go for institutional delivery. Contrasting to the studies highlighted that educated women are enabled to make a wise decision of opting for institutional delivery, this study, on the other hand, revealed that education has no significant effect on the choice. The choice of safe delivery is heavily influenced by age. However, the affluence of the household has a minimal influence on the decision. Older women from richer families are more likely to choose institutional delivery. This can be looked upon as the capability of women to achieve health functioning increases with household support (Chakraborty & Chakraborti, 2015). Women's age and household wealth drive the family's willingness for institutional delivery. Access to skilled personnel for delivery of the child also largely depends on the women and the household's socio-economic characteristics. The socio-economic conditions drive the women to go to a skilled professional to conduct the delivery. Women in their forties who come from affluent families are more inclined to hire qualified experts.

The behavioral assessment of women to utilize basic government health needs and services is conducted by utilizing antenatal, postnatal, and regular health check-ups during the pregnancy period (NRHM, 2018; Wuneh et al., 2019). Antenatal care (ANC) is critical for reducing mother mortality. ANC has been linked to characteristics such as women's education, home circumstances, caste, and religion, according to studies (Singh *et al*., 2019). Several research have found that socioeconomic variables have a significant impact on maternal health services (Banerjee & Chowdhury, 2020; Paul & Chouhan, 2020). The Indian government established recommendations for a minimum of four ANC visits, with the first one occurring as soon as the period is missed and during the first three months after missing the period (CBHI, 2019;

NRHM, 2018). Regular ANC checkups safeguard and ensure the health of both the mother and the child. The checkup includes blood pressure, urine, weight, and abdominal tests, as well as Iron Folic Acid (IFA) tablets and two doses of Tetanus Toxoid (T.T.) injection urine and haemoglobin testing (MoH&FW Maternal Health Division, GoI, 2006). This test allows for the evaluation of foetal development and well-being (MHD, NRHM, 2018). However, for this study, one ANC visit is also considered for analysis. Labor, delivery, and the early postnatal period are critical for baby and maternal survival; yet, in low- and middle-income countries, most women and newborns do not receive optimal care (WHO, 2015).

Postnatal care appointments should be planned as soon as possible following the birth, according to government recommendations. The postnatal complication happens within the first 48 hours following birth, and both the mother and the infant should be closely monitored (MoH&FW Maternal Health Division, GoI, 2006). In this study, any number of postnatal services provided by the health professional, whether at home or in the clinic, will be accounted for. Despite the government's requirements for PNC within 42 days of birth, surveys in various areas of India have found that just two out of every ten women obtain the treatment (NRHM, 2018). As a result, it is necessary to grasp the economic driver in order to comprehend the under-utilization of PNC in rural India. The study found that socioeconomic variables have a significant influence in maternal health decisions, impacting health outcomes. Among the three socioeconomic factors evaluated for the study, the age of the pregnant woman and the economic soundness of the home have a substantial impact on access to healthcare services. However, the current study found no evidence of a substantial influence of women's education on maternity healthcare services for the group examined. It seems doubtful that education has no influence on women's healthcare decisions. According to studies performed in the developing countries, educated, richer middle-aged women are more likely to use maternity healthcare than their counterparts (Boutayeb & Helmert, 2011; Hajizadeh et al., 2014;

Ogundele et al., 2020). Such a tendency, however, is not found among the people living near the Bangladesh border. According to the statistics, women's education does not always lead to their seeking out maternity care facilities. Women's decisions and preferences for self-wellness are uncommon in the examined group; instead, they are influenced by the economic circumstances of the family (Chakraborty & Chakraborti, 2015). Even during pregnancy, health treatments are not decided by the women and are limited to the preferences of family members. In a predominantly male-dominant social context throughout the disadvantaged and populace in the periphery, women's education does not always have a good influence on healthy choices.

It has been discovered that wealthy women of higher age are more likely to seek prenatal care at health clinics. Women between the ages of 15 and 25 in the examined population are often the first pregnant instances, shortly after marriage. Despite community health workers' efforts to bring the care of health centres closer to the home by providing essential health services, the husband's family members are hesitant to take the pregnant women to the hospital on a regular basis; transportation was one of the primary reasons for women from lower-income households not opting for antenatal care visits. In the borderland areas, the breadwinner is usually an agricultural or migratory labourer; hence, each unproductive day costs a day pay. Furthermore, due of the lack of all-weather roads and limited public vehicle movements, the cost of comfortable transportation to the healthcare facility is substantially greater in bordering regions. Furthermore, young ladies with first-time pregnancies always prefer to go to the hospital with their spouses (Mumtaz & Salway, 2007); As a result, the husband's absence frequently causes prenatal visits to be sporadic.

In this study, the age of women and the income of individual households influence both institutional and non-institutional delivery. It has been discovered that mothers from the poorest households of older age groups choose non-institutional delivery. When it comes to first-time

pregnancies, most women (65%) between the ages of 15 and 25 choose institutional birth over women between the ages of 40 and 49. Younger women prefer to travel to healthcare centres rather than seek assistance from the local community. However, when women's ages increase, family members prefer non-institutional delivery; moreover, the economic situation of the household influences the choice. Due to inconsistencies in financial aid and a lack of government supplemental nourishment for pregnant women, women's family members choose non-institutional birth. The statistics also indicated that the probabilities of opting for institutional delivery are 17 times higher among the wealthiest quintile of the population than among the poorest quintiles. The wealthiest individuals are more aware of and knowledgeable about healthcare services and resources than the poorest ones. As wealthier households acquire televisions and are educated about different government programmes to enhance institutional delivery and overall delivery care, information and awareness rise.

Age and education have not been found to have a major impact in obtaining postnatal care after birth. The wealth of the household was discovered to be an important variable influencing the decision to seek postnatal care. Aside from the age and income of the household, academic degree does not appear to have a significant influence in regular and recommended prenatal visits. Women in the bottom quintiles are either too impoverished or too ostracised to seek free care. They are frequently single mothers with no male assistance who must also care for their children. So, once the child is born, the priority is to feed the family rather than to take after the newborn's well-being. Women, as well as their family members, typically do not register. As a result, they are not registered and are not eligible for any government-sponsored maternal health programmes. With an increase in household wealth and living circumstances, the family becomes more conscious of the danger of complications during pregnancy and newborn infants. In that scenario, they choose a safer option, which is to keep the mother and child always under the observation of specialists.

In the current environment, women's decisions on use and access to healthcare services were influenced by the affluence and geographical location of their homes (Kim, 2016; Lam et al., 2019). As a result, it may be inferred that the government's efforts in providing information and connecting directly with women are mostly unsuccessful. It is important for health practitioners to direct their efforts toward the family as decision-makers, rather than the pregnant women themselves. Furthermore, remote health promotion and campaigns reach the outer audience only if the campaign is created in person. A digital marketing has a lower chance of reaching the needed target. Lack of information like television, internet, and mobile phones reduces the message's possibility of reach. Information plays a crucial role in the utilization of healthcare services, and the wealth of individuals directly coincides with the medium of information.

The NFHS-4 reports high morbidity and mortality in India, where Pneumonia and Diarrhea are addressed to be the two biggest killers of children in the Empowered Action Group (EAG) states (Dhirar et al., 2018). The study comprehensively investigated the prevalence of diseases, the utilization of vaccination, and choice of place for treatment concerning socio-demographic indicators. The analysis of the study revealed the inequity of child healthcare services among the studied population. From a sample of 355 mothers, households with healthy living conditions and unhealthy living conditions tend to be more prone to diseases. The prevalence of diseases is higher across healthy and unhealthy living conditions than the population in the mid category. Previous studies have highlighted that mortality and prevalence of diseases are higher among the people with healthier living conditions (Blessing et al., 2016; Gupta, Arnold & Lhungdim, 2009), on the contrary, the prevalence of diseases are higher irrespective of the condition of the household in the bordering region. The population's housing and living condition are relatively more impoverished in the bordering region than the population close to the urban areas. The bordering areas' population is mostly dependent on the source of water

that is created by themselves rather than the government-supplied water facilities, which mostly remained unused. The bordering areas' population largely depends on the pour flush toilet, which mostly comes under the unhealthy category. The government of India's project on eliminating open defecation has not reached the population. The present study's findings show that the quality of housing is not dependent on the prevalence of the diseases; however, it remains an important determinant when the association is tested with other demographic indicators. However, most existing literature examined the positive relationship between the quality of housing conditions with prevalence, and this study revealed that housing conditions alone could not be an essential determinant for the prevalence of diseases such as diarrhea or fever.

Another essential aspect of child healthcare is vaccination and immunization (Sharma et al., 2020; Wuneh et al., 2019). The concentration index was used to present the level of equity on vaccination among the poorest to the least poor population section. There has been inequitable vaccination utilization among the population across the quintile, where the gap of inequity increases in the poorest and least poor quintile. People in the poorest quintile are mostly uninformed about the series of vaccination and immunization. The education qualification of the mother plays a vital role in childhood vaccination. Most of the mothers in the studied population do not have formal education and mostly from the age group of 15-25 years; therefore, they largely remain unaware of the vaccination process and the place of vaccination. Due to lack of awareness and information, the family members usually are reluctant to take advice from the community health workers on vaccination and immunization, which led them to miss the doses effectively.

The place for treatment of the child largely depends on the availability of quality healthcare service; however, the demographic and socio-economic determinants play a vital role in deciding the best place for treatment in the rural areas. Although most of the population in rural

areas prefer private care for the child, the services' affordability pushes them towards the choice of less importance. Despite government intervention to reduce the child morbidity and mortality rate in rural India, the public healthcare infrastructure is poorly maintained, with a limited workforce and more than expected care. These shortfalls created distrust among most of the population, opting for private services, despite being expensive. Studies highlighted few primary reasons for not visiting government healthcare services, instead opting for private care are quality of services, timings, availability, and accessibility of healthcare service (Balarajan et al., 2011). This study revealed that socio-economic and demographic indicators simultaneously play a significant role in choosing treatment and vaccination. The mother's responsiveness towards the child's treatment depends on the education and economic condition of the household. Studies have stated that child healthcare is neglected and usually deferred for treatment (Güneş, 2015; S. Singh et al., 2019). This study revealed that wealth is a significant socio-economic indicator that increases the probability of choosing government healthcare. However, the probability of choice for government healthcare is not driven by the demographic indicators, preferably by the individual's wealth. This can be concluded that financial constraints play a significant role in the choice of place for treatment. However, the probability of choice increases with an increase in the mother's education level and age. Previous studies emphasized patients' perception that advance and quality healthcare can be attained in private care rather than public or government services (Jarhyan et al., 2012; Sharma & Narang, 2011a). The study results signify that despite the studied population being relatively more impoverished than the urban counterparts, the choice of treatment for the child is private healthcare rather than the government health centres. The wealth of individual households does not positively influence private care, preferably the education qualification and age of the mother marks as a significant determinant in seeking quality and advance healthcare treatment for the child (Güneş, 2015).

The government of India in 1985 started Universal Immunization Programme that provides several vaccines to infants, children, and pregnant women such as Bacillus Calmette-Guerin (BCG), Hepatitis B, Diphtheria, Tetanus, and Pertussis (DPT), to name a few (National Health Profile, India, 2018). The Integrated Child Development Services (ICDS) was set up to benefit children less than six years old, pregnant women, lactating mothers, where three essential services are provided in the form of a single package: nutrition, health, and education.

Besides, the health infrastructure in rural areas uses ICDS centres to immunize children and pregnant women (Tandon et al., 1992). Through this study's results, it can be summarised that educated and younger mothers choose to go for the ICDS centre; however, wealth plays a significant role in their choice. The probability of choosing ICDS centres decreases with a change in the wealth of individual households. The results of the studied population reflect that the mother's wealth and age play a significant role in the choice for vaccination and immunization for the children. The education and age of mothers increase the probability of personal care choice as a place of vaccination; however, wealth contributes to the choice. Change in wealth decreases the possibility of private care. Majorly, it can be concluded that immunization and vaccination are mostly influenced by the wealth and age of the mother; education does not significantly contribute towards the choice (Nath et al., 2020; Wuneh et al., 2019).

The argument of accessibility and utilization with the health capability paradigm further narrows down to the philosophical justification for the right to health. The right to health involves an ethical demand for equity in health, where the ethical demand requires individuals, states, and non-state actors to internalize the public ethical norms to implement and achieve compliance with international human rights policy and law. In other words, it is the healthcare professionals and media professionals that can exert pressure or influence the policymakers to make necessary changes to ensure equity in quality healthcare services.

5.3 Objective 3

To examine the functioning of healthcare professionals towards addressing inequality in healthcare in borderline areas of Assam.

Advancing equity for healthcare across varied population groups is indeed challenging. Catering to the population's health needs with dynamic social determinants requires a path to be defined by ethical aspects. This study presents the functioning of the healthcare professionals engaged in the rural peripheral region, the attitude and behavior in dealing with the social determinants of health. Studies have clearly shown the social gradient in health outcomes is closely associated with the social and economic factors, which directly influence healthcare professionals' functioning. The healthcare professionals tailor according to the health need of the community in the area. This part of the study seeks to address healthcare professionals' influence on the healthcare outcome and fundamental functioning that the professionals have taken to advance equitable access and utilization of healthcare services by the community. Those working in the health system have a significant role in health and are essential in providing the best care possible to every section of the community.

5.3.1 Community Service and Engagement

The findings from the present study reflect that gender of the healthcare professionals has a significant influence on delivering engagement with the community. The contribution of male healthcare professionals is significantly higher than the female counterparts. However, when it comes to functioning towards community engagement, tackling health inequity is a matter of social justice and is essential to provide better care. The Healthcare system performs four broad measures: preventive, curative, palliative, and promotive, to improve the conditions in which people can achieve the desired wellbeing and not push themselves towards poverty (Hollenberg et al., 2013; Jarhyan et al., 2012). The utmost essential measures to be undertaken are

preventive, which improves the capability to live as desired. Healthcare professionals significantly play a critical role in providing preventive measures across the population.

Healthcare professionals can tackle social determinants of health by effective interactions with patients through engaging in activities to improve the social and economic conditions. Engaging with the community service builds on the two fundamental approaches by the healthcare professionals, i.e., to gain information and give information (Olaniran et al., 2017; Perry & Zulliger, 2012). Healthcare professionals view building relationships with the community, particularly with patients, to understand the health needs and the associated factors challenging the conditions in which they live. For instance, the community health workers work extensively to educate and promote health-being across the rural population by collaborating and sharing responsibility with the Auxilliary Nurse Midwives (ANM) and Anganwadi workers (AWW). The health professionals have scheduled visits to the people's homes with the community health workers and build relationships with the patients. Community health workers are more associated with the population and are more aware of the community health issues and their needs (Jaskiewicz & Tulenko, 2012; Perry et al., 2014). Health professionals find it utmost importance to visit and meet patients in the usual home setting, as during hospital and emergency services, they see patients potentially vulnerable. It becomes crucial to understand the context and condition in which the patients live, to understand the cause of the illness or any health emergency. The health professionals are expected to perform three major functions: link worker, service extension worker, and community health activist who raises awareness about health and its social factors (NHSRC, 2011; Saprii et al., 2015). They also organise the community in support of local health planning and enhance usage and accountability of current health services (Saprii et al., 2015).

The synchronization between healthcare workers and healthcare administrators is thought to enable both the stakeholders to achieve good health for the community and reduce health

inequalities. Similar studies have found the harmonized engagement across multiple stakeholders will help achieve equity in healthcare across a varied population (White et al., 2016). Meanwhile, healthcare professionals mostly engaged in the rural region emphasized the doctor-patient relationship. The engagement involves a partnership with patients and helping the patient to make an informed decision. Several studies believe that healthcare professionals should act as interpreters and advisors and simultaneously as diagnosticians (Albrecht et al., 2012; Dhaliwal et al., 2018). These three roles of health professionals positively impact the patients in the utilization of government services and increase participation in any government initiative to empower the community's health. Health professionals' actions and attitudes towards the patient can positively impact, empowering the health by reducing stress and increasing confidence over public health services.

Relationship with the patient can be further extended with better engagement with the local communities (Albrecht et al., 2012; Rajkumari & Nula, 2017). The engagement with the patient and the community has the power to understand the social determinants better. Studies have pointed that increase in engagement help to tackle the social determinants and build better social cohesion (Matsaganis & Wilkin, 2015).

Besides, a good relationship with the patient and community facilitates a better exchange of information, both from healthcare providers to patients and patients to healthcare providers. The collected information is crucial in designing and improving the patients' services, setting priorities, and effectively implementing required action. Meanwhile, the relationship can further be strengthened through gathering information about the patient's social and bio-medical history to provide requisite help and advice.

5.3.2 Competency and Skills

The health professionals believe that monitoring community health and improving the social determinants of health will help achieve equity in healthcare. In the context of the study, competency and skill are referred to as practical exposure to tackle social determinants of health (Luft, 2017; Rajkumari & Nula, 2017). The training should go beyond a theoretical grasp of the nature of social determinants and incorporate non-practical abilities. The competencies and skills broadly include taking the social history, communicating effectively, and practicing service equitably (Furler & Palmer, 2010; Rüter & Fröhlich, 2019; Vernillo, 2008).

For a healthcare professional to advance equity in healthcare, it is necessary to identify and acknowledge the influence of social determinants of health in patients through understanding and experiencing inequalities in population health (Thomas, 2016). Studies have identified various learning channels that can be effectively used to teach health professionals about the social determinants of health and reach populations and groups who do not have physical or financial access to major education centres (Furler & Palmer, 2010; Weinhold & Gurtner, 2018). These include worksite training bases, long-term relationships with patients and communities, reflective learning, and online courses. Healthcare professionals during training should be exposed to various social settings and situations that affect the health of the people living within them, which will enable students to develop a sense of social responsibility (Shah et al., 2017).

Studies have also recommended that healthcare professionals' education and training need to go beyond acquiring knowledge and skills (Bringedal et al., 2018; Dhaliwal et al., 2018). The non-medical training should include the development of professional attributes such as behavior, identity, and values that complement the medical profession's ethical principles. Healthcare professionals' functioning should promote quality and teamwork and have a robust

ethical (Furler & Palmer, 2010; Greiner & Kaldjian, 2018; Lyckholm et al., 2001) and patient-centreed approach (Krist et al., 2017; Weinhold & Gurtner, 2018).

5.3.3 Working for Advocacy

The advocacy can be explained as action by the healthcare professionals to promote social, economic, educational, and political changes that seek to treat the sufferings and threats to human health and wellbeing (Cohen & Marshall, 2017; Ratcliffe & Patterson, 2020). Several studies explained public health advocacy as the strategic use of news media to advance a public policy initiative (Dorfman et al., 2005; Dorfman & Krasnow, 2014; Schwartz, 2002; Servaes & Malikhao, 2010). The advocacy functions to reduce morbidity and mortality through bringing together multiple forces to work for a common goal and changes. Healthcare professionals are expected to work beyond the professional arena and move towards social responsibility as part of their professionalism. The first step towards advancing the advocacy role is to establish an effective and efficient doctor-patient relationship, wherein understanding the patients' needs and health behavior (Dorfman & Krasnow, 2014; Waisbord, 2016). This enables the healthcare providers to ensure the services' overall reach irrespective of their social and economic background. The professional nature expects the healthcare providers to be reflective, self-aware, and empathetic towards socially disadvantaged patients. The advocacy strategy starts with the healthcare providers' understanding of the patients' needs and priorities in the region.

The data revealed the community health workers predominantly work as foot-soldiers to bring the forward discussion on equity-based advocacy. Existing studies stated that it is a moral imperative for community health workers to advance advocacy for social justice and equity (Cohen & Marshall, 2017). Besides the moral obligation, it is also the professional practice for the healthcare providers to engage in advocacy activities. Healthcare providers in the studied population are generally observed to engage with social media and other networking sites to

raise awareness of health issues and represent the healthcare system's reality. The healthcare providers are also seen publicly joining the campaign towards promoting social justice and social policy in housing and health education areas. Public health advocacy has been conceptually classified into facilitation and representational advocacy (Carlisle, 2000; Daniels et al., 2009), where facilitation advocacy is based on community participation and empowerment, while representational advocacy involves acting on behalf of the population without their involvement. It is being observed health care providers practice both facilitation and representational form of advocacy while engaging with the community.

Besides Carlisle's advocacy for health equity, media advocacy holds a unique position in public health advocacy. The media advocacy strategy broadly comes under the larger periphery of advocacy strategy that might involve networking, community engagement, and ground reporting. Healthcare professionals in the studied population undertake media advocacy strategy to focus attention on changing approaches to understanding health issues across varied populations. The media advocacy strategy seeks to influence the public policies towards implementing and integrating equitable healthcare among the marginalized community.

Running equity-based health advocacy through media can be a sufficient force for influencing public debate (Dorfman et al., 2005; Gibson, 2010; Wallack, 1994). Besides, healthcare professionals have used media advocacy tactics to communicate their messages among the population to promote social change. Moreover, the healthcare professionals' communication is sufficient to change the audience's lifestyle behavior and promote a healthy environment. From the policymakers' perspective, healthcare professionals' media advocacy strategy can be effectively and creatively used to put pressure on decision-making to support a health change in public policies.

The current discourse on public health and mass media focuses on social change to promoting health policies (B. E. Cohen & Marshall, 2017; Dorfman et al., 2005; John & Pearson, 2018; Waisbord, 2016). Studies have highlighted the changing role of healthcare providers from giving an individual the information to giving the community the information (Alhassan et al., 2016; Cooper et al., 2015; Smailhodzic et al., 2016). This study reflects on the balanced role of healthcare providers from engaging with the community through giving individuals and the community together with the healthcare information. The healthcare providers advocacy program includes the formation of the media campaign to attracting news attention. The healthcare providers believe in linking individual's personal stories to broader social and political concerns.

The role of healthcare providers as an advocate can be summarized not only by focusing on the increasing access and utilization of healthcare services but also broadly remitting the service towards reducing health equity and improving the over all health and wellbeing of an individual. Moreover, it is also the healthcare providers' responsibility to advocate for incorporating and developing academic and practical training into the medical education curriculum. The healthcare advocates have their role in informing the public debate and encouraging policies to include education on social determinants of health in medical education. Besides, the healthcare providers view that advocating for better working conditions for the entire health community is also their responsibility.

Therefore, it can be concluded that healthcare professionals have a pivotal role in advancing health equity in a multiple-way, from social and community engagement to designing healthcare service implementation plans, advocating for social determinants of health in medical education, and practicing advocacy program.

5.4 Objective 4

To examine the role of news media in shaping public perception support and action towards reducing the gap in health outcomes.

The mass media have been seen as a practical approach in communicating healthcare and healthcare anomalies. Traditionally, the mass media is used to present healthcare information concerning lifestyle and personal habits to stay healthy and fit. The usage focuses mostly on the behavioral change aspect rather than influencing public debate or exerting pressure on policymakers. Moreover, it is also pertinent for the mass media to disseminate scientific information in a form that is easily understandable by the general mass. In this study, mass media's role is seen to be more as a facilitator for influencing the decision-makers rather than only disseminating information to the general mass. In other words, through this study, efforts have been made to shift the balance from individual change to social change, from promoting healthcare information to providing space for debate on healthcare policies.

As discussed earlier, inequality in health outcomes has multiple reasons for existence, from socio-economic conditions to the social determinants of health. Communication is considered an important thread that connects some of these factors at different levels and that inequalities in communication could contribute to health disparities (Gollust et al., 2019; Smailhodzic et al., 2016; Stryker et al., 2009).

In this regard, the interaction with the media professionals revealed the role of mass-mediated communication in shaping public perception about health disparities and initiating public debate and discourse for influencing decision-makers. The healthcare news coverage further prioritizes the health issues and communicates research findings to the general mass. Recent studies have elucidated that mass media performs a vital role in social control function (Demers & Viswanath, 1999; McHale, 2019), influencing public health issues. Setting media agenda for

health issues comes under the larger periphery of news framing. News frame, as forwarded by Entman, involves selection and salience. The frame is to select some aspects of a perceived reality and make them more salient in a communicating text, in such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and treatment recommendation for the item described (Entman, 1993). Interlinking the concept of news framing in health further shape health inequality messages towards reinforcing support for change (Gollust et al., 2019; Niederdeppe et al., 2013b; Wallington et al., 2010). The mass media's framing of health issues involves message or information sharing but strategizing communication to influence the decision-makers to act on the growing inequality in health outcome in the peripheral region.

The underlying inquiry in this study involves understanding media professionals' perspectives towards the health issues, factors usually considered for selecting health stories, and challenges and barriers in communicating health stories. Moreover, it is also pertinent for media professionals to connect with the health professionals and work in coordination for better healthcare of the community. In summary, through their framing and engagement, media can contribute to better healthcare and can advance equity in health outcomes across the population.

5.4.1 Perspective of Media Professionals

The perspective of the media practitioners primarily drives the framing of public health issues. The perspective plays a crucial role in shaping public perceptions, performing both the function as a producer of narratives and as a narrator to the public audience. Media professionals' view revealed that stories related to health inequalities are considered an additional responsibility. Journalists pursue health-related news and information until it is associated with any topical political debate. Media ignorance of health issues and prevailing health disparity cause delays in implementing crucial public policy that could positively impact public health.

The reporting process of a news story is not straightforward or simple; instead, it involves a complicated process. The news content is driven by a communicator-approach (Reese et al., 2001) that accentuates the media professionals' psychological factors in reporting information. Theoretically, the media professionals' psychological factors are linked to framing theory, which emerged as to how journalists understand and report different issues. The framing process involves selecting news or information based on media professionals' perceptions, which can be ideologically charged or politically motivated. The journalists frame health issues by emphasizing certain aspects and sidelining other crucial information. Literature (Cooper et al., 2015; Gollust et al., 2019; L. Henderson & Hilton, 2018; A. E. Kim et al., 2010) on framing in health news highlights that media emphasize the diseases and its consequence. This study highlights the importance of media in preventive actions necessary for the social determinants that can eliminate the diseases in the first place. Literature suggests that media should primarily approach health from the aspect of controlling the social determinants of health. Meanwhile, the news on health disparities in the media is mostly about health issues than prevention.

The coverage of health issues also largely depends on the type of media. The framing of health news changes with the types of media. Electronic media and print media approach health-related information from the space provided for the piece of information. It is found that television media mostly report health information in the last segment of the prime time news. The information mostly covers the event with the possible consequence of the event, rather than the reason for the event's cause.

Meanwhile, in the case of print media, the scenario changes. Newspaper and magazines approach to view the health-related information as per the nature of the event. Topical health issues are covered in the newspaper as a piece of lead news and news in the development news section, whereas fortnight, weekly or monthly magazine carry the health-related news a long elaborative story. Media professionals view health stories published in magazines as more

absorbing for the readers and the decision-makers. The reason cited by the media practitioners is that magazines provide adequate space for a more elaborative depiction of the event with data and illustration.

Furthermore, media professionals highlighted that newspaper runs series of stories on multiple topics, where health is usually prioritized. The series is viewed as very influential as they are published at a regular interval in the full view section. However, the television media has the particular disadvantage in allocating airtime for a long series of any particular issue.

In short, media practitioners believe that health stories usually do not yield much viewership or readership than political news. The optimum coverage of health-related information largely depends on the media house and media practitioners in particular. The media agency's political economy mostly drives the perspective of media professionals towards development-related information news and health-related information precisely.

5.4.2 Factors Considered for Selection of Health Stories

Media practitioners search for information uniquely, and the construction of news precludes them from spending much time evaluating the possible source of information, scrutinizing the information, and backing up facts and arguments. The whole convoluted process helps construct the news, which is considered to cater to a broader audience and readership. Literature has started several preferred angles and the factors that lead to the selection of those angles. Medium's mission, the audience interest and ability to associate to the information, the consensus for the development of stories inside the news agencies, personal ideas as well as biases adding to the selection of stories, and emerging topic from the community usually are the factors that determined the selection of stories (Campbell, 1997; Wallington et al., 2010). Media professionals' view on the medium's mission further elucidates the functioning of the media organization. Media organizations' functioning is driven by the social, formal, and

economic motives that employ media workers to produce content. Considering the political economy of communication, most media houses are owned by leading industrialists and corporate entity, where the sole objective is to generate profit and form content according to the corporate owner's narrative. The media professionals highlighted that critical issues such as health, education, and livelihood usually takes a backseat in the current regime of media ownership.

Moreover, media agencies set what the audience would view rather than what the audience wants to view. Theoretically, media hegemony sets the agenda, as highlighted in the agenda-setting theory (McCombs et al., 2014; Mccombs & Shaw, 1972). In short, it is the media organization that looks into profit-making, especially by targeting audiences that are attractive to the advertisers. Furthermore, the media agency's size, members of a specific political network, and the ownership pattern are relevant to the journalist's decision. These factors together influence the decision to choose between market-driven content and issue-driven topic.

The ownership pattern of media disrupts the functioning of the media professionals by compartmentalizing the health information. The mere categorization of the health issues and selection of health news based on media ownership changes the way health news is presented and portrayed in most media channels. The news value of health issues allows one to understand the reason behind selecting specific topics while ignoring the others (Harcup & O'Neill, 2017; O'Sullivan & Heinonen, 2008). The selection of specific topics largely depends on the event's proximity to the media house. Events occurring near an easily accessible region are more favored. The health issues in the peripheral region usually go unnoticed. Media practitioners justify the discriminatory nature as the intensity or effect of the event is usually low, as it only affects a smaller section of the population.

Even though the event occurred in the peripheral region, the event's sources or cause can be directly linked to the centre, where the policy and decision-makers are usually located. The content of media, by and large, is influenced by the interest of those in power in the society. News and issues in the bordering or peripheral region do not dominate the media space, as against the elite ideas that tend to be in the limelight and circulate widely in the social context (De Bruycker, 2019; Gollust et al., 2009; Hodgetts et al., 2004; A. E. Kim et al., 2010; Reese et al., 2001).

The media professionals engaged in the studied area stated ideology and political affiliation of the media houses serve to reproduce and construct content. Previous studies have stated that media usually acts as a vehicle to support the interest of those in power in society (Brisbois, 2018; Christians et al., 2009; Cuilenburg & McQuail, 2003; Lalancette & Raynauld, 2019). In this context, health information is filtered according to the ideological lens, where certain sorts of information are ignored based on the nature of diseases and geographical location. Media professionals also stated that newly introduced schemes primarily gain media visibility only if it fits the government biases. Moreover, media mostly rely on the government source for health information, thereby lacks critical reflection on the state initiatives. This influences the selection of stories that do not fit the narrative, and health inequality news goes unreported.

5.4.3 Challenges and Barriers in Covering Health-related Stories

Media practitioners in the studied region drew attention towards a list of challenges and barriers in covering health-related stories, particularly inequality in access and utilization of healthcare services in the peripheral region. The challenges can be broadly categorized as audience-centric and media-centric from the purview of media practitioners. The studied media professionals describe audience-centric challenges as difficulty in understanding the need of the audience. The journalist stated that the current media scenario, where information is abundantly available on the internet and social media, created a challenge in catering to multiple needs of the

audience. It is also observed that the audience's current generation usually picks up news mostly from readily available sources, rather than switching on the television or reading newspapers, thereby pushing the media houses to make developmental news short and sensational. The practice of creating sensational health-related information results in losing the essence of developmental news, therefore, lessen the impact on decision-makers. Media practitioners justify the need for sensationalism to be an essential link to connect with the new set of audience that is believed to be attracted toward news that carries more of an emotional angle. Media professionals are confused with the need and relevance of content to cater to the audience. Media professionals broadly divide the audiences into two categories: audience watching the news for entertainment purposes and audience for information purposes. Media professionals deliberately attempt to cater to both the audience, thereby losing the objective of the message. This calls for the media professionals to identify the target audience and strategize a message to educate them. The educated citizens can make a sensible audience to grasp news and acknowledge the healthcare system's growing disparities. The educated audience further ameliorates the media message by pressurizing the government bodies and policymakers for the equitable distribution of healthcare resources across the population.

Media-centric challenges that exist from the purview of media practitioners are simplifying healthcare information to the general masses. The dissemination of medical information required an understanding of basic scientific orientation to give the meaning of any event rightly. Familiarity with scientific terminologies and understanding the dynamics of the problem is necessary for both the sender and receiver of the message, i.e., media practitioners as sender and audience as a receiver. The participants indicated that words like inequality and health access disparity are relatively familiar than words like social determinants of health, immunization, and other relevant terminologies. Many journalists cited that most of the events are directly reported by the correspondents present in the field. The event is a very remote

region with extensive coverage as with events from the centre. The correspondents present the news in an oversimplified form. This oversimplification of the event is due to a lack of adequate knowledge to articulate scientific communication.

Moreover, it is also the media agencies' responsibility to train and develop the correspondents' skills to cover development related news, especially when engaging with the health disparities and other health issues. The communication gap among the correspondents and the healthcare professionals engaged in the field creates disharmony in the message and loses the message's essence. The media practitioners see this gap as a limitation and a barrier that disrupts the communication process.

Critiques also argue that oversimplification of scientific information can lead to the loss of the message's actual meaning (Lissack, 2016; Roetzel, 2019; Star, 1983). The participants stated that the ability to afford specialized correspondents for the regional media houses is relatively lesser than the national media agencies. This creates deciphering scientific information more difficult with the lack of specialized subject practitioners. Similarly, from the receiver's perspective, decoding health related information for the general mass might be a challenge. Additionally, most senior journalists believed that the level of sensibility towards covering health-related news, particularly news on accessibility and utilization of healthcare services, is low. It can be further concluded that the media lacks sensibility on covering news on rural healthcare services, thereby increasing the barriers for the environment of equity in healthcare.

The coverage of developmental news, particularly news that requires extensive fieldwork, need a line of staff who can efficiently bring out a compelling message for the general masses. However, regional media houses run low on adequate staff. This inadequacy resulted in less ground reporting, thereby lacking effectual output to pressure the government and policymakers. Several respondents pointed out that research on health inequalities issues does

not get much attention due to time constraints and busy news routine. Furthermore, lack of additional information and research about different social determinants of health, the media message lacks effectiveness. Journalists also highlighted that despite compelling evidence of inequality in healthcare, the media houses refuse to acknowledge the existence of disparity.

5.5 Paralleling Perspective of Media and Health towards Advancing Health Equity

Through this study, the rural healthcare system's plight in the rural regions bordering the international border with Bangladesh is bought into the picture. Efforts have also been made to bring out the population's socio-demographic profile and analyse the access and utilization of public healthcare services. The study showcased different layers of challenges faced by individuals in access and utilization of healthcare services. The Social Determinants of Health (SDH) impedes the government's effort to reach every individual with the benefits of multiple schemes and policies. In addition to the SDH, loopholes in the execution of the schemes and policies also had a harmful effect on population health outcomes. These challenges and barriers together constitute the inequality in health outcomes across the population in the studied region. Therefore, it is pertinent to understand healthcare professionals' and media practitioners' roles and overcome the challenges and barriers to healthcare equity.

The study elucidated a comprehensive overview of the current healthcare scenario in the borderland region and healthcare and media professionals' role in developing a systematic mechanism for a healthy ecosystem. Under several healthcare initiatives, India's government has tried to reach out to every corner of the country, ensuring health and wellbeing across the population. Right from state-of-the-art technology to primary healthcare, the policy efforts to be more inclusive with times. Despite these efforts in legislation, execution and implementation of projects and schemes largely remain a challenge for the State. Studies have stated that rural healthcare services have been a significant challenge in bringing equitable healthcare and

wellbeing for all. The rural healthcare setting further gets worse when compared to the urban counterpart. With privatization and the public-private model of the healthcare system in the urban region, access and utilization equity is relatively higher than in the rural setting (Asaria et al., 2019; Haggerty et al., 2014; Minnery et al., 2013). The National Family and Health Survey – 4 (NFHS – 4) has provided a better picture of the urban healthcare system than the rural public healthcare system. The geographical location plays a significant role in creating a wide gap between urban areas and multidimensional, more impoverished communities in rural areas. The health status close to the central areas with an adequate supply of healthcare infrastructure and apparatus performs high compared to the peripheral region (Darkwa et al., 2015). Further, the socio-economic and health status of the population residing at the margin has been more downtrodden, with minimal exposure to government policies and schemes. On the other hand, the border complications and the tricky terrain mostly limit the availability and accessibility of healthcare services and resources.

The health status in the peripheral region is measured on the reproductive and child health of the population. Most of the government initiatives primarily focus on the wellbeing of children and women's health. Therefore, it is pertinent to aware the community of the importance of maternal and child health. It is being observed that most of the available healthcare resources in the studied region are under-utilized. Data revealed that family members and the women are not aware of the available service in their nearest health centre.

Moreover, taking advantage of the community's lack of awareness, few intermediaries working as healthcare workforces engaged in the region are being noticed to have exploited the community members. This signifies the importance of awareness among the population to avoid exploiting and accessing every service provided by the government. The lack of awareness is an essential factor that led to an increase in inequality across the population in the studied region.

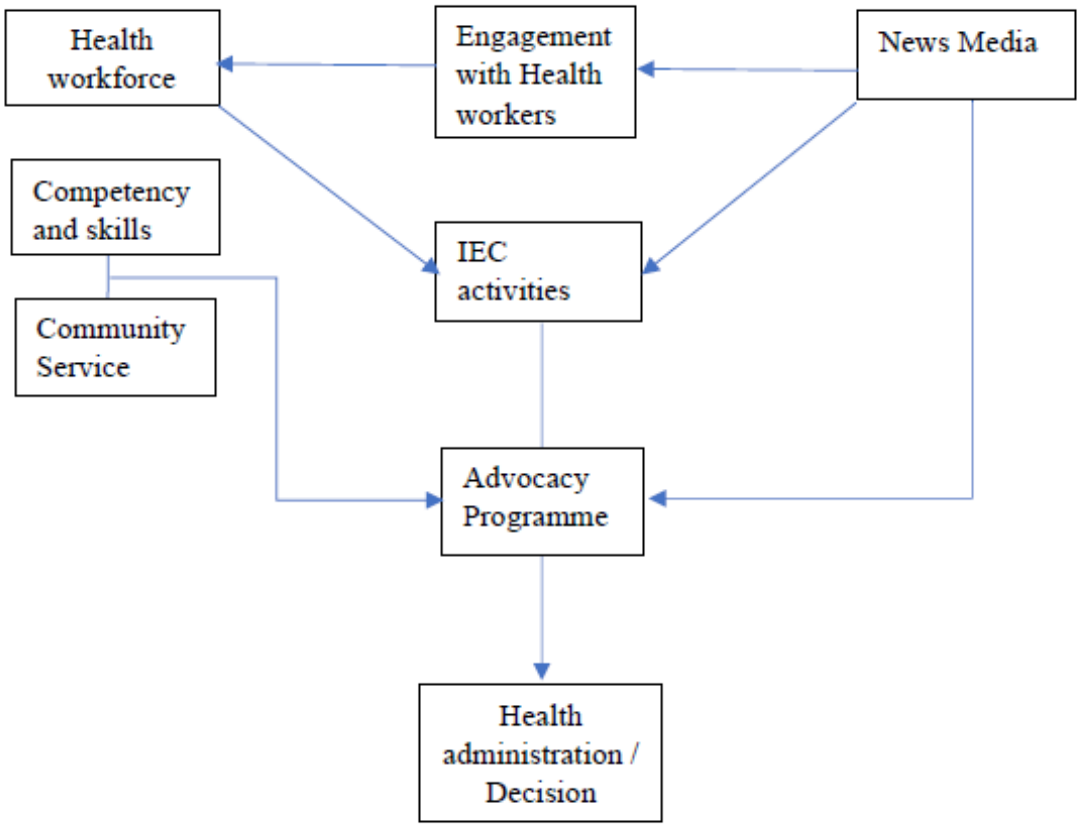
It is observed that the community members usually are disinclined towards visiting the health centre and instead ignore the signs and symptoms of diseases. This reluctance further worsens the health condition, resulting in higher morbidity and mortality rate. An adequate workforce has been deployed in CHCs, BPHCs, PHCs, and S.C.s to deliver consistent services to the community. Likewise, government schemes related to healthcare are dispersed through Anganwadi centres located in every village. Every village has an Anganwadi centre functioning under the Department of Social Welfare. The Anganwadi Worker (AWW) is solely responsible for distributing healthcare deliverables such as nutritional food supplements to pregnant women, maintaining a register for pregnancy cases, vaccination, and immunization. Integrated Child Development Services (ICDS) is attached to the functioning of the Anganwadi centre. Despite this systematic delivery of healthcare services, the lack of awareness among the general masses towards their rights has let the region's health status down. The healthcare workforce and media have an essential role in improving the level of awareness among the population.

Healthcare professionals are the first point of contact for the community in case of any health emergency. The awareness level of the individual can be increased through immersion into the community. Reaching every community member, understanding the need of the community will primarily build awareness. Engaging the younger generation through various community development programs such as cleanliness drive, engaging the local media professionals for campaign design will lead to the community's participation at large. The usage of media tools by healthcare professionals can effectively engage the community, thereby creating awareness regarding the healthcare services. Besides, health camps and free screening centres can bring the community and healthcare professionals together. Promotional activities through media such as public service announcements, musical and visual folk art forms are identified as an effective medium for disseminating information among the masses at a grassroots level (O'Sullivan & Heinonen, 2008; Servaes & Malikhao, 2010).

Through its nodal agency National Health Mission (NHM), the government of India runs community awareness and mobilization programs. Community awareness and mobilization programs include dissemination of information, sensitizing and engaging community members for social change. Information, Education, and Communication (IEC) activities and materials are adopted to generate awareness and reach a wider audience. Healthcare professionals believe that engaging media professionals in the IEC programs will be a more effective medium for providing information, eradicating myths, and lessening morbidity and mortality. Media can play a pivotal role in educating and informing through advertorials, phone-in programs, dedicated airtime, and print media space about various communicable and non-communicable diseases. Awareness of Reproductive, Maternal, Newborn Child plus Adolescent (RMNCH-A), vaccination, and immunization programs need much attention to curb the child and maternal mortality rates.

In addition to the IEC activities, the utilization and access to public healthcare services can be improved by exterminating the perceived notion of poor service quality. The data revealed that the community perceived the public healthcare system as inefficient and instead chose private care during any health emergency. This results in higher out-of-pocket expenditure, pushing the individuals backward deeper into poverty. Therefore, it is imperative to regain the trust within the community towards the public healthcare system. Although developing infrastructure and ensuring the availability of services at the nearest centre is vested in the government, efficiently conducting and functioning can be handled by the healthcare professionals. Here, the healthcare professionals, along with the media professionals, should promote the available resources, educate, and know the community of the existing schemes. Ensuring smooth functioning is vested with the healthcare providers, and through media usage, these activities can be reached to the broader audience.

Figure 16 Communication Framework



Furthermore, the participating journalists view that public health and medical professionals should work closely with the local journalists to overcome challenges while disseminating information. Media professionals believe that health professionals should participate in the media training program. This will broaden healthcare professionals' scope to under that media needs support to break down complex information. As most journalists have stated that decoding complex scientific information or event require skills, which many local news agencies fail to do so. Therefore, healthcare professional's participation with media professionals at regular interval would significantly help to disseminate scientific information. Likewise, as journalists highlighted that certain information with respect to health need to be

confirmed from multiple sources. Journalists are of the view that information should be verified from the doctors and other health workers involved in the place of the event. This gives the journalists scope to form the stories with validation quickly. Besides this also helps the healthcare professionals to directly communicate with the audience. Health care professionals and other health agencies should also consider the complexity in media, the journalists' plight in covering a story on health issues and try to provide maximum assistance in reporting an event. Moreover, as healthcare professionals engage with media in disseminating information requires advocacy as a potent tool for promoting health equity.

As already discussed, media advocacy is less about delivering a message and more about internal voices in a democratic process using policy to change systems (Dorfman & Krasnow, 2014). When combining the advocacy role of media and health professionals, the government's health decision and policy influence actions on health equity. On the one hand, healthcare professionals use media tools to bring out the community's plight and needs, and on the other hand, media professionals frame similar health issues. Paralleling both media and public health perspectives together to express an event will be more impactful than desynchronized stories. Given the role of media and healthcare professionals in ensuring utilization and access to healthcare resources for the marginalized community, it is crucial to recognize that public health and media must highlight issues that facilitate equity in healthcare services.

5.6 Chapter Summary

This chapter expounded the results and findings with the existing literature of health and communication. The results are substantiated with the existing literature, starting with level of inequality followed by healthcare provision in the peripheral region. This section also accentuated the interplay of health capability paradigm and access to healthcare services among the marginalised section. The later phase of the study focused on assessing the effect of the functioning of the healthcare profession on the utilization of healthcare services. In addition,

the challenges and barriers of health reporting were identified, that portrays a clear picture of media perspective of equity in healthcare. Coupling with the role of healthcare professionals and media practitioners, the study focused on the way forward on addressing inequity in healthcare among the marginalised in the districts of Assam bordering Bangladesh.