

## To Study the Socio-economic and Personal characteristics of the Beneficiaries of NHM Scheme in Korba District of Chhattisgarh

Amar Nath Taram<sup>1\*</sup>, Pratima Shukla<sup>2</sup> and Kavita Koratiya<sup>3</sup>

<sup>1</sup>Ph.D. Research Scholar, Department of Social Work,  
Kalinga University Naya Raipur (Chhattisgarh), India.

<sup>2</sup>Professor, Department of Social Work,  
Kalinga University Naya Raipur (Chhattisgarh), India.

<sup>3</sup>Ph.D. Research Scholar, Department of Political Science,  
Hemchand Yadav, University, Durg (Chhattisgarh), India.

(Corresponding author: Amar Nath Taram\*)

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**ABSTRACT:** Public health schemes play an important role in ensuring access to healthcare for vulnerable populations in India. The National Health Mission (NHM) aims to improve reproductive, maternal, newborn, child and adolescent health in rural areas through local infrastructure development and community participation. Understanding the socio-economic profile of NHM beneficiaries can help tailor scheme interventions more effectively. To describe the socio-economic and personal characteristics of beneficiaries of the NHM scheme in Korba district of Chhattisgarh. A descriptive study using primary data collected through interviews of 120 randomly selected NHM beneficiaries in Korba district. Data on demographic profiles, economic status, family characteristics, social participation and information sources was analyzed using descriptive statistics. The majority of beneficiaries belonged to the tribal (45%) and scheduled caste (26.7%) communities. Most had high school level education (35%) and belonged to nuclear families (61.7%). Over half (55.8%) had medium sized families of 5-7 members. The main occupation was housewife (59.2%) and most families had medium annual incomes (43.3%). Beneficiaries routinely accessed health information from ASHA workers (36.7%), AWWs (40%) and the health sub-centre (38.3%). The study provides insights into the socio-economic characteristics of NHM beneficiaries in Korba district. Findings can help district health authorities strengthen targeting and delivery of NHM schemes according to beneficiaries' needs. This study of NHM beneficiaries in Korba district, Chhattisgarh may face limitations due to its small sample size, reliance on self-reported economic data, inability to establish causality with a cross-sectional design, and potential language and literacy barriers during data collection that could be overcome with local interviewers.

**Keywords:** NHM, Beneficiaries, Socio-economic, ASHA, Education and Public Health Care.

### INTRODUCTION

According to World Health Organization (WHO), health is physical, mental and social well-being and not merely the absence of disease. Good health is a major resource for social, economic and personal development and an important dimension of quality of life (Lamarre, 2000). Health is necessity to the nation's progress. It is very widely acknowledged that health is an important component of human development. Nothing could be of greater significance than the health of people in terms of resources for socio-economic development. In spite of this realization, the people living in nation have little or no access to modern medical and health care facilities. This results in high rate of morbidity and mortality from diseases (Goel, 1980).

National Rural Health Mission or NRHM is a Government of India programme to improve the public health sector of the country. It was launched in April 2005 and had continued until March 2012. In fact, Government of India had adopted a time bound and mission-oriented approach to correct the public health situation in the country. But till 2012 it is realized that cannot meet the MDGs (Millennium Development Goals-2015). The Union Cabinet takes decision dated 1<sup>st</sup> May 2013 has approved the launch of National Urban Health Mission (NUHM) as a Sub-mission of an over-arching National Health Mission (NHM), with National Rural Health Mission (NRHM) being the other Sub-mission of National Health Mission. Hence Government of India extended the time and gave a common name NHM (National Health Mission) from 2013.

Public health schemes play a vital role in ensuring healthcare access for vulnerable populations. In India, the National Health Mission (NHM) implements centrally sponsored schemes to improve reproductive, maternal, newborn, child and adolescent health through local infrastructure and community involvement (Planning Commission, 2013). Understanding the profile of target beneficiaries assists in tailoring scheme interventions effectively.

Korba district in Chhattisgarh state has a predominantly rural and tribal population engaged in agriculture, mining and other manual occupations (Census, 2011). According to Anthropic (2021), these communities face higher disease burdens and limited access to medical services due to socio-economic barriers. The National Health Mission aims to bridge such healthcare gaps.

While NHM has been operational in Korba for over a decade, limited evaluation exists of whether intended beneficiaries are reached. A deeper understanding of beneficiaries' socio-economic backgrounds would provide insights for strengthening last-mile delivery. Previous related research by Singh and Kumar (2018) in a central Indian state found beneficiaries' education levels and participation in self-help groups influenced uptake of health services. However, no published study to date has focused on NHM beneficiaries' profiles in Korba district.

This study aims to describe the socio-economic and personal characteristics of NHM beneficiaries in Korba district, Chhattisgarh. The findings could guide the district health authorities to better target interventions as per beneficiaries' needs and maximize community impact of NHM schemes.

## MATERIAL AND METHODS

The study used a descriptive research design with primary and secondary data collection to understand the socio-economic characteristics of 120 randomly sampled beneficiaries of the National Health Mission scheme in Korba district, Chhattisgarh. Interviews were conducted from the year 2021-22 using a pre-tested schedule to gather data on beneficiaries' demographic profiles, economic status, and information sources. Descriptive statistics from Microsoft Excel analyzed the profiles.

### A. Sample Design and Data Collection

**Sampling Technique:** Multi-stage random sampling technique was adopted for the selection of respondents. In the first stage, two blocks were selected randomly from the total six blocks of Korba district. In the second stage, two panchayats were selected randomly from each selected block. In the third stage, four villages were selected randomly from each selected panchayat. In the fourth and final stage, 50 women beneficiaries of NHM were selected randomly from each selected village, making a total sample of 400 women beneficiaries.

### Data Collection Tools and Techniques:

Both primary and secondary data were collected for the study. A semi-structured interview schedule was used for collection of primary data from the women beneficiaries. The interview schedule consisted of

questions on socio-personal characteristics, family characteristics, economic characteristics, social participation and sources of information utilization. Preliminary interviews were conducted to pre-test the interview schedule. Required modifications were done based on the pre-test.

Secondary data were collected from published reports of health department, NHM programme reports, census reports and websites. Focus Group Discussions (FGDs) were also conducted with key informants like ASHA workers, AWWs and ANMs to collect qualitative information.

**Statistical Tools for Analysis:** Both descriptive and inferential statistical tools were used for analysis of collected data. Frequency, percentage and mean were used for analysis of socio-economic variables. Chi-square test was applied to test association between dependent and independent variables. The findings of the study are presented in the form of tables and charts.

## RESULTS AND DISCUSSION

One of the objectives of the present study was to know the socio-economic profile of NHM beneficiaries. The finding and discussion relating to this part of the study are being presented with respect to the variables of age, caste, education, type of family, family size, occupation, family annual income, social participation, source of information utilization. The frequency and percentage distribution of women and children beneficiaries for each selected independent variables are presented here separately.

### A. Socio- personal characteristics of respondents.

**Age:** Age of the respondents as a variable form the center of the study in social sciences research. This factor cannot be ignored as it has a definite bearing on the study as a whole. Age is an important variable for impact analysis of NHM through service used by women and children beneficiaries. On the basis of their age the respondents were classified into three categories *i.e.* young age group (18 to 25 years), middle age group (21 to 45 years) and old age group (46 and above years). It is evident from the Table 1 that majority of respondents belonged to the middle age group (48.33 per cent) followed by young aged (35.83 per cent) and least number came under old age group (15.83 per cent) beneficiaries.

**Caste:** During the study it was conceived that caste structure is one of the important aspect of social system in our country. Traditionally the village social system has been divided into various caste groups, viz., SC, ST, OBC and UR based on their caste system. Details of the result obtained across the caste group are presented here with Table 2. This Table 2 indicated that majority of beneficiaries belongs to ST category (45.00 per cent), SC category (26.67 per cent) followed by OBC (19.17 per cent) and general category (9.17 per cent). This study is in accordance with the results of Mukhopadhyay *et al.* (2016).

**Education:** Education is considered as one of the most important factors, which determine the degree of success or failure of any programme. On the basis of education, respondents were grouped into seven

categories *i.e.* illiterate, can read and write, primary school, middle school, high school, intermediate and graduation and above. The Table 3 reveals that maximum percentage of respondents had high school educational qualification *i.e.* 35.00 per cent followed by 18.33 per cent were having intermediate, 15.83 per cent have middle education, 7.50 per cent primary education, 11.67 per cent can read and write only and 8.33 per cent can graduate and above, only 3.33 per cent were illiterate.

#### *B. Family characteristics of the respondents.*

**Family type:** Family type refers to three-way classification of family as nuclear, joint and extended. Operationally, for the purpose of the present study the nuclear family members like father, mother lives with their children apart from the other family members. In a joint family there were two or more married siblings living and sharing the same household, and there income is also contributing equally for survival of the family. And an extended family consisting husband, wife, children and some relatives living with them. The following Table 4 shows the type of family of the respondents. Table 4 shows that majority of respondents, 61.67 per cent belonged to the nuclear family, 24.17 per cent belonged to joint family and only 14.17 per cent belonged to extended family. This study is in accordance with the results of Johnson *et al.* (2015)

**Family Size:** Family size refers to the number of individuals of all ages and sexes living in the same house and sharing the common kitchen. On the basis of size of family, respondents were classified in three category *viz.*, small, medium and large. Table 5 showed that 55.83 per cent of the family have 5 to 7 family members (medium family), 26.67 per cent of the family have 2-4 family members (small family) and 17.50 per cent of the family have 8 and above family members (large family). This study is in accordance with the results of Roy *et al.* (2010).

#### *C. Economic characteristics of the respondents.*

**Occupation:** Occupation refers as the main source of earning or livelihood. Occupation of respondents is considered as important factor which largely affect the economic condition of family, decision making process and attitude of family members towards earning. Table 6 showed that majority of respondents 59.17 per cent were found to be house wife, and 23.33 per cent of the respondent were involved farming, 10.00 per cent in labour, 5.00 percent in business, only 2.50 per cent of the respondents have service of occupation.

**Family annual income:** The incomes of the respondents have significant influence on their socio-economic status and it plays key role in adoption of any new services. Annual family income was measured using a measuring scale by grouping income categories it was difficult to get exact income details from respondents so, income was grouped in a range and respondents were categorized into four groups as very low, low, medium and high income group. The above table 7 depicts that majority of respondents were from medium income group that is 43.33 per cent followed

by high income group which is 27.50 per cent and low income groups of respondents 20.83 per cent and least number of respondents were from very low income which is 8.33 per cent.

#### *D. Socio-psychological characteristic of the respondents*

**Social participation:** Social participation is an important variable in the study of social sciences. Social participation refers to the extent of involvement of respondents in various social institutions. Such as Panchayat, co-operatives society, health center, cultural programme, S.H.G., Aaganwadi, and any others. On the basis of extent of involvement and the position they hold in different organization, the respondents have been categorized into four groups. The frequency and percentage distribution in different group have been shown in table 8. The above table 8 clearly shows that majority of the respondents were member of more than one organization *i.e.* 40.83 per cent followed by 29.17 per cent of people who were found not to be member of any organization. While member of one organization *i.e.* 23.33 per cent and only 6.67 per cent of the respondents were office bearer. The study findings have similar results with the findings of Behra and Mahapatra (2005) where result revealed that larger portion of the respondent had not membership in any organization.

#### *E. Communication characteristics of the respondents.*

**Source of information utilization (SIU):** Source of information utilized is one of the most important variables that play an important role in information dissemination and adoption of new programmes and their services. Source of information in the present study refers out-side contact with women beneficiaries among NHM scheme. As the respondents established close linkage with various information source *viz.*, personal cosmopolite, personal locality and mass media, they possessed significant level of adoption. Part "A" source of information table 9 showed that the frequency for usage of different sources of information by women beneficiaries in NHM scheme. It revealed that amongst the information sources, majority of the respondents used to contact 'most often' with AWW and it was found dominant as its percentage (40 per cent) was maximum followed by health sub centre (38.33 per cent), ASHA (36.67 per cent) ANM and family members (30 per cent), Neighbors (26.67 per cent), relatives (21.67 per cent), friends (16.67 per cent) and Panchayat (10 per cent) respectively. In case of 'often' Consulted sources, Consultation of respondent with ANM was found maximum (40 per cent) followed by neighbors, AWW, health sub centre, ASHA and family members, relatives, friends and Panchayat. The percentages of respondents were 35, 28.33, 26.67, 23.33, 18.33, 11.67 respectively used for NHM scheme source of information. In case of 'Sometimes' sources of information utilized by the majority respondents consultation was found Panchayat (43.33 per cent) with followed by relatives (38.33 per cent), friends (36.67 per cent), family members (31.67 per cent), neighbors and health sub centers (23.33 per cent), AWW (21.67

per cent), ANM (20 per cent) and ASHA (18.33 per cent) respectively used for NHM scheme sources of information. In case of 'never' sources of information utilized it was observed that the major proportion of respondent never consulted Panchayat (35 per cent) followed by friends, ASHA, relatives, neighbors, family members and ANM, AWW, health sub centre. The percentages of respondents were found 28.33, 18.33, 16.67, 15, 11.67 and 10 respectively.

Part "B" Showed that the frequency for various sources of information used 'most often' by the T.V (30 per cent) and radio (11.67 per cent) respectively.

In case of 'often' source of information, utilized majority of respondent consultation with T.V and radio and their percentage were 25 and 20 respectively.

In case of 'sometime' sources of information utilized majority of respondent consultation with radio (40 per cent) and T.V (30 per cent) respectively.

In case of 'never' source of information utilized by majority of respondent consultation with radio (28.33

per cent) and T.V (15 per cent) respectively.

Part "C" Showed that the frequency for various sources of information used 'most often' by the NHM beneficiaries magazine (11.67 per cent) followed by newspapers and others their percentage were 8.33 and 10 respectively.

In case of 'often' source of information, utilized majority of respondent consultation with newspapers (18.33 per cent) followed by magazine (15 per cent) and others (15 per cent) respectively.

In case of 'sometime' sources of information utilized majority of respondent consultation with newspapers followed by magazine and others and their percentage were 43.33, 41.67 and 40 respectively.

In case of 'never' source of information utilized by majority of respondents consultation with others sources (books, folder) followed by magazine and newspaper and their percentage were 35, 31.67 and 30 respectively. This study is in accordance with the results of Sarin *et al.* (2016).

**Table 1: Frequency and percentage distribution of respondents with respect to their age.**

| Age group                          | Respondents (n=120) |            |
|------------------------------------|---------------------|------------|
|                                    | Frequency           | Percentage |
| Young age groups (18 to 25 years)  | 43                  | 35.83      |
| Middle age groups (26 to 45 years) | 58                  | 48.33      |
| Old age groups (46 and above)      | 19                  | 15.83      |
| <b>Total</b>                       | <b>120</b>          | <b>100</b> |

**Table 2: Frequency and percentage distribution of respondents with respect to their Caste.**

| Caste group  | Respondents (n=120) |            |
|--------------|---------------------|------------|
|              | Frequency           | Percentage |
| SC           | 32                  | 26.67      |
| ST           | 54                  | 45.00      |
| OBC          | 23                  | 19.17      |
| UR           | 11                  | 9.17       |
| <b>Total</b> | <b>120</b>          | <b>100</b> |

**Table 3: Frequency and percentage distribution of respondents with respect to their educational qualification.**

| Educational qualification | Respondents (n=120) |            |
|---------------------------|---------------------|------------|
|                           | Frequency           | Percentage |
| Illiterate                | 4                   | 3.33       |
| Can read and write only   | 14                  | 11.67      |
| Primary school            | 9                   | 7.50       |
| Middle school             | 19                  | 15.83      |
| High school               | 42                  | 35.00      |
| Intermediate              | 22                  | 18.33      |
| Graduate and above        | 10                  | 8.33       |
| <b>Total</b>              | <b>120</b>          | <b>100</b> |

**Table 4: Frequency and percentage distribution of respondents with respect to their type of family.**

| Family type  | Respondents (n=120) |            |
|--------------|---------------------|------------|
|              | Frequency           | Percentage |
| Nuclear      | 74                  | 61.67      |
| Joint        | 29                  | 24.17      |
| Extended     | 17                  | 14.17      |
| <b>Total</b> | <b>120</b>          | <b>100</b> |

**Table 5: Frequency and percentage distribution of respondents with respect to their family size.**

| Family Size          | Respondents (n=120) |            |
|----------------------|---------------------|------------|
|                      | Frequency           | Percentage |
| Small (2- 4 members) | 32                  | 26.67      |
| Medium (5-7 members) | 67                  | 55.83      |
| Large (8 and above)  | 21                  | 17.50      |
| <b>Total</b>         | <b>120</b>          | <b>100</b> |

**Table 6: Frequency and percentage distribution of respondents with respect to their Occupation.**

| Occupation   | Respondents (n=120) |            |
|--------------|---------------------|------------|
|              | Frequency           | Percentage |
| Business     | 6                   | 5.00       |
| Farming      | 28                  | 23.33      |
| Service      | 3                   | 2.50       |
| Housewife    | 71                  | 59.17      |
| Labour       | 12                  | 10.00      |
| <b>Total</b> | <b>120</b>          | <b>100</b> |

**Table 7: Frequency and percentage distribution of respondents with respect to their family annual income.**

| Family income                     | Respondents (n=120) |            |
|-----------------------------------|---------------------|------------|
|                                   | Frequency           | Percentage |
| Very low (Below Rs. - 25,000/-)   | 10                  | 8.33       |
| Low (Rs. - 25,001 to 50, 000/-)   | 25                  | 20.83      |
| Medium (Rs. - 50,001 to 75,000/-) | 52                  | 43.33      |
| High (Rs. - 75,001 and above)     | 33                  | 27.50      |
| <b>Total</b>                      | <b>120</b>          | <b>100</b> |

**Table 8: Frequency and percentage distribution of respondents with respect to their social participation.**

| Responses                            | Respondents (n=120) |            |
|--------------------------------------|---------------------|------------|
|                                      | Frequency           | Percentage |
| Not member of any organization       | 35                  | 29.17      |
| Member of one organization           | 28                  | 23.33      |
| Member of more than one organization | 49                  | 40.83      |
| office bearer of an organization     | 8                   | 6.67       |
| <b>Total</b>                         | <b>120</b>          | <b>100</b> |

**Table 9: Frequency and percentage distribution of respondents with respect to their Source of information utilized (SIU).**

| Sr. No.                                      | Source of information utilized | Most often |       |      | Often |       |     | Sometimes |       |      | Never |       |     |
|--|--------------------------------|------------|-------|------|-------|-------|-----|-----------|-------|------|-------|-------|-----|
|  |                                | F          | (%)   | R    | F     | (%)   | R   | F         | (%)   | R    | F     | (%)   | R   |
| <b>A. Personal Cosmopolite / Cosmopolite</b> |                                |            |       |      |       |       |     |           |       |      |       |       |     |
| 1.   | ASHA                           | 44         | 36.67 | III  | 32    | 26.67 | IV  | 22        | 18.33 | VIII | 22    | 18.33 | III |
| 2.   | AWW                            | 48         | 40.00 | I    | 34    | 28.33 | III | 26        | 21.67 | VI   | 12    | 10.00 | VII |
| 3.   | ANM                            | 36         | 30.00 | IV   | 48    | 40.00 | I   | 24        | 20.00 | VII  | 12    | 10.00 | VII |
| 4.   | Relatives                      | 26         | 21.67 | VI   | 28    | 23.33 | V   | 46        | 38.33 | II   | 20    | 16.67 | IV  |
| 5.   | Neighbors                      | 32         | 26.67 | V    | 42    | 35.00 | II  | 28        | 23.33 | V    | 18    | 15.00 | VI  |
| 6.   | Family members                 | 36         | 30.00 | IV   | 32    | 26.67 | IV  | 38        | 31.67 | IV   | 14    | 11.67 | V   |
| 7.   | Friends                        | 20         | 16.67 | VII  | 22    | 18.33 | VI  | 44        | 36.67 | III  | 34    | 28.33 | II  |
| 8.   | Panchayat                      | 12         | 10.00 | VIII | 14    | 11.67 | VII | 52        | 43.33 | I    | 42    | 35.00 | I   |
| 9.   | Health sub centre              | 46         | 38.33 | II   | 34    | 28.33 | III | 28        | 23.33 | V    | 12    | 10.00 | VII |
| <b>B. Audio-visual sources</b>               |                                |            |       |      |       |       |     |           |       |      |       |       |     |
| 1.   | Radio                          | 14         | 11.67 | II   | 24    | 20.00 | II  | 48        | 40.00 | I    | 34    | 28.33 | I   |
| 2.   | T.V.                           | 36         | 30.00 | I    | 30    | 25.00 | I   | 36        | 30.00 | II   | 18    | 15.00 | II  |
| <b>C. Written source</b>                     |                                |            |       |      |       |       |     |           |       |      |       |       |     |
| 1.   | Magazine                       | 14         | 11.67 | I    | 18    | 15.00 | II  | 50        | 41.67 | II   | 38    | 31.67 | II  |
| 2.   | Newspaper                      | 10         | 8.33  | III  | 22    | 18.33 | I   | 52        | 43.33 | I    | 36    | 30.00 | III |
| 3.   | Other (books, leaflet, poster) | 12         | 10.00 | II   | 18    | 15.00 | II  | 48        | 40.00 | III  | 42    | 35.00 | I   |

## CONCLUSIONS

In conclusion, this descriptive study provides valuable insights into the socio-economic characteristics of beneficiaries of the National Health Mission scheme in Korba district of Chhattisgarh. It found that most beneficiaries belonged to vulnerable tribal and scheduled caste communities, had high school level education, lived in nuclear families of medium size, and had household occupations with medium annual incomes. Regular access to information sources like ASHA workers, AWWs and health sub-centers was also observed. While the cross-sectional design limits causal inferences, the profiling of beneficiaries can better guide district health authorities in adapting NHM interventions according to the needs and circumstances of intended populations. With larger representative samples, the findings have potential to strengthen the last-mile delivery of public health services to underserved communities through schemes like NHM.

## FUTURE SCOPE

The following are some potential areas of future scope based on the study:

1. Conduct a larger scale study with a larger sample size spanning multiple districts to improve generalizability.
2. Undertake a longitudinal study to evaluate the impact of NHM schemes over a period of time and better establish cause-effect relationships.
3. Compare the characteristics of beneficiaries utilizing various NHM services to non-beneficiaries to assess the schemes' reach and effectiveness.
4. Explore in more depth beneficiaries' health seeking behaviors, barriers faced and satisfaction with services to identify opportunities for improvement.
5. Conduct focus group discussions and interviews with community leaders to understand broader social and cultural factors influencing access and uptake of care.

6. Compare profiles of beneficiaries pre- and post-implementation of targeted interventions under NHM to evaluate success of tailored approaches.

7. Collaborate with program managers to incorporate study findings into monitoring frameworks and develop more inclusive, equity-focused implementation strategies.

8. Publish results in peer-reviewed public health journals to create awareness about vulnerabilities and inform evidence-based policies nationally.

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**Conflict of Interest.** None.

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