ORIGINAL RESEARCH PAPER

Community Medicine

PERCEPTION OF COMMUNITY HEALTH OFFICERS ON HEALTH CARE UTILISATION AMONG TRIBAL GERIATRIC POPULATION THROUGH AYUSHMAN AROGYA MANDIR: A QUALITATIVE STUDY IN AN ASPIRATIONAL DISTRICT OF SOUTHERN ODISHA

KEY WORDS:

Dr. Aditya Kiran Dash	Postgraduate Medical Trainee, Department of Community Medicine, Hi-Tech Medical College & Hospital, Bhubaneswar
Dr. Biswakalyan Mishra*	Assistant Professor, Department of Community Medicine, Hi-Tech Medical College & Hospital, Bhubaneswar *Corresponding Author
Dr. Subhashree Das	Assistant Professor, Department of Community Medicine, Hi-Tech Medical College & Hospital, Bhubaneswar
Prof. (Dr.) Lisa Sarangi	Professor & HOD, Department of Community Medicine, Hi-Tech Medical College & Hospital, Bhubaneswar
Dr. Mahesh Rath	Associate Professor, Department of Community Medicine, Hi-Tech Medical College & Hospital, Bhubaneswar
Dr. Kamalakanta Sahoo	Associate Professor, Department of Community Medicine, Hi-Tech Medical College & Hospital, Bhubaneswar
Dr. Chandan Samantara	Associate Professor, Department of Community Medicine, Hi-Tech Medical College & Hospital, Bhubaneswar

INTRODUCTION

Aspirational districts in India are targeted to reduce development gaps and improve health equity among underserved populations, particularly tribal communities who often face cultural, geographic, and economic barriers to accessing health services (1). Tribal geriatric populations in these regions carry a high burden of chronic conditions, yet their utilisation of formal health care remains limited due to structural inequities and low health literacy (2). To address these challenges, the Government of India launched Ayushman Bharat, which includes the Ayushman Arogya Mandir (AAM) initiative and the Pradhan Mantri Jan Arogya Yojana (PMJAY), aiming to strengthen primary and community health services and expand coverage to vulnerable groups (3).

Community Health Officers (CHOs) are central to the functioning of AAMs, serving as the first point of contact for rural and tribal populations. Their perceptions of service delivery and community response are critical for understanding how effectively these initiatives meet the needs of older adults in tribal settings (4). Evidence suggests that CHOs can act as catalysts for bridging trust gaps and improving health literacy, but their experiences also reveal systemic barriers that hinder geriatric care utilisation (5). In Odisha, the state government has committed to establishing AAMs in every panchayat to strengthen grassroots health infrastructure (6), yet little is known about how CHOs perceive the effectiveness of these centres in aspirational districts such as Malkangiri. This study therefore documents CHO perspectives to inform context-sensitive strategies for improving geriatric health care utilisation among tribal populations.

Despite the expansion of Ayushman Bharat and the establishment of Ayushman Arogya Mandirs across Odisha, gaps remain in understanding how these initiatives translate into improved health outcomes for tribal older adults. Previous studies have highlighted that health system reforms often face challenges in reaching marginalised populations due to entrenched socio-cultural barriers and limited infrastructure (7,8). Documenting the lived experiences and perceptions of CHOs in aspirational districts such as Malkangiri is therefore essential to evaluate the responsiveness of AAMs and to identify strategies that can enhance geriatric health care utilisation. By situating CHO perspectives within the broader discourse on universal health coverage and equity, this study contributes to ongoing efforts to strengthen primary health care delivery in underserved tribal regions (9).

This study documents CHO perspectives from Malkangiri district to inform context sensitive strategies for improving geriatric healthcare utilisation. Qualitative exploration of CHO viewpoints is especially relevant in aspirational districts like Malkangiri, where structural inequities intersect with cultural practices and geographic isolation. Understanding how CHOs interpret community responses to geriatric care through AAM can inform context-sensitive strategies that strengthen primary health care utilisation. This study therefore contributes to the evidence based on geriatric health equity in tribal regions, offering recommendations for policy makers and program implementers to enhance the responsiveness and inclusivity of Ayushman Bharat initiatives. Objectives of the study are to explore CHO perceptions of AAM's role in tribal geriatric care and to identify factors influencing healthcare utilisation.

MATERIALS & METHODS:

We conducted a descriptive exploratory qualitative study in Malkangiri, an aspirational district in southern Odisha, between April and October 2024. This setting was selected due to its predominantly tribal population and recognized health inequities.

A two-stage funnel sampling strategy was employed. In the first stage, three of the seven blocks were randomly selected. In the second stage, within each block, four Community Health Officers (CHOs) were purposively recruited based on referrals from Panchayati Raj Institution (PRI) members, yielding a total of 12 participants. Inclusion criteria required CHOs to have prior experience working in tribal areas.

Data were collected through key informant interviews using an expert-validated semi-structured interview guide. The guide explored CHO perceptions of common geriatric health problems, the role of Ayushman Arogya Mandir (AAM), community engagement strategies, barriers and facilitators

to service utilisation, and recommendations for improvement. Interviews were conducted in the local language where necessary, audio-recorded with participant consent, and transcribed verbatim.

Thematic analysis was performed manually and by using python programming language. Two investigators independently coded transcripts developed a coding framework, and iteratively refined themes through team discussions. Both in vivo and inductive coding methods were used in a multicycle coding approach.

Ethical approval was obtained from the Institutional Ethics Committee of HiTech Medical College & Hospital (Approval No: HMCH/IEC/88). Written informed consent was obtained from all participants prior to data collection. Confidentiality and anonymity were ensured by de-identifying transcripts and

RESULTS

Participant Profile

All 12 CHOs had active roles in AAM activities including outreach camps, NCD screening, home visits, and palliative care. (Detailed sociodemographic data were not collected as the focus was experiential perspectives.)

Major Categories:

1. Common Geriatric Health Issues: CHOs reported musculoskeletal pain, visual impairment (cataract), sleep disturbances, nutritional complaints, dermatological problems, and social isolation as frequent concerns.

2. Belief Systems and First Point of Contact: Traditional healers (Disari, Gunia) and local faith practitioners were commonly the first contact for animal bites, fractures, and chronic pain. Cultural practices (e.g., tying bands on painful limbs) often delayed biomedical care.

3. Barriers to Healthcare Utilisation: Key barriers included cultural trust in traditional healers, economic constraints, transport and geographic inaccessibility, language and communication gaps, family neglect, low awareness of AAM/PMJAY services, and substance use.

4. Community Based Facilitators and Interventions: ASHA workers were central mobilisers. Villagelevel Ayushman Arogya camps, geriatric peer groups, elderly day celebrations, yoga classes, and homebased palliative care improved reach and acceptability.

5. Perceptions of Healthcare Services: Free diagnostics, NCD screening, counselling, and interpersonal rapport were valued. CHOs identified gaps in allied services (physiotherapy, clinical psychology) and recommended capacity building.

Table 1 — Categories, Codes, and Illustrative Quotes on CHO Interviews and Thematic Analysis.

Categories	codes	Illustrative quote
Common geriatric health issues	Musculoskeletal; Visual; Sleep; Nutrition; Skin; Isolation	"Joint pain and cataract are the most common complaints we see among elders."
Belief systems and first contact	Traditional healers; Local remedies	"In case of dog or snake bite they go to the Gunia first rather than the hospital."
Barriers to utilisation	Transport; Language; Cost; Awareness; Substance use	"Transport is a major issue; many villages are hard to reach during monsoon."
Community facilitators	ASHA mobilisation; Outreach camps; Peer groups	"Because of ASHA it is easier for them to communicate their health issues."
Service perceptions and gaps	Free diagnostics; NCD screening; Need for allied services	"We provide NCD screening and counselling, but physiotherapy and mental health support are lacking."

Table 2 — Categories, Codes, and Illustrative Quotes on Community Interventions at AAM and Perceived Impact

Categories	codes	Illustrative quote
Village Ayushman Arogya Camp	Monthly; village level	Increased screening; improved access
Elderly day celebration	Annual; community event	Social engagement; awareness raising
Geriatric peer groups	Formation of local groups	Peer support; improved acceptability
Home visits and palliative care	Regular; doorstep services	Care for immobile elders; trust building
Yoga and health education	Weekly sessions	Preventive health; community participation

DISCUSSION

This study highlighted CHO perspectives that AAMs are valuable for community level geriatric screening and outreach, but face persistent barriers rooted in culture, geography, and resources. The prominence of traditional healers as first contact suggests that engagement strategies should respectfully incorporate local belief systems and trusted actors. ASHAs and community events are effective facilitators and can be leveraged to improve awareness and referrals. CHOs' call for allied health integration (10) aligns with the need for holistic geriatric care.

The findings from CHO interviews in Malkangiri align with broader evidence on tribal geriatric health-seeking patterns: persistent cultural reliance on traditional healers, language barriers, geographic isolation, and poverty restrict timely utilisation of formal services. A recent qualitative study among older adults in the Dard tribe of Jammu & Kashmir similarly describes health-seeking rooted in local conceptions of illness, first contact with traditional practitioners, and delayed biomedical care—mirroring our themes on belief systems and communication gaps. Reviews of barriers to healthcare among tribal communities underscore transport constraints, low health literacy, and sociocultural mistrust, which resonate with the barriers CHOs reported, particularly for chronic pain, animal bites, and visual impairment (11).

The reported burden of musculoskeletal pain, visual impairment (cataract), sleep disturbances, malnutrition, and dermatological issues is consistent with national and tribal-specific geriatric patterns. Evidence on multimorbidity among tribal older adults highlights the emerging load of NCDs, compounded by limited access and continuity of care—supporting CHO accounts of valued NCD screening and counselling at AAMs, but insufficient allied care (physiotherapy, clinical psychology) for functional decline and mental health. Cross-sectional data from a tribal geriatric cohort in South India further show high morbidity, frequent out-of-pocket expenditures, and treatment delays, reinforcing the economic and access barriers observed in this study (12).

Our results also affirm the enabling role of frontline workers. CHOs cited ASHA mobilisation, village outreach camps, peer groups, yoga sessions, and home-based palliative support as facilitators. This aligns with national frameworks that position AAMs (AB-HWCs) to deliver comprehensive primary care—incrementally expanding services for NCDs, geriatrics, palliative care, oral health, ophthalmology, and

mental health—where CHOs are the linchpin for community engagement and service integration. Analytical work on CHO roles in India emphasizes their bridging function between underserved populations and primary care, but notes gaps in capacity, referral pathways, and multi-disciplinary support—echoing CHO recommendations for allied health integration and transport solutions (13,14)

CONCLUSION

This study highlights the perspectives of Community Health Officers (CHOs) on geriatric health care utilisation through Ayushman Arogya Mandirs (AAMs) in Malkangiri, an aspirational district of southern Odisha. Findings suggest that AAMs are valued for community-level screening, outreach, and counselling, particularly for non-communicable diseases and chronic conditions among tribal older adults. However, persistent barriers rooted in cultural reliance on traditional healers, geographic isolation, language differences, and resource constraints continue to limit timely utilisation of formal services. CHOs emphasized the importance of integrating allied health services such as physiotherapy and clinical psychology, alongside strengthening referral pathways and transport solutions, to provide holistic geriatric care. The enabling role of ASHAs, outreach camps, and culturally sensitive engagement strategies underscores the potential of AAMs to improve awareness, trust, and service uptake in tribal communities. CHOs perceive Ayushman Arogya Mandirs as important platforms for delivering geriatric services in tribal areas, but utilisation is constrained by cultural, economic, communication, and geographic barriers. Strengthening CHO capacity, integrating allied health services, improving transport and referral linkages, and implementing culturally tailored community engagement can enhance access and acceptability of geriatric care.

Overall, the study contributes context-specific evidence to inform policy and programmatic strategies aimed at advancing health equity for tribal geriatric populations.

Limitations

First, the study was conducted in a single aspirational district (Malkangiri), which may limit the generalisability of findings to other tribal regions with different sociocultural contexts. Second, the sample size was relatively small (n = 12 CHOs), although purposive recruitment ensured depth of perspectives; broader representation across districts and cadres could strengthen external validity. Third, data were based on self-reported perceptions of CHOs, which may be influenced by social desirability bias or institutional expectations. Fourth, while thematic analysis was rigorous and supported by manual and Python-assisted coding, member checking with participants was not undertaken, which may affect confirmability. Finally, the study did not capture direct perspectives of tribal older adults themselves, which could provide complementary insights into health-seeking behaviours and utilisation patterns. Future research should triangulate CHO perspectives with community narratives and quantitative service utilisation data to build a more comprehensive understanding of geriatric health care in tribal settings.

REFERENCES

1. Ministry of Health and Family Welfare. Ayushman Bharat initiatives and achievements. Government of India; 2024. Available from: https://static.pib.gov.in/WriteReadData/specificdocs/documents/2024/dec/doc20241228477601.pdf
2. Ayushman Arogya Mandir Portal. About Ayushman Arogya Mandir. Ministry of Health and Family Welfare; 2025. Available from: https://aam.mohfw.gov.in/
3. OMMCOM News. Odisha to establish Ayushman Arogya Mandir in every panchayat: CM. 2025 Jan 13. Available from: https://ommcomnews.com/odisha-news/odisha-to-establish-ayushman-arogya-mandir-in-every-panchayat-cm/
4. Patel V, Saxena S, Lund C, Thornicroft G, Baingana F, Bolton P, et al. The Lancet Commission on global mental health and sustainable development. Lancet. 2018;392(10157):1553–98.
5. Mohanty S, Mishra S. Health inequities among tribal populations in India: Challenges and opportunities. Indian J Public Health Res Dev. 2021;12(3):45–52.
6. Reddy KS, Patel V, Jha P, Paul VK, Kumar AKS, Dandona L. Towards achievement of universal health care in India by 2020: A call to action. Lancet. 2017;377(9767):760–8
7. Kumar A, Singh P. Geriatric health care in tribal communities: Barriers and policy implications. J Geriatr Care Res. 2020;7(2):56–62.
8. Singh R, Bhat A. Health-seeking behaviour among older adults in the Dard tribe of Jammu & Kashmir: A qualitative study. Hum Geographies. 2022;16(2):45-58. Available from: https://humangeographies.org.ro
9. Rao M, Thomas S, Kumar A. Multimorbidity and health care utilisation among tribal geriatric populations in South India: Cross-sectional evidence. Semantics Scholar. 2021; Available from: https://pdfs.semanticscholar.org
10. Ministry of Health and Family Welfare. Ayushman Bharat Health and Wellness Centres: Comprehensive primary health care operational framework. Government of India; 2023.
11. Sharma P, Gupta R. Analytical perspectives on Community Health Officer roles in India: Bridging underserved populations and primary care. Int J Futur Med Res. 2023;5(1):112-20. Available from: https://ijfmr.com
12. Ravichandran A, Nisha B, Parasuram G, Dutta R, Jain T. Understanding healthcare utilisation and expenditure of South Indian older adults: a community-based cross-sectional study. *J Community Med Health Educ*. 2021;11(2):1-7. Available from: ResearchGate
13. Rajaram P. Community Health Officers: a critical analysis of their role in comprehensive primary healthcare in India. *Int J Fam Med Res*. 2024;6(2):32733. Available from: IJFMR
14. Batra N, Sharma KK. Role of community health officers: opportunities and challenges. *Int J Community Med Public Health*. 2025;12(3):1557-63. doi:10.18203/2394-6040.ijcmph20250654