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ROLE OF MEDICAL CAMPS IN STRENGTHENING PUBLIC HEALTH AWARENESS IN DELHI-NCR

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ABSTRACT

Some have proposed the health camp as a way to improve residents' access to medical treatment in their immediate areas. Funding free health camps is a top priority. The purpose of this research is to analyse medical camps in Delhi-National Capital Region (NCR) and draw conclusions about their effectiveness as a public health education tool for maintaining healthy communities. Using a purposive selection technique, 200 participants will be chosen to participate in the research. A structured questionnaire will be used to gather primary data. The questionnaire will address topics such as demographics, health awareness, providers, services, and challenges encountered during medical camps. The results will show that medical institutions, making up 26.0% of the sample, are the primary source of information on medical camps. There is a statistically significant difference in health awareness ratings between the sexes, according to the independent-samples t-test ($t = 2.18$, $p = 0.031$)

Keywords: Medical Camps, Awareness, Health, Services

I. INTRODUCTION

In recent years, health camps have gained prominence as a vital community-based strategy for bettering public and personal health. They provide a one-stop shop for all things related to health, including screenings, consultations, treatments, counselling, and education. People are able to take a more active role in their own health maintenance, lifestyle adoption, and access to prompt medical treatment when they attend health camps, which promote community involvement and collaboration.

People in underprivileged and rural areas frequently have trouble getting the medical treatment they need, which is why health camps are so important there. A lack of prompt medical treatment for rural communities may be caused by geographical remoteness, insufficient healthcare infrastructure, poor transportation facilities, budgetary restrictions, and an uneven distribution of competent healthcare providers. Health camps may serve as a link between communities and necessary healthcare services in these types of situations.

Task shifting and the use of ICT are two examples of the creative techniques that healthcare institutions, including hospitals, non-governmental organisations, and governments, have been increasingly using to decrease these healthcare inequities. One community-based strategy for reaching people in rural and underserved regions is the use of health camps, which bring doctors and other medical professionals to such communities. Services such as general health exams, screening for common illnesses, medical consultations, medications, counselling, and referrals for further treatment are often provided by these camps, which normally operate as temporary or mobile healthcare facilities.

Health camps not only provide direct medical care, but they also provide a great opportunity to raise awareness and educate people about the need to stay healthy. People may be encouraged to adopt healthier habits and make better use of healthcare facilities by counselling on cleanliness, sanitation, nutrition, preventive healthcare, lifestyle-related illnesses, and frequent health check-ups. People with complex or critical health issues may also benefit from referral services, which help them get the treatment they need at more specialised healthcare facilities.

Beyond the direct delivery of medical treatment, health camps have far-reaching positive effects. A well-run health camp may help underprivileged communities' general health and provide important data on the population's healthcare requirements and the frequency of certain diseases. The availability of necessary medications and diagnostic facilities, sufficient healthcare workers,

effective awareness campaigns, enough planning, and suitable follow-up procedures are crucial to their effectiveness. Thus, health camps may serve as more than just short-term medical treatments; they can also play a significant role in promoting health, preventing diseases, detecting them early, and empowering communities.

II. REVIEW OF LITERATURE

Khalil, Umer et al., (2025) Mobile medical camps provide low-cost health screenings, immunisations, education, and consultations to underserved communities in rural Khyber Pakhtunkhwa. Important gaps in primary care are filled and health equity is improved. Local NGOs and medical trainees conduct camps to bypass the high costs and limited locations that forced people to travel long distances for regular medical care. This research emphasises these efforts by drawing on information from the region and personal experiences with volunteering. A research carried out in KP in 2024 found that basic health care requirements "were not met" because of inadequate financing and outreach efforts. But when asked about their experiences as student volunteers in Karachi, 77% said they had a better understanding of community health, 84% said they were more confident in outpatient treatment, 94% said they had improved their empathy and communication skills, and almost half said they were influenced to pursue jobs in primary care. Outreach teams in Sindh, together with religious leaders and youth mobilisers, aided more than 16,000 flood victims by assessing them for physical and mental health issues, administering vaccinations that might save lives, and offering psychological first aid. By working together with district health departments, camps may teach community health professionals, educate legislators on the consequences of unmanaged chronic illnesses like hypertension and diabetes, and relieve short-term health difficulties. Rural health care and policy advocacy become even more important to medical students once they return to their home towns, which strengthens the system from the inside out. With a focus on capacity development, continuity of care, and community participation, ethically structured camps may spark long-term change. This transformation might restore trust in healthcare institutions and speed up legislative reforms to ensure that everyone has access to excellent healthcare.

Dora, G. et al., (2024). Health camps are one kind of event that many different types of organisations participate in. The objective may be anything from increasing sales and consumer base size to penetrating underserved areas. A rural health and training camp with a variety of specialities was organised in Mendhasala, Khurdha. We describe the camp profile and how various specialisations are used within the context of this study. Of the campers, 80.5% were members of the same community, and 90.3% were adults or seniors. At the camp, general

medicine (30.6% of patients) and orthopaedics (31.9%) were the two most prevalent medical subspecialties. As a measure of resource utilisation, the number of campers registered is the only metric by which the health camp may be evaluated. The lessons learned while organising a health camp with an eye toward public health education are documented here. A health camp may be smoothly executed by following a 10-point checklist.

Sahoo, Mukunda et al., (2023). The World Health Organization (WHO) has arranged World Health Day activities on the significance of universal health coverage with the theme of health for all—everyone, everywhere. Guaranteeing universal access to primary care for people of all income levels is of the utmost importance. This article detailed the plans and execution of a massive health camp by a prominent national institution in eastern India. A community-based mega health camp was planned at the satellite facility to successfully handle medical and surgical difficulties. Interviews with the organisers are conducted using questionnaires that are specifically prepared for this purpose. We put up a focus group discussion and interviewed several people to make sure the receivers could understand the marketing team's replies. A grand total of 24,85 patients made use of the consultation, according to the findings. The most numerous specialities were dermatology (487 patients), neurology (332 patients), general medicine (273 patients), orthopaedics (270 patients), eye (266 patients), endocrinology (191), gastroenterology (188 patients), and otolaryngology (153 patients). Final thoughts: a lot of what makes a camp so successful is the following: last-minute planning, obeying all laws and regulations, public knowledge of the event, backing from influential people, teamwork, and involvement from the community. It is essential that health camps be approached differently by public and private institutions.

singal, Kiran et al., (2021). Affordability of healthcare is a major issue in rural Himachal Pradesh. Medical staff here have been running summer programs for kids for a while now. Very few professionals, local panchayats, or non-governmental organisations (NGOs) were engaged. Even fewer patients showed up at the camp, and even fewer attended to their follow-up visits at the hospital. Evaluate the impact of organising these camps with interprofessional cooperation on the health outcomes for rural patients and the camp results. These camps, held in the same remote locations as the first medical camps, brought together experts from a wide range of disciplines. An interdisciplinary team was formed. Throughout camp, there was a focus on medical examinations, good living choices, and personal hygiene. Two sets of data were compared: one from the medical camps that came before and one from the camps that followed. Quantitative analysis relied on measurements like mean, average, range, median, and percentage, whereas qualitative analysis

relied on data gathered from interviews and feedbacks. We assessed the rate of improvement in health outcomes for certain chronic conditions. Compared to the average of 426 patients who attended just the medical camps, the 571 patients who attended all 18 camps were much higher. Additionally, a higher percentage of patients who were suggested to the hospital actually visited. There was an increase in patient satisfaction. There was a significant improvement in the management or complete eradication of many long-term health problems, including diabetes, hypertension, cataracts, chronic sinusitis, and allergies. There is evidence that these camps are more useful based on patient satisfaction, the number of patients who attend, and the percentage of patients who are referred to visit the hospital. Thanks to this collaboration, rural residents' health outcomes are better.

III. RESEARCH METHODOLOGY

Research Design

The study will adopt a descriptive and analytical research design.

Sources of Data Collection

Primary and secondary resources will be used in the investigation. The demographics, health awareness, sources of information on medical camps, services obtained, and challenges faced will all be part of the primary data set that will be gathered using a structured questionnaire. We will gather secondary data on medical camps and community health awareness from reputable web sources, as well as from books, scholarly papers, government reports, healthcare institutions, and records.

Study Area

People in the general public who visit medical camps hosted by certain healthcare facilities in the Delhi-National Capital Region will be the subjects of the research.

Sampling Technique

A purposive sampling technique will be used for selecting the respondents.

Sample Size

A total of 200 respondents will be included in the study.

Data Collection Tool

In order to gather primary data, a structured questionnaire will be created. The survey will ask for basic personal details as well as information on where people heard about medical camps, how well they were informed of important health issues, what kind of medical care they had while at camp, and any difficulties they encountered. In order to encourage precise answers, the questions will be presented in plain English.

Statistical Tools Used

We will use frequency, percentage, mean, and standard deviation to analyse the coded and tabular data. To compare the levels of health awareness among the groups that were chosen, an independent sample T-test will be used. The findings will be explained using tables and will be considered significant at a 5% level ($p < 0.05$).

IV. DATA ANALYSIS AND INTERPRETATION**Table 1: Demographic Profile of Respondents**

Variable	Category	Frequency	Percentage
Age	Below 30 years	48	24.0
	30–40 years	56	28.0
	41–50 years	52	26.0
	Above 50 years	44	22.0
Gender	Male	108	54.0
	Female	92	46.0

The study's 200 participants are shown in Table 1, which provides their demographic information. When broken down by age, the group with the most responders (56, or 28.0%) were in the 30–40 year old bracket, followed by the 41–50 year old bracket (52, or 26.0%). Of the total responders, 48 (24.0%) were younger than 30 years old, while 44 (22.0%) were older than 50 years old. By way of breakdown by gender, 108 respondents (54.0%) were men and 92 respondents (46.0%) were women.

Table 2: Sources of Information about Medical Camps

Source	Frequency	Percentage
Healthcare institutions	52	26.0
Friends and relatives	44	22.0
Community workers	38	19.0
Social media/Internet	32	16.0
Local advertisements	22	11.0
Other sources	12	6.0
Total	200	100.0

Table 2 displays the many ways in which participants learned about medical camps. With 52 respondents (26.0%), healthcare facilities were the most prominent source, followed by 44 respondents (22.0%) from friends and family. In terms of information sources, 38 respondents (19.0%) relied on community workers, whereas 32 respondents (16.0%) relied on social media and the Internet. Out of the total number of respondents, 22 (11.0%) were informed by local ads, whereas 12 (6.0%) were informed by other means.

Table 3: Awareness Regarding Health Issues through Medical Camps

Health Awareness Area	Highly Aware	Aware	Moderately Aware	Not Aware
Hypertension and diabetes	72 (36.0%)	86 (43.0%)	30 (15.0%)	12 (6.0%)
Nutrition and balanced diet	64 (32.0%)	92 (46.0%)	34 (17.0%)	10 (5.0%)
Personal hygiene and sanitation	78 (39.0%)	84 (42.0%)	28 (14.0%)	10 (5.0%)
Regular health check-ups	70 (35.0%)	90 (45.0%)	30 (15.0%)	10 (5.0%)
Lifestyle-related diseases	62 (31.0%)	88 (44.0%)	38 (19.0%)	12 (6.0%)

Using data from medical camps, Table 3 shows how well-informed respondents were on a range

of health topics. All of the chosen health domains had quite high levels of awareness, according to the results. Of the total respondents, 79.0% had a good awareness level when it came to hypertension and diabetes, with 36.0% being very aware and 43.0% being aware. In terms of nutrition and eating a balanced diet, 32.0% of respondents were very knowledgeable, while 46.0% were somewhat knowledgeable. With 84 (42.0%) and 78 (39.00%) respondents, personal hygiene and sanitation scored the greatest level of strong awareness. The significance of routine health checks was also recognised by 90 (45.0%) respondents, while 70 (35.0%) were well aware of it. Of those who took the survey, 88 (44.0%) were aware of the risks associated with unhealthy lifestyle choices, while 62 (31.0%) were very knowledgeable.

Table 4: Health Services Received during Medical Camps (Multiple responses allowed)

Service Received	Frequency	Percentage
General health check-up	156	78.0
Blood pressure screening	142	71.0
Blood sugar testing	128	64.0
Doctor consultation	150	75.0
Health education/counselling	138	69.0
Medicines	116	58.0
Referral for further treatment	54	27.0

With numerous choices allowed, Table 4 displays the medical camp services obtained by respondents. A total of 156 respondents (78.0%) reported receiving general health check-ups, with 150 respondents (75.0%) reporting receiving doctor consultations. Of the total responders, 142 (71.0%) had their blood pressure checked, and 138 (69.0%) had some kind of health education or counselling. Among those who took the survey, 128 (64.0%) reported measuring their blood sugar levels, and 116 (58.0%) reported taking medication. In all, 54 respondents (27.0%) said that they were referred for further therapy.

Table 5: Problems Faced by Respondents during Medical Camps

Problem	Frequency	Percentage
Long waiting time	42	21.0
Limited availability of specialists	34	17.0
Insufficient information about camp services	28	14.0
Crowding	32	16.0
Limited diagnostic facilities	26	13.0
Lack of follow-up services	24	12.0
No major problem	14	7.0
Total	200	100.0

In Table 5, we can see the most common issues that people had while attending medical camps. Long waiting times were mentioned by 42 respondents (21.0%) as the most prevalent issue. On the heels of this, 34 respondents (17.0%) reported a lack of experts and 32 respondents (16.0%) faced congestion. A total of 28 people (14.0%) voiced their dissatisfaction with the lack of information on camp services, while 26 people (13.1%) voiced their worry about the insufficient diagnostic facilities. Twelve percent, or 24 people, said they did not get any kind of follow-up care. Just fourteen people (or seven percent) said they didn't encounter any big issues while at camp.

Table 6: Independent Samples t-Test of Health Awareness Scores by Gender

Gender	N	Mean Score	SD	t-value	df	p-value
Male	108	3.82	0.71	2.18	198	0.031
Female	92	3.59	0.75			
Total	200					

A comparison of the health awareness ratings of male and female respondents was examined using an independent-samples t-test, the results of which are shown in Table 6. The mean awareness score for the male respondents (N = 108), who provided data with a standard deviation of 0.71,

was 3.82, while the mean score for the female respondents (N = 92) was 3.59, with a standard deviation of 0.75. A statistically significant difference between the two groups is shown by the derived t-value of 2.18 with 198 degrees of freedom and a p-value of 0.031 at the 5% level ($p < 0.05$).

V. CONCLUSION

A medical health camp is a novel approach to provide essential basic care to underserved areas. To ensure the health camp is a success, it may be necessary to plan ahead and collaborate with other healthcare organizations. Health camps staffed by medical experts could be a cost-effective way to reach the goal of universal health care in hard-to-reach regions.

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