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## COVID-19 Pandemic and Household Health Seeking Behaviour: A Sociological Study in Bhadrak District, India

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### ABSTRACT

The Covid-19 pandemic has created a deep and permanent impact on human life and human health in particular like lungs infection and breathing problem, persistent high fever, loss of taste and smell, extreme weakness etc and death in severe cases. For which attempts are made to study the health implications of the virus and the ways adopted to solve them. An in-depth study is made to understand the factors affecting the health seeking behaviour during the covid-19 pandemic among the people with various social backgrounds. Thus the objective is to study the health seeking behaviour of coronavirus victims and their families during the pandemic and understanding how they have utilize the available health care services. This also aims at understanding the various factors affecting the health seeking behaviour among the people. The results shows that there are various health facilities for treatment of covid-19. But they are not fully utilized by the victims due to various factors like low level of education, weaker economic standards, and fear of death in hospitals, low awareness, misconceptions and superstitious beliefs. The low health seeking behaviour led to the loss of many lives during the pandemic.

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## Background of the Study

Health seeking behaviour is one of the most important public health concern in many countries including India. It is evident that vulnerable people and households in developing countries, without adequate resources are less likely to seek health care services in comparison to their counter parts of developed countries with adequate resources due to various socio-economic, educational etc factors (Newton et al., 2021).

The scenario of health seeking behaviour even worsened after the hitting of the Covid-19 pandemic worldwide and India in particular. The first case in India was found in Kerala on 30<sup>th</sup> January, 2020 and the first Corona death was recorded on 12<sup>th</sup> March, 2020. Corona not only created health hazards but also brought crisis in economic, social and psychological sphere as well. This forced Government of India to declare locked down after the Janata curfew from 20<sup>th</sup> March, 2020 and continued for a long period of time through phase wise lockdowns.

The lock down forced to shut down all the private as well as public establishments. Due to this the domestic households had to go through a lot of trauma. The health system of the society was in disequilibrium which affected the health seeking behaviour of people which was as such low in India. It was expected that the households will seek for health and healthcare facilities and services more as compared to before the spread of SARS-CoV-2 or the Novel Coronavirus, but due to the fear of contact with the infected people many avoided moving out and use of health services available (Ochonga et al., 2021). But it was not the same for all. Many areas showed greater health seeking behaviour than before.

Many people made delays in reaching out for quality healthcare services, deciding to seek care or not etc. These delays were multi-causal like the personal experience of the patient, accompanying with the uncertainties about Covid-19 pandemic, compulsory quarantines, nationwide lockdowns, loss of income of many households and also to some extent the influence of traditional birth attendants in case of pregnant women particularly. But the worst situation was faced by the household whose head of the family were being infected by the deadly virus, as there hospitalisation brought various sufferings for the whole family economically, socially and psychologically which affected their health seeking behaviour. Thus the present study AIIMS to analyse the health seeking behaviour of the households whose head of the family was affected by Covid-19 virus.

## A Brief Review of Literature



There are various publications and many scholars those have crystallized the concept, different variables and determinants of health seeking behaviour. In an article Subhabrata Das and Munmee Das have discussed the difference between 'health seeking behaviour' and 'healthcare seeking behaviour'. They have tried to link the various determinants of health in behaviour, like socio-cultural, socio-economic, gender perspective, religion, availability, accessibility and acceptability etc to Indian context of health care system. Another factor that affects the health sitting behaviour among the people is the pluralism in Indian healthcare system. This creates confusion among the lay person, when it comes to choose one of the many types of healthcare services available. An article published in 2014, authored by Zalika Klemenc-Ketis and Janko Kersnik shows that the people with psychological disorder symptoms were reported to have lower health seeking behaviour, like advice from people and self treatment in place of professional help. The age of the person have no significant association with the psychological disorder or the health seeking behaviour. This study which was conducted in Slovenia concluded that people do not prefer professional help in fear of being stigmatized by the society. Whereas, according to World Health Organisation (WHO) people in old age are more likely to face mortality due to the COVID-19 infection. Having a wicker immune system puts them at more risk than the other age groups. The World Health Organisation also reported that at old age people are more affected by smoking, hypertension, cancer, diabetes, lung diseases and many more which makes them prone to COVID-19, thus recommended for first screening of the older people during the covid-19 spread.

Focusing on the gender aspect of health seeking behaviour Moumita Das and others have discussed that majority of women prefer informal healers over professionals. The study conducted by them talks about mainly 6 category of reasons why they have preferred informal healers, like easy communication, geographical and cognitive distance of formal healthcare, gender induced affordability, cultural competency of care, evidence of social stigma and labeling, burden of cultural expectations and geographical. But in the contrary the men preferred formal healthcare system over informal healers for various reasons (Das et al.2018).

The havoc ate that human society had to face due to Coronavirus, has created stigmatization towards the covid infected people. This stigmatization further affects the health seeking behaviour because of the fear that the dead bodies are not given dignified cremation. The health seeking behaviour was affected as it was found that the government rules only restricted the victim to be with their family and death in isolation, which lowered the health seeking among the people (Kumari,2021).During the endemic people preferred self medication without proper knowledge and education. For example during the pandemic



self medication from the pharmacies was very much prevalent without consulting a professional doctor. People started taking anti-microbials, anti-biotics, anti-virals and different vitamins like vitamin-C for treating COVID-19, unaware of the side effects and proper dosage. This is because of the fear of getting in contact with the COVID-19 infected people in healthcare centers. This shows the low health seeking behaviour of people (Mudenda et al.,2020).

But during this corona virus pandemic technology and media have played a vital role in increasing the health seeking behaviour among the people. Technology has helped to cope up with the changing health seeking behaviour of people due to fear of infection and growing awareness towards health condition. The technology and media has helped the government in various ways like tracing the contact through Aarogya Setu Application, promotion and awareness campaigns and providing covid infection data and scenario. This efforts by government resulted in reduction in the number of cases to some extent (Chandankar and Giri, 2021). Seeking health related information can also be regarded as health seeking behaviour. During COVID-19 a study revealed, health information seeking behaviour change among Indians. The use of social media was more frequent than a news on television and newspaper, for the real time information. What the information available on internet is not always reliable and authentic in nature (Ansari et al.,2021).

## **Objectives**

- 1) To analyse the health seeking behaviour of the victims and their families.
- 2) To understand the utilization of healthcare services by the corona victims and their households.

## **Data, Methods and Field Setting**

### Research Design

As the present study focuses on the study and description of the health seeking behaviour among the COVID-19 victims and their families during the pandemic, it will be adopting a ‘descriptive research design’.

### Universe of Study

In the present study the four most affected blocks of Bhadrak district are taken as the universe of study, namely- Basudebpur, Bhandari Pokhari, Dhamnagar and Bhadrak (municipality).

Target Population

The survey has been conducted on the victims of covid-19 those are the head of the family and have recovered from the virus attack from the hospital, which will help in proper representation of the health seeking behaviour and severity of the COVID-19 attack.

Sample Design

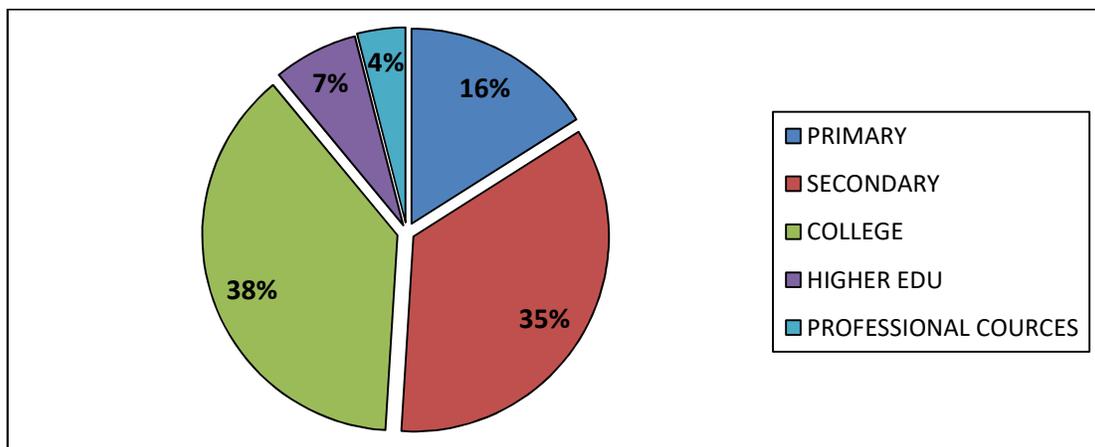
The present study has used the ‘snowball sampling method’ for collecting the sample population; this is because of the government regulation of not disclosing any of the information regarding the victims of covid-19 like name, address, contact etc. The sample size is 80 respondents in total.

Tools of Data collection

The researcher has collected the required data for the study from both primary and secondary sources. The primary sources consist of responses from the respondents in the field study, collected through semi-structured interview schedule, observation method and personal interview with the physicians. The government records, articles, journals, books and other literatures will constitutes the secondary sources of data, collected by content analysis.

**Health Seeking Behaviour and Utilization of the Services**

**Educational Status of Respondents**



SOURCE: Field Survey, December, 2021

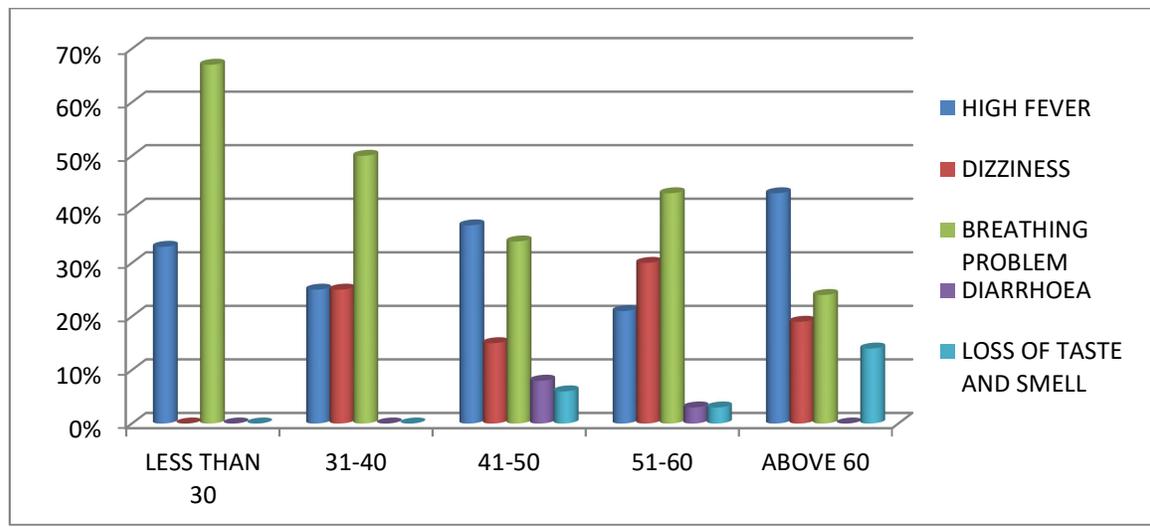
The above figure represents the block wise distribution of educational status of the respondents in the area of study. According to the data 16% of the respondents are having primary education, 35% having



secondary education, 38% are collegiate, 7% are having higher education whereas only 4% of the respondents have education in professional courses.

The data reveals that the educational status of the study area is not very high, which is also a reason for low health seeking behaviour and higher impact of covid-19 in the area. It was found that the economic background of the family also impacts the educational status. The respondents belonging to low level of education are mainly from the family background of agriculture, daily labourers, construction worker etc. The majority of the people having college education belong to families with better economic standard. The low educational level directly impacts the household health seeing behaviour.

**Age Wise Distribution of Major Health Issues Faced by Respondents**

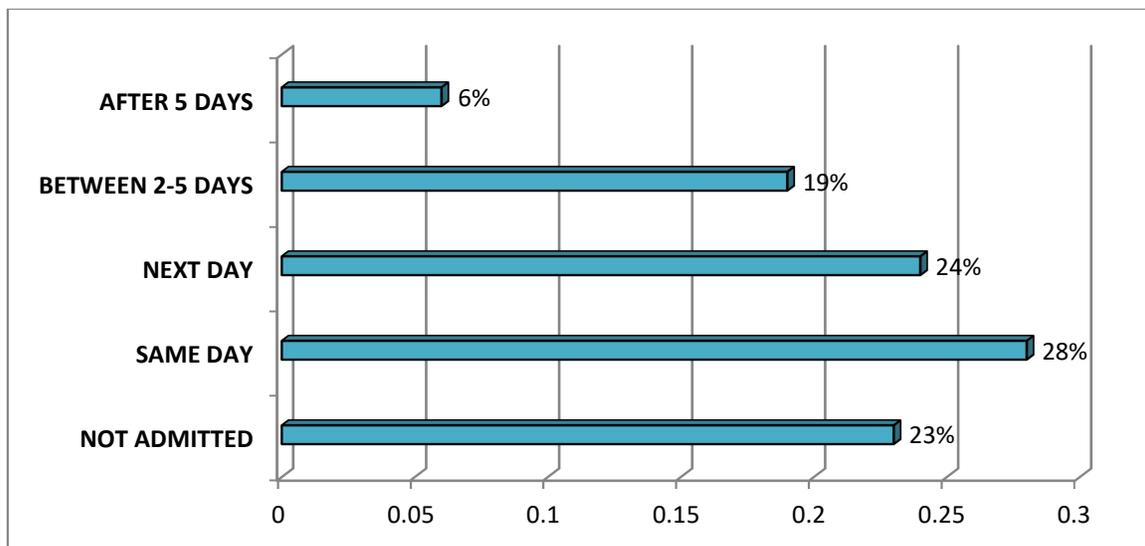


SOURCE: Field Survey, December, 2021

The bar diagram shows the relation between the age of the respondent and the major health issues they faced during the covid-19 infection. Out of the total respondents, the respondents with age less than 30 years 33% had high fever and 67% had breathing problem. The people within the age group of 31 to 40 years, 25% it says high fever, 25% people faced dizziness and 50% faced breathing problem. Among the people within the age group of 41 to 51 years, 37% had to face high fever, 15% had face dizziness, 34% had to face breathing problem, 8% had to face diarrhoea, the rest 6% lost their taste and smell. Out of the total number of respondents within the age group of 51 to 60 years, 21% had high fever, 30% had dizziness, 43% had breathing problem, 3% had diarrhoea, and the rest 3% lost their smell and taste. The people with age above 60 years, 43% had high fever 19% head dizziness 24% had to face breathing problems and 14% of them lost their taste and smell.

The analysis of the data shows that the people with more age had to face more health problems due to covid infection. The people under 40 years of age, where seen to have less health issues due to covid-19 infection. This was also recorded that the younger people took lesser time to recover then the older people. The health professionals said that the immunity matters the most. The younger mass had more immunity power thus could fight the infection better, but the older people had to face worst health problems.

### Admission of Victims in the Hospital



SOURCE: Field Survev. December. 2021

The data here discusses the duration after which the victim is admitted in hospital after being tested covid positive. Out of the total number of respondents 23% were not admitted in the hospital. The highest number of covid-19 victims admitted in the hospitals on the same day they were tested positive for COVID-19 and least number of respondents were admitted after 5 days. This shows that the people are very conscious about their health. Then why there were many deaths due to covid-19? The reason behind so many deaths although being admitted in hospital is that, many of the people get themselves diagnosed only when they were severely ill. The actual delay is done before testing for covid-19. This delay worsens the case due to which the victim loses his life. Here the **obligations of the 'sick role'** are not being fulfilled by the victims, as they were reluctant towards their health and did not seek professional help at the proper time. This shows that the health seeking behaviour during the covid-19 was low and people are still needed to be made aware and conscious and develop their health seeking behaviour.

### Distribution of Respondent's Nature of the Institutional Treatment on the Basis of Their Income

<u>Sl.no</u>	<u>Income</u>	<u>Nature of treatment</u>					<u>Total</u>
		<u>BAD</u>	<u>AVER</u> <u>AGE</u>	<u>GOOD</u>	<u>VERY</u> <u>GOOD</u>	<u>EXCEL</u> <u>LENT</u>	
1	NO INCOME	0	1(14%)	4(57%)	2(29%)	0	7
2	LESS THAN 10,000	3(9%)	10(31%) )	13(42%)	4(12%)	2(6%)	32
3	10,000-20,000	5(17%) )	12(40%) )	8(27%)	2(6%)	3(10%)	30
4	20,000-30,000	3(21%) )	1(7%)	5(37%)	3(21%)	2(14%)	14
5	30,000-40,000	1(14%) )	0	1(14%)	3(43%)	2(29%)	7
6	MORE THAN 40,000	0	0	1(10%)	3(30%)	6(60%)	10
<b>Total</b>		12	24	32	17	15	<b>100</b>

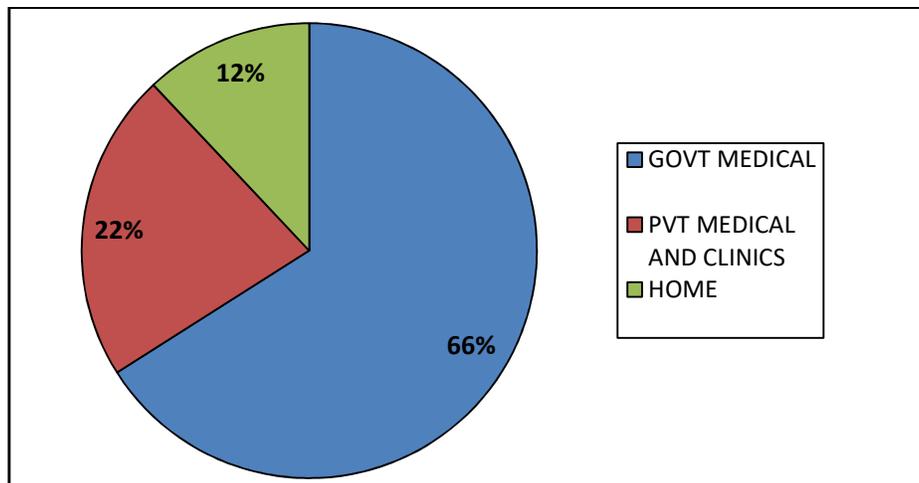
SOURCE: Field Survey, December, 2021

The above table discusses the distribution of respondent’s nature of institutional treatment on the basis of their income. Out of the total respondents with no income 14% said that their treatment was average, 57% said that the treatment was good, 29% said that their treatment was very good. The data shows a mixed trend because these were mainly the housewife, but their family income differs from person to person. How to off the total respondents with income less than 10,000, 9% said that the treatment was bad, 31% said that the treatment was average, 42% said that the treatment was good, 12% said that the treatment was very good and 6% said that the treatment was excellent in the hospitals. Out of the total respondents with income 10,000 to 20,000, 17% said that the treatment was bad, 40% said that the treatment was average, 27% said that the treatment was good, 6% said that the treatment was very good and 10% said that the treatment was excellent. Out of the total respondents with income 20,000 to 30,000, 21% said that the treatment was bad, 7% said that the treatment was average, 37% said that the

treatment was good, 21% said the treatment was very good and 14% said that the treatment was excellent. Out of the total respondents with income 30,000 to 40,000, 14% said that the treatment was bad, 14% share the treatment was good, 43% said that the treatment was very good and 29% said that the treatment was excellent. Out of the total respondents with income more than 40,000, 10% said that the treatment was good, 30% said that the treatment was very good and 60% said that the treatment was excellent.

Analysing the table shows that with the increasing of income, the number of respondents on the side of negative nature of treatment i.e 'bad and average' is reducing. But in the contrary with the increase of income, the number of respondents on the positive side of nature of treatment i.e 'very good and excellent' is increasing. Thus the data shows that the health seeking behaviour and the availability of health services are determined by the economy or income of the respondents. Therefore as Marx said, here the **economy determines** the nature of treatment, means they are directly related to each other. Therefore the respondents with higher income could avail better health facilities than their low-income counterparts.

### Preference for Treatment by the Respondents



SOURCE: Field Survey, December, 2021

The above pie chart shows the distribution of respondents on the basis of their preference for treatment. Out of the total number of 100 respondents, 66% preferred government medicals for treatment, out of the total respondents 22% referred to be treated in private medicals and clinics, whereas 12% of the respondents preferred to stay at home and get treated.



The respondents who preferred government medicals for being treated, mainly have low economic background or low health awareness. The people who opted for private medicals and clinics are the people who belong to a higher economic background and more conscious about the health. People who preferred not going to medical and staying at home are those who are afraid and confused due to the social scenario around them. Some of the respondents were not admitted in the medicals because of the negligence of the victim by the family.

**Distribution of Respondents on Basis of Preferred Mode of Medication**

<u>Sl.no</u>	<u>Mode of medication</u>	<u>Frequency</u>	<u>Percent</u>
1	HOMEOPATHY	1	1.0
2	AYURVEDIC	6	6.0
3	WITCHCRAFT	6	6.0
4	HOUSEHOLD REMEDIES	7	7.0
5	ALLOPATHY	24	24.0
6	ALLOPATHY & HOUSEHOLD REMEDIES	56	56.0
<b>Total</b>		100	100.0

SOURCE: Field Survey, December, 2021

The above table shows the various methods of medication followed by the victims during the COVID-19 infection. Out of the total of respondents 1% have used homeopathic medicine, 6% have used ayurvedic medicines, 6% have used witchcraft for curing themselves, which is an alternative medicine, 7% of the respondents have used household remedies to treat themselves, allopathy alone was used by 24% of the respondents, whereas majority of the people have used allopathic medicines along with household remedies to cure themselves during the covid-19 infection. The household remedies include karha, steam inhalation, ginger juice to clean throat, yoga and exercise regularly, drinking lukewarm water with holy basil leaves (Tulsi leaf), and bed rest was very important.

The corona virus and COVID-19 pandemic have challenged the **biomedical conception of health** i.e health is the main objective of the medicine, undermining the importance of environmental, social and



psychological aspects of health. But now a more **ecological and holistic approach of health** is emphasized, where the influence of environment, economy, psychology, education etc are regarded important for the health.

**Nature of Treatment in the Hospital According to Victim**

<b><u>Sl.no</u></b>	<b><u>Nature of treatment</u></b>	<b><u>Percent</u></b>
1	BAD	10.01%
2	AVERAGE	17.71%
3	GOOD	25.41%
4	VERY GOOD	13.86%
5	EXCELLENT	10.01%
<b>Total</b>		77%

SOURCE: Field Survey, December, 2021

The table discusses the perception of the respondents towards the nature of treatment in hospitals. Out of the total number of respondents 77% were admitted in the hospital, from which 10.01% said that the treatment was bad, 17.71% set that the treatment in the hospital was average, 25.41% of the respondents said that the treatment in the hospital was good, 13.86% victims said that the treatment in the hospital was very good, whereas 10.01% victims said that the treatment in the hospital was excellent. There were various reasons for differentiation in opinion among the victims regarding the treatment in the hospitals. Some of the respondents where economically stable and opted for private clinics and private hospitals due to which they got excellent and very good treatment and services which was lacking in government medicals. The second reason behind the differentiation in opinion is that, the corona spread was very fast due to which the number of doctors and health workers were comparatively very less to attend all the patients. The third reason is that the stock of medical equipments was limited and the government was not prepared for the pandemic due to which critical condition patients could not be treated specially with the help of special equipments like ICU's, ventilators etc. The doctors and other health workers also had to face many health issues and death of many covid warriors took place.

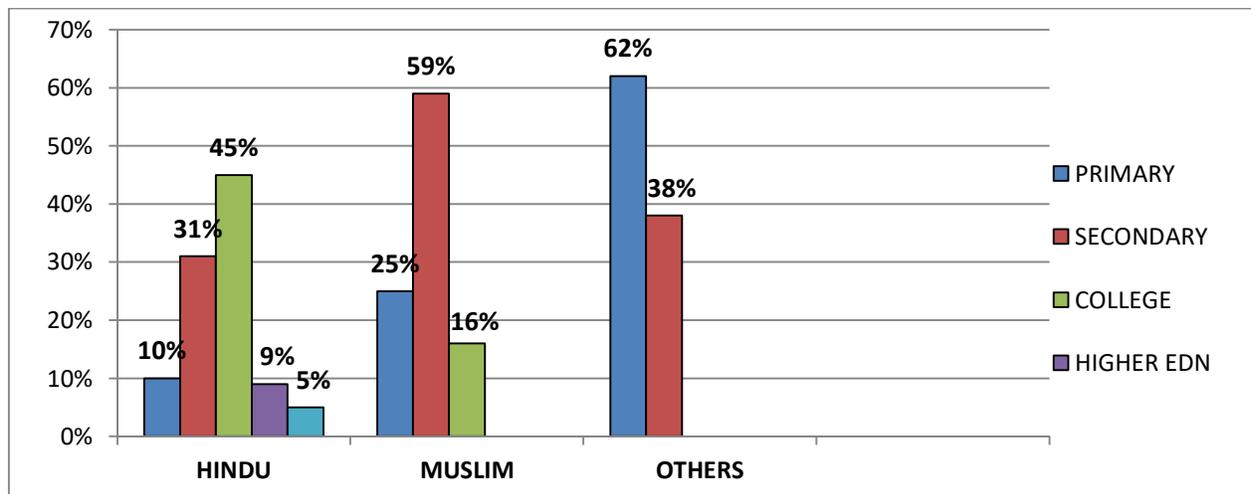
**Source of Information on COVID-19**

<u>Sl.no</u>	<u>Source of Information on COVID-19</u>	<u>Frequency</u>	<u>Percent</u>
1	NEWSPAPER, TV, SOCIAL MEDIA, FAMILY	46	46.0
2	RADIO, MAINSTREAM NEWS	29	29.0
3	PROFESSIONALS, GOVT AGENCIES	25	25.0
<b>Total</b>		100	100.0

SOURCE: Field Survey, December, 2021

The above table shows the distribution of respondents on the basis of their source of information about the COVID-19. Out of the total number of 100 respondents, 46% of the respondents gathered information from newspaper, television, social media and family. 29% of the respondents got information from radio and mainstream news, whereas 25% of the respondents got news on covid-19 from professionals and government agencies. The information helps to protect self and others from the disease. Many a times the sources of information provided misinformation also. These sources of information were also taken into used to control the human behaviour and regulate human activities and movement by the government agencies which can be called as ‘biopower’ according to Michel Foucault.

**Distribution of Educational Status of the Respondents on Basis of Their Religion**



SOURCE: Field Survey, December, 2021

The above bar graph discusses the distribution of the respondent’s educational status on the basis of their religion. Out of the total Hindus 10% have primary education, 31% have secondary education, 45% have college education, 9% have higher education and 5% have professional education. Out of the total Snehasis Nayak, Diptisikha Acharya



Muslims, 25% have primary education, 59% have secondary education and 16% have college education. The others consist of the tribals, out of which 62% have primary education and 38% of secondary education.

The bar diagram comparing the educational status and religion of the respondents has been put in this sub-section of health and health seeking behaviour to show education as an important component of health seeking behaviour. According to the **holistic concept of health**, education plays a crucial role in determining the health seeking behaviour which cannot be denied.

Analysing the data shows that Muslims and others are educationally backward, due to which they are unaware and unable to avail the health care services during the covid-19 pandemic. They did not get themselves admitted into the hospital and preferred household treatment and alternative methods of medicine like witchcraft and ayurveda etc. They went to hospital only when they were serious due to infection by the virus. This shows that the health seeking behaviour among Muslims and others is very low.

### **Conclusion/Discussion**

The Covid-19 pandemic deeply affected the health and the health seeking behaviour of people along with economic, social and psychological aspects of human life. The covid-19 has forced the human society and the governments to rethink the healthcare system over again. The virus has altered not only the health care system but also the social setting of the human society. Diverse method of health seeking behaviour could be seen among the people.

In the Bhadrak district the health seeking behaviour was poor among the victims of covid-19. People were afraid and did not prefer going to the hospitals for treatment and tried to treat themselves at home with household remedies. They went to the hospitals only when they are in very serious condition. This is the reason for many deaths during the pandemic. Many people preferred alternative and traditional methods of medication like witchcraft and tried various roots and leaves of plants etc, which made them more susceptible to the virus instead of treating. The people those have used allopathic medicines were also not fully aware, because majority of them took medicines without the proper consultation with the doctors.

Due to the corona virus people suffered from major health issues like persistent high fever, dizziness, breathing problem, loss of taste and smell, sore throat, diarrhea etc. Though the victims recovered from



the covid-19, but faced various post recovery health issues like weakness, increased frequency of cold and flu, diabetes, fluctuating blood pressure and breathing issues.

The health seeking behaviour of the people is influenced by the factors like education, income, awareness or information about the disease. The low level of education in the study area has contributed significantly to the low level of health seeking behaviour among the people. For example the tribals and Muslims in the area of study have low level of education due to which a low level of awareness and low health seeking behaviour was found. The low income profile impacts the choices for methods and modes of treatment adopted for treating the disease. The change in the occupational status during the covid-19 has also greatly influence the health seeking behaviour and utilization of the available health care services. The low level of awareness for healthcare, cleanliness and hygiene maintenance have deepened the impact of the virus. But sometimes it was evident that the affluent classes travelled more than the poor during the Covid-19 pandemic, which indicates that not alone the people with low economic status had low health seeking behaviour but also the people with higher economic status showed low health seeking behaviour, due to the careless and reckless attitude towards harms of the novel corona virus.

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