

ASSESSMENT OF AWARENESS REGARDING GOVERNMENT MATERNAL BENEFIT SCHEMES AMONG BENEFICIARIES REGISTERED AT AANGANWADI CENTER IN DAUSA DISTRICT OF RAJASTHAN

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ABSTRACT

Women plays a pivotal role in the family, and pregnancy care should culminate in healthy mother with a healthy baby. Maternal mortality ratio is a vital index of the effectiveness of prevailing obstetric services and socioeconomic affluence of a country. The government has launched various schemes to promote institutional deliveries and reduce MMR. The present study intends to assess awareness of services rendered among beneficiaries. The main objective of the study to assess the awareness regarding the schemes among beneficiaries registered at Aanganwadi centers. The present study was carried out in Dausa District of Rajasthan. Random sampling technique was used for sample selection. Out of total population 500 beneficiary mothers registered at Aanganwadi centers were selected. Study tools used were pretested interview schedule. The data were compiled, coded and analysis was done. Awareness regarding government maternity benefits scheme among beneficiary mothers range from 0% (IGMSY) to 84.6% (108 Ambulance). The awareness among beneficiary mothers about important Government Maternity Benefit Schemes was very low. It was further observed that Aanganwadi center was the main source of information.

KEYWORDS: *Maternal Mortality Ratio, Socioeconomic Affluence, MMR, Maternity Benefit Scheme.*

Introduction

Maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes, complications during and following pregnancy and childbirth. Most of these complications develop during pregnancy and most are preventable or treatable. Other complications may exist before pregnancy but are worsened during pregnancy, especially if not managed as part of the woman's care. The major complications that account for nearly 75% of all maternal deaths are: severe bleeding, infections (usually after childbirth) and high blood pressure during pregnancy complications from delivery, unsafe abortion.

Most maternal deaths are preventable, as the health-care solutions to prevent or manage complications are well known. All women need access to antenatal care in pregnancy, skilled care during childbirth, and care and support in the weeks after childbirth. Maternal health and newborn health are closely linked. It was estimated that approximately 2.7 million newborn babies died in 2015, and an additional 2.6 million are stillborn. It is particularly important that all births are attended by skilled health professionals, as timely management and treatment can make the difference between life and death for both the mother and the baby. Most of the women in remote areas are the least likely to receive adequate health care. This is especially true for regions with low numbers of skilled health workers, such

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as sub-Saharan Africa and South Asia. Globally in 2015, births in the richest 20 per cent of households were more than twice as likely to be attended by skilled health personnel as those in the poorest 20 per cent of households (89 per cent versus 43 per cent). This means that millions of births are not assisted by a midwife, a doctor or a trained nurse. To reduce the maternal deaths may be attributed to any public health intervention introduced as a form of maternal and child health (MCH) programmes. Under the broader umbrella of National Rural Health Mission, in 2005, Janani Suraksha Yojana (JSY) was introduced to give impetus to institutional delivery by skilled birth attendants. In 2011, another scheme Janani Shishu Suraksha Karyakram (JSSK) was introduced reduce the out of pocket expenditure of patients in hospital, which was a burden on the family of the mother. It also intended to improve the quality of care of the pregnant female and ensuring minimum stay in hospital during the high-risk postpartum period.

There is a need to study the awareness of all the Government Maternity Benefit Schemes that have direct benefits during pregnancy, delivery and post natal period like Janani Suraksha Yojana, Indra Gandhi Matritva Sahyog Yojana (IGMSY), Janani Shishu Suraksha Karyakram, Pradhan Mantri Surakshit Matritva Abhiyan, Vande Mataram Yojana, Integrated Child Development Scheme (ICDS), Janani Express and 108 Ambulance. The awareness of the schemes was significantly associated with education of mother, socio economic status of family, gestational age and parity index. Source of information was mainly from health personnel (health workers, health professionals), followed by friends and family. Awareness regarding the schemes among antenatal mothers ranged from 0% to 83.6%. Maximum awareness was found for maternal nutrition supplements under Integrated Child Development Services (ICDS) (83.6%). (A.R.Johnson et al., 2015)

Methodology

The present study was carried out in Dausa District of Rajasthan. It comes under Jaipur Division. Random sampling technique was used for sample selection. Out of total population 500 beneficiary mothers registered at Aanganwadi centers were selected as a sample. Subjects were selected to go at Aanganwadi centers and contacted them personally. Data were collected through pre tested self structured interview schedule. After data collection, data were tabulated and analyzed using frequency and percentage.

Result & Discussion

Table 1: Socio Economic Profile of the Respondents

N= 500

Variables	Frequency	Percentage
Family Status		
BPL	87	17.40
Non BPL	413	82.60
Age at Marriage		
15 - 18 yrs	39	7.80
19 - 25 yrs	430	86.00
26 - 30 yrs	30	6.00
Above 30 yrs	1	0.20
Religion		
Hindu	398	79.60
Muslim	99	19.80
Christian and Others	3	0.60
Caste		
SC	77	15.40
ST	34	6.80
OBC	200	40.00
Gen	91	18.20
Other	98	19.60
Family Type		
Joint	366	73.20
Nuclear	134	26.80

Total Number of the Family Members		
1 - 3	23	4.60
4 - 6	271	54.20
7 - 9	143	28.60
Above 9	63	12.60
Educational Level		
Illiterate	58	11.60
Primary	66	13.20
Middle	89	17.80
High School	113	22.60
Higher	174	34.80
Occupation Self		
Business	1	0.20
Labour	1	0.20
Private Job	5	1.00
Govt. Job	4	0.80
Housewife	489	97.80

The findings in the table1 reflect the socio economic background details of the respondents. Out of total respondents one sixth (17%) were BPL and 83% were non BPL. Looking towards the age at marriage more than three fourth respondents (86%) had 19-25 years of age and 6% respondents had 26-30 years of age. Majority of the respondents (80%) were Hindu. Out of category of beneficiary mothers less than half (40%) fall under the category of OBC, around (18%) were General and remaining were from SC, ST and other category from in the present study. Looking towards the type of family more than half (73%) of the respondents belongs to a joint family, while remaining were from nuclear family. The data also reveals that more than half (54%) of the respondents had 4 to 6 members in the family. Around 29% of the respondents had 7 to 9 members in family, while remaining (12%) had above 9 members. The table also depicts that around one eighth (12%) of respondents were illiterate and around one fourth (23%) had passed high school. Approximately one third (35%) of the respondents had higher education. According the data only one respondent (0.20%) was running her own business and the same only one respondent worked as a labour. The huge portion of the respondents (nearly 98%) worked as a housewife.

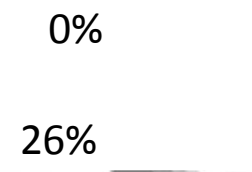
Table2: Type of Delivery of the Respondents

N= 500

Type of Delivery	Frequency	Percentage
Normal	396	79.20
Caesarean	104	20.80

The above table reveals that approximately more than three fourth (79 %) deliveries were normal and less than one fourth (21%) deliveries were caesarean.

Chart 1: Knowledge about Maternal Health :



The above chart depicts that around one fourth (26%) of the respondents knew about maternal health schemes and nearly three fourth (74%) of the respondents didn't know about maternal health schemes.

Table 3: Awareness Regarding Services Rendered at Maternal Health Care Centres N= 500

Response	Frequency	Percentage
Yes	179	35.80
No	321	64.20

The table reveals that around one third (36%) of the respondents were aware regarding services rendered at maternal health centres and remaining were not aware about the services.

Table 4: Knowledge about Usefulness of Schemes for Health N=500

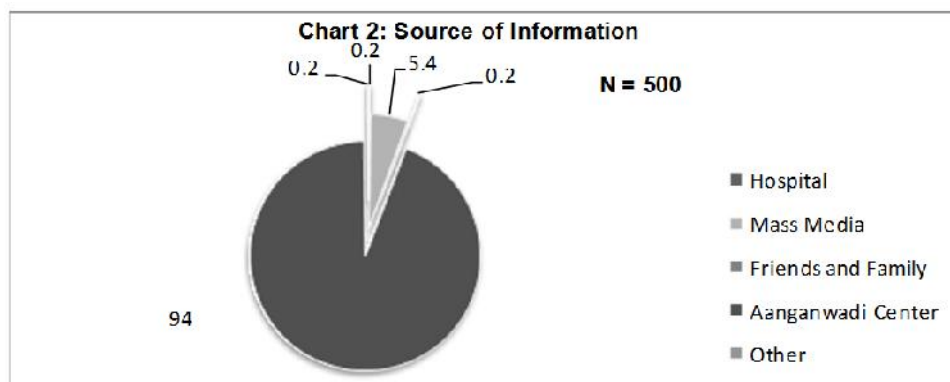
Response	Frequency	Percentage
Yes	337	67.40
No	1	0.20
Don't know	162	32.40

The table shows approximately 67 % of the respondents said that these schemes are useful for health. According to one respondent (0.20%) these schemes are not useful for health. While about one third (32%) of the respondents didn't know about it.

Table 5: Awareness regarding Government Maternal Health Schemes

Schemes	Frequency	Percentage
108 Ambulance	423	84.60
Janani Shishu Suraksha Yojana(JSSY)	21	4.20
Janani Express	5	1.00
Indira Gandhi Matritva Sahyog Yojana(IGMSY)	0	0.00
Vande Mataram Yojana	2	0.40
Integrated Child Development Scheme(ICDS)	22	4.40
Janani Suraksha Yojana(JSY)	250	50.00
Pradhan Mantri Surakshit Matritva Abhiyan	81	16.20

The above table depicts that awareness about various maternal health schemes is different. More than three fourth (84.60%) of the respondents were aware about 108 Ambulance. Only 4% of the respondents were aware about Janani Shishu Suraksha Yojana (JSSK). Only 1% of the respondents were aware about Janani Express. No one was aware regarding IGMSY. A very few (4.40%) of the respondents were aware about Intergated Child Development Scheme (ICDS). Majority (50%) of the respondents were aware about Janani Suraksha Yojana (JSY). Around one sixth (16%) of the respondents were aware about Pradhan Mantri Surakshit Matritva Abhiyan. Very few studies have been conducted to assess the awareness of government maternity benefit schemes. Biyyala R et al. (2018) conducted a study regarding the Awareness about mother and child health services among tribal women of reproductive age group in Kurnool division of Kurnool district, Andhra Pradesh, which showed that, knowledge of tribal women about MCH services was observed to be inadequate. Maternal literacy plays a key role in better utilization of MCH services.



The above chart clearly depicts that the main source of information of the respondents regarding maternal health schemes was Aanganwadi Center. Majority (94%) of the respondents received the information from Aanganwadi Center. A very few (5.4%) of the respondents received the information from Mass Media and remaining respondents received the information from Hospital, friends & family and others.

Conclusion

Awareness regarding government maternity benefits scheme among beneficiary mothers range from 0% (IGMSY) to 84.6% (108 Ambulance). The awareness among beneficiary mothers about important Government Maternity Benefit Schemes was very low. It was further observed that Aanganwadi center was the main source of information. Most of the mothers said that maternal benefits schemes were useful for us. The study also focused that the most of the mothers who had taken benefit of these schemes worked as a housewife. Efforts are needed to increase awareness level of beneficiary mothers regarding various maternal health schemes. Mass media and ASHA workers can be used to disseminate the information. Display information about Government Maternity Benefit Schemes at government and private hospitals.

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