

Research Paper

## Knowledge about Various Government Health Schemes among Registered Antenatal Women: An Exploratory Research

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### ABSTRACT

**Background:** During pregnancy and child birth women are very much vulnerable to sickness and complications. Maternal morbidity and mortality can be reduced by giving proper preventive and promotive health care specially by promoting early registration, regular antenatal check-ups and institutional deliveries. **Aims:** To find association between demographic characteristics and level of knowledge regarding government health schemes related to mothers and under five children among the registered antenatal women. **Mehodology:** The present study was conducted using convenient sampling. Total 60 registered antenatal women were taken from urban area, Rohtak, they were fulfilling inclusion and exclusion criteria. Semi structured self-made questionnaire regarding government health schemes related to mothers and under five children were used. Data was analyzed using SPSS software version 20. **Results:** 26.6% Women were having awareness on Pradhan Mantri Surakshit Matritva Abhiyan. Women who had awareness about Janani Suraksha Yojana were 25%. Women were having awareness about Janani Shishu Suraksha were 23.3%. Women had awareness regarding Pradhan Mantri Matru Vandana Yojana were 21.6%. Regarding information majority of the women (65%) received information from AWW, 36.6% from ASHA workers 30% from Mass Media, 11.6% from ANM. 66.6% women get benefited with health schemes. **Conclusion:** The self-developed Semi Structured Questionnaire can also utilized as tool for enhancing awareness and improving maternal and child health and reducing mortality and morbidity of maternal and child

**Keywords:** Women, Maternity, Child health, mortality, morbidity

Mothers and child health status reflect upon a nation's economic and social standards. The high number of maternal deaths in the poor and underdeveloped areas of the world shows the inadequate access to health services and brings to focus the ever widening gap between the rich and poor.<sup>1</sup> This is evident by the high maternal mortality ratio in developing countries in 2015, which was 239 per 100000 live births compared to 12 per 100000 live births in developed countries. But India has reduced

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the Maternal Mortality Ratio (MMR) from 301 per 100000 live births in 2001-03 to 254 in 2004-06 and further to 212 in 2007-09 and 178 in 2010-12.<sup>1</sup>

Improving maternal health is one of the eight Millennium Development Goals (MDGs) adopted by the international community in 2000. Under MDG5, countries committed to reducing maternal mortality by three quarters between 1990 and 2015. Since 1990, maternal deaths worldwide have dropped by 47%. The global maternal mortality ratio (i.e. the number of maternal deaths per 100 000 live births) declined by only 3.1% per year. This is far from the annual decline of 5.5% required to achieve MDG5. The high number of maternal deaths in some areas of the world reflects inequities in access to health services, and highlights the gap between rich and poor.<sup>2</sup>

“The child is god’s gift to the family. Each child is created in the special image and likeness of God for greater things; to love and to be loved.” Make every mother and child count” reflects the need for today. Government and international community make the health of women and children a higher priority. The wellbeing of societies is directly linked to health and survival of mother and children. When mothers survive and thrive their children survive and thrive. When both mothers and children survive and thrive the societies in which they live prosper. Mothers and children not only constitute a large group but they are also a vulnerable or special risk group. The risk is connected with child bearing in case of women, growth, development and survival in case of infants and children. Where 50% of all death in developed world occur among people over 70, the same proportion of death are occur among children during first 5 years of life in developing world.<sup>3</sup>

Some of the major health challenges that the Government of India (GOI) is addressing include the interlinked issues of poor maternal nutrition, low birth weight, and high child morbidity and mortality. Poor infant and young child feeding practices coupled with high rates of infection are the proximate causes of malnutrition in the first two years of life, and malnutrition is an underlying cause for up to 50 percent of all under-five deaths. 1 So the integrated child development scheme (ICDS) was initiated nearly 35 years ago, in October 1975, in response to the evident problems of persistent hunger and malnutrition especially among children under the age of 6 years. Since then, ICDS has grown to become the world's largest early child development programme which offers a package of health, nutrition and education services to the children below 6 years, pregnant and nursing.<sup>4</sup>

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NRHM) being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women. The Yojana, launched on 12th April 2005, by the Hon’ble Prime Minister, is being implemented in all states and UTs with special focus on low performing states. JSY is a 100 % centrally sponsored scheme and it integrates cash assistance with delivery and post-delivery care.<sup>5</sup>

In view of the difficulty being faced by the pregnant women and parents of sick new- born along-with high expenditure on delivery and treatment of sick- new-born, Ministry of health and Family Welfare (MoHFW) has taken a major initiative to ensure better facilities for women and child health services. It is an initiative to provide completely free and cashless services to pregnant women including normal deliveries and caesarean operations and sick new born (up to 30 days after birth) in Government health institutions in both rural & urban

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areas. Government of India has launched Janani Shishu Suraksha Karyakaram (JSSK) on 1st June, 2011.

The scheme is estimated to benefit more than 12 million pregnant women who access Government health facilities for their delivery. Moreover, it will motivate those who still choose to deliver at their homes to opt for institutional deliveries. It is an initiative with a hope that states would come forward and ensure that benefits under JSSK would reach every needy pregnant woman coming to government institutional facility. All the States and UTs have initiated implementation of the scheme.<sup>6</sup>

The Pradhan Mantri Surakshit Matritva Abhiyan has been launched by the Ministry of Health & Family Welfare (MoHFW), Government of India. The program aims to provide assured, comprehensive and quality antenatal care, free of cost, universally to all pregnant women on the 9th of every month. PMSMA guarantees a minimum package of antenatal care services to women in their 2nd / 3rd trimesters of pregnancy at designated government health facilities. The programme follows a systematic approach for engagement with private sector which includes motivating private practitioners to volunteer for the campaign developing strategies for generating awareness and appealing to the private sector to participate in the Abhiyan at government health facilities.

Immunization Programme in India was introduced in 1978 as 'Expanded Programme of Immunization' (EPI) by the Ministry of Health and Family Welfare, Government of India. In 1985, the programme was modified as 'Universal Immunization Programme' (UIP) to be implemented in phased manner to cover all districts in the country by 1989-90 with the one of largest health programme in the world. Ministry of Health and Family Welfare, Government of India provides several vaccines to infants, children and pregnant women through the Universal Immunisation Programme.

### *Objectives of the Study*

To find association between demographic characteristics and level of knowledge regarding government health schemes related to Mothers and Under Five Children Among the Registered Antenatal women.

## **RESEARCH METHODOLOGY**

**Setting of the study:** The study was conducted in urban communities of Rohtak.

**Population:** In the present study the target population was registered antenatal women of urban community Rohtak.

**Sampling:** The present study was conducted using convenient sampling. It includes all accessible subjects as part of the sample.

**Sample Size:** Total 60 registered antenatal women were taken as a sample during data collection.

### **Inclusion criteria:**

- a) Registered antenatal women in urban community Rohtak.
- b) Registered antenatal women of under five children in urban community Rohtak.
- c) Registered antenatal women who are available at the time of data collection.

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**Exclusion criteria:** Antenatal women who are not registered in urban community Rohtak.

**Data collection tool:** It is a crucial aspect of any investigation in the collection of appropriate information, which provides necessary data for study.

**Section – A: Demographic characteristics of the samples.** (Age, Education, Occupation, Total Monthly Family Income, Gravida of the Mother, Family Type and Caste of the Mother)

**Section – B:** Structured knowledge questionnaire regarding government health schemes related to mothers and under five children. Section B consists of 31 questions. In these questions first four questions were related to awareness regarding various government health schemes related to mothers and under five children. Question number 5 to question number 31 (27) were about benefits of the government health schemes related to mothers and under five children.

### *Scoring and Interpretations of the Tool:*

Score	Level of Knowledge
0 – 9	Inadequate Knowledge
10 – 18	Moderate Knowledge
19 – 27	Adequate Knowledge

Permission for conducting pilot study was taken from municipal councilor of Gandhi camp, Rohtak. Written consent was taken from the samples prior to data collection. Interview method was used to obtain the data from the samples. It took 15-20 min for data collection from registered antenatal women.

**Plan for data collection:** The study was carried out on 60 registered antenatal women who fulfilled the inclusion criteria, the sample were selected by using non probability convenient sampling technique. (a)Data was analyzed using SPSS software version 20..Analysis of data was done by using descriptive and inferential statistics, i.e. calculating percentage, mean, standard deviation (SD), chi square test. The level of significance was checked at p 0.05.

*Table – I: frequency and percentage distribution of subjects according to socio – demographic variables: (n = 60)*

S. No	Socio – Demographic Variables	Frequency (f)	Percentage (%)
1	<b>Age (Years)</b>		
	18-30	56	93.3
	31-40	4	6.7
	41-49	0	0
2	<b>Education</b>		
	Illiterate	14	23.3
	Primary school	5	8.3
	Middle school	13	21.7
	High school	8	13.3
	Diploma	3	5
	Graduation	14	23.3
Professional degree	3	5	

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<b>S. No</b>	<b>Socio – Demographic Variables</b>	<b>Frequency (f)</b>	<b>Percentage (%)</b>
<b>3</b>	<b>Occupation</b> Professional Semi professional Clerical/shop/farm Skilled worker Semiskilled worker Unskilled worker Unemployed	0 4 0 0 1 5 50	0 6.7 0 0 1.7 8.3 83.3
<b>4</b>	<b>Total Monthly Family Income (Rupees)</b> >78,063 39,033-78,062 29,200-39,032 19,516-29,199 11,708-19,515 3,908-11,707 <3,907	2 19 20 9 6 4 0	3.3 31.7 33.3 15 10 6.7 0
<b>5</b>	<b>Gravida of the mother</b> Primigravida Multigravida	22 38	36.7 63.3
<b>6</b>	<b>Family type</b> Nuclear Joint 3 Generation	19 41 0	31.7 68.3 0
<b>7</b>	<b>Caste of Mother</b> SC/ST OBC General	27 16 17	45 26.6 28.4
<b>8</b>	<b>You are aware about which of the following government health schemes</b> Janani Suraksha Yojana (JSY) Janani Shishu Suraksha Karyakaram (JSSK) Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) Pradhan Mantri Matru Vandana Yojana (PMMVY) Home Based Post Natal Care (HBPNC) Universal immunisation programme National Ambulance Services Mothers' Absolute Affection (MAA) Population Stabilization Schemes.	15  14  16  13  4  49 47  2 6	25%  23.3%  26.6%  21.6%  6.6%  81.6% 78.3%  3.3% 10%

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S. No	Socio – Demographic Variables	Frequency (f)	Percentage (%)
<b>9</b>	<b>What is source of information of government health schemes?</b>		
	ASHA worker	22	36.6%
	ANM	7	11.6%
	AWW	39	65%
	Mass media	18	30%
	Other registered antenatal women	6	10%
<b>10</b>	<b>Where would you get benefits of government health schemes?</b>		
	At home	7	11.6%
	At Anganwadi	19	31.6%
	At health centres	40	66.6%
	At Hospital: Govt./ Pvt	23	38.3%
	Any Other:	0	
<b>11</b>	<b>Are you a High risk pregnancy case</b>		
	Yes	12	20%
	No	46	76.6%
	Don't know	2	3.3%

## **DISCUSSION**

The aim of the study was to find-out association between demographic characteristics and level of knowledge regarding government health schemes related to Mothers and Under Five Children Among the Registered Antenatal women. With regard to age of the women, an overwhelming majority of the samples 56 (93.3%) were in the age 18 – 30 years. Subjects in the age 31 – 40 were only 4 (6.7%). None of the samples were in the age of 41 – 49 years. Education of the women shows that equal number of subjects 14 (23.3%) were illiterates and graduation. Subjects with middle school education were 13 (21.7%). Women were with primary education 5 (8.3%). Equal number of subjects 3 (5%) were with diploma and professional degree as educational qualification. With regard to occupation of the subjects an overwhelming majority of the subjects 50 (83.3%) were unemployed. Unskilled workers were 5 (8.3%). Those subjects with semi – professional occupation were 4 (6.7%). Only one subject 1 (1.7%) belongs to semi-skilled worker. Total monthly family income of the subject shows majority of the subjects were having monthly income between Rs. 29,200-39,032 were 20 (33.3%). Those whose family monthly income between Rs 39,033-78,062 was 19 (31.7%), Subjects with monthly family income Rs19,516-29,199 was 9 (15%). Those who were with monthly family income Rs 11,708-19,515 were 6 (10%). Subjects whose monthly family income of Rs 3,908-11,707 were 4 (6.7%). Subjects whose monthly family income above Rs 78,063 was 2 (3.3%). None of the subjects were having monthly income less than Rs 3,907. With regard to the mother's Gravida majority of the sample were multigravida 38 (63.3%). Primigravida mothers were 22 (36.7%). Family type of the subject's reveals majority of the subjects belongs to joint family 41 (68.3%). Subjects who were from nuclear family were 19 (31.7%). No one belongs to 3<sup>rd</sup> generation. Caste of mother shows that majority of the mother belongs to SC / ST 27 (45%). Subjects who were from General category were 17 (28.4%). OBC subjects were 16 (26.6%). Regarding awareness of the government schemes, Majority of the subjects 49 (81.6%) was aware about Universal immunisation programme. Followed by this regarding National Ambulance Services 47 (78.3%) were having awareness. Subjects 16 (26.6%) were having awareness on Pradhan

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Mantri Surakshit Matritva Abhiyan (PMSMA). Subjects who had awareness about Janani Suraksha Yojana (JSY) were 15 (25%). Those who were having awareness about Janani Shishu Suraksha were 14 (23.3%). Subjects who had awareness regarding Pradhan Mantri Matru Vandana Yojana (PMMVY) were 13 (21.6%). Population Stabilization Schemes were aware to only 6 (10%) of the subjects. Awareness on Home Based Post Natal Care (HBPNC) were present among 4 (6.6%). Subjects who had awareness regarding Mothers' Absolute Affection (MAA) were 2 (3.3%).

Regarding source of information about schemes, majority of the samples received information from AWW 39 (65%). Women who received information from ASHA workers were 22 (36.6%). Women received information from Mass Media were 18 (30%). Subjects who received information through ANM were 7 (11.6). Subjects who received information from other registered antenatal women were 6 (10%). With regard to the statement where you get the benefits of government regarding health schemes, majority of the subjects 40 (66.6%) said that from health centres they get the benefits of government regarding health schemes. Subjects 23 (38.3%) who said that from hospital private / government they get the benefits of government regarding health schemes, those who said from Anganwadi they get the benefits of government regarding health schemes were 19 (31.6%). Only 7 (11.6%) of the subjects said they said at home they get the benefits of government regarding health schemes. With regard to high risk pregnancy case, majority of the subjects 46 (76.6%) had no high risk pregnancy. Subjects with high risk pregnancy were With regard to high risk pregnancy case, majority of the subjects 46 (76.6%) had no high risk pregnancy. Subjects with high risk pregnancy were 12 (20%). 2 (3.3%) subjects don't know about any history of high risk pregnancy.

The findings of the present study were similar with the study conducted by Sharma et al (2018) <sup>7</sup> having to assess the knowledge of mothers regarding reproductive child health programme activity and its utilization in Gwalior city. In which majority of mothers i.e. 27 (45.1%) belong to age group of 20-25 years, 25 (41.6%) belong to age group 25-30 years and only 3(5%) belong to age group of 35-40 years. Related to religion majority 55 (91.7%) were Hindu and 5 (8.3%) belong to Muslim. None of them belong to Christian and other religion. With regards to education status of mothers majority of them were illiterate 48 (80%) and 12 (20%) was literate. The relation to occupation majority 52 (86.6%) of mothers were nonworking and only 8 (13.4%) were working. Majority of mothers, 59 (98.4%) were multipara and only 1 (1.6%) were primi. In relation to family type majority 38 (63.4%) of mothers belonged to joint family, 21(35%) were having nuclear family type and only 1 (1.6%) belong to extended type of family.<sup>37</sup> Priya et al (2016) found that awareness of JSY was to be high (85%) but knowledge regarding benefits covered under the scheme was only limited to cash incentive for institutional deliveries. Knowledge of 108 ambulances was also low (26.6%). They concluded there is an urgent need to strengthen IEC campaigns and monitoring strategies <sup>8</sup>. Chandrakar et al (2017) study was carried to find out the awareness level about the entitlements of JSSK among mothers with child less than one year among 352 mothers, good awareness were found in only 207 mothers (58.80%). Maximum awareness (89.20%) regarding entitlements among mothers was seen for free transport services from home to health institution followed by the drop back transport facility from hospital to home (85.22%). None of the mothers know about free diagnostic services for mothers and for sick infants and for free provision of blood for sick infants.<sup>9</sup> Vinish (2016) Carried out the study to determining the mothers' knowledge on the importance of immunization programme. Findings of the study showed that most of the

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samples were getting information about immunization from the Anganwadi workers<sup>10</sup>. On assessment, it was found that 76% of the subjects had poor knowledge about the topic.<sup>11</sup>

Johnson et al mention that awareness regarding government maternity benefits scheme among antenatal women range from 0% (JSSK) to 83.6% (ICDS). The awareness among antenatal women about important Government Maternity Benefit Schemes specifically targeted to reduce maternal and neonatal mortality like JSY and JSSK were low. To improve the utilization of GMBS it is important to improve awareness among antenatal women. Mass media and ASHA workers can be used to disseminate the information. Displaying information about Government Maternity Benefit Schemes at government and private hospitals and educating women in the community groups is recommended to increase the awareness about Government Maternity Benefit Schemes.<sup>12</sup>

### The study has some limitations for generalizing its findings these are:

- This study was limited to 60 mothers of age group 20 – 40 years, hence findings cannot be generalized.
- Study was restricted within urban community of Rohtak. Haryana
- Mothers who were available at the time of visit.
- The time period of the study was limited to four weeks only.

### Recommendations

- Similar research studies should be carried out in the rural communities
- Comparative studies must be carried out among subjects in urban and rural communities
- Longitudinal studies can be done to find out how much the programmes was effectives in meeting the needs of antenatal mothers and mothers of under five children.
- With large number of subjects the current study can be replicated in different settings.

## CONCLUSION

The findings of the study have huge practical implication in various areas, especially for health professionals, policy makers, researchers, administrators. The used semi structured questionnaire in this study can also utilized as tool for enhancing awareness and improving maternal and child health and reducing mortality and morbidity of maternal and child. This study also highlighting the role of grass root worker specially Anganwadi worker, Asha workers, ANM for aware the women and educate about all the health schemes for Mothers.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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