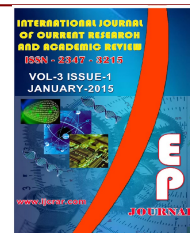




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Awareness of Government Maternity Benefit Schemes among women attending antenatal clinic in a rural hospital in Karnataka, India

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A B S T R A C T

Maternal and child health is one of the eight Millennium Development Goals. Maternal and child mortality can be reduced by promoting institutional deliveries. To achieve this, the Indian government has introduced some maternity benefit schemes. The utilisation of schemes depends on the awareness among the beneficiaries. We conducted this study to estimate the awareness about government maternity benefit schemes among women attending antenatal clinic. A cross sectional study was carried out among women attending antenatal clinic in a rural hospital, Karnataka using a structured interview schedule. The maximum awareness was for maternal nutrition supplements under Integrated Child Development Services (ICDS) (83.6%). 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 range from 0% to 83.6%.

Introduction

Every day approximately 800 women die globally, from preventable causes related to pregnancy and childbirth. Improving maternal health is one of the eight Millennium Development Goals (MDGs) adopted by the international community in 2000. Under MDG-5, countries are committed to reducing maternal mortality by three quarters between 1990 and 2015. Most maternal deaths occur in developing countries and almost one third occur in

South Asia. Maternal mortality is higher in women living in rural areas and among poorer communities (<http://www.who.int/mediacentre/factsheets/fs348/en/>).

National Family Health survey (NFHS-3) data reveals that India has about 30 million pregnancies per year which result in 27 million deliveries. Only 47% of deliveries are assisted by health personnel, including 35% by a doctor and 10% by auxiliary nurse

midwife, nurse, midwife, or lady health visitor. More than one-third of births (37%) are assisted by a traditional birth attendant, and 16% are assisted by only friends, relatives, or other persons.

Efforts to address the issue of high maternal and infant mortality rate by promoting institutional deliveries have gained momentum with the formulation of National Rural Health Mission. Since the implementation of Janani Suraksha Yojana (JSY) scheme in 2005, the number of institutional deliveries has increased from seven lakhs (2005-06) to more than a crore (2010-11), maternal mortality rate has reduced to 3.1/1000 live births and infant mortality rate has reduced to 37/1000 live births (Kate, 2010). The number of Janani Suraksha Yojana beneficiaries in the state of Karnataka has risen from 0.51 lakh in 05-06, to 2.33 lakh in 06-07 and to 2.83 lakh in 07-08 according to Jayashree Satput research (2010).

The success of JSY has prompted the Government of India to introduce many new maternity benefit schemes like JSSK (Janani Shishu Suraksha Karyakram, 2013). However, the success of these schemes depends on their utilization by antenatal mothers and utilization depends on how aware are antenatal mothers of these schemes. Previous studies that have looked at awareness of maternity benefit schemes (Stephen *et al.*, 2010; Parul *et al.*, 2012) mainly focussed on the awareness of JSY.

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, Prasoothi Araiike, Madilu Kit, Thai Bhagya Scheme, Janani Shishu Suraksha Karyakram, Bhagya lakshmi yojana Scheme, Anganwadi Nutrition Supplementation and “108” Ambulance.

This study aims at estimating the level of awareness about the various government maternity benefit schemes among pregnant mothers and to determine the socio-demographic factors associated with awareness of these schemes.

Methodology

A cross sectional study was carried out among the pregnant women attending antenatal clinic in a rural hospital of Ramnagara District, Karnataka, India. Institutional Ethics Committee approval was taken prior to the study. The study was conducted in July – August 2013. Informed written consent was obtained from the study subjects. Seriously ill antenatal women were excluded from the study. Non – Probability convenience sampling was followed. A structured interview schedule was used to collect relevant data from the respondents regarding Socio-demographic details and Awareness about the 8 Government Maternal benefit schemes. Socio-demographic details included Maternal age, Literacy level of women and their husbands, Occupation, Income, Marital status, possession of BPL card, Gestational age, Obstetric score, Type of family and No of family members. Awareness about Government Maternal benefit schemes included Knowledge about each of the schemes and their benefits, reliability of the scheme (as perceived by the respondent), and source of information. The Government Maternal Benefit Schemes(GMBS) considered in this study were: Janani Suraksha Yojana (JSY), Prasoothi Araiike, Madilu Kit, Thai Bhagya Scheme, Janani Shishu Suraksha Karyakram (JSSK), Bhagya Lakshmi Yojana, Anganwadi Nutrition Supplementation for pregnant women under ICDS, “108” Ambulance facility (Arogya Kavacha). Except 108 ambulance

facility, all these schemes are specific to maternity benefits during pregnancy and immediately after delivery.

Statistics and analysis of the data

The data was coded and entered into Microsoft Excel and analysed using SPSS version 16 for proportions, frequencies and associations. Frequencies, measures of central tendency and dispersion, chi square tests were used to analyse data. We considered p value as significant when p value was less than 0.05.

Results and Disucssion

A total of 177 pregnant women were included in this study.

Demographic details

As can be seen in Table 1, most of the women in the study group hailed from a

rural background (97%), were aged 20-30 years (67.8%), belonged to Hindu religion (93.8%) had completed high school education (44.6%) and lived in a joint family (64.4%). 124 of them (70.1%) possessed a BPL card. According to Standard of Living Index (SLI), 150 out of the 177 women (84.7%) belonged to lower socio economic class. Most of the women (63.3%) were in the third trimester of pregnancy. 55.9 % were primi gravida mothers.

The study subject was considered as aware of the scheme, if she had heard about the scheme and had knowledge about certain key points of the scheme.

The awareness levels ranged from nil for JSSK to 83.6% for ICDS. The awareness about all government maternity benefit schemes is tabulated in Table 2.

Table.1 Socio-demographic details of the study population

| S No. | Variable | Category | No | % |
|-------|--|-------------------------|-----|-------|
| | Age (in Years) | <19 | 54 | 30.5% |
| | | 20 – 30 | 120 | 67.8% |
| | | >30 | 3 | 1.7% |
| 2. | Education (Highest education attained) | Illiterate | 7 | 4% |
| | | Primary school | 9 | 5.1% |
| | | Middle school | 17 | 9.6% |
| | | High school | 79 | 44.6% |
| | | Higher secondary school | 43 | 24.3% |
| | | Graduation | 22 | 12.4% |
| 3. | Place of residence | Rural | 173 | 97.7% |
| | | Urban | 4 | 2.3% |
| 4. | Type of family | Nuclear | 43 | 64.4% |
| | | Joint | 114 | 24.3% |
| | | Extended | 20 | 11.3% |
| 5. | Gestational Age | First trimester | 20 | 11.3% |
| | | Second trimester | 45 | 36.7% |
| | | Third trimester | 112 | 63.3% |

Table.2 Awareness regarding government maternity benefits schemes

| Sl. No. | Name of the Scheme | Awareness | % |
|---------|--|-----------|-------|
| 1 | Janani Suraksha Yojana (JSY), | 33 | 18.6% |
| 2 | Prasoothi Araike, | 11 | 6.2% |
| 3 | Madilu Kit, | 91 | 51.4% |
| 4 | Thai Bhagya Scheme, | 50 | 28.2% |
| 5 | Janani Shishu Suraksha Karyakram (JSSK), | 0 | 0% |
| 6 | Bhagya lakshmi Yojana | 132 | 74.6% |
| 7 | Anganwadi Nutrition Supplementation for pregnant women (ICDS), | 148 | 83.6% |
| 8 | “108” Ambulance (Arogya Kavacha). | 104 | 58.8% |

Table.3 Source of information regarding government maternity benefit schemes

| Sl. No. | Name of the Scheme | HW/HP* | Family | Friends | TV | Radio | News paper |
|---------|---|------------|-----------|-----------|----|-------|------------|
| 1 | Janani Suraksha Yojana (JSY), | 15(8.5%) | 0 | 4(2.3%) | 0 | 0 | 0 |
| 2 | Prasoothi Araike, | 10(5.7%) | 0 | 2(1.1%) | 0 | 0 | 0 |
| 3 | Madilu Kit, | 34(19.1%) | 20(11.2%) | 52(29.2%) | 0 | 0 | 0 |
| 4 | Thai Bhagya Scheme, | 40(22.4%) | 22(12.4%) | 34(19.1%) | 0 | 0 | 0 |
| 5 | Janani Shishu Suraksha Karyakram (JSSK), | 1(0.6%) | 0 | 0 | 0 | 0 | 0 |
| 6 | Bhagya lakshmi yojana Scheme, | 49(27.5%) | 7(3.9%) | 63(35.4%) | 0 | 0 | 0 |
| 7 | Anganwadi Nutrition Supplementation (ICDS), | 108(60.7%) | 10(5.6%) | 35(19.7%) | 0 | 0 | 0 |
| 8 | “108” Ambulance (Arogya Kavacha). | 41(23%) | 45(25.3%) | 73(41%) | 0 | 0 | 0 |

*HW-Health Workers, HP – Health Professionals

The awareness levels of all the eight schemes were not significantly associated with no. of living children, no. of family members, Husband's education. Parity and gravida index were associated with awareness level of ICDS ($p=0.028$, $p=0.031$ respectively) and Madilu kit ($p=0.048$, $p=0.004$ respectively). Education of mother was associated with awareness level of Prasoothi Araiike ($p = 0.011$), Madilu kit ($p=0.006$), Thai Bhagya ($p=0.009$) and ICDS ($p=0.049$). Socio economic status of family was associated with awareness level of Madilu kit ($p=0.001$), Thai Bhagya ($p=0.000$) and Bhagya lakshmi ($p=0.011$).

Gestational Age was associated with more schemes Janani Suraksha Yojana ($p=0.023$), Madilu Kit ($p=0.003$), Thai Bhagya Scheme ($p=0.000$), Bhagya lakshmi yojana Scheme ($p=0.020$), Anganwadi Nutrition Supplementation (ICDS) ($p=0.005$), "108" Ambulance ($p=0.012$). None of the study population was aware of JSSK, so we could not perform tests for significance

Regarding the source of information, the most common source of information was from health personnel, followed by friends and family. None of the women reported that Radio, TV, Newspaper had contributed as a source of information. The results of source of information are tabulated in Table 3.

Very few studies have been conducted to assess the awareness of government maternity benefit schemes. Majority of such studies have only focussed on JSY. A Kaushik *et al.* (2010) conducted a study regarding the awareness of JSY among antenatal women in a rural area of Varanasi which showed that, 76% of the women were aware about the fact that there is a provision for monetary benefit from the Government

for those women who deliver in a public health facility. A study conducted in a rural area of Dehradun by Sharma *et al.* (2012) showed that the awareness of JSY among women residing in rural areas was 79%. Age, educational status, occupation, socio-economic status and place of residence showed a significant statistical association with the level of awareness. In this present study, we found the awareness for JSY is low at 18.6%.

A hospital based study by Lokesh *et al.* (2013) in Hassan showed that the awareness about 108 ambulance services was 72.7%. Our study showed an awareness of 58.8% for 108 ambulance services.

This study showed that the awareness among pregnant women, for different maternity benefit schemes, range from 0% (JSSK) to 83.6% (ICDS). Since our study is hospital based, we cannot generalize the results to the general population. Low awareness level among antenatal mothers in our study can be explained probably by the following facts. Firstly, our study was conducted in a private rural hospital where most of government maternity benefit schemes were not available. Secondly, our study population was antenatal women, so they might not have yet come across or experienced these maternity benefits that they will get during the delivery and post natal period.

A cross sectional study was conducted by Mohapatra *et al.* (2008) on assessment of the functioning and impact of Janani Suraksha Yojana in Orissa, revealed that Health Worker Female and Accredited Social Health Activists were playing key roles in generating awareness regarding Janani Suraksha Yojana. Our study showed that the source of information is mainly from health personnel (Health workers,

Health professionals), followed by friends and family. Radio, TV, Newspaper has not contributed to any source of information.

Based on our study findings, we recommend that IEC materials on Government Maternity benefit schemes, be displayed in both private and government hospitals. Awareness efforts regarding these schemes can be directed to women in community groups like Mahila Mandal and Self Help Groups. Government should disseminate information through Mass Media like TV, Radio and News Paper. The ASHA worker has an important role to play in advocacy and information dissemination. The low rates of awareness of maternity benefit schemes in this study group, point towards the need of supportive supervision of ASHA activities and making sure that the ASHA educated the mothers about all these schemes.

Conclusion

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.

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