

## Research Article

# The awareness and utilization of maternity benefit schemes among women receiving postnatal services in a tertiary care centre

Manjula K\*, Ravish K. S., Ranganath T. S.

Department of Community Medicine, Bangalore Medical College and Research Institute, Bengaluru, Karnataka, India

**Received:** 29 January 2016

**Accepted:** 10 February 2016

**\*Correspondence:**

Dr. Manjula K,

E-mail: manjulakmbbs@gmail.com

**Copyright:** © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

### ABSTRACT

**Background:** Successive governments have introduced various schemes to improve the institutional deliveries & reduce the maternal mortality ratio. Non-utilization or underutilization of the schemes is either due to lack of awareness or poor accessibility. Hence this present study is undertaken to assess awareness & utilization of the Government Maternity Benefit Schemes (MBS) in a tertiary care center among postnatal women which caters maternal and child health services to a varied and large group of women.

**Methods:** A cross sectional study was conducted among women in the postnatal wards of Vanivilas hospital, a tertiary care center in Bengaluru regarding awareness and utilization of the government maternity benefit schemes.

**Results:** Awareness of the schemes varied from 86% to 32%, for the four schemes, while utilization was found maximum for Janani Shishu Suraksha Karayakram (JSSK) 98%, followed by Madilu Yojana 60%, Janani Surakshayojana 56%, and least was Prasooti Araiike with 15%.

**Conclusions:** Awareness is better compared to previous studies yet utilization of some schemes remains low. Conditional cash transfers have become popular in India as evident by the rise in the number of institutional deliveries.

**Keywords:** MBS, Prasoothi araiike, Madilu yojana, JSSK, JSY

### INTRODUCTION

Mother 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.<sup>2,4</sup> But India has reduced 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>3</sup>

India's MMR declined much faster than the global MMR during the period 1990 to 2010 with a decline of 5.6% as compared to 2.4% at the global level. This advancement is due to efforts by successive governments in introducing interventions such as the maternity benefit schemes which entitle free maternity services for women and children.<sup>2</sup>

The number of JSY beneficiaries has risen from 7.39 lakhs in 2005-06 to more than 106.00 lakhs in 2012-13 and in 2013-14 (up to December) more than 78.27 lakhs beneficiaries have availed JSY benefits.<sup>3</sup> There is a rise in % of deliveries in public health facilities from 34.8 % (2005) to 61.4% (2015) and also ANC registration by

MCP card in 2015 was 89.3% in Karnataka.<sup>3</sup> This card is also mandatory for availing maternity benefit schemes.

For effective utilization of these schemes, awareness of the same is needed among women.

Non-utilization or under-utilization of maternal health care services/benefits of the schemes especially amongst the poor and slum population is due to lack of awareness or access to health care services and failure of Government to communicate them is a major factor.<sup>4</sup>

Vanivilas hospital is a tertiary care Government hospital situated in the heart of Bengaluru city offering speciality and super speciality services provided for emergencies/complications of the mother and new born.

About 1000-1500 deliveries are conducted per month here, thus catering to a large and varied group of women from all parts of the state like rural, urban and peri urban areas who come here to avail the specialty and super speciality services for maternal and child health.

Most of the studies are done on awareness and utilization of only JSY, there is a need to know the awareness and utilization of the most common schemes like JSY, Madilu Yojana, Prasooti Araike, JSSK in a tertiary care centre in view of the great number and varied socioeconomic backgrounds of the beneficiaries at Vanivilas hospital.

## METHODS

A cross sectional study was carried out among the postnatal women admitted in Vani Vilas Hospital, in July-August 2015. There are 5 postnatal wards in Vanivilas, a postnatal ward was randomly selected and all women admitted in the ward were interviewed daily during the study period and 235 women among them were considered for the study after applying the eligibility criteria.

The criteria for eligibility were as those set under Ministry Of Health and Family Welfare and are as follows.<sup>4</sup>

1) The woman delivering at home or admitted to subcentre/Government hospital/registered

Private hospital (general ward), must belong to Below Poverty Line [BPL] families

2) Current delivery must be the first or second live delivery.

3) She should be above 19 years of age and must have got ANC checkup at least 3 times.

4) Must have taken Iron and Folic acid tablets and TT injection.

5) SC/ST women not belonging to BPL families are also entitled for this benefit.

Informed consent was obtained. A semi structured questionnaire was used to collect data regarding socio-demographic details, awareness and utilization about the four government maternity benefit schemes. Mothers were assessed for having Mother and child protection card (MCP), BPL card, schedule caste/schedule tribe (SC/ST) status and obstetric score. Seriously ill post-natal women were excluded from the study. Since JSY was not provided in this tertiary care centre, women were followed up by calling on the contact numbers provided by them up to thirty days post discharge from the hospital.

Awareness about government maternity benefit schemes included knowledge about each of the schemes and their benefits and source of information. The Government Maternity Benefit Schemes (GMBS) considered in this study were: Janani Suraksha Yojana (JSY), Prasoothi Araike, Madilu Kit and Janani Shishu Suraksha Karyakram (JSSK).

These schemes are to be provided during the antenatal visit and during the immediate post delivery period.

The data was analysed using Microsoft excel and SPSS version 16. Results are presented in the form of tables, bar diagrams where required.

## RESULTS

Socio demographic details- In our study, 83% of the women were from urban areas, 59% of them belonged to the age group of (18-23 years). Hindus 189 (80.52%) were a majority followed by Muslims 62(28.8%), others constituted 26 (11.6%), SC 49(22%) and ST 12 (11.6%). Parity I 94, Parity II 141.

**Table 1: Socio demographic details.**

Variable		Number (N-235)	Percentage
<b>Age</b>	18-23 years	126	53%
	24-29 years	83	35%
	≥30 years	26	11%
<b>Areas</b>	Urban	195	83%
	Rural	40	17%
<b>Parity</b>	I	94	40%
	II	141	60%
<b>Hindu</b>		166	70.63%
	Scheduled Caste	49	29.5%
	Scheduled Tribe	12	7%
<b>Muslims</b>		62	28.8%
<b>Others</b>		7	5%

**Table 2: Education levels.**

Education levels	Numbers (n-235)	Percentage
Graduate	8	3
Intermediate/ Post High School / Diploma	47	20
High School Certificate	63	26.8
Middle School Certificate	69	29.36
Primary School Certificate	42	17.87
Illiterate	6	2.5

The literacy status of women varied. 29.36% women were educated up to middle school, 26.8% had high school certificate.

The women were considered aware of the programme if they had heard of the scheme or were aware of the benefits from each of the four programmes considered for the study. The results are presented in Table 3.

The awareness levels varied with maximum awareness for Madilu Yojana 86%, JSY 80%, JSSK 75% and least awareness was for Prasoothi Araike 32%. Awareness of the schemes was better among the rural women for schemes like Madilu Yojana and JSY but least for JSSK when compared to women from urban areas.

For utilization of the schemes women were considered benefitted, if they had received cash benefit/ services entitled under each scheme. Maximum utilization was found for JSSK 98%, followed by MADILU YOJANA 60%, JSY 56%, and PRASOOTIARAIKE 15%. The utilization of various schemes is presented in Table 4.

**Table 3: Awareness of the government schemes.**

Schemes	Total number(n=235)	Rural (n=40)	Urban (n=95)	Parity I (n=94)	Parity II (n=141)
Prasooti Araike	75 (32%)	31 (77%)	44 (22%)	25 (33%)	50 (66%)
JSSK	176 (75%)	44 (25%)	132 (75%)	72 (41%)	104 (59%)
JSY	188 (80%)	36 (90%)	152 (80%)	64 (34%)	124 (65%)
Madilu Yojana	202 (86%)	40 (100%)	162 (83%)	86 (42%)	116 (57%)

The maximum utilization for JSSK is due to free services for Antenatal check-ups, delivery and new born care provided to all women.<sup>11</sup>

In our study the main reason for non-utilization was due to the poor timely release funds for Madilu Yojana [51%], JSY 44% and Prasoothi Araike 22%.

Those who could not utilize the schemes because they failed to produce the necessary documents for JSY 16%, Madilu Yojana 9.5%, Prasoothi Araike 5.5%.

Lack of awareness was maximum for Prasoothi Araike 62.5%, JSY 35% and Madilu Yojana 33%.

**Table 4: Utilization of government schemes.**

Schemes	Number	Percentage
JSSK	232	98
Madilu Yojana	141	60
JSY	131	56
Prasooti Araike	35	15

Migration was the reason for non-utilization (women have come to their mother's home, or migrated for different reasons from home town after being registered for ANC) Prasoothi Araike 6%, Madilu Yojana 4% and JSY 3%. The results are presented in Table 5.

The policy of the government to transfer the Prasoothi Araike and JSY amounts directly to the bank accounts of beneficiaries has initially created confusion rather than easy access, utilization.

The main source of information was health personnel 72%, followed by family 15% and friends 13% as shown in Table 6.

**Table 6: Source of information of various schemes.**

Source of information	Number	Percentage
Health personnel	170	72%
Family	35	15%
Friends	30	13%
Tv	0	0
Radio	0	0
News paper	0	0

## DISCUSSION

The awareness levels varied with maximum awareness for Madilu Yojana 86%, JSY 80%, JSSK 75% and least for Prasoothi Araike 32%. The awareness regarding JSY scheme was 52.7% in a study conducted in 2014 by V Singh et al in Maharashtra and almost nil for JSSK in a study conducted in 2013 by Jhonson et al among women attending antenatal clinic in hospital in rural Bangalore.<sup>6,7</sup>

Maximum utilization was found for JSSK 98%, followed by Madilu Yojana 60%, JSY 56% and Prasooti Araiike 15%. In a study conducted in 2011 in Uttar Pradesh by Vikas et al the utilization rate of JSY scheme with regards to delivery at a public health facility was 53.25%<sup>8</sup> and in a study conducted in 2011 by Kristi et al in Ujjain all 86% of mothers who delivered in a JSY facility, received the cash benefit within two weeks of delivering.<sup>9</sup>

Post introduction of JSY in 2005, the institutional deliveries among the mothers who had delivered during the year 2008 in the state of Madhya Pradesh and Orissa recorded the highest levels (73 per cent) of institutional deliveries while awareness in the same study was 86.7% and 80.2% respectively.<sup>10</sup>

The maximum utilization for JSSK can be attributed to the free services for Antenatal check-up, delivery and new born care provided to all women.

The main reasons for non-utilization of the schemes in our study were the poor timely release of funds. In a study findings by P Balasubramanian in tamilnadu the proportion of those who had applied and not received the cash assistance was 59.5% and 25% women could not furnish the necessary documents.<sup>11</sup>

## CONCLUSION

Conditional cash transfers have become popular in our country.<sup>12</sup> JSY is not given to women in Vanivilas hospital post-delivery; women have to go back to their respective domicile area government hospital to avail the benefit, the utilization can be further improved by providing the JSY amount at the hospital where delivered. There is improvement in awareness of the schemes, but utilization remains low for some schemes.

JSSK is being provided to all women who are admitted for delivery, irrespective of their BPL/caste status and parity, hence the increased utilization of this scheme in our study, but for the other schemes like Madilu Yojana, Prasoothi Araiike and JSY the criteria for benefitting from the scheme are followed, thus creating confusion for beneficiaries. Utilization has to be improved by timely release of funds. In 1990 the MMR was 437/100,000 live births, and in 2011-2013 the MMR was 167/100,000 live births, thus India has achieved around 62% reduction in MMR and is on track in achieving the target of 109/100,000 live births by 2015. The average annual rate of reduction of MMR is 5.5%. More efforts are needed to accelerate the rate, most important being improving the utilization of the maternity benefit schemes by timely release of funds.

## ACKNOWLEDGEMENTS

Authors would like to thank all the following for their invaluable support and guidance.

Dr P. K Devadas dean cum director BMCRI, Bengaluru., Dr Gangadhar Belavadi, Medical Superintendent, Vanivilas hospital, BMCRI, Bengaluru, Dr Ranganath S-HOD and Professor, Dept. of P and SM, BMCRI, Bengaluru, Dr Ravish.KS Assistant Professor, Dept. of P and SM, BMCRI, Bengaluru, Dr Malini HOD and Professor, Dept. of OBG. BMCRI, Bengaluru.

*Funding: No funding sources*

*Conflict of interest: None declared*

*Ethical approval: The study was approved by the Institutional Ethics Committee*

## REFERENCES

1. World Health Organisation. (WHO) media centre, maternal mortality, 2015. Available at: <http://www.who.int/mediacentre/factsheets/fs348/en/>.
2. Unicef India. 2015 Available at: <http://unicef.in/Whatwedo/1/Maternal-Health>.
3. Maternal Health Programme. Annual health report (2013-2014). Ministry of health and Family welfare. Available at: <http://www.mohfw.nic.in/WriteReadData/l892s/Chapter415.pdf>.
4. Ministry of health and family welfare, 2015. Available at: <http://karhfw.gov.in/nrhm>.
5. Tripathi S, Thomas RK. Effectiveness of national maternity benefit scheme in selected districts of madhya pradesh. International Journal of Advancements in Research and Technology. 2013;2(4):140-1. Available at: URL:<https://www.academia.edu/3622266/>.
6. Singh VS, Chavan SS, Giri PA, Suryavanshi SR. Study on awareness and knowledge regarding Janani Suraksha Yojana (JSY) among ANC registered women in a primary health centre of tribal area of thane district of maharashtra. Int J Res Med Sci. 2014;2(1):122-6. Available at: <http://www.scopemed.org/fulltextpdf.php?mno=45444>.
7. Kumar V, Misra SK, Kaushal SK, Gupta SC, Maroof KA. Janani suraksha Yojana: its utilization and perception among health care providers in a rural area of north india. Int J Med pub health. 2015;5(2):165-8. Available from at: [http://www.ijmedph.org/temp/IntJMedPublicHealth52165-1148864\\_001908.pdf](http://www.ijmedph.org/temp/IntJMedPublicHealth52165-1148864_001908.pdf).
8. Johnson AR, Rock B, Catherin N, Berlin SR, Rupini A, Kasthuri. Awareness of government maternity benefit schemes among women attending antenatal clinic in a rural hospital in Karnataka, India. International Journal of current research and academic review 2015. 2015;3(1):137-43. Available at: <http://www.ijcrar.com/vol-3-1/A.R.Johnson,%20et%20al.pdf>.
9. Diwan SK, El-Khatib Z, costa AD. India's JSY cash transfer program for maternal health: who participates and who doesn't: a report from ujjain

- district. Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3287253/>.
10. United nations population fund India, Concurrent assessment of JSY in selected states, bihar, madhya pradesh, orissa, rajasthan, uttar pradesh, 2009 Available at: <http://countryoffice.unfpa.org/india>.
  11. Balasubramanian P, Sundari RTK. Pro-poor maternity benefit schemes and rural women findings from tamil nadu. *Economic and Political Weekly* 2012;25:19-21. Available at: <http://www.epw.in/journal/2012/25/commentary/pro-poor-maternity-benefit-schemes-and-rural-women.html>.
  12. L Chandrakant. Cash incentives for institutional delivery: linking with antenatal and post natal care may ensure continuum of care in india, *Indian J Community Med*. 2009;34(1):16-17. Available at: [http://www.ijcm.org.in/temp/IndianJCommunityMed34115-449531\\_000729.pdf](http://www.ijcm.org.in/temp/IndianJCommunityMed34115-449531_000729.pdf)
  13. Kuppuswamy K, Rajarathinam, Mahesh K. Tracking progress towards health related millennium development goals in India. *International journal of medicine and public Health* 2015;5(4):253-8. Available at: [http://www.ijmedph.org/temp/IntJMedPublicHealth54253-8632953\\_235849.pdf](http://www.ijmedph.org/temp/IntJMedPublicHealth54253-8632953_235849.pdf).

**Cite this article as:** Manjula K, Ravish KS, Ranganath TS. The awareness and utilization of maternity benefit schemes among women receiving postnatal services in a tertiary care centre. *Int J Community Med Public Health* 2016;3:1660-4.