Original Research Article

Awareness about government maternal benefit schemes among pregnant women attending Anganawadi centres in North Karnataka

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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. There is an improvement in care since last decade. Still there is a long way in achieving complete success out of these National programmes.

Methods: A cross-sectional study was done in six Anganawadi centres in rural field practice area of medical college for a period of 4 months from 1st June 2017 to 30th September 2017. Universal sampling was adopted to include all registered pregnant women. Informed consent was taken. A pre-designed semi-structured questionnaire was used to collect data. Appropriate descriptive statistics like proportion and percentage were used describe and to draw the inferences.

Results: A total of 104 pregnant women were included. Most of them were in the age group of 20 to 30 years 76 (73.1%). More than half were in third trimester 60 (57.7%), seeking antenatal care from both government and private facilities equally. Awareness about various schemes ranged from minimum of 2 (1.9%) for JSSK to maximum of 102 (98.1%) for ICDS. ASHA workers 96 (92.3%) acted as source of information for majority of pregnant women followed by Anganawadi workers 88 (84.6%).

Conclusions: Knowledge was adequate but not sufficient across all schemes hence more efforts should be done to overcome this discrepancy. Health care workers like ASHA and Anganawadi worker have put efforts in creating awareness.

Keywords: Maternity benefit schemes, Janani Suraksha Yojana, Janani Shishu Suraksha Karyakram, Madilu kit, Integrated child development service, Prasoothi Arike

INTRODUCTION

In India woman of reproductive age form 22.2% of population and they play a pivotal role in the family life and overall socio-economic development of a community, but for a woman; pregnancy and child bearing are very important aspects of their life.¹ During this phase they are very much vulnerable to sickness and pregnancy related complications. At most care should be given to mothers during this phase to maintain their overall health.

Keeping this in mind world health organization has included maternal health indicators in both MDGs and SDGs. Among various indicators maternal mortality ratio (MMR) is very important indicator for comparing regions and countries. MMR was 216 (207-249) throughout world, 110 in SE Asia and 130 in India. Developing regions have a roughly 20 times higher risk than that of developed regions and account for approximately 99% of the estimated global maternal deaths.¹

Most maternal deaths occur in developing countries from preventable causes related to pregnancy and childbirth such as haemorrhage, infection, pregnancy-induced hypertension and unsafe deliveries. Maternal morbidity and mortality can be reduced by giving preventive and promotive health care to women during pregnancy and childbirth specially by promoting early registration, regular antenatal check-ups and institutional deliveries. To attract women to these facilities, Government of India is providing various services through existing programmes. Much of progress is done after introduction of National rural health mission which came with many grass root level health care workers like ASHAs and ANMs. Likewise, government of Karnataka has also launched various programmes like Madilu kit and Prasooti Aarika.²

The proportion of women who receive antenatal care has risen from 80% to 84% and institutional deliveries from 39% to 79% in last decade.³ Increases uptake of maternity services was attributed to new government programmes and increased availability of maternity services.⁴

Still there is a long way in achieving complete success out of these programmes. Main determining factors for utilization of these services are knowledge about services among beneficiary mothers and attitude of grass root level health care workers. Hence, we started our study to know awareness level about various maternity benefit schemes among antenatal mothers and to find its source of information about these schemes.

METHODS

A Cross-sectional study was done in Anganawadi centres in rural field practice area of medical college for a period of 4 months from 1st June 2017 to 30th September 2017. The study was approved by institutional ethical committee. Sample size was calculated based on a study done by Unnikrishnan B et al⁵ the awareness level was 9.6%, by using the formula $n = (Z\alpha)^2 pq/d^2$, with absolute precision (d) of 5 per cent, n was calculated to be 95, with 90% confidence interval, power of 80% and α -error of 5%. Assuming 10 per cent non-response rate, 105 people were interviewed 1 woman was excluded because of preterm delivery. Simple random sampling was adopted to select pregnant women registered under Anganawadi

centres, which were located in rural field practice area. Informed consent was taken from all the study participants.

A pre designed questionnaire was used to obtain data. Questionnaire was divided in to two parts, first regarding socio-demographic and obstetric profile and second part regarding awareness and source of information about Government maternity benefit services provided under various schemes like-Janani Suraksya Yojana, Janani Shishu Surksya Karyakrama, under national health mission, nutrition supplementation services under integrated child development scheme and Bhagyalkshmi Yojana, Prasuti Arike, Madilu kit and 108 ambulance service by Government of Karnataka

Above all schemes were specific to maternity except Bhagyalkshmi yojana and 108 ambulances, which falls under general services.

Data analysis

A database was created in MS excel and analysis was done using SPSS version 20, IBM, New York, USA. Appropriate descriptive statistics like proportion and percentage were used describe findings and to draw the inferences.

RESULTS

A total of 104 pregnant women were included in our study. Age ranged from 19 to 35 years. Most of them were in the age group of 20 to 30 years 76 (73.1%). More than half of them had studied up to high school 60 (57.7%). All were housewives. Majority of them were Hindus 80 (76.9%) and from joint families 72 (69.2%). All of them were housewives. Less than one third were primigravida 30 (28.8%). More than half were in third trimester 60 (57.7%) seeking antenatal care from both government and private facilities equally (Table 1).

Awareness about various schemes in our study ranged from minimum of 2 (1.9%) for JSSK to maximum of 102 (98.1%) for ICDS. ASHA workers 96 (92.3%) acted as source of information for majority pregnant women followed by Anganawadi worker 88 (84.6%) (Tables 2 and 3).

Table 1: Socio-demographic and obstetric profile of pregnant women.

Variables	Frequency	Percentage (%)
Age (years)		
<20	18	17.3
20-30	76	73.1
>30	10	9.6
Education of women		
Illiterate	10	9.6
Primary	18	17.3
High school	60	57.7
Graduate	16	15.4

Continued.

Variables	Frequency	Percentage (%)
Education of spouse		
Illiterate	8	7.7
Primary	36	34.6
High school	38	36.5
Graduate	22	21.1
Religion		
Hindu	80	76.9
Muslim	24	23.1
Type of family		
Nuclear	32	30.8
Joint	72	69.2
Socio-economic status		
BPL	24	23.1
APL	80	76.9
Gravida		
Primi	30	28.8
G2	44	42.3
G3	20	19.2
G4	10	9.6
Period of gestation		
1 st trimester	10	9.6
2 nd trimester	34	32.7
3 rd trimester	60	57.7
Place of ANC		
Government hospital	48	46.2
Private hospital	56	53.8

Table 2: Distribution of pregnant women according to awareness about services.

Type of services	Frequency	Percentage (%)
Janani Suraksha Yojana (JSY)	56	53.8
Prasooti Aarika	34	32.7
Janani Shishu Suraksha Karyakram (JSSK)	2	1.9
Madilu kit	84	80.8
Integrated child development scheme (ICDS)	102	98.1
Bhagyalakshmi	96	92.3
108 Ambulance	98	94.2

Table 3: Distribution of different agencies as source of information.

Source of information	Frequency	Percentage (%)
Accredited social health activist (ASHA)	96	92.3
Anganwadi worker	88	84.6
Auxiliary nurse midwife (ANM)	84	80.7
Social and mass media	8	7.6
Friends/Family members	4	3.8

DISCUSSION

Antenatal care can reduce the health risks of mothers and their babies by monitoring pregnancies and preventing complications. Delivery at a health facility reduces the risk of complications and infections during labour and delivery and hence reducing maternal morbidity and mortality. Hence antenatal care and institutional deliveries are cornerstones for successful women and child health schemes and programmes. Even though Government provides various services the beneficiaries should be aware and utilize these services. A total of 104 antenatal mothers were included in our study, whose age ranged from 19 to 35 years. The study subject was considered as aware of the scheme, if she had heard about the scheme and had knowledge about certain key points and services provided under the scheme.

Awareness about various schemes in our study ranged from minimum of 1.9% for JSSK to maximum of 98.1% for ICDS. Similarly maximum variations were observed in between various schemes which ranged from 0% to 83.6% and 2.4% to 94.1% by Johnson et al and Unnikrishnan et al respectively.⁵ A very few studies have concentrated on all the available schemes. Awareness for ICDS was highest in most of the studies which can be attributed to the fact that it's one of the oldest functioning schemes. ICDS services are covered through Anganwadi centers, which are very popular among rural population. But most of them quoted ICDS services for supplementary nutritional food than health check-ups or

nutrition education. Lower level of awareness for JSSK may be its still new and only and as study was done on pregnant women and the infant component of the programme still not been utilized.

However, many studies have concentrated on JSY may be because it was one of the earliest to come with cash incentives to increase institutional deliveries. In the present study (53.8%) women were aware that, there is a programme for pregnant a woman which aims at safe institutional delivery (JSY) with cash benefits. The variations in the level of awareness for this scheme was observed in between studies which was (9.6%) by Unnikrishnan et al, (18.6%) by Johnson et al, (26%) by Uttakar et al, (52.7%) by Singh et al, (75%) by Santa et al and (96.3%) by Mohapatra et al.⁵⁻¹⁰ This variation was very high even though only antenatal women were included in all studies.

The transport of pregnant women to an appropriate health facility plays a pivotal role during emergencies in preventing maternal deaths. In India, state-run call-center based ambulance systems. Awareness regarding 108 Ambulance services was (94.2%). Lower level of awareness of (58.8%) and (72.7%) was observed by Johnson et al and by Lokesh et al respectively.^{5,11} Higher level of awareness in our study is due utilization of ambulance services during their previous deliveries

Madilu kit and Prasooti Aarika were started by Government of Karnataka.³ Awareness regarding same was (80.8%) and (32.7%) respectively. Similar results were observed for Madilu kit by studies done in other parts of Karnataka.^{5,6,12} However, in our study pregnant women were not clear about Prasooti Aarika as there were overlapping eligibility criteria and benefits of JSY.

Bhagyalakshmi scheme was launched by government of Karnataka to promote the birth of girl child in below poverty families and to raise the status of the girl child in the family in particular and society in general.¹³ Even though it may not directly benefit pregnant women directly but will be useful for new born female child during her life time. Awareness regarding this scheme was (92.3%). Similar results were also observed by Johnson et al (74.6%).⁵

ASHA (92.3%) and Anganwadi workers (84.6%) were main source in imparting knowledge about all schemes to beneficiaries. Similar results were observed by studies done in Karnataka.^{5,6} These field level health care workers actively involved in these schemes from initiation and registration to getting monetary benefits in some of the schemes. In a study done by Fathims et al around (88.1%) of ASHA workers had counselled pregnant women in all aspects of pregnancy.¹⁴ Mass media (7.6%) and friends /family members (3.8%) did play a role in increasing knowledge in a considerable level.

Limitations

As the study had included all both primi and multi gravida women in all trimesters, primi women in 1st trimester may not have knowledge as compared to multi gravida in 3rd trimester since they had just started visiting Anganawadi centers.

CONCLUSION

Knowledge regarding various schemes was not sufficient; there were wide discrepancy in between schemes hence more efforts should be done to concentrate on all schemes and programmes. Hence knowledge about each scheme should be emphasized during each antenatal visits and clear idea should be given about benefits and beneficiary eligibility criteria. Lower level of awareness may be attributed due to inclusion of only antenatal mothers. However, health care workers had done a commendable job in creating awareness.

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