

Knowledge and Utilisation of Various Schemes of RCH Program among Antenatal Women and Mothers Having Less than Five Child in a Semi-Urban Township of Chennai

Principle investigator: Vithya Priya.K, III MBBS

Co-investigator: Dr.Alice Matilda Mendez, Assisstant Professor

Department: Community Medicine, Saveetha Medical College and Hospital, Chennai

Abstract:-

➤ *Introduction:*

Maternal and Child Health issue is national as well as global health issue. In India, Maternal Mortality Ratio (MMR) is nearly 130/100,000 in 2014-16 which can be reduced by universalizing delivery and sick infant care in the institutional fold. To attain this goal, Indian Government has initiated schemes like Janani Suraksha Yojana (JSY) and the Janani-Sishu Suraksha Karyakram (JSSK). Dr. Muthulakshmi Reddy Maternity Benefit Scheme is an initiative of Tamil Nadu Government in which financial assistance of Rs. 18,000 is given in 3 installments.

➤ *Aim and Objective:*

To assess the knowledge and utilization of Reproductive and Child Health care schemes among mothers.

➤ *Methodology:*

A Cross sectional study was conducted for a duration of 8 weeks among antenatal women and mothers having under five child in the Thirumazhisai, Semi-Urban area of Chennai. A total of 150 women were included from 15 wards. The information obtained about knowledge and utilization of JSY, JSSK, DR. Muthulakshmi Reddy Maternity Benefit Scheme was recorded, exported to Microsoft spreadsheet and analysed with the help of SPSS Software. Descriptive statistics and quantitative data is presented as Mean (standard deviation) and qualitative data is presented as proportion, tables, and bar diagrams.

➤ *Result:*

The mean age of the population is 26.04667(0.28713). Around 54% of the respondents had schooling up to high school level, 7.3% respondents are illiterate and 20.67% respondents are graduate. Majority of the respondents [144(96%)] were found to be housewife. Out of 150 women, 83(55.3%) were aware about JSY, 119(79.3%) were aware about JSSK and 143(95.3%) were about Dr. Muthulakshmi Reddy maternity benefit scheme. Only 14 (60.8%) of the eligible women utilized JSY. Around 72.6% (109) of

women utilized JSSK and 76% (114) utilized Dr. Muthulakshmi Reddy beneficiary scheme.

➤ *Conclusion:*

While comprehensively analysing the issue of non-exploitation of various services and schemes among pregnant women, we find that the literacy, socio-economic status, lack of information and adequate knowledge regarding the initiatives to be the main attributes. The important domain that needs to be intervened right now are creating awareness which can be done by improving IEC activities (Information, Education and Communication) through models like print, electronic, traditional, personal communication and proper service provision, regular sufficient fund, timely availability of services, active monitoring-supervision.

I. INTRODUCTION

The Universal Declaration for Human Rights, 1948 in article 25 emphasised that, "Motherhood and Childhood are entitled to special care and assistance". Maternal and Child Health issue is national as well as global issue. Everyday approximately 830 women die from preventable causes related to pregnancy and childbirth; and about 99% of all maternal deaths occur in developing countries. Between 2016 and 2030, as a part of sustainable Development Goals, the target is to reduce global maternal mortality ratio to less than 70/100,000 live births.

In India, the MMR is about 130/100,000 in 2014-2016 which can be reduced by universalizing delivery and sick infant care in the institutional fold. To attain this goal, Indian government has initiated schemes like Janani Suraksha Yojana (JSY) and the Janani Sishu Suraksha Karyakram (JSSK).

The major goal of Janani Suraksha Yojana (JSY), a conditional cash transfer scheme, is to reduce Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR), especially for the people below poverty line, through promoting institutional deliveries. This scheme provides cash incentives to women who opt for institutional deliveries and also to the local health functionary who motivate the family to opt institutional delivery and helps

them in obtaining ante-natal and post-natal services. The states have been classified as Low Performing States (LPS) and High Performing States(HPS) based on the rate of institutional deliveries.

The beneficiaries of JSY are:

LPS states: All pregnant women delivering in government health institutions.

HPS states: BPL pregnant women, and the SC and ST pregnant women delivering in government health institutions. ^[1,2]

After the launch of JSY, the rate of deliveries at the institutional level has amplified by several folds. In the span of 11 years, between 2002-07 and 2017-18, the beneficiaries increased by almost 72.46 Lakh. The pivotal factors like knowledge, awareness, utilization pattern, satisfaction, attitude of the beneficiaries needs to be taken into consideration for any scheme to thrive.

In a long and arduous pursuit to eliminate economic barriers, Government of India has inaugurated a scheme known as Janani-Sishu Suraksha Karyakram (JSSK) on the 1st of June, 2011. It bestows foremost significance on eradication of out-of-pocket expenditure (OOPE) by eliminating consumer charges for both pregnant women as well as sick infants. The benefit of the scheme includes free delivery (both normal vaginal and caesarean), essential diagnostics, drugs and consumables, blood, diet during the hospital stay, referral transport services, if required. Akin benefits are provided to the sick infants who access care in government hospitals and institutions. ^[3]

Along with the national government, few state government like that of Tamil Nadu have launched initiatives like Dr. Muthulakshmi Reddy Maternity Benefit Scheme which provides financial assistance of Rs. 18,000 in 3 instalments to provide optimal nutrition for pregnant and lactating women and compensate the wage loss during pregnancy.

➤ *Objective:*

- To assess the knowledge and utilization of reproductive and child health care schemes among mothers.
- To identify the factors influencing utilization of reproductive and child health care schemes.

II. METHODOLOGY

A Cross sectional study was conducted for a duration of 8 weeks among antenatal women and mothers with under five child in Thirumazhisai, a Semi-Urban township of Chennai ,which is a field practice area of Saveetha Medical College and Hospital. Sample size is 150 antenatal women and mothers with under-5 child which was calculated using the formula $n=Z^2pq/L^2$ where $p=40$, $q=60$, $L=20\%$ of $p=64$.

There are 15 wards and 141 streets in Thirumazhisai. One street was selected randomly from each ward and survey was done from the first house in the street until we got 10 women eligible for the study. The details of the study were explained to the beneficiaries and an interview based Pretested, predesigned-semi structured questionnaire was used to obtain information on the socio-demographic details (name, age, education, occupation, family, parity, income, religion), obstetric history (place of antenatal check-ups, number of check-ups), details about delivery[place(home/ institutional),mode], awareness and utilization of the schemes like JSY,JSSK and Dr.Muthulakshmi Reddy Scheme after getting approval from the ethical committee. The information obtained was recorded, exported to Microsoft spreadsheet and analysed with the help of SPSS Software. Descriptive statistics and quantitative data is presented as Mean(standard deviation) and qualitative data is presented as proportion, tables, and bar diagrams.

III. OBSERVATION AND RESULT

Mean age of the population of this study is 26.04667(0.28713). Around 54% of the respondents had schooling up to high school level, 7.3% respondents are illiterate and 20.67% respondents are graduates. Majority of the respondents [144(96%)] were found to be housewife. Majority of the mothers were Hindus 134(89.3%), followed by Muslims 9(6%), and Christians 7 (4.6%).

Education	Frequency(150)	%
Illiterate	11	7.33
Primary	0	0
Secondary	27	18
Higher secondary	81	54
Graduate	31	20.67
Occupation		
Profession	0	0
Shop owner	0	0
Skilled worker	3	2%
Unskilled	3	2%
Housewife	144	96%
Family		
Nuclear	97	64.6
Joint	53	35.3
Extended	0	0
Income		
BPL	50	33.33
APL	100	66.67
Religion		
Hindu	134	89.33
Christian	7	4.67
Muslim	9	6
Others	0	0

Table 1:- Socio-Demographic Details

	Awareness	Utilization
JSY	83(55.33%)	14* (60.87%)
JSSK	119(79.22%)	109 (72.6%)
Dr.Muthulakshmi Reddy maternity benefit scheme	143(95.3%)	114(76%)

Table 2:- Awareness and utilization
*Out of 23 eligible women

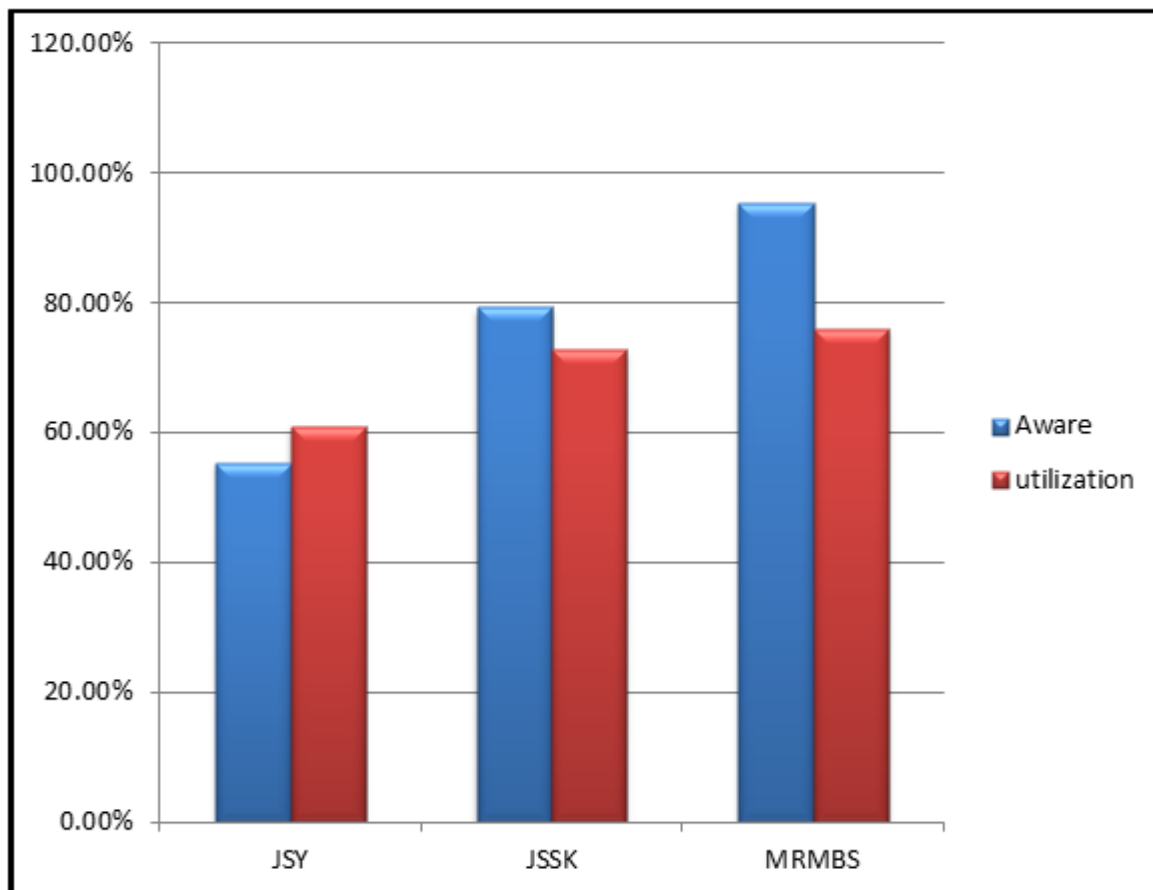


Fig 1:- Awareness and Utilization of JSY, JSSK and Dr.Muthulakshmi Reddy Maternity Benefit Scheme

Out of 150 women, 83(55.3%) were aware about JSY, 119(79.2%) were aware about principle entitlement of JSSK and 143(95.3%) were about Dr.Muthulakshmi Reddy maternity benefit scheme. Only 14 (60.8%) of 23 eligible women utilized JSY. Around 109(72.6%) utilized JSSK and 114(76%) of women utilized Dr.Muthulakshmi Reddy beneficiary scheme.

Regarding awareness about entitlements of JSSK , 119 (79.2%) women were aware about free normal vaginal delivery and caesarean section; 108 (72%) mothers had awareness for free drugs and consumables ; 67 (44.67%) were aware about free diet during stay in the health facility, 29 (19.34%) respondents were aware about free diagnostics services . Only 8 (5.33%) women were aware about free stipulation of blood and there is very less awareness about the free entitlements for infants.

Awareness was found to be maximum for free vaginal delivery and minimum for transportation facility and provision of blood.

JSY	Aware	Not aware	P value
Illiterate	6	5	0.95
Literate	77	62	
BPL	34	16	0.027
APL	49	51	
JSSK	Aware	Not Aware	P value
Illiterate	8	3	0.57
Literate	111	28	
BPL	42	8	0.32
APL	77	23	
Dr.Muthulakshmi Reddy scheme	Aware	Not Aware	P value
Illiterate	5	5	0.01
Literate	138	2	
BPL	49	1	0.27
APL	94	6	

Table 3:- Association of Socio-Demographic Factors with Awareness about Various Schemes

JSY	Utilised	Not utilised	P value
Illiterate	3	3	0.04
Literate	11	58	
JSSK	Utilised	Not utilised	P value
Illiterate	8	1	0.82
Literate	88	11	
BPL	36	6	0.67
APL	60	8	
Dr.Muthulakshmi Reddy scheme	Utilised	Not utilised	P value
Illiterate	3	2	0.002
Literate	111	6	
BPL	32	49	0.49
APL	28	34	

Table 4:- Association of Socio-Demographic Details with Utilization about Various Schemes

IV. DISCUSSION

In our present study, around 83(55.3%) women were aware about JSY, 119(79.2%) were aware about JSSK and 143(95.3%) were about Dr.Muthulakshmi Reddy maternity benefit scheme. Though around 4/5th of the respondents were aware about the scheme a considerable amount of mothers were not aware about it. The main source of knowledge about the scheme is from ANM. Other sources were link workers and Anganwadi workers. Though around 60.87% of the eligible women had received cash assistance in JSY, few didn't receive due to lack of proof of belonging to SC, ST or BPL status and lack of proper knowledge about the scheme.

In present study, 79.2% of the mothers were aware about the principal entitlement under JSSK i.e. free delivery (including caesarean section). However, in an Assam study 88.1% of respondents were aware of free delivery while in a study by Chatterjee et al., only 18.75% of the respondents were aware about it and no one was aware of free caesarean section.^[4,5] Concurrent assessment of the impact of JSSK in Rajasthan, Tripura, Kerala, Maharashtra and Himachal Pradesh by national health systems resource centre (NHSRC) in 2013-14 found higher awareness levels (ranging from 90-100%) about free delivery component of JSSK among beneficiaries in Tripura, Kerala, Maharashtra, Rajasthan and Himachal Pradesh.^[8]

Awareness about free drugs and consumables for antenatal women and infants is 72% in the present study whereas it was 85% in Assam study.^[4,5]

Awareness level for provision of free diet during stay was 44.67% in this study while it was 80.1% in Assam and 58.33% in West Bengal.^[4,6]

Among the participants, awareness of free diagnostics services both for pregnant females and sick infants was low (19.34%). In Assam study, awareness about free diagnostic was 77 % and in study by Chatterjee et al., awareness was 29.17 % in pregnant women.^[4,6]

Only 5.33 % of respondents were aware of the free provision of blood for mother and infants. In West Bengal study, none of them had awareness for the same whereas in Assam study where 17.8 % mothers were aware of it.^[4,6]

In our study, awareness about free referral transport was 20.67%. In a study conducted by Goyal RC in Wardha (Maharashtra), awareness about the free transportation facility was 44.17 % whereas none of the participants were aware about the same in a study in Karnataka.^[7,8] A study done by Barua et al., in Assam stated that the awareness among mothers regarding free transport from home to facility is 82.7%, drop back to home is 72.4% and from one health facility to other is 40.3%.^[7]

Maximum number of respondents were found to be aware about free vaginal delivery whereas very few respondents were aware about free referral transportation and provision of blood.

Hence, measures should be taken to increase the awareness and utilization of various schemes which in turn would reduce the MMR and IMR and help us achieve the Sustainable Development Goals.

V. CONCLUSION

Most of the respondents who answered our questionnaire had some basic knowledge about the schemes implemented. On the contrary, the name of the schemes was not known to many of them. One major problem with the eligible pregnant women was that they lacked any certificate to prove that they belonged to SC, ST or BPL status.

While comprehensively analysing the issue of non-exploitation of various services and schemes among pregnant women, we find that literacy, socio-economic status, lack of information and adequate knowledge regarding the initiatives to be the main attributes. The important domain that needs to be intervened right now are creating awareness which can be done by improving IEC activities (Information, Education and Communication) through models like print, electronic, traditional, personal communication and proper service provision, active monitoring-supervision, regular sufficient fund ,timely availability of services.

REFERENCES

- [1]. Reddy NR, Kishore SG, Viswanatha PG, Ranganath TS, Shanmugapriya D. A study to assess the knowledge and utilization of Janani Suraksha Yojana. *Int J Community Med Public Health*, 3:512-6.
- [2]. Park K. *Park's Textbook of Preventive and Social Medicine*. 25th ed. Jabalpur: Banarsidas Bhanot Publishers. 2019:491.
- [3]. Park K. *Park's Textbook of Preventive And Social Medicine*. 25th edition. Jabalpur (M.P.), India: M/S Banarasidas Bhanot; 2019. P.492
- [4]. Chatterjee S, Das D. Awareness about Janani Shishu Suraksha Karyakram (JSSK) among pregnant mothers – a community based study in rural area of West Bengal, India. *IOSR Journal of Dental and Medical Sciences*. 2015;14(9):01-57.
- [5]. Barua K, Baruah R, Ojah J, Saikia AM. Factors influencing the utilization of free delivery care under Janani Shishu Suraksha Karyakram in Kamrup district, Assam, India. *Int J Community Med Public Health*. 2016;3(6):1665-71.
- [6]. Ved R, Sundararaman T, Gupta G, Rana G. Program evaluation of the Janani Suraksha Yojana. In *BMC Proceedings* 2012;6(5):15. BioMed Central.
- [7]. Goyal RC, Singh PL, Mudey A. Assessment of implementation status of Janani-Shishu Suraksha Karyakram (JSSK) for free referral transport services at selected public health facilities in Wardha district, of Central India. *Int J Current Res Review*. 2014;6(16):29.
- [8]. Johnson AR, Rock B, Catherin N, Berlin RR, Kasthuri A. Awareness of government maternity benefit schemes among women attending antenatal clinic in a rural hospital in Karnataka, India. *Int J Current Res Academic Review*. 2015;3(1):137-43.