

Awareness about government scheme of maternal nutrition among urban area

Abstract

Maternal and child health is one of the eight millennium development. Encouraging institutional deliveries can help lower maternal and infant death rates. The Indian government has implemented a few maternity benefit programs in order to accomplish this. The study was undertaken to awareness about government schemes of maternal nutrition among urban area. The study was conducted at Ayodhya district. A well-structured self-made questionnaire (google form) were used for collecting data from 100 urban people, selected through simple random sampling method. Frequency analysis was used for analysing data. The study revealed that most of the respondents have great knowledge about the government maternal nutrition schemes. Raising public knowledge of government programs aimed at promoting maternal nutrition in urban areas is essential to guaranteeing expectant mothers receive the assistance and resources they need to improve their health and the health of their unborn children, ultimately leading to improved outcomes for the health of mothers and children in urban areas.

Key words: Awareness, maternal nutrition, government schemes.

Introduction:

Maternal and paediatric health are significantly influenced by nutrition. Negative birth outcomes have been linked to low mother nutritional status; however, the relationship between maternal nutrition and birth outcomes is complex and depends on a variety of physiological, socioeconomic, and demographic factors that range greatly among populations.

Approximately 800 women worldwide pass away every day from pregnancy- and childbirth-related avoidable causes. One of the eight Millennium Development Goals (MDGs) that the international community adopted in 2000 is improving maternal health. Encouraging institutional deliveries can help lower maternal and infant death rates. The Indian government has implemented a few maternity benefit programs in order to accomplish this. The beneficiaries' level of awareness affects how often the schemes are used.

The purpose of this study was to determine how much urban residents knew about the government's maternity assistance programs. Even with improved access to medical facilities and dietary resources, there is still a sizable disparity in the knowledge of and use of government programs targeted at enhancing maternal nutrition in urban regions. These programs are intended to give expecting and new moms access to vital nutrition, financial assistance, and healthcare services, ensuring that both parties receive the care required for a healthy start in life.

To improve maternal nutrition and lower the rates of maternal and newborn death, the Indian government has launched a number of programs, including the Pradhan Mantri Matru Vandana Yojana (PMMVY), the Janani Suraksha Yojana (JSY), the Pradhan Mantri Surakshit Matritva Abhiyan, the Bhagya Lakshmi Yojana, and the Janani Shishu Suraksha Karyakaram. However, the target population's awareness and involvement are a major factor in how beneficial these programs are. It is important to understand the amount of awareness and the factors influencing it, particularly in metropolitan regions where lifestyle, education, and economic conditions differ greatly.

Health outcome: Low birth weight, long-term developmental problems in children, and maternal and newborn mortality are just a few of the negative health effects that can result from poor nutrition for

mothers. Government programs are meant to lessen these hazards, but if the intended audience is unaware of them or doesn't use them, their effectiveness will be diminished.

Schemes effectiveness: Evaluating the use and knowledge of government programs aids in determining how effective the policies and initiatives in place are at the moment. Finding knowledge gaps can help policymakers better understand how to adapt these programs to the demands of urban

Target intervention: Through an understanding of the variables that affect awareness such as media exposure, cultural behaviours, education, and income tailored interventions can be developed to increase the effectiveness and reach of these programs. This can involve using technology to spread information interacting with community leaders more effectively, and developing more effective communication techniques.

Long term benefits: Long-term societal gains from improved maternal nutrition include healthier offspring who may contribute more to the economy and lower medical expenses as a result of a decline in diseases linked to malnutrition. Improving public knowledge of and use of these programs is an investment in the population's long-term well-being and productivity.

Rational of the study

The purpose of this study is to investigate urban dwellers' awareness of various government programs and to determine the obstacles and enablers to their use. Through an analysis of the existing level of awareness and a knowledge of the socio-economic and educational elements influencing it, this study aims to offer insights that can help healthcare practitioners and policymakers create more successful outreach and communication plans. In the end, improved mother and child health outcomes in urban environments may result from raising knowledge of and participation in these programs.

Objective

1. To assess the level of awareness among urban residents regarding government schemes of maternal nutrition.

Review of literature

In 2015, Johnsor, A.R., Catherin, N., et al. did a study on women attending a prenatal clinic at a rural hospital in Karnataka, India, on their awareness of government maternity benefit schemes. They discovered that a systematic interview schedule was used to collect data from women attending prenatal clinics in rural hospitals in Karnataka. Maternal nutrition supplements under Integrated Child Development Services (ICDS) were the subject of the highest awareness (83.6%). An important correlation was found between the mother's education, the family's socioeconomic level, her gestational age, and the parity index and her awareness of the schemes. The primary sources of information were friends and family, then health personnel (health workers, health professionals).

In 2020, Bhaskaran Unnikrishnan, Priya Rathi, et al. carried performed research on the knowledge and utilization of maternal and child health benefit programs among women undergoing treatment at a district hospital in the coastal region of South India. The study's findings showed that different schemes had different levels of awareness, with Integrated Child Development Service having 94% awareness and Rashtriya Bal Swasthya Karyakram having 0.8%. Accredited social health activists (40.41%) were the main source of information. The majority of study participants agreed that MCH schemes were beneficial. The highest percentage of people (100%) enrolled in Janani Shishu Suraksha Karyakram; nevertheless, none of them used Prasoothi Araiike.

Dr. R Neela Rani, Sothram Sahithya, et al. (2021) a study on the awareness and demographics of rural women in Telangana state who are recipients of particular government programs. The study's findings

showed that the majority of the participants (78.33%) were between the ages of 18 and 35; 30.00% had completed high school; 57.50% were housewives; 44.17 percent earned between Rs. 60,000 and Rs. 1.5 lakhs annually; 83.33% of the women were married; 68.33 percent had nuclear families; 74.67 percent of the respondents identified as Hindu; more than half (58.33%) were from the OBC caste; and 46.67 percent of the respondents had only one child. The degree of knowledge for Shaadi Mubarak and Kalyana Lakshmi was high (100.00%), whereas that regarding Aasara pension was medium (80.00%), KCR Kit was high (96.67%), and Aarogya Lakshmi was medium (76.67%).

1. **Research Design:** The research design of study conducted was descriptive in nature.

Phase wise plan of work

Phase I: Framing of objectives, designing of tools and identification of sample

Phase II: Collection of data from the selected sample

Phase III: Analysis of data and report writing

2. **Locale of the study:** The study was conducted on urban area people of Ayodhya district of eastern U.P. due to availability, convenience and easy accessibility of the samples.

3. **Sampling procedure:** A total of 100 urban people were included in the study. The sample was chosen using purposive random sampling method.

4. **Variables of the study and their operational definition:**

I. Independent variables: The independent variables are the variables in which change isn't affected by any other variable in the study. Either the scientist has to change the variable herself or it changes on its own, nothing else in the study affects or changes it.

A. Age

B. Education

C. Gender etc.

II. Dependent variables: In research, the dependent variable is the variable that is being tested and measured and is 'depending' on the independent variable.

a) Awareness about maternal schemes

b) Maternal Nutrition

5 **Tools and techniques used:** A self-structured questionnaire schedule (Googleform) was be used to collect data.

6 **Analysis and interpretation of data:** Appropriate analysis of the collected data was applied & interpretation was done accordingly.

RESULT AND DISCUSSION:

Personal and demographic profile of the respondent

Variable	Category	F (%)
Age	16 – 30	55(55%)
	31 – 45	35(35%)
	46 – 60	10(10%)
Education	Illiterate	0(0%)
	Middle class	3(3%)

	Higher secondary school	10(10%)
	Graduation	87(87%)
Gender	Male	32(32%)
	Female	68(68%)
Type of family	Joint	62(62%)
	Nuclear	37(37%)
	Extended	1(1%)
Occupation	Housewife	8(8%)
	Government employee	9(9%)
	Self employed	12(12%)
	Seasonal labour	4(4%)
	Student	67(67%)
Below poverty line status	Yes	10(10%)
	No	73(73%)
	Can't say	6(6%)
	No card	11(11%)

Table 1: distribution of respondent according to demographic profile. (N=100)

Table 1 represent that more than half (55%) of the respondents belong to 16-30 year followed by 35 percent respondents belong to 30-45 year, and above only 10 percent of respondents belong to 46-60 year in this category. Table represent that 68 percent of the respondents belong female category followed by 32 percent respondents belong to male category. Table 1 represent that 62 percent of the respondent belong to joint family followed by 37 percent respondents belong to nuclear family category and only 1 percent respondents belong to extended family category. Table 1 represent that 67 percent respondents are belong to student category followed by 12 percent respondents self-employed category followed by 8 percent respondents are housewife category and followed by 9 percent respondent are belong to government employee category followed by 4 percent respondents are belong to seasonal category. Table 1 that 87 percent of the respondents belong to graduation category followed by 10 percent of respondents belong to higher secondary school category followed by 3 percent respondents belong to middle class category and 0 percent of respondents belong to illiterate category. Table 1 represent that 73 percent respondents belong to no BPL family category followed by 10 percent respondents belong to BPL family category and followed by 6 percent respondents belong to do not gives any answer to your BPL status.

Table – 2 Specific information (based on awareness about government schemes for maternal nutrition)

Variable	Category	F (%)
Do you know about schemes launched by government for maternal nutrition	Yes	86(86%)
	No	14(14%)
If yes then for how many years have you know about these schemes	1-2 year	50(50%)
	4-6 year	34(34%)
	More than 7 year	16(16%)
Where do you get information about government Maternity Nutrition benefits schemes	Health worker	28(28%)
	Family	17(17%)
	Friends	16(16%)

	T.V.	17(17%)
	Radio	4(4%)
	News paper	18(18%)
Have you or anyone you know ever utilised government schemes for maternal Nutrition	Yes	38(38%)
	No	62(62%)
If no, what do you think are the main barriers to accessing these schemes	Lack of knowledge	5(5%)
	Inadequate resources	8(8%)
	Communication gap	16(16%)
	All of the above	71(71%)
Do you know what is the aim of Janani Suraksha Yojana	Reduce maternal mortality rate	5(5%)
	Reduce infant mortality rate	5(5%)
	Encourage delivery in women at health center (BPL family)	0(0%)
	All of the above	90(90%)
Do you know what is the aim of Bhagya Lakshmi Yojana	Promote the birth of girls children	11(11%)
	To improve the economic status of women (BPL family)	1(1%)
	To promote girls education	8(8%)
	All of the above	80(80%)
Do you know what is the aim of Janani Shishu Suraksha karyakaram	Pregnant women can access cashless public health care facilities during their deliveries	12(12%)
	It cover the expenses of sick newborn infant	0(0%)
	Provide diet of up to 7 days	0(0%)
	All of the above	88(88%)
Do you know what is the aim of Pradhan Mantri Surakshit Matritva Abhiyan	To make pregnant women aware of their health issues and disease	81(81%)
	To reduce the maternity and mortality	19(19%)
Do you know what is the aim of Anganwadi Nutrition Supplementation for Pregnant Women	Supplementary Nutrition	6(6%)
	Health education	1(1%)
	Provision of calcium and iron tablets	2(2%)
	All of the above	91(91%)
Do you know what is the aim of Pradhan Mantri Matru Vandana Yojana	Improve health of pregnant women and lactating mothers	8(8%)
	Providing partial cash incentive to women to rest before and after delivery of the first living child	4(4%)
	Both	88(88%)
Do you know that PMMVY benefits are available only on the birth of the first child	Yes	56(56%)
	No	44(44%)
Do you know about aims and beneficiaries of free ambulance service	Yes	91(91%)
	No	9(9%)

Have you ever participated in any activities or campaigns related to promoting maternal Nutrition under government schemes	Yes	40(40%)
	No	60(60%)
Have you noticed any positive changes in maternal and child health as a result of these schemes	Yes	95(95%)
	No	5(5%)

Table 2 represents that majorly (86%) of the respondents aware about maternal nutrition schemes followed by 14 percent respondents are not aware about maternal nutrition schemes. Table 2 represents that 50 percent respondents are aware about of maternal nutrition schemes 1-2 year followed by 34 percent respondents are aware about maternal nutrition schemes 4-6 year category and followed by 16 percent respondents are belong to aware about maternal nutrition schemes more then 7 year. Table 2 represent that 38 percent respondents are utilized maternal nutrition schemes followed by 62 percent respondents are not utilized maternal nutrition schemes. Table 2 reveal that 28 percent of the respondents get information about maternity nutrition benefits schemes through the health worker followed by 18 percent from newspaper, 17 percent from T.V. and family and 16percent prom friends, very few 4 percent from radio. Result also described that most of the respondents71 percent was think there are all of the above barriers to assessing these schemes followed by 16 percent of the respondents facing communication gap, very few 5 percent lack of knowledge of the barrier to assessing these schemes. Result described that majorly(88%) of the respondents think that the aim of Pradhan Mantri Matru Vandana Yojana was both improve health of pregnant and lactating women and providing partial cash incentive to women to rest before and after delivery of the first living child, 8 percent improve health of pregnant and lactating women and very few (4%) providing Providing partial cash incentive to women to rest before and after delivery of the first living child .Result represent that most of the (90%) respondent agreed with that both of the aim of Janani Suraksha yojana is reduce maternal and infant mortality rate, encourage delivery in women at health center followed by 5 percent of respondents reduce maternal and infant mortality rate. The result also showed that most of the respondents think the aim of Bhagya Laxmi yojana is to promote the girls children birth and education and improve the economic status of women, and 11 percent think promote the birth of girls children and very few (1%) improve the economic status of growth. Result represent that most of the respondents (95%) agreed with that the any positive changes in maternal and child health as a result of these schemes. Result represent that more than 50 percent of respondents participated in any activities or campaigns related to promoting maternal Nutrition under government schemes participated in any activities or campaigns related to promoting maternal Nutrition under government schemes.

Table-3 Specific information (knowledge about beneficiaries of government schemes for maternal nutrition)

S.N.	Scheme	Pregnant Women F (%)	Lactating Mother F (%)	Both F (%)	Girls F (%)
1	Janani Suraksha Yojana	95(95%)	5(%)	0(0%)	0(0%)
2	Bhagya Lakshmi Yojana	25(25%)	0(0%)	0(0%)	75(75%)

3	Janani Shishu Suraksha Karyakaram	96(96%)	4(4%)	0(0%)	0(0%)
4	Pradhan Mantri Surakshit Matritva Abhiyan	92(92%)	0(0%)	0(0%)	8(8%)
5	Anganwadi Nutrition Supplementation For Pregnant Women	5(5%)	1(1%)	94(94%)	0(0%)
6	Pradhan Mantri Matru Vandana Yojana	10(10%)	2(2%)	88(88%)	0(0%)

Table 3 Represented that most of the (94%) respondents know the beneficiaries of Anganwadi nutrition supplementation for pregnant women, followed by less than 6 percent of respondents unknown to the Anganwadi nutrition supplementation for pregnant women. The result also showed that most of the respondents know the beneficiaries of Pradhan Mantri Surakshit Matritva Abhiyan, and very few (8%) are unknown to Pradhan Mantri Surakshit Matritva Abhiyan. Table 3 represented that most of the (95%) respondents agreed that the beneficiaries of Janani Suraksha Yojana is to pregnant women, very few (5%) are agree to lactating mother. Table 3 represented that most of the (96%) respondents agreed that the beneficiaries of Janani Shishu Suraksha Karyakaram is to pregnant women, very few (4%) are agree to lactating mother. Table 3 represented that most of the (75%) respondents agreed that the beneficiaries of Bhagya Lakshmi Yojana is to girls followed by (25%) of respondents agreed that the beneficiaries of Bhagya Lakshmi Yojana is to pregnant women.

Major Findings:

The majority of respondents knew about maternal nutrition schemes. The primary sources of awareness is the health workers and newspapers. The typical respondents acknowledged that maternal nutrition schemes are readily accessible in the health worker.

Conclusion:

Consequently, based on the analysis done for this study, we can say that people are aware of maternal nutrition schemes and have a favourable attitude towards maternal nutrition schemes. However, we ought to make an effort to raise awareness to a higher degree. It implies that there are many different government schemes of maternal nutrition among urban area nowadays. Some urban people were not aware about some specific government maternal nutrition schemes like Pradhan Mantri Surakshit Matritva Abhiyan and Bhagya Lakshmi Yojana. Health care professionals, however, had done a fantastic job raising awareness. Most of the respondents have knowledge about maternal nutrition schemes but they do not get much benefits of these schemes because lack of communication skills and inadequate resources.

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