A Descriptive Study to Assess the Knowledge regarding National Maternity Benefits Schemes among Postnatal Mothers at Selected Government Hospital Madhya Pradesh

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Abstract: Maternal mortality is considered a key health indicator, and the direct causes of maternal deaths are well - known and largely preventable and treatable. The Indian government has introduced some maternity benefit schemes. The utilization of schemes depends on the awareness among the beneficiaries. I conducted this study to assess the knowledge regarding national maternity benefit schemes among postnatal mothers at selected government hospitals (M. P).

Keywords: maternal benefits, postnatal mothers, schemes, knowledge, maternal deaths, pregnant women, maternal death rate, Government hospitals

1. Objectives

- 1) To assess the knowledge of maternity benefits schemes among postnatal mothers at selected government hospitals (M. P).
- 2) To assess the socio demographic variables among postnatal mothers.
- To find the association between the knowledge of postnatal mothers regarding national maternity benefits schemes with their selected demographic variables.

2. Methodology

In this study, a convenient group of samples was used to observe the level of knowledge among the postnatal mothers at selected government hospitals (M. P.) The setting was in a government hospital (M. P.) the sample was drawn using a convenient sampling technique, and the sample size was 60 postnatal mothers. The tool of 20 structured knowledge - related questionnaires was prepared and administered to each sample.

3. Major Findings

The survey study among the postnatal mothers shows that out of 60 postnatal mothers 03 (5%) have excellent knowledge, 26 (43.3%) have good knowledge, 29 (48.3%) of them are having average knowledge, and 2 (3.3%) of them are having poor knowledge regarding national maternity benefit schemes. The Chi - square test showed that is found some association between the demographic variables like age, education, and previous knowledge regarding the national maternity benefit scheme's research findings indicate that there is no significant association between the demographic variables like mother's occupation, type of family, religion, area of residence, monthly family income, and source of knowledge.

The Chi - square test was used to find out the association between the level of knowledge with the selected

demographic variables. Table 4.4 shows association between the age, education and previous knowledge regarding national maternity benefit schemes and also show no association between the mother's occupations, type of family, religion, area of residence, monthly family income, and source of knowledge of postnatal mothers at government hospital (M. P.) The significant association that was found between any of the demographic variable the obtained value was <0.05, at the respective degree of freedom, which is statistically significant thus, association seen between the demographic variable and the score grading. Descriptive and inferential statistics were used for description, comparison and association, it was found that the p value was statistically significant at 5% level. This showed that after using chi - square test there was found some significant association between age, education and previous knowledge of the demographic variables. Hence the expected H0 and HI hypothesis was accepted, and the researcher concluded the study showed that the postnatal mothers had a relevant amount of knowledge.

4. Introduction

Pregnancy one of the pleasurable moments for every woman. A moment of unimaginable joy is what a mother feels when a newborn is placed on her arms – a joy every mother should have the right to experience. But for many pregnant women in India this memory will never come to be, the moment of birth is often frightening. Every day approximately 800 women die globally from preventable cause related pregnancy and childbirth. Under national maternity benefit Schemes there is a provision for the payment of Rs.5000 per pregnancy to women belonging to poor households for pre natal and post - natal maternity care up to first two live births. The benefit is provided to eligible women of 19 years and above. The effectiveness of the scheme has been evaluated under the study. The goal of maternity benefits is to ensure the nobility of "Parenthood" by giving the total and medicinal services to the ladies in rural and urban areas. The current statistical value of maternal mortality as per the Special Bulletin on MMR released by the Registrar General of India.

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The maternal mortality ratio of India is 97/lakh live births. There are several national maternity benefits schemes - Janani Suraksha Yojana, Pradhan Mantri Matru Vandana Yojana, KCR KIT and amma odd scheme, Muthu Lakshmi Maternity benefit scheme, Mathrushree Scheme, Pradhan Mantri surakshit Matritva Abhiyan, Surakshit Matritva Aashwasan Suman Yojana, Indira Gandhi Matritva Sahyog Yojana, Janani Shishu Suraksha Karyakaram. these three schemes mostly followed in Madhya Pradesh - Janani Suraksha Yojana, Pradhan Mantri Matru Vandana Yojana and Janani Shishu Suraksha Yojana. In Janani suraksha yojana - Janani suraksha vojana is a safe motherhood intervention under the National Health Mission. It is being implemented with the objective of reducing maternal and neonatal mortality rates. The scheme, launched on 12 April 2005 by the Hon'ble Prime Minister, is under implementation in all states and Union Territories (UTs), with a special focus on Low Performing States (LPS). JSY is a centrally sponsored scheme, which integrates cash assistance with delivery and post - delivery care. The Yojana has identified Accredited Social Health Activist (ASHA) as an effective link between the government and pregnant women. In Pradhan Mantri matru Vandana yojana - Pradhan Mantri Matru Vandana Yojana (PMMVY), previously known as the Indira Gandhi Matritva Sahyog Yojana, is a maternity benefit program run by the government of India. It was originally launched in 2010 and renamed in 2017. The scheme is implemented by the Ministry of Women and Child Development. It is a conditional cash transfer scheme for pregnant and lactating women of 19 years of age or above for the first live birth. It provides a partial wage compensation to women for wage - loss during childbirth and childcare and to provide conditions for safe delivery and good nutrition and feeding practices. In 2013, the scheme was brought under the National Food Security Act, 2013 to implement the provision of cash maternity benefit of ₹6, 000 stated in the Act. And in Janani Shishu Suraksha Yojana - in view of the high expenditure on the treatment of mothers and newborn, the Ministry of Health and Family Welfare has launched Janani shishu Suraksha yojana. This will provide better facilities for women and child health services. Under this scheme completely free and caesarean operation and sick newborn (up to 30 days after birth) in government health institutions in both rural and urban areas.

5. Background of the Study -

Each year in India, roughly 28 million women experience pregnancy and 26 million have a live birth. Of these, an estimated 67, 000 maternal deaths and one million newborn deaths occur each year. In addition, millions more women and newborns suffer pregnancy and birth related ill - health. Thus, pregnancy - related mortality and morbidity continues to have a huge impact on the lives of Indian women and their newborns. The maternal mortality ratio is the number of women who die from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100, 000 live births. Maternal Mortality Ratio (MMR) in India has shown an appreciable decline from 398/100, 000 live births in the year 1997 - 98 to 301/100, 000 live births in the year 2001 - 03 to 254/100, 000 live births in the year 2004 - 06 as per the latest RGI - SRS survey report, released in April 2009. However, to accelerate the pace of decline of MMR in order to achieve the NRHM and MDG Goal of less than 100 per 100, 000 live births, there is a need to give impetus to implementation of the technical strategies and interventions for maternal health. Levels of maternal mortality vary greatly across the regions, due to variation in underlying access to emergency obstetric care, antenatal care, anemia rates among women, education levels of women, and other factors. About two - thirds of maternal deaths occur in a handful of states - Bihar Jharkhand, Orissa, Madhya Pradesh and Chhattisgarh, Rajasthan, Uttar Pradesh and Uttarakhand and in Assam, all these states being among the 18 high focus states under NRHM. The Indian government has introduced some maternity benefit schemes. The utilization of schemes depends on the awareness among the beneficiaries. The maximum awareness was for maternal nutrition supplements services (83.6%). Maternal health is an important aspect in every woman's life. The maternal mortality ratio (MMR) is a major health indicator for public health outcome. In India efforts are made to reduce the MMR by improving the public health infrastructure, encouraging institutional delivery and reducing out of pocket expenditure (OOPE) by giving financial assistance through maternity benefit schemes both at central and state level. Maternity benefits of at least Rs.6, 000 is a legal right of all Indian women under the National Food Security Act, 2013. Every eligible Pregnant & amp; Lactating woman receive conditional cash transfer of Rs 5000 in three installments on first live baby birth under Pradhan Mantri Matru Vandana Yoina (PMMVY). Beneficiaries receive remaining cash incentive as approved norms towards the maternity Benefit under Janani Suraksha Yojna (JSY). In practice, a large majority, especially in rural areas, are still deprived of maternity benefits and basic needs for nutritious food, proper rest and health care.

Needs for the Study -

The need of the study is to increase the knowledge of postnatal mother regarding maternity benefit schemes and the study is an attempt to know in detail how the maternity benefit schemes provide facilities for a postnatal mother. The health of women represents the health of the country safe motherhood can only be reached if complete care is given to the mothers. The maternal mortality rate is the ratio of the number of maternal deaths per 1, 00, 000 live births. The latest published estimates in the progress tracking report by WHO, UNICEF, and UNFPA, launched at the ongoing International Maternal Newborn Health Conference (IMNHC 2023) show that there were a combined 4.5 million deaths: maternal deaths (0.29 million), stillbirths (1.9 million) and newborn deaths (2.3 million). So, I conducted this study to estimate the awareness and their utilization of National Maternity Benefits schemes among postnatal mothers.

Statement of the Problem -

"A descriptive study to assess the knowledge regarding National Maternity Benefits Schemes among postnatal mothers at selected government hospital Madhya Pradesh."

Objectives

1) To assess the knowledge of maternity benefits schemes among postnatal mothers at Selected government hospital (M. P.)

- 2) To assess the socio demographic variables among postnatal mothers.
- 3) To find the association between the knowledge of postnatal mothers regarding national maternity benefits schemes with their selected demographic variables.

Hypothesis

H0 - There will be no significant association between the mean score of knowledge postnatal mothers and their selected demographic variable.

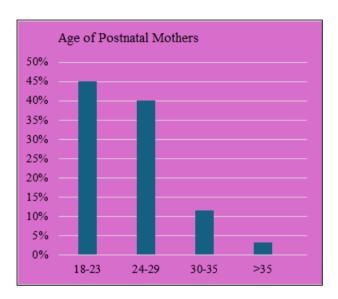
H1 - There will be a significant association between the mean score of knowledge postnatal mothers and their selected demographic variable.

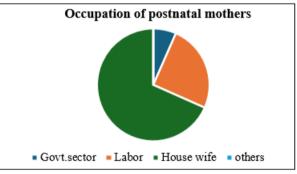
emog	raphic variable.	-	
	Demographic Variable	Frequency	Percentage
	Age		
1	A) 18 - 23	27	45%
	B) 24 - 29	24	40%
	C) 30 - 35	7	11.60%
	D) >35	2	3.30%
2	Education		
	A) Primary Education	13	21.60%
	B) Higher Secondary	28	46.60%
	C) Graduation	17	28.30%
	D) Post Graduation	2	3.30%
3	Mother's Occupation		
	A) Government	4	6.60%
	B) Labour	15	25%
	C) House Wife	41	68.30%
	D) Other	0	0%
4	Type Of Family	0	0,0
	A) Nuclear Family	15	25%
	B) Joint Family	45	75%
	Religion	-15	1370
5	A) Hindu	56%	93.30%
	B) Muslim	3	5%
	C) Christian	1	1.60%
	D) Others	0	0%
	Area of Residence	0	070
6	A) Urban	20	33.30%
	B) Rural	40	66.60%
7	Monthly Income	40	00.00%
	A) <4000	28	46.60%
	B) 5000 - 6000	13	21.60%
	C) 7000 - 8000	5	
			8.30%
8	D) >10, 000	14	23.30%
	Previous Knowledge	4.1	69.200/
	A) Yes	41	68.30%
	B) No	19	31.60%
	Source of Knowledge	-	2.20%
	A) Mass Media	2	3.30%
	B) Anganwadi	10	16.60%
	C) Family And Friends	48	80%
	D) Others	0	0%

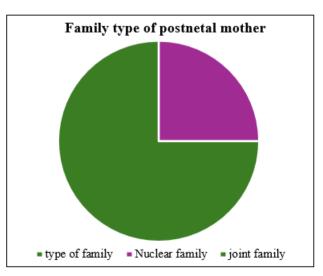
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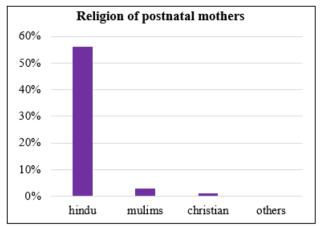
Table shows that women aged between 18 - 23 years is 45%, 24 - 29 years is 40%, 30 - 35 years is 11.6%, >35 years is 3.3%. education qualified by the study participants in which 13 (21.6%) of them were primary education, 28 (46.6%) of them were higher secondary educated, 17 (28.3%) of them were graduates and 2 (3.3%) of them were post graduate. Occupation by the study participants in which 04 (6.6%) of them were working in government sector, 15 (25%) of them were housewife.75% of the participants live in a joint family. the

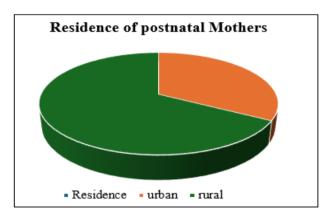
study participants 56 (93.3%) of them were Hindus, of 3 (5%) them were Muslims, 1 (1.6%) of them were Christian's religion. The study participants 20 (33.3%) of them were from urban livelihood and 40 (66.6%) of them were from rural livelihood. the monthly income of the study participants 28 (46.6%) of them were <4000/ -, 13 (21.6%) of them were 5000 - 6000/ -, 5 (8.3%) of them were 7000 - 8000/ - and 14 (23.3%) of them were >10000/ -. the previous knowledge regarding national maternity benefit schemes among the study participants 41 (68.3%) of them were YES, 19 (31.6%) of them were NO. the study participants 2 (3.3%) of them attained the knowledge through mass media, 48 (80%) of them get it through Anganwadi, 10 (16.6%) of them get it through family and friends.











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