

ASSESSMENT OF THE KNOWLEDGE, AWARENESS, BENEFICIARIES, CRITERIA FOR PREGNANT WOMEN REGARDING GOVERNMENT SCHEMES IN AHMEDABAD, GUJARAT

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Abstract

Nowadays government is concerned for pregnant women. More than 2-4 government schemes can be availed in Gujarat State from which of you are central and state. The objective of the study is to access the knowledge, awareness, and beneficiaries of pregnant women regarding government schemes in Gujarat. This cross – sectional study used institutional delivery data from the health sectors of Ahmedabad district, National family health survey (NFHS), Government websites, Niti Ayog etc. The study was carried out among 380 pregnant women regularly or irregularly attending the antenatal clinic in a rural area's and urban area's private and government health center over a period of August 2020 to December 2021. Their awareness regarding the government schemes were studied. According to the data and analysis we have found that there is some association between education, knowledge, occupation of the family, eligibility criteria, financial background and the types of areas in which the pregnant women lived.

Keywords: Pregnant women, Government scheme/Government Yojana, statistical data analysis, chi-square test, p-value, data collection, data presentation, statistical hypothesis testing

INTRODUCTION

Government is aware and taking steps for the betterment of pregnant women in India. There are lots of schemes available for women health from central as well as state government. Different states provide variety of benefits for the pregnant women and their newborn-s. Government has special schemes & benefits for a girl child.

Government of India give high priority to promote institutional deliveries for decreasing maternal mortality ratio and in improving maternal health.

Janani Surksha Yojana was launched in April 2005. Janani Suraksha Yojana (JSY) is a safe motherhood intervention scheme under the National Health Mission (NHM). It is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among pregnant women. Institutional deliveries in India are increasing substantially after launch of JSY. JSY has a significant effect on increasing antenatal care and in-facility births¹.

Janani Shishu Suraksha Karyakram (JSSK) aims to eliminate out-of-pocket expenses for pregnant women and sick infants (up to one year of age). Under JSSK, every pregnant woman is entitled to free delivery, including caesarean section, in public health institutions. This also includes free transport, diagnostics, medicines, diet and blood (if required). Government of India has launched Janani Shishu Suraksha Karyakram (JSSK) on 1st June, 2011. The scheme is estimated to benefit more than 12 million pregnant women who access Government health facilities for their delivery. Moreover it will motivate those, who still choose to deliver at their homes to opt for institutional deliveries. . It is an initiative with a hope that states would come forward and ensure that benefits under JSSK would reach every needy pregnant woman coming to government institutional facility. All the States and UTs have initiated implementation of the scheme.

The Pradhan Mantri Surakshit Matritva Abhiyan has been launched by the Ministry of Health & Family Welfare (MoHFW) in the year 2016, Government of India. PMSMA provides a minimum package of antenatal care services (investigations & drugs) on fixed day, 9th of every month to all pregnant women. As part of the campaign, a minimum package of antenatal care services is provided to pregnant women in their 2nd / 3rd trimesters at government health facilities (PHCs / CHCs, DHs / urban health facilities etc.) in both urban and rural areas.

Monthly Village Health, Sanitation and Nutrition Days (VHSNDs) is an outreach activity at anganwadi centers for provision of maternal and child care including nutrition in convergence with *Integrated Child Development Scheme* (ICDS). The VHSND has four components namely health, Nutrition, Sanitation, and early Childhood Development (ECD). The health component includes basic health services and Counseling for reproductive, maternal, newborn, child and adolescent health, communicable diseases, and non-communicable diseases (NCD).

Midwifery Led Care Units are specialized labor rooms where midwifery services will be provided by specially trained midwives. MLCUs would be established in close proximity to the Obstetric led care units (OLCU) at high case load facilities, preferably LaQshya certified facilities.

The midwives will work in close collaboration with the OLCU team and will have following roles.

- Screen the pregnant women for high risk factors and refer the high-risk cases to OLCU.
- Provide respectful and compassionate care to the pregnant women and newborn throughout the intra partum and post-partum period.

Pradhan Mantri Matru Vandana Yojana is a maternity benefit program run by Government of India. It was launched on 2010 as Indira Gandhi Matritva Sahyog Yojana (IGMSY). Later it was renamed as Pradhan Mantri Matru Vandana Yojana (PMMVY) in 2016.

The objectives of the scheme are: Providing partial compensation for the wage loss in terms of cash incentives so that the woman can take adequate rest before and after delivery of the first living child and the cash incentives provided would lead to improved health seeking behavior amongst the Pregnant Women and Lactating Mothers. Under Pradhan Mantri Matru Vandana Yojana, the pregnant women and lactating mothers will get Rs. 5000 as incentive to be paid in 3 installments from Government of India.

State government celebrates baby shower of pregnant women on their 6-7 months of pregnancy at their near Anganwadi center.

Under the Maternity Aid-Benefit and Beti Bachao Scheme: Labour Women OR Labourer's Wife is pregnant, then medical expense, hospital charges, nutritive diet expense, etc. aid is provided in this scheme. In this scheme Maternity Help of Rs. 5000 is also given to each pregnant women, labour women, or labourer's wife. During Maternity, if a Girl is born, then as per Beti Bachao scheme Rs. 2500 is given in addition to Rs 5000 from the government.

According to the NITI AYOJ data only 14.1% people taking JSY in Ahmedabad district and 15.2 % people taking benefit of JSY in all over Gujarat. Therefore less than 20% people taking a benefit about the JSY.

MATERIALS AND METHODS

This cross-sectional and observational study is carried out on 380 pregnant women who were in their first, second, third trimester and someone who recently gave a birth. The data collection was initiated in August 2020 and closed in December 2021. We were able to collect data from rural and urban areas of Ahmedabad district, Gujarat. The socio-demographic variables included age, occupation, education, area of residence, religion, types of family, parity, etc.

Data was collected an online and offline. A convenience sampling technique was used. An online semi-structured questionnaire was developed by using Google forms, with a consent form appended to it. The link of the questionnaire was sent through e-mails, whatsapp and other social media to the contacts of the investigators. The participants were encouraged to roll out the survey to as many people as possible. Thus, the link was forwarded to people apart from the first point of contact and so on.

The online self-reported questionnaire developed by us contained the six sections related to education, knowledge, occupation of the family, eligibility criteria, and financial background.

DATA ANALYSIS AND GRAPHICAL PRESENTATION

Data were entered into MS Excel analyzed using IBM SPSS Statistics for Windows, Version 20.0. Stepwise Chi-square test and p-value was used to determine the association between socio-economic status and types of areas of pregnant women, clinical characteristics and types of areas of pregnant women. Cramer's V is also applied to found how strongly association between two factors.

Table 1 and Figure 1 give the information regarding socio-economic and clinical characteristic of rural and urban area of Ahmedabad district in percentage format.

Table 1: Socioeconomic characteristics of rural and urban area of Ahmedabad district

Characteristics		Rural (N= 190, %)	Urban (N= 190, %)	Total (380, %)
Age	Below 25	100, 52.63%	77, 40.53%	177, 46.58%
	25 and above	90, 47.37%	113, 59.47%	203, 53.42%
Education	Literate	110, 57.89%	139, 73.16%	249, 65.53%
	Illiterate	80, 42.11%	51, 26.84%	131, 34.47%
Occupation	Working	89, 46.84%	113, 59.47%	196, 51.58%
	Not working	101, 53.16%	77, 40.53%	184, 48.42%
No. of child before pregnancy	0-2	108, 56.84%	144, 75.79%	252, 66.32%
	3 or more	84, 44.21%	44, 23.16%	128, 33.68%
Types of family	Nuclear	84, 44.21%	112, 58.95%	196, 51.58%
	Joint	106, 55.79%	78, 41.05%	184, 48.42%

Figure 1: Socioeconomic and clinical characteristics of rural and urban area of Ahmedabad district

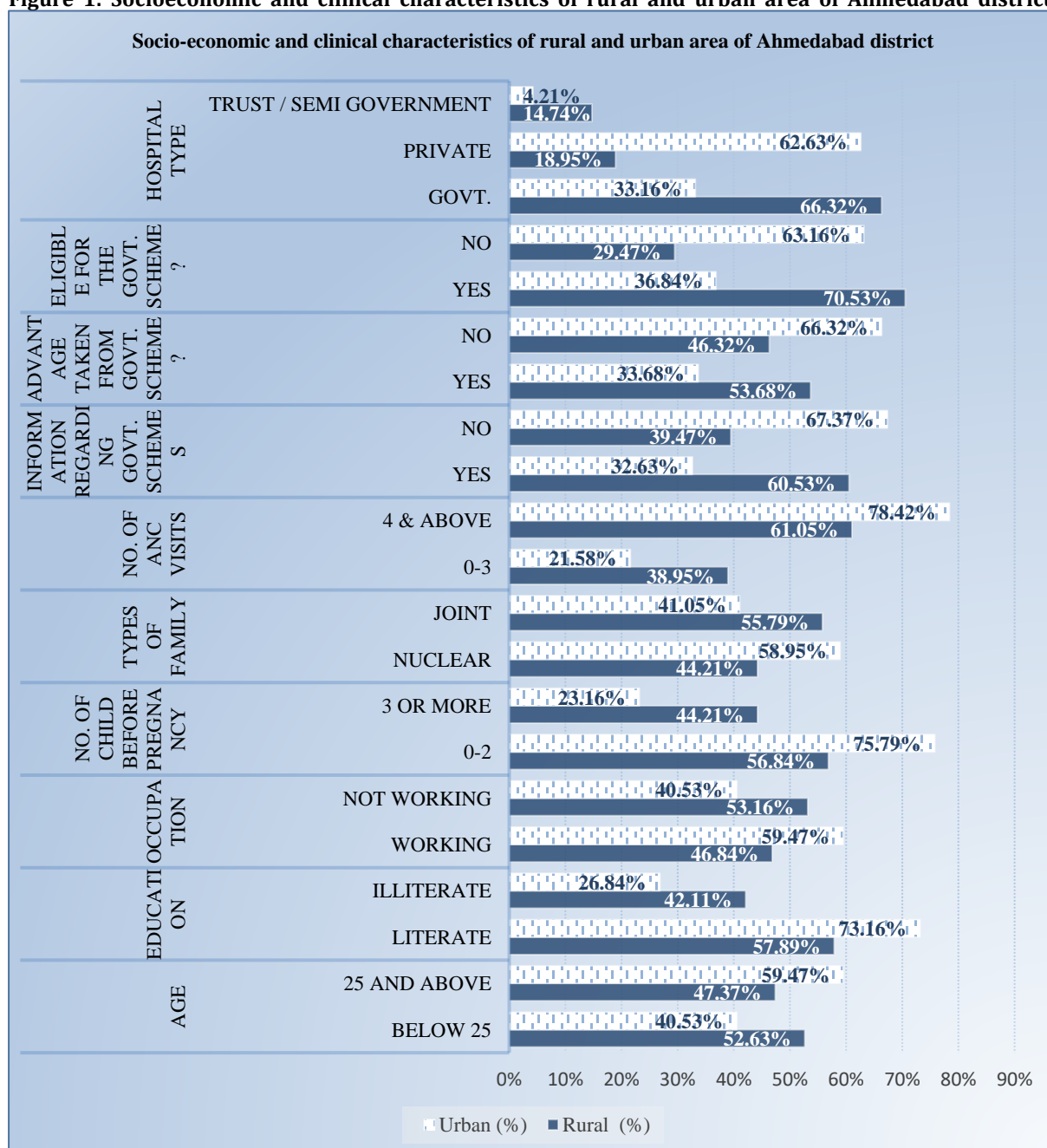


Table 2: Clinical characteristics of rural and urban area of Ahmedabad district

Clinical Characteristics		Rural (N= 190, %)	Urban (N= 190, %)	Total (380, %)
No. of ANC visits	0-3	74 , 38.947 %	41 , 21.578 %	115, 30.26%
	4 & above	116 , 61.052 %	149 , 78.421 %	266, 69.74%
Information regarding Govt. schemes	Yes	115, 60.526 %	62 , 32.631%	177, 46.58%
	No	75, 39.47 %	128 , 67.368%	203, 53.42%
Advantage taken from Govt. scheme?	Yes	102, 53.684 %	64 , 33.684%	166, 43.68%
	No	88 , 46.31 %	126 , 66.315%	214, 56.32%
Eligible for the Govt. scheme?	Yes	134 , 70.526 %	70 , 36.842%	204, 53.68%
	No	56 , 29.473 %	120 , 63.157%	176, 46.32%
Hospital type	Govt.	126 , 66.31 %	63 , 33.157%	189, 49.74%
	Private	36 , 18.947 %	119 , 62.631%	155, 40.79%
	Trust / Semi government	28 , 14.73%	8 , 4.210%	36, 9.47%

Descriptive statistics have been used in the study to analyze the findings. Chi square test, Cramer's V and p-value were calculated for the estimating the results of the study. Percentage also have been used for some findings of the study.

In this study Chi square test is applied to find the relation between knowledge regarding government scheme and taking the advantage of the government scheme by pregnant women in Ahmedabad district.

H₀: There is no association between the area habitat i.e. rural/urban and demographic parameters pertaining to pregnant women.

H_A: There exist statistical significant association between the area habitat i.e. rural/urban and demographic parameters pertaining to pregnant women.

Table 3: Socioeconomic and clinical characteristics of rural and urban area of Ahmedabad district

Characteristics		Rural (N= 190)	Urban (N= 190)	Total (380)	Chi square value	Cramer's V	P-value
Age	Below 25	100	77	177	5.5946	0.121	.018016
	25 and above	90	113	203			
Education	Literate	110	139	249	9.7974	0.161	.001748
	Illiterate	80	51	131			
Occupation	Working	89	113	196	6.0874	0.127	.013615
	Not working	101	77	184			
No. of child before pregnancy	0-2	108	144	252	17.6027	0.215	.000027
	3 or more	84	44	128			
Types of family	Nuclear	84	112	196	8.2609	0.147	.004051
	Joint	106	78	184			
No. of ANC visits	0-3	74	41	115	13.579	0.189	.000229
	4 & above	116	149	265			
Information regarding Govt.	Yes	115	62	177	29.7075	0.28	<0.00001
	No	75	128	203			

schemes							
Advantage taken from Govt. scheme?	Yes	102	64	166	15.4465	0.202	.000085
	No	88	126	214			
Eligible for the Govt. scheme?	Yes	134	70	204	43.3512	0.338	<0.00001
	No	56	120	176			
Hospital type	Govt.	126	63	189	76.5563	0.449	<0.00001
	Private	36	119	155			
	Trust / Semi government	28	8	36			

Figure 2: Government scheme usefulness in rural and urban areas of Ahmedabad district

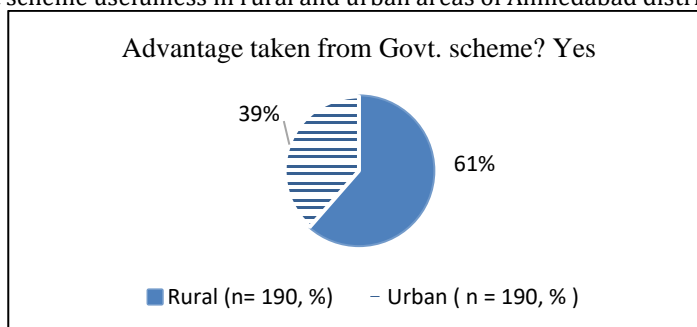


Figure 3: Eligibility criteria of the women in rural and areas of Ahmedabad district

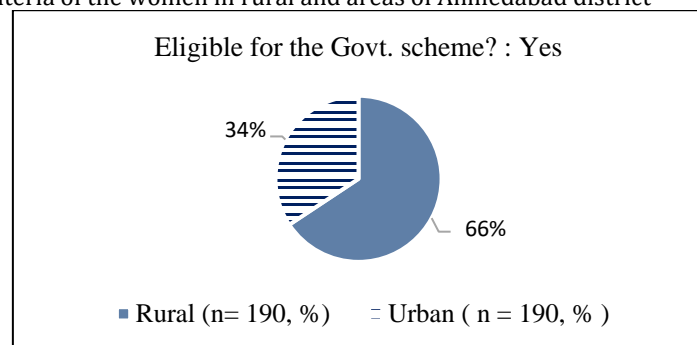
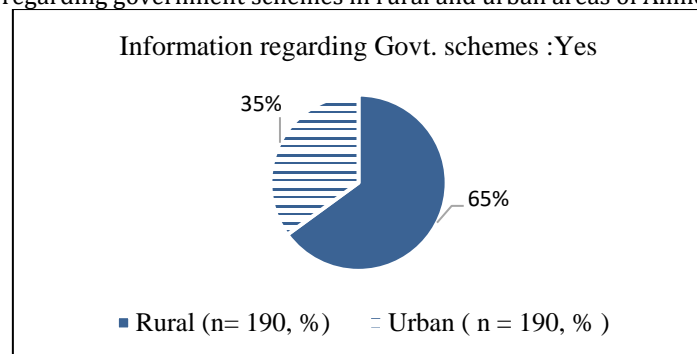


Figure 4: Information regarding government schemes in rural and urban areas of Ahmedabad district



Association between information regarding government scheme, taking advantages from government scheme, eligibility, socio-economic status, number of ANC visits, was calculated using Cramer's V at 5% level of significance.

Information regarding government schemes, taking advantages from government scheme, eligibility, number of ANC visits and socio-economic status all showed positive significant association with types of areas of pregnant women. i.e. p-value were found <0.05.

Table 1 and table 2 gives information regarding clinical and socio-economic characteristic in percentage. Bar chart in figure 1 shows the information regarding data of socio-economic characteristics of rural and urban areas of Ahmedabad district. Figure 2-4 represent the usefulness of government scheme, eligibility criteria, information regarding government scheme in pie- chart format. Around 61% rural pregnant women take antenatal care visits for 4 times or more than 4 times in their pregnancy period and 78% urban pregnant take antenatal care visits for 4 times or more than 4 times in their pregnancy period. According to the data and graphical presentation, advantages taken from government schemes related to pregnancy are high in rural areas as compared to urban areas. Figure 3 shows that 70.5% of the population in rural areas is eligible to take benefit of government schemes whereas on other hand, only 36.8% urban area is eligible for being beneficial. Figure 4 represents the knowledge about the information of government schemes for the benefit of pregnant women. Approximately one third of the population in urban area was aware about the government schemes related to pregnant women while, double the amount to that of urban population i.e. approximately 65% population was aware about government schemes in rural population.

CONCLUSION

Rural women are well aware regarding the government schemes and are taking advantages of it because they full fill the eligibility criteria like Annual/Monthly income, education level etc. Asha workers are taking good care of pregnant women. They are very supportive and helpful. They spread knowledge and awareness regarding pregnancy and pregnancy related all the terms like diet, iron and folic acid supplements, sanitation, etc.

In opposite urban area's pregnant women have less knowledge regarding government schemes and some of those who have knowledge than either they are not eligible or are ashamed off taking free benefits by government.

SUGGESTION

Government is spend a lot of budget for the pregnant women to launch a government scheme. Even government taking necessary steps to introduce various schemes but at some point needy people are not able to avail the facilities. It is most common in urban area. Therefore more awareness can be spread by the government through advertisement or using social media, or some other sources.

REFERENCES

[1] Lim, S. S., Dandona, L., Hoisington, J. A., James, S. L., Hogan, M. C., & Gakidou, E. (2010). India's Janani Suraksha Yojana, a conditional cash transfer programme to increase births in health facilities: an impact evaluation. *The Lancet*, 375(9730), 2009-2023.

[2] NFHS-5

Website

[1] https://www.niti.gov.in/sites/default/files/2021-10/SNP_Gujarat_draft_20210922_v2_JAG_43.pdf

[2] National Health Systems Resource Centre