Research Article

The awareness and utilization of maternity benefit schemes among women receiving postnatal services in a tertiary care centre

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ABSTRACT

Background: Successive governments have introduced various schemes to improve the institutional deliveries & reduce the maternal mortality ratio. Non-utilization or underutilization of the schemes is either due to lack of awareness or poor accessibility. Hence this present study is undertaken to assess awareness & utilization of the Government Maternity Benefit Schemes (MBS) in a tertiary care center among postnatal women who caters maternal and child health services to a varied and large group of women.

Methods: A cross sectional study was conducted among women in the postnatal wards of Vanivilas hospital, a tertiary care center in Bengaluru regarding awareness and utilization of the government maternity benefit schemes.

Results: Awareness of the schemes varied from 86% to 32%, for the four schemes, while utilization was found maximum for Janani Shishu Suraksha Karayakram (JSSK) 98%, followed by Madilu Yojana 60%, Janani Surakshayojana 56%, and least was Prasooti Araike with 15%.

Conclusions: Awareness is better compared to previous studies yet utilization of some schemes remains low. Conditional cash transfers have become popular in India as evident by the rise in the number of institutional deliveries.

Keywords: MBS, Prasoothi araike, Madilu yojana, JSSK, JSY

INTRODUCTION

Mother and child health status reflect upon a nation’s economic and social standards. The high number of maternal deaths in the poor and underdeveloped areas of the world shows the inadequate access to health services and brings to focus the ever widening gap between the rich and poor.1 This is evident by the high maternal mortality ratio in developing countries in 2015, which was 239 per 100000 live births compared to 12 per 100000 live births in developed countries.2,4 But India has reduced the Maternal Mortality Ratio (MMR) from 301 per 100000 live births in 2001-03 to 254 in 2004-06 and further to 212 in 2007-09 and 178 in 2010-12.3 India’s MMR declined much faster than the global MMR during the period 1990 to 2010 with a decline of 5.6% as compared to 2.4% at the global level. This advancement is due to efforts by successive governments in introducing interventions such as the maternity benefit schemes which entitle free maternity services for women and children.2 The number of JSY beneficiaries has risen from 7.39 lakhs in 2005-06 to more than 106.00 lakhs in 2012-13 and in 2013-14 (up to December) more than 78.27 lakhs beneficiaries have availed JSY benefits.3 There is a rise in % of deliveries in public health facilities from 34.8 % (2005) to 61.4% (2015) and also ANC registration by...
MCP card in 2015 was 89.3% in Karnataka. This card is also mandatory for availing maternity benefit schemes.

For effective utilization of these schemes, awareness of the same is needed among women.

Non-utilization or under-utilization of maternal health care services/benefits of the schemes especially amongst the poor and slum population is due to lack of awareness or access to health care services and failure of Government to communicate them is a major factor.

Vanivilas hospital is a tertiary care Government hospital situated in the heart of Bengaluru city offering specialty and super specialty services provided for emergencies/complications of the mother and new born.

About 1000-1500 deliveries are conducted per month here, thus catering to a large and varied group of women from all parts of the state like rural, urban and peri urban areas who come here to avail the specialty and super specialty services for maternal and child health.

Most of the studies are done on awareness and utilization of only JSY, there is a need to know the awareness and utilization of the most common schemes like JSY, Madilu Yojana, Prasoothi Araike, JSSK in a tertiary care centre in view of the great number and varied socioeconomic backgrounds of the beneficiaries at Vanivilas hospital.

METHODS

A cross sectional study was carried out among the postnatal women admitted in Vanili Vilas Hospital, in July-August 2015. There are 5 postnatal wards in Vanivilas, a postnatal ward was randomly selected and all women admitted in the ward were interviewed daily during the study period and 235 women among them were considered for the study after applying the eligibility criteria.

The criteria for eligibility were as those set under Ministry Of Health and Family Welfare and are as follows:

1) The woman delivering at home or admitted to subcentre/Government hospital/registered

Private hospital (general ward), must belong to Below Poverty Line [BPL] families

2) Current delivery must be the first or second live delivery.

3) She should be above 19 years of age and must have got ANC checkup at least 3 times.

4) Must have taken Iron and Folic acid tablets and TT injection.

5) SC/ST women not belonging to BPL families are also entitled for this benefit.

Informed consent was obtained. A semi structured questionnaire was used to collect data regarding socio-demographic details, awareness and utilization about the four government maternity benefit schemes. Mothers were assessed for having Mother and child protection card (MCP), BPL card, schedule caste/schedule tribe (SC/ST) status and obstetric score. Seriously ill post-natal women were excluded from the study. Since JSY was not provided in this tertiary care centre, women were followed up by calling on the contact numbers provided by them up to thirty days post discharge from the hospital.

Awareness about government maternity benefit schemes included knowledge about each of the schemes and their benefits and source of information. The Government Maternity Benefit Schemes (GMBS) considered in this study were: Janani Suraksha Yojana (JSY), Prasoothi Araike, Madilu Kit and Janani Shishu Suraksha Karyakram (JSSK).

These schemes are to be provided during the antenatal visit and during the immediate post delivery period.

The data was analysed using Microsoft excel and SPSS version 16. Results are presented in the form of tables, bar diagrams where required.

RESULTS

Socio demographic details- In our study, 83% of the women were from urban areas, 59% of them belonged to the age group of (18-23 years). Hindus 189 (80.52%) were a majority followed by Muslims 62(28.8%), others constituted 26 (11.6%), SC 49(22%) and ST 12 (11.6%). Parity I 94, Parity II 141.

Table 1: Socio demographic details.

| Variable     | Number (N=235) | Percentage |
|--------------|----------------|------------|
| Age          |                |            |
| 18-23 years  | 126            | 53%        |
| 24-29 years  | 83             | 35%        |
| ≥30 years    | 26             | 11%        |
| Areas        |                |            |
| Urban        | 195            | 83%        |
| Rural        | 40             | 17%        |
| Parity       |                |            |
| I            | 94             | 40%        |
| II           | 141            | 60%        |
| Hindu        |                |            |
|              | 166            | 70.63%     |
| Scheduled Caste | 49          | 29.5%     |
| Scheduled Tribe | 12           | 7%        |
| Muslims      | 62             | 28.8%      |
| Others       | 7              | 5%         |
The literacy status of women varied. 29.36% women were educated up to middle school, 26.8% had high school certificate.

| Education levels                   | Numbers (n-235) | Percentage |
|------------------------------------|-----------------|------------|
| Graduate                           | 8               | 3          |
| Intermediate/ Post High School / Diploma | 47             | 20         |
| High School Certificate             | 63              | 26.8       |
| Middle School Certificate           | 69              | 29.36      |
| Primary School Certificate          | 42              | 17.87      |
| Illiterate                         | 6               | 2.5        |

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Table 3: Awareness of the government schemes.

| Schemes           | Total number(n=235) | Rural (n=40) | Urban (n=95) | Parity I (n=94) | Parity II (n=141) |
|-------------------|---------------------|-------------|-------------|-----------------|------------------|
| Prasooti Araike   | 75 (32%)            | 31 (77%)    | 44 (22%)    | 25 (33%)        | 50 (66%)         |
| JSSK              | 176 (75%)           | 44 (25%)    | 132 (75%)   | 72 (41%)        | 104 (59%)        |
| JSY               | 188 (80%)           | 36 (90%)    | 152 (80%)   | 64 (34%)        | 124 (65%)        |
| Madilu Yojana     | 202 (86%)           | 40 (100%)   | 162 (83%)   | 86 (42%)        | 116 (57%)        |

The maximum utilization for JSSK is due to free services for Antenatal check-ups, delivery and new born care provided to all women.11

In our study the main reason for non-utilization was due to the poor timely release funds for Madilu Yojana [51%], JSY 44% and Prasoothi Araike 22%.

Those who could not utilize the schemes because they failed to produce the necessary documents for JSY 16%, Madilu Yojana 9.5%, Prasoothi Araike 5.5%.

Lack of awareness was maximum for Prasoothi Araike 62.5%, JSY 35% and Madilu Yojana 33%.

| schemes           | number | percentage |
|-------------------|--------|------------|
| JSSK              | 232    | 98         |
| Madilu Yojana     | 141    | 60         |
| JSY               | 131    | 56         |
| Prasooti Araike   | 35     | 15         |

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The women were considered aware of the programme if they had heard of the scheme or were aware of the benefits from each of the four programmes considered for the study. The results are presented in Table 3.

The awareness levels varied with maximum awareness for Madilu Yojana 86%, JSY 80%, JSSK 75% and least awareness was for Prasoothi Araike 32%. Awareness of the schemes was better among the rural women for schemes like Madilu Yojana and JSY but least for JSSK when compared to women from urban areas.

For utilization of the schemes women were considered benefitted, if they had received cash benefit/services entitled under each scheme. Maximum utilization was found for JSSK 98%, followed by MADILU YOJANA 60%, JSY 56%, and PRASOOTIARAIKE 15%. The utilization of various schemes is presented in Table 4.

Table 4: Utilization of government schemes.

| schemes           | number | percentage |
|-------------------|--------|------------|
| JSSK              | 232    | 98         |
| Madilu Yojana     | 141    | 60         |
| JSY               | 131    | 56         |
| Prasooti Araike   | 35     | 15         |

The policy of the government to transfer the Prasoothi Araike and JSY amounts directly to the bank accounts of beneficiaries has initially created confusion rather than easy access, utilization.

The main source of information was health personnel 72%, followed by family 15% and friends 13% as shown in Table 6.

Table 6: Source of information of various schemes.

| Source of information | Number | Percentage |
|-----------------------|--------|------------|
| Health personnel      | 170    | 72%        |
| Family                | 35     | 15%        |
| Friends               | 30     | 13%        |
| Tv                    | 0      | 0          |
| Radio                 | 0      | 0          |
| News paper            | 0      | 0          |

DISCUSSION

The awareness levels varied with maximum awareness for Madilu Yojana 86%, JSY 80%, JSSK 75% and least for Prasoothi Araike 32%. The awareness regarding JSY scheme was 52.7% in a study conducted in 2014 by V Singh et al in Maharashtra and almost nil for JSSK in a study conducted in 2013 by Jhonson et al among women attending antenatal clinic in hospital in rural Bangalore.6,7
Maximum utilization was found for JSSK 98%, followed by Madilu Yojana 60%, JSY 56% and Prasooti Araike 15%. In a study conducted in 2011 in Uttar Pradesh by Vikas et al the utilization rate of JSY scheme with regards to delivery at a public health facility was 53.25% and in a study conducted in 2011 by Kristi et al in Ujjain all 86% of mothers who delivered in a JSY facility, received the cash benefit within two weeks of delivering.\(^9\)

Post introduction of JSY in 2005, the institutional deliveries among the mothers who had delivered during the year 2008 in the state of Madhya Pradesh and Orissa recorded the highest levels (73 per cent) of institutional deliveries while awareness in the same study was 86.7% and 80.2% respectively.\(^10\)

The maximum utilization for JSSK can be attributed to the free services for Antenatal check-up, delivery and new born care provided to all women.

The main reasons for non-utilization of the schemes in our study were the poor timely release of funds. In a study findings by P Balasubramanian in tamilnadu the proportion of those who had applied and not received the cash assistance was 59.5% and 25% women could not furnish the necessary documents.\(^11\)

CONCLUSION

Conditional cash transfers have become popular in our country.\(^12\) JSY is not given to women in Vanivilas hospital post-delivery; women have to go back to their respective domicile area government hospital to avail the benefit, the utilization can be further improved by providing the JSY amount at the hospital where delivered. There is improvement in awareness of the schemes, but utilization remains low for some schemes.

JSSK is being provided to all women who are admitted for delivery, irrespective of their BPL/caste status and parity, hence the increased utilization of this scheme in our study, but for the other schemes like Madilu Yojana, Prasooti Araike and JSY the criteria for benefitting from the scheme are followed, thus creating confusion for beneficiaries. Utilization has to be timely release of funds. In 1990 the MMR was 437/100,000 live births, and in 2011-2013 the MMR was 167/100,000 live births, thus India has achieved around 62% reduction in MMR and is on track in achieving the target of 109/100,000 live births by 2015. The average annual rate of reduction of MMR is 5.5%. More efforts are needed to accelerate the rate, most important being improving the utilization of the maternity benefit schemes by timely release of funds.

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