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Lakshmi S
NTC Hospitals, Madurai, Tamil
Nadu, India

Rajkumar S
NTC Hospitals, Madurai, Tamil
Nadu, India

Awareness regarding maternity benefit schemes among antenatal women in rural Tamil Nadu

Lakshmi S and Rajkumar S

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Abstract

Background: Under the Muthulakshmi Reddy Maternity Benefit Scheme (MRMBS), Government of Tamil Nadu provides the financial assistance to poor women above 19 years for first two pregnancies. A cash of Rs. 18,000/- is being disbursed on complete fulfillment of antenatal care guidelines. Although the infrastructure to support the scheme is in place, the utilisation of the scheme needs to be analysed to identify the gaps in the health care services.

Methods: This cross sectional study was carried out among 60 antenatal women visiting our primary health care facility in a rural area of Madurai district. A structured interview schedule was used to collect data regarding the eligibility criteria, financial assistance, pre-requisites, and the importance of institution deliveries pertaining to MRMBS scheme.

Results: While majority of the participants were not aware of the monetary incentive (58.3%), they were neither aware of the installment for the same (60%). However 73.3% of the participants aware of the limit of the number of deliveries for which the assistance is being provided. Multiparous women had a better awareness score (5.66) compared to primi (3.76) and the observed difference was statistically significant (P value < 0.005).

Conclusion: Our study has envisaged the need for increased health education by the field workers and primary health care workers so that the benefits of the scheme is reached out to all rural and tribal population.

Keywords: Antenatal care, financial assistance, institutional deliveries, maternity benefit scheme

Introduction

The development of a nation is dependent on several factors of which health is a predominant one. This is indirectly reflected on the health status of the vulnerable groups especially mother and child health. The increasing prevalence of maternal deaths and infant deaths in poor and under developed countries is a good evidence to show that health care availability and accessibility (Universal health coverage) is key to nation building. In countries like India, the maternal mortality ratio has considerably reduced from 301 per 1 lakh live births in 2001-03 to 254 in 2004-06 and further down by 178 in 2010-12 ^[1]. This considerable reduction in the maternal deaths may be attributed to various health care services and infrastructure development relating to maternal health in both urban and rural areas across India. There have been several government schemes introduced both in the centre and at the state level for enhancing the maternal health and improving institutional deliveries. In addition, placement of adequate human resource to tackle health care issues by way of training the mid-wives and ANMs and also strengthening the referral system has gone a long way in reduction of the maternal mortality rates. Although India has made considerable progress in improving the overall health status, the complications of pregnancies and child birth are still persistent and results in disability among women of the reproductive age. Several factors like malnutrition, poverty, illiteracy and un-hygienic living conditions complimented by infections, un-regulated fertility and lack of awareness are responsible for these complications. Studies have shown that the lack of institutional deliveries has been the key reason for such maternal and child related complications. Envisaging the complications involved in home deliveries, the government of Tamil Nadu had implemented a modest child birth assistant scheme named after Dr. Muthulakshmi Reddy, Tamil Nadu's first woman doctor and social activist. The scheme was launched in 1987 and is known as the Muthulakshmi Reddy Maternity Benefit Scheme (MRMBS). Under this scheme the government provides the financial assistance to poor women During maternity.

Corresponding Author:
Lakshmi S
NTC Hospitals, Madurai, Tamil
Nadu, India

The financial assistance is provided for women over 19 years of age and only for the first two pregnancies. The Muthulakshmi Reddy Maternity Benefit Scheme provides a total of Rs. 18000 as cash assistance given as seven instalments. The mandatory criteria for receiving each instalment includes antenatal registration in the first trimester, completion of third month, availing of nutritional kits and completion of essential vaccines for the infant at the appropriate time. Under the scheme the government provides nutritional kit which consists of health mix powders iron and folic acids syrup, protein biscuits, dates, ghee and Albendazole tablets [3]. Although the infrastructure to support the maternity benefit scheme is in place, the accessibility of the utilization of the scheme needs to be analysed in order to identify the gaps in the health care services. In order to explore the gaps it is essential to analyse the level of awareness regarding the benefits of the scheme. This will go a long way in formulating a strategy to impart the knowledge to the beneficiary so as to enhance the availability of these schemes and also improve the quality of life and the mortality indicators.

Objectives

This study was carried out to evaluate the level of awareness regarding Dr. Muthulakshmi Reddy maternity benefit scheme among antenatal women in rural area of Tamil Nadu.

Methodology

Study design and participants

This cross sectional study was carried out among antenatal women who attended our rural health facility for a period of three months. A total of 60 antenatal women participated in the study.

Ethical approval and informed consent

Approval was obtained from the Institutional Ethics Committee prior to the commencement of the study. Each participant was explained in detail about the study and informed consent was obtained prior to the data collection.

Data collection

A structured interview schedule was used to collect data regarding the demographic characteristics, obstetrics history, and menstrual history, etc. Questions pertaining to the eligibility

criteria, financial assistance, pre-requisites, and the importance of institution deliveries regarding the MRMBS scheme were also elucidated.

Data analysis

Data was entered and analysed using SPSS version 20. The prevalence of knowledge on MRNBS was expressed as percentages. The level of awareness was computed as awareness score and expressed as mean scores with standard deviation. Independent sample T test was used to evaluate the significant differences between the mean awareness scores and background characteristics. A *p* value < 0.05 was considered statistically significant.

Results

This study was carried out among 60 antenatal women visiting our outpatient facility in the rural area of Tamil Nadu. Majority of the participants were within 25 years of age (62%) and were primi (58%). The majority of the participants were educated up to school level (77%) and were housewives (87%). (Table 1).

The awareness regarding the MRMBS scheme is given in table 2. While majority of the participants were not aware of the monetary incentive (58.3%), they were neither aware of the installment for the same (60%). However 73.3% of the participants aware of the limit of the number of deliveries for which the assistance is being provided. In addition the participants were aware of the age criteria (66.7%) and also the benefits of having iron tablets through the scheme (93.3%). Almost 100% of the participants believed that the scheme is also to be implemented in private hospitals. (Figure 1)

The association between the mean awareness scores and background characteristics is given in table 3. We observed that the working women had better scores on awareness levels compared to housewives with a mean score of 6.63 as against to 4.6. The association was statistically significant (*p* value < 0.05). We also observed that multiparous women had a better awareness score (5.66) compared to primi (3.76) and the observed difference was statistically significant (*P* value < 0.005).

The overall the awareness level was good in 23% of the participants while it was poor in 30% of the participants. In about 47% of the participants the awareness level was fair.

Table 1: Background characteristics of the study participants

S. No	Characteristics	Frequency N (60)	Percentage (%)
1	Age Distribution		
	1-25years	37	62.0
	>25years	23	38.0
2	Educational status		
	Illiterate	6	10.0
	School education	46	77.0
	College education	8	13.0
3	Obstetric score		
	Primi	25	42.0
	Multi	35	58.0
4	Occupational status		
	Working Women	8	13.0
	House Wife	52	87.0
5	Economical status (in Rupees)		
	<3000	26	43.3
	3001-5000	9	15.0
	5001-10000	22	36.7
	>10,000	3	5.0
6	Type of Family		
	Joint family	32	53.0

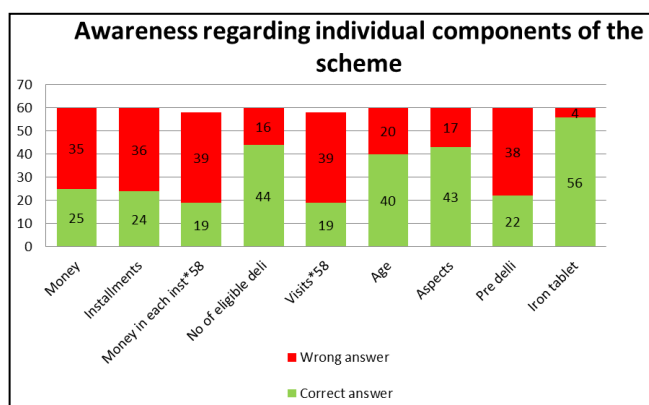
	Nuclear family	28	47.0
7	Type of house		
	Mud	6	10.0
	Pucca	27	45.0
	Thatched	27	45.0
8	Residence		
	Rural	34	57.0
	Urban	26	43.0

Table 2: Particulars related to the awareness regarding the MRMBS

S. No	Characteristics	Frequency N (60)	Percentage
1	Awareness about scheme		
	Aware	58	97.0
	Unaware	2	3.0
2	Source of information		
	Friend	3	5
	Family	10	16.7
	VHN	47	78.3
3	Time of registration of first visit (in week)		
	1 st week	9	15.0
	2 nd week	39	65.0
	3 rd week	10	16.7
	Not known	2	3.3
4	Awareness core		
	Poor	18	30.0
	Fair	28	47.0
	Good	14	23.0
5	Scheme to be implemented in private hospitals		
	Yes	60	100.0
	No	0	0

Table 3: Mean awareness score for various characteristics of the study participants

S. No	parameters	Mean	p value
1	Occupation		
	Working women	6.63	<0.05
	House wife	4.6	
2	Gravida status		
	Primi	3.76	<0.005
	Multi	5.66	

**Fig 1:** Awareness regarding individual components of the scheme

Discussion

The maternal and child health care in India leverages upon several national and state health programmes and policies which strive at achieving universal health coverage in order to reduce the mortality rates due to pregnancy related complications and infant deaths. It is important to note that prioritizing the health care for mother and child will go a long way in improving the health status of the entire family thereby improving the health status of the nation. Therefore in order to prioritize the maternal

health it is important to establish infrastructure to support the same and in addition there is a need to create awareness by building knowledge base among people regarding the importance of the same. of the several health schemes brought out in Tamil Nadu, Dr. Muthulakshmi Reddy Maternity Benefit Scheme (MRMBS) has been time tested one with a larger vision and a wider forethought. Although several health related schemes including National Rural Health Scheme, Tamil Nadu Health System Project, Tamil Nadu Medical Service Corporation etc are in place, MRMBS scheme has been successful in bringing about the change in the desired target regarding the maternal and infant mortality rates. The financial assistance provided in the scheme has been tailor made in such a way that it satisfies norms for universal immunisation, and also promoting institutional deliveries. This indirectly has help to strengthen the primary health centres and first referral units to accommodate the load of institutional deliveries at a large scale. In our study, we observed that majority of the women lacked adequate knowledge regarding the total value of the financial assistance, pre requests for the availing the same and the conditions to be satisfied for each installment. However our study showed that the participants were aware of the age limit for receiving the assistance and also maximum number of pregnancies for which the assistance is available. We also observed a strong positive association between the level of awareness and the literacy level and also the employment status (p value < 0.05). In a study done by In baraju S.R *et al.*, the education status of the women was similar to our study and the age of the participants was also similar to our study [4]. In a study done by Balasubramanian P *et al.*, the lack of awareness regarding the scheme was prevalent in 24.5% of the participants which was similar to our study [5]. Although there are several studies which explored and analyze the risks and benefits of the scheme, there are very few studies which has elucidated the

awareness level of the pregnant women regarding the schemes. In our study the lack of awareness of the rural women regarding the MRMBS scheme may be attributed to various factors including the literacy level, exposure to other environmental media including friends and relatives and also lack of adequate education programs by the grass root workers at the Primary Health Centres. In order to overcome this, it is important to give counseling during the first trimester and also by making the Village Health Nurse (VHN) take the charge of educating the mothers regarding the benefits and this of the scheme during their field visits.

Conclusion

Muthu lakshmi Reddy Maternity Benefit Scheme was implemented to achieve 100% institutional deliveries in Tamil Nadu in order to minimize the complications related to pregnancy and childbirth. The scheme provides cash assistance in various installments, when the pregnant mother fulfills the criteria to satisfy adequate antenatal care. Although there has been enough media coverage regarding the scheme, the awareness level among rural pregnant mothers is scarce. Our study has envisaged the need for increased health education by the field workers and primary health care workers so that the benefits of the scheme is reached out to all rural and tribal population.

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