

# Awareness of National Health Mission Beneficiaries on Antenatal Care Services

Parboti Prasad Raout<sup>1</sup>, Minerava Saikia Baruah<sup>2</sup>, Bhabo Jyoti Bora<sup>3\*</sup>

## ABSTRACT

Antenatal care (ANC) is considered universally important for women health. The present study aims to assess the awareness level of National Health Mission beneficiaries on maternal health services during antenatal period. The study was conducted in four selected districts of Assam, where 400 respondents were interviewed with structure interview schedule. Results shows that majority of the respondents were somewhat aware regarding ANC services and the accessibility of the maternal health services of study area was satisfactory. The findings indicated that awareness level of the respondents is associated with selected variables education, monthly income, age, and organizational membership.

**Keywords:** Antenatal care, Awareness, Maternal health

*Asian Pac. J. Health Sci.*, (2021); DOI: 10.21276/apjhs.2021.8.1.12

*"No matter where a woman lives, giving birth should be a time of joy, not a sentence to death."*

Thoraya Ahmed Obaid,

## INTRODUCTION

Antenatal care (ANC) refers to pregnancy related health care provided by a doctor or a health worker in a medical institution or at home. It is the care of the women during pregnancy so as to achieve at the end of the pregnancy a healthy baby. This care usually begins soon after conception and continues throughout pregnancy including services such as monitoring pregnancy for signs of complications; promoting, protecting and maintaining the health of the mother during pregnancy, detecting "high risk" cases, and giving them special attention, delivery care, and postnatal care. Thus, the primary focus of antenatal care interventions is necessary for improving the health and survival of infants. For minimize the risk related with pregnancy, it is essential to ensure regular ANC, which implies mainly early registration of pregnancies to save the mother and child. It included the provision of ANC in nearest health institution, and at least three ANC visits, iron prophylaxis for pregnant, two doses of TT vaccines, detection and treatment of anemia in mothers, and management and referral of high risk pregnancies and encouragement of institutional deliveries assisted by trained health professionals.<sup>[1-3]</sup>

Awareness of women regarding women health assumes special significance in the Indian context because the maternal health problems are mainly due to ignorance, poverty, and lack of knowledge regarding the issue. It is therefore very important to focus on services for increasing the awareness level of the mother. Awareness and knowledge about the rationale behind these services is necessary for escalating the utilization of these services to provide a safe motherhood, delivery, and for the well-being of the baby.<sup>[4,5]</sup>

Keeping this in mind the present study was conducted:

- To assess the awareness level of National Health Mission (NHM) beneficiaries on maternal health services during antenatal period.

<sup>1</sup>Assistant Professor, Department of Home Science Extension Education, Avianshilingam Institute for Home Science and Higher Education for Women, Coimbatore, Tamil Nadu, India

<sup>2</sup>Department of Extension and Communication Management, Faculty of Community Science, Assam Agricultural University, Jorhat, Assam

<sup>3</sup>World Health Organization, SMO, Assam

**Corresponding Author:** Dr. Bhabojyoti Bora, World Health Organization, SMO, Assam. E-mail: parbotiprasadraout\_extn@avinuty.ac.in

**How to cite this article:** Raout PP, Baruah MS, Bora BJ. Awareness of National Health Mission Beneficiaries on Antenatal Care Services. *Asian Pac. J. Health Sci.*, 2021;8(1):60-62.

**Source of support:** Nil

**Conflicts of interest:** None

**Received:** 12/04/2020 **Revised:** 26/08/2020 **Accepted:** 10/12/2020

## RESEARCH METHODS

A multi-stage purposive cum simple random sampling design was followed for the present study. From the selected four districts, two Block Primary Health Centers (BPHC) were selected thus total eight number of BPHC were selected for the study. In consultation with the functionaries of BPHC, a list of village was prepared. From the list, five villages were selected from each BPHC. From the selected villages, ten lactating mothers having up to two live birth children and having up to 1-year-old child at the time of data collection period were selected as respondent. Thus, total respondents were 400.

Twelve statements were selected related to antenatal care services after reviewing related literature to measure the awareness of the respondents in this regard. Necessary modification in the schedule was made after considering the suggestions of selected judges of the respective field. Respondents were asked to give their responses in three point continuums as "Fully aware," "Somewhat aware," and "Not aware." The statements were scored 3, 2, and 1, respectively.

After data collection, the gathered data were coded, tabulated, and statistically analyzed in accordance to the objective of the

study. The statistical techniques and tests were used for analyzing the data.

## RESEARCH FINDINGS AND DISCUSSION

### Background Information of the Respondents

It is evident from Table 1 that majority of the respondents were married after completion of 18 years (74%). About 43.25% respondents were primary passed, main occupation of the family was daily wage earner (33%) and (30.25%) belonged to the farming category. Majority of the respondents (40.75%) had approximate monthly family income below Rs. 5000, majority of the respondents (52%) were from nuclear family. Majority of respondent (53.50%) were not having any organizational membership, where 46.50% respondent having membership with any social organization.

### Awareness of the Respondents about ANC

From Table 2, it is found that 54% of the respondents were fully aware of early registration and check-up, 43.75% of the respondents were somewhat aware of the ANC for identify

the danger sign. This finding supported by Kumar and Verma (2015).

Table 2 also reveals that 58.50% of the respondents were not aware of VHND session which is conducted every week in village level. Only 40% of the respondents were fully aware of the service. It is due to the fact that during pregnancy and lactating periods women visit nearest sub-center or health clinic as per their need to get injection or medicine.

It is shown in Table 2 that 58.75% respondents were not aware of the 2-TT service which is given at the time of registration at free of cost. Almost 60% of the respondents were not aware of the registration in nearest health institution after detecting the pregnancy, due to social beliefs. About 74.75% of the women were not aware of the provision of supplementary food for lactating mother at free of cost. Only 39.50% of the respondents were fully aware that "gaining weight is a good sign during pregnancy period." Where, 42.75% of the respondents were not aware of it. This implies, in rural areas, there is a concept of over eating and obese creates difficulty in delivery and also it will be made chance of having C-section delivery which will be more costly for the rural people. Accredited Social Health Activist (ASHA) play a major role to giving cash less service to pregnant and lactating lady through accompanied her in every check-up, but in this study, it was found that 60.25% of the respondents were not aware of it. Similar findings reported by Kumar (2014). Only 39.25% of the respondents are aware of it. About 63% respondents were not aware of regular visit and advice of ASHA worker.<sup>[6]</sup>

About 62.75% respondents were somewhat aware that.

Only registered and fully ANC done lady are eligible for different benefits under health program. Since the benefits consisting cash assistant also, so the respondents were taking interest on it. It also reflected that besides giving cash less services rural women are willing to get cash incentives which motivate them more. All routine examination such as hemoglobin test, blood glucose, urine, sugar, and albumin were done free of cost was not aware among 59.75% of the respondents. About 54.25% of the respondents were aware of Mobile Medical Unit (MMU). Almost 50% of the respondents were not aware of the service provided by government under Mobile Medical Unit (MMU) facility. Through to MMU facility pregnant and lactating lady getting free services to mobilize if any uncertain situation occurs. The respondents stated that, at the time of emergency, it is difficult to access and most of the time the vehicle was used for other emergency cases or might be the vehicle is available in far away.<sup>[7,8]</sup>

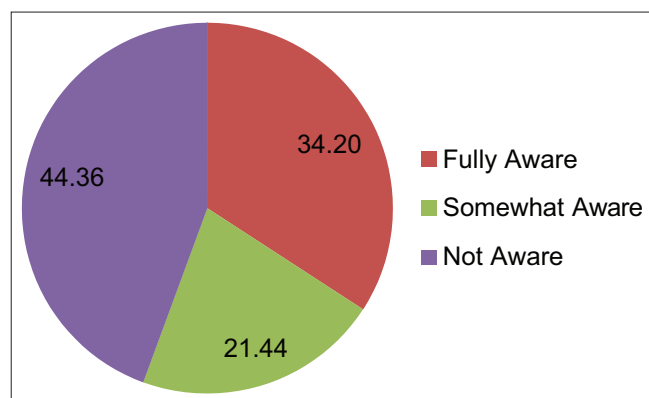
**Table 1:** Distribution of respondents according to their selected background characteristics - n=400

Variable	Category	Frequency	Percentage
Age at marriage	Below 18	104	26.00
	Above 18 years	296	74.00
Education	Illiterate	86	21.50
	Up to primary	173	43.25
	Middle school	43	10.75
	HSLC passed	93	23.25
	HS passed and above	48	12.00
Occupation	Service	44	11.00
	Farming	121	30.25
	Business	103	25.75
	Daily wage	132	33.00
Monthly income	<5000	163	40.75
	5001-10000	141	35.25
	10001-15000	92	23.00
	15001>Above	4	1
Family type	Joint	192	48
	Nuclear	208	52
Organizational membership	Yes	186	46.5
	No	214	53.5

**Table 2:** Distribution of respondents according to the extent of awareness of ANC services

Sl. No.	Statement	Fully aware (%)	Somewhat aware (%)	Not aware (%)
1.	Pregnancy check-up should start as early as possible	54	40.75	5.25
2.	ANC is necessary during pregnancy period to identify the danger sign	32.75	43.75	23.50
3.	VHND session in community is done every week	40	1.5	58.50
4.	In ANC women get 2 TT which is free of cost	40	1.25	58.75
5.	It is essential for a pregnant lady to register in nearest health unit for her pregnancy to access different incentives provided under NHM	39.25	0.5	60.25
6.	The supplementary food provided for lactating mother is free of cost	30	44.75	74.75
7.	During pregnancy gaining weight is a good sign	39.5	17.75	42.75
8.	ASHA have to accompany with the pregnant lady for regular health check-up	39.25	0.5	60.25
9.	ASHA should visit and advice pregnant lady regularly	36.5	0.5	63
10.	Only registered and fully ANC done lady are eligible for different benefits under health program	29.25	62.75	8
11.	All routine examination such as Hb test, blood glucose, and urine sugar, albumin are done free of cost	139	34.75	22
12.	MMU service is available for pregnant women for transportation	81	20.25	217

ANC: Antenatal checkup, VHND: Village health nutrition day, NHM: National Health Mission, ASHA: Accredited social health activist, MMU: Mobile medical unit



**Figure 1:** Distribution of respondent according to the extent of awareness

**Table 3:** Associations between awareness and selected variables

Variables	$\chi^2$ value	d.f	P-value
Age	32.7	6	<0.0001
Educational qualification	22.4	8	0.004
Monthly income	22.0	6	0.001
Organizational membership	15.5	2	<0.0001

\*Significant at 5% level of significance

The distribution of respondents according to the level of awareness on ANC services is shown diagrammatically in Figure 1. It shows that 44.36% of the respondents were somewhat aware of the services and benefits, followed by 34.20% of the respondents were fully aware of the services of maternal health. Since they have already access the service and attempt the process of getting benefits beforehand. 21.44 percent of the respondents were not aware of any of the service and benefits provided by government hospitals under maternal health facility. While all the respondents were eligible women for accessing the services but still there is an immediate need for adequate information dissemination and ensure the participation of the rural women in VHND Programme.

It is evident from the above findings that rural women none of fully aware of the benefits and services of ANC, which might be due to their low educational level and also lack of participation in any organization.

From Table 3, it reveals that the calculated Chi-square value is highly significant at 5% level of significant. It can be concluded

that there are significant association between awareness and age, education qualification, monthly income, and organizational membership. Hence, changes of any of these variables are also associated with the awareness level of the respondents.

## CONCLUSION

It is observed that awareness of the various aspects of antenatal is not satisfactory. This might be due to the fact that majority of the respondents were illiterate and educated up to primary standard. One of the key responsibilities of an ASHA worker to identify all pregnant women in the community at the earliest and help them to register for ANC and ensure that they receive at least three ANC check-ups.

Efforts are also needed to improve awareness of govt. services and benefits of NHM to facilitate full utilization. The awareness and utilization regarding NHM services among people residing in rural area of the state is inadequate. Therefore, monitoring and supervision need to be regularized for effective accessibility of services and benefits.

## REFERENCES

1. Basu S. Dimensions of tribal health in India. *Health Popul Perspect Issues* 2000;23:61-70.
2. Deshpande RV. Is Janani Suraksha Yojana (JSY) contributing to the reduction of maternal and infant mortality? An insight from Karnataka. *J Fam Welfare* 2011;57:1-9.
3. Programme Evaluation Organisation. Evaluation Study of National Rural Health Mission (NRHM) in 7 States. New Delhi: Programme Evaluation Organisation, Planning Commission, Government of India; 2011.
4. Ray SK. Awareness and utilization of national rural health mission services among people of selected rural areas in the state of Maharashtra. *Natl J Community Med* 2014;5:387-91.
5. Mohapatra B, Datta U, Gupta S, Tiwari VK. An assessment of the functioning and impact of Janani Suraksha Yojana in Orissa. *Health Popul Perspect Issues* 2008;31:120-12.
6. Special Bulletin on Maternal Mortality in India 2010-12. Sample Registration System. Office of Registrar General of India; 2013. Available from: <http://www.paperzz.com/doc/1951559/sample-registration-bulletin-census-of-india-website>. [Last accessed on 2015 Mar 12].
7. Tineshowri D. Women status in Assam. *J Bus Manag Soc Sci Res* 2013;2:65-9.
8. Kumar R, Verma A. Knowledge regarding antenatal care services, its utilization, and delivery practices in mothers (aged 15-49 years) in a rural area of North India. *Trop J Med Res* 2015;18:89.