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A STUDY TO ASSESS THE AWARENESS & UTILIZATION OF MATERNITY BENEFIT SCHEMES AMONG MOTHERS HAVING 0-5 YEARS AGED CHILDREN IN A SELECTED PRIMARY HEALTH CENTRE, BANGALORE

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ABSTRACT

Background of the study: The **Maternity Benefit Scheme** is a social welfare program designed to support the health and well-being of expectant and new mothers. It aims to ensure that women can maintain their physical and mental health during pregnancy and the postpartum period while securing financial stability. Maternity well-being under this scheme is not limited to medical care but also includes nutritional support, rest, and protection from work-related stress or hazards. This holistic approach promotes healthier mothers, reduces maternal and infant morbidity, and contributes to the overall development of families. **Method of the study:** The research design of the present study was an overall plan for obtaining answer to the research questions or testing the research hypothesis. In the present study descriptive co-relational research design was adopted. The subjects selected for the study were mothers having children aged 0 to 5 years, who were residing at konanakunte PHC, Banglore. Sample of the study consisted of 60 mothers and were selected by convenient sampling method. The tool used for collection of data is a structured questionnaire. **Result:** There was a positive co-relation between level of awareness and level of utilization, therefore H1 hypothesis is accepted and also there was a significant association between level of awareness and a demographic variable, therefore H2 hypothesis is accepted. **Interpretation:** From the above findings the null hypothesis is rejected and research hypothesis is completely accepted with regards to selected background variables. **Conclusion:** Thus from the above study, the investigators has proved that there is a significant relationship between awareness and utilization, hence proving the H1 hypothesis along with show casting the association between level of awareness with the selected demographic data, therefore proving the H2 hypothesis.

KEYWORDS: Maternity benefit scheme, awareness, utilization, primary health centre.

BRIEF RESUME OF THE INTENDED WORK

INTRODUCTION

'When Her Health is Nourished, Futures Flourish.'

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. 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. 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.[1]

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. 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. 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.[2]

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 speciality and super speciality 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 speciality services for maternal and child health.[3]

Maternal mortality has long been a critical issue in India, with efforts focused on improving maternal health and reducing the Maternal Mortality Ratio (MMR). The MMR is defined as the number of maternal deaths per 100,000 live births during a specific time period. Persistently high rates of maternal and infant mortality point to underlying systemic challenges that must be addressed to improve healthcare outcomes. Contributing factors to these elevated mortality access to quality healthcare, inadequate nutrition, and a lack of education for expectant mothers. Socio-economic disparities and underdeveloped healthcare infrastructure further compound these challenges, hindering many women and infants from receiving essential care. Addressing these factors is crucial for advancing the health and well-being of mothers and children.[4]

Addressing the global health challenges, the United Nations introduced the Sustainable Development Goals (SDGs) in 2015. These goals include specific targets aimed at reducing maternal mortality and improving infant health. One of the key targets is to reduce the global MMR to below 70 per 100,000 live births by 2030. Achieving this ambitious goal requires the implementation of comprehensive strategies, including improvements in healthcare services, enhanced education and awareness, and the development of policy frameworks that support maternal health. Additionally, the SDGs aim to prevent avoidable deaths of newborns and children under five by tackling issues such as malnutrition, infectious diseases, and inadequate access to clean water and sanitation. These goals highlight the importance of global collaboration among governments, healthcare providers, and international organizations in creating sustainable solutions.[5]

In India, the Janani Suraksha Yojana (JSY) is a key initiative under the National Rural Health Mission (NRHM) that focuses on reducing maternal and infant mortality by promoting institutional deliveries. Launched with the goal of increasing the number of women giving birth in healthcare facilities, JSY seeks to mitigate the risks associated with home births, particularly in rural and underserved areas. Institutional deliveries are critical in ensuring that mothers receive skilled care and immediate medical attention during childbirth, thereby reducing the risks of complications and improving health outcomes for both mother and child.[7]

Since the implementation of maternal and child health (MCH) schemes like the Janani Suraksha Yojana in April 2005, there has been a significant increase in institutional deliveries. According to the National Family Health Survey (NFHS), the %age of institutional deliveries rose from 40.8% in NFHS-3 (2005-2006) to 88.6% in NFHS-5 (2019-2021).[6-9] The increase in institutional deliveries is a critical factor in reducing maternal and infant mortality, particularly in cases where complications arise during childbirth. The financial incentives provided by JSY, combined with efforts to enhance healthcare infrastructure and train medical professionals, have contributed significantly to improving maternal and child health outcomes.[8]

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.[9]

Every day approximately 800 women die globally, from preventable causes related to pregnancy and childbirth. Improving maternal health is one of the eight Millennium Development Goals (MDGs) adopted by the international community in 2000. Countries are committed to reducing maternal mortality by three quarters between 1990 and 2015. Most maternal deaths occur in developing countries and almost one third occur

in South Asia. Maternal mortality is higher in women living in rural areas and among poorer communities.[10]

Maternity health services are the measures to ensure safe motherhood through promotive, curative, and rehabilitative health – care system. In view of the difficulty being faced by the pregnant woman along with high expenditure on delivery, Ministry of Health and Family Welfare and state government have launched many schemes to ensure better facilities for woman during pregnancy and delivery in both rural and urban areas. Government of India has launched Janani shishu suraksha karayakram (JSSK) on june1,2011. Karnataka state government launched Madilu kit to reduce out -of-pocket expenditure and promote institutional delivery. Research shows that low proportion of target population receives benefit of such schemes. However, the success of these schemes depends on their utilization by antenatal and postnatal mothers. Hence, this study was planned to estimate the level of awareness about the various government maternal benefit schemes among and also to assess the utilization of maternal benefit schemes among and also to assess the utilization of maternal benefit schemes among those mothers.

METHODS

Methodology of research indicates the general pattern for organizing the procedure for empirical study together with the method of obtaining valid and reliable data for the problem under investigation.

This chapter deals with the methodology of study, which includes the research design, setting of study, variables, population, samples, sampling techniques, data collection tools, description of tools, procedure for data collection and the plan for the data analysis.

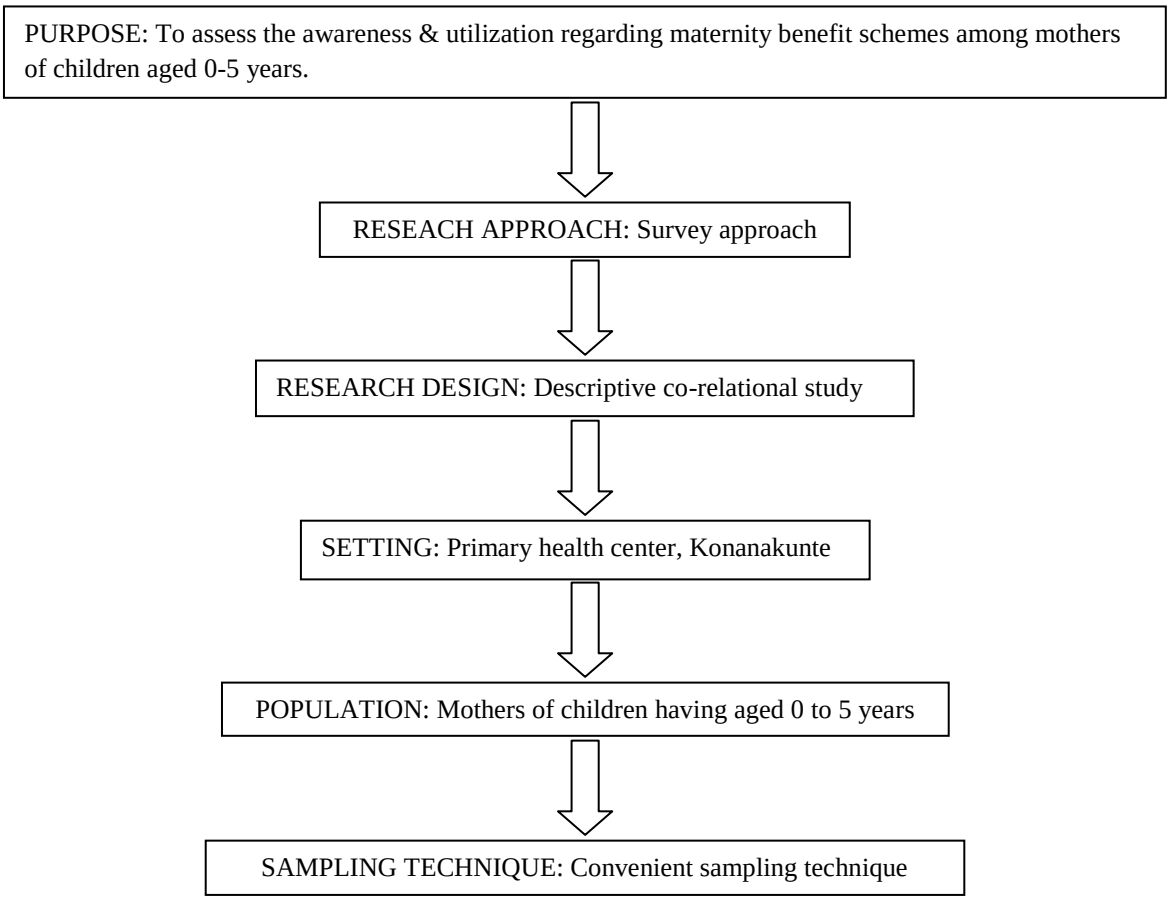
The main purpose of the section is to communicate to the readers, what the investigator did to solve the research problem or to answer the research question.

RESEARCH APPROACH

The selection of research approach is an overall plan as blueprint chosen to carry out the study. The research approach adopted for the study is survey approach.

RESEARCH DESIGN

Research design is blueprint for conducting the study that minimize the control over factors that could interfere with the validity of the findings. The research design used for this study is descriptive design.



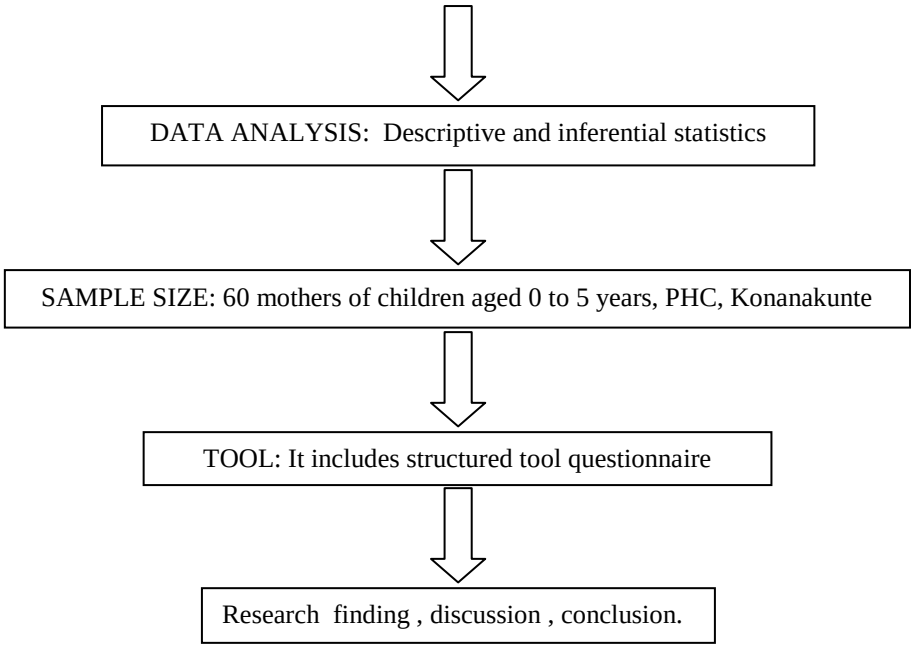


Fig 0. Schematic representation of research methodology.

VARIABLES

Variables are a characteristics or attribute of a person or an object that varies within the population under study. In this study variables are

a) RESEARCH VARIABLES

In this study it refers to the awareness and utilization of maternity benefit scheme.

b) DEMOGRAPHIC VARIABLES

A variable that confounds the relationships between the dependent variables and independent variables. In this study demographic variables refers to age, religion, education, occupation, age of marriage, parity, number of child/children type of delivery, place of delivery, income of family.

SETTING OF THE STUDY

The setting is the physical location and condition in which data collection takes place in a study.

For this study the setting was Konanakunte primary health center, this setting was selected because of availability of sample and feasibility of conducting the study.

POPULATION

Population refers to a total category of person or objects that meet the criteria for study established by the researcher, any set of persons, objects or measurements having observable characteristics in common.

✓ Target population

In this study population refers to the mothers having 0-5 years aged children of Konanakunte, Bangalore.

✓ Accessible population: it refers to 60 sample from Konanakunte, Bangalore.

SAMPLE AND SAMPLE SIZE

Sample: Sample is a subject of population, selected to participate in a study. Samples for the present study are mothers who fulfilled sampling criteria were selected as samples.

Sample size: The sample size of the present study is 60 mothers who met the criteria for study.

SAMPLING TECHNIQUE

Sampling is a technique of selecting a subject of the population in which the entire population is represented.

In this study the sample were selected through convenient sampling technique.

SAMPLING CRITERIA

Sampling criteria is a list of characteristics essential for inclusion or exclusion in the target population. The study was conducted based on the following criteria regarding the selection of the sample.

➢ **INCLUSION CRITERIA**

- Mothers of children aged 0 to 5 years
- Mothers who are willing to participate.

➢ **EXCLUSION CRITERIA**

- Mothers who are not available at the time of data collection
- Mother who can't read and write Kannada and English

DESCRIPTION OF THE TOOL OR INSTRUMENT

After a thorough review of literature related to the topic the tool was developed. The tool consist of four parts, part I, part II, part III.

PART I.
It deals with structure true questionnaire on background data.

Background data: It consists of 15 items used to collect sample characteristics which comprises of name, age of the mother, highest education, occupation, type of family, residence, monthly income, no of pregnancies, parity, current trimester, place of antenatal checkup, registration of pregnancy, previous delivery type, place of current delivery, possession of BPL card, main source of health information.

PART II
It consist 13 questions, to assess the awareness of maternity benefit scheme among mothers of children aged 0 to 5 years.

PART III
It consist 16 questions, to assess the utilization of maternity benefit scheme among mothers of children aged 0 to 5 year.

METHOD OF DATA COLLECTION
The steps used for data collection were as follows.

- Investigator introduced self and explained the purpose of study to the participants.
- Obtained informed consent from the participants selected under the study.
- The demographic data were obtained by self – administered structured questionnaire.
- Assessed the knowledge of maternity benefit scheme among mothers of children aged 0 to 5 years, using self administered structured questionnaire.
- Data collected was tabulated and analyzed.

RESULTS
This chapter deals about analysis and interpretation of findings of the data collected on identifying the awareness and utilization of maternity benefit scheme among mothers of children aged 0 to 5 years. The data of the collected 60 samples was carefully analyzed and elicited objectively. The collected data were put into suitable statistical techniques to explicate the correlation between awareness and utilization and also association between selected demographic variables.

The summary of statistical findings were delineated in the following sections in accordance with the study.

Section 1: Frequency and percentage of socio demographic characteristics of mothers having children aged 0 to 5 years.
Section 2: Description of the level of awareness and level of utilization about maternity benefit scheme among mothers having children aged 0 to 5 years.
Section 3: Significance of relationship between awareness and utilization of maternity benefit scheme among mothers of children aged 0 to 5 years.
Section 4: It deals with the association between awareness of the maternity benefit scheme with demographic variables which consist of 15 characteristics which comprises the age, education, occupation, type of family, residence, income, number of pregnancies, parity, current trimester, place of antenatal checkup, registration of pregnancy, previous delivery type, place of last delivery, possession of BPL card, main source of health information.

SECTION- I
Frequency and distribution of socio demographic characteristics of mothers of children aged 0 to 5 years.

Table 1: Frequency and percentage of age of the respondent.

S.NO	DEMOGRAPHIC VARIABLE	CATEGORY	FREQUENCY	PERCENTAGE
1	AGE	A)18-20 years	2	3%
		B)21-25 years	23	38%
		C)26-30 years	19	32%
		D)Above 30 years	16	27%
TOTAL			N=60	100

Table -1: represents the age distribution of mothers of children aged 0-5 years, 38% of mothers were in the age group of 21-25 years, 32% of mothers were in the age group of 26-30 years, 27% of mothers were in the age group of above 30 years, 3 % of mothers were in the age group of 18-20 years.

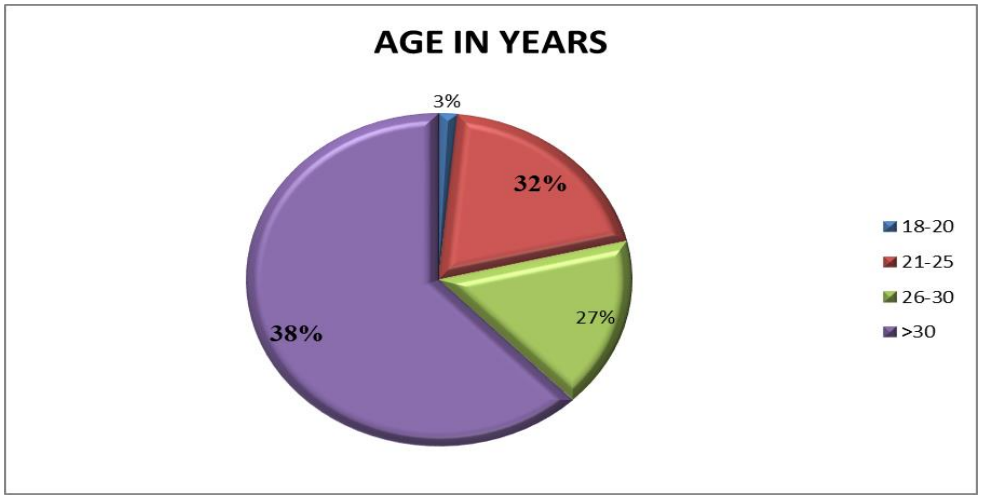


Figure 1: Distribution according to age of the respondent.

Table 2: Frequency and percentage of the education of the respondent.

SI NO	DEMOGRAPHIC VARIABLES	CATEGORY	FREQUENCY	PERCENTAGE
2	Education	A)No formal education	o	0%
		B)Primary education	4	6%
		C)Upper primary	7	12%
		D)Secondary	16	27%
		E)Higher secondary	12	20%
		F)Graduate and above	21	35%
		Total	N=60	100

Table 2: represent of mothers of children aged 0-5 years, majority of them 35 % of mothers were graduates, 27 % of mothers have done secondary education, 20 % of mothers have done higher secondary education, 12 % of mothers have done upper primary education, 6% of mothers in primary education.

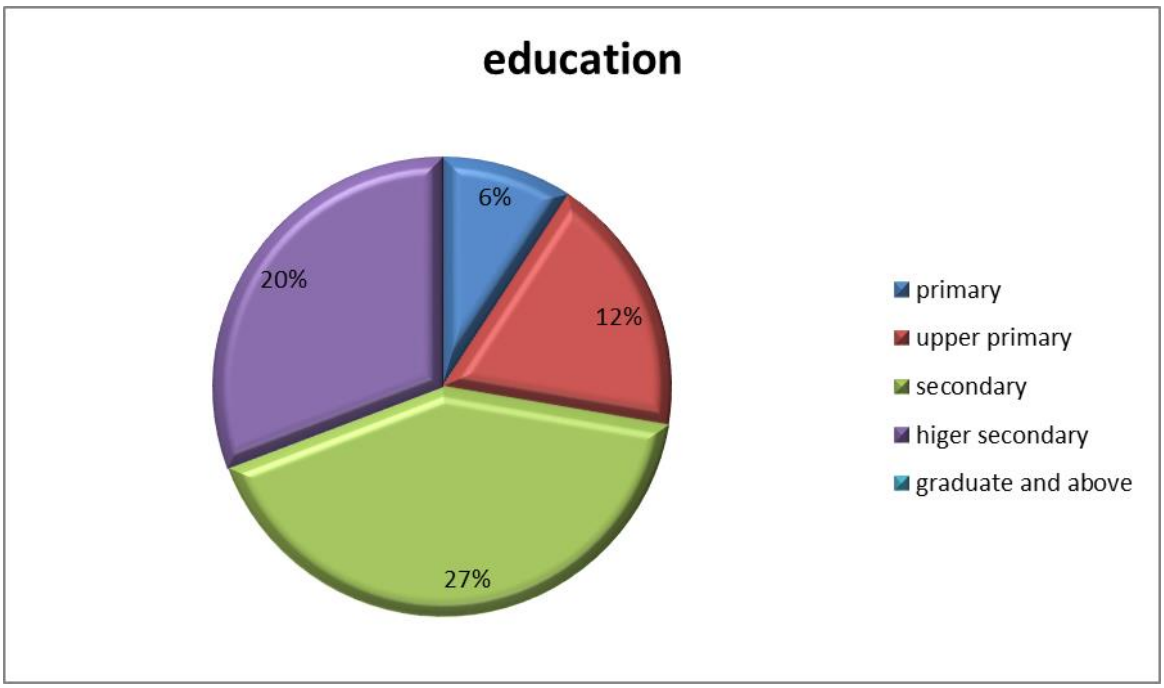


Figure 2: Distribution according to the education of the respondent.

Table 3: Frequency and percentage of occupation of mother.

S.NO	DEMOGRAPHIC VARIABLE	CATEGORY	FREQUENCY	PERCENAGE
3	Occupation	a)Homemaker	31	52%
		b)Daily wage laborer	7	12%

		c)Private employee	14	23%
		d)Government employee	4	6%
		e)Self employed	3	5%
		f)Agricultural worker	1	2%
TOTAL			N=60	100

Table 3: represent of occupation of mothers of children aged 0-5 years, majority of them, 23 % were private employee, 12% of mothers were daily wage laborer, 6% of mothers were government employee, 5 % of mothers were self employee, 2% of mothers were agriculture worker.

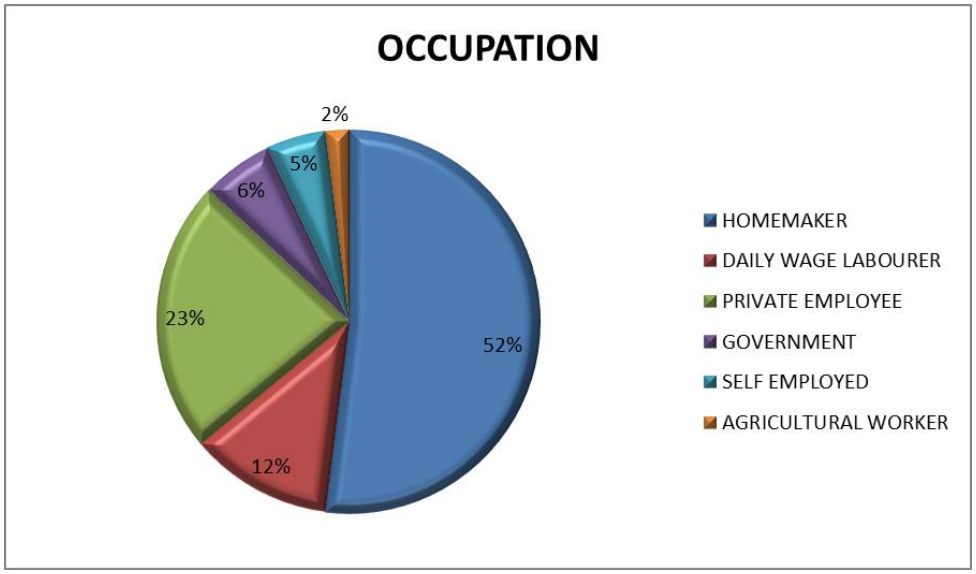


Figure 3: Distribution of occupation of mother.

Table 4: Frequency and percentage of type of family.

s.no	DEMOGRAPHIC VARIABLES	CATEGORY	FREQUENCY	PERCENTAGE
4	Type of family	a)Nuclear	34	57%
		b)joint	21	35%
		c)Extended	5	8%
TOTAL			N=60	100

Table 4: represent the type of family of mothers of children aged 0-5 years, majority of them, 57% of mothers belonged to nuclear family, 35 % of mothers in joint family, 8% of mothers in extended family.

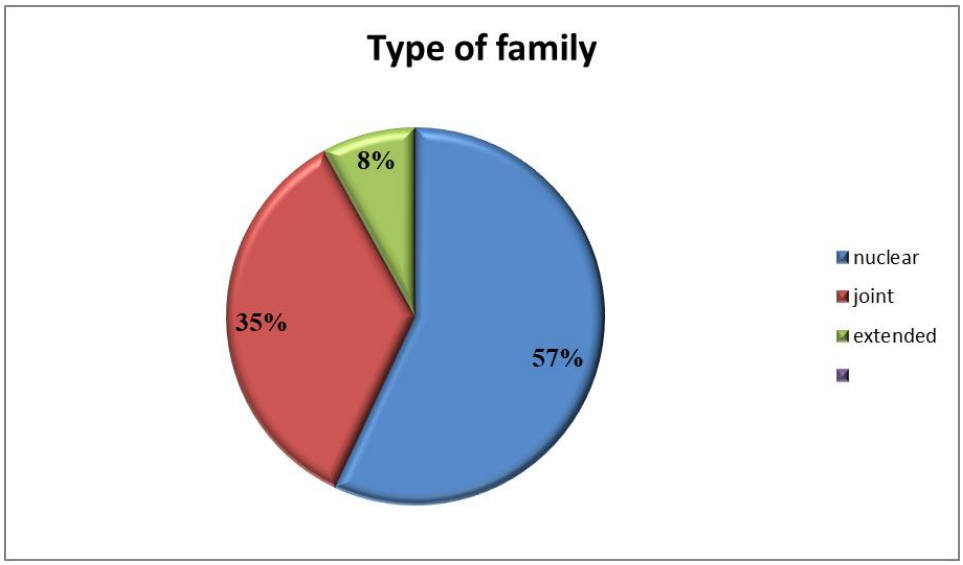


Figure 4: Distribution of type of family.

Table 5: Frequency and percentage of residence.

S.NO	DEMOGRAPHIC VARIABLES	CATEGORY	FREQUENCY	PERCENTAGE
5	Residence	a)Urban	37	62%
		b) Rural	17	28%
		c)Semi urban	6	10%
TOTAL			60	100

Table 5: represent the residence of mothers of children aged 0-5 years, majority of them 62% of mothers lived in urban, 28 % of mothers in rural, 10% of mothers in semi urban.

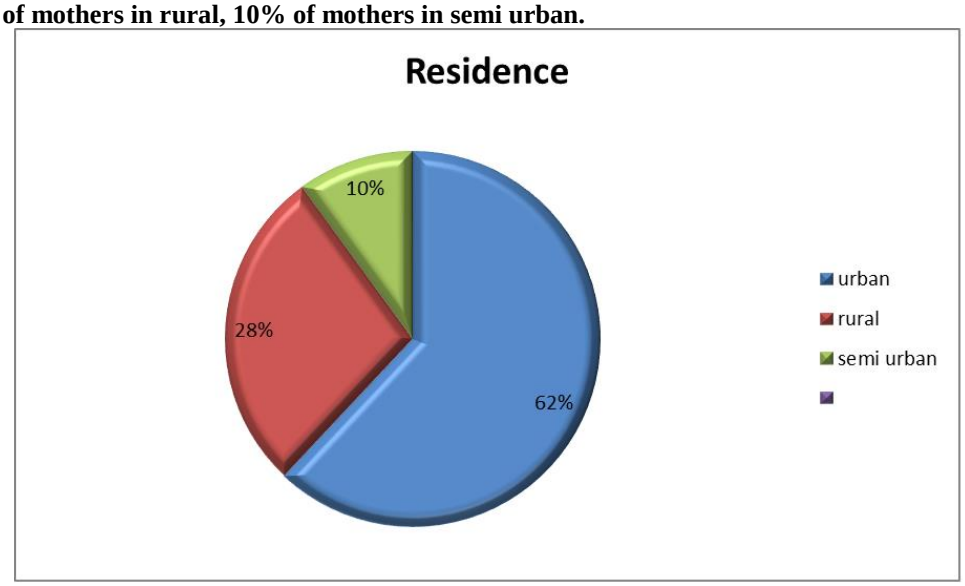


Figure 5: Distribution of residence.

Table 6: Frequency and percentage of income.

S.NO	DEMOGRAPHIC VARIABLE	CATEGORY	FREQUENCY	PERCENTAGE
6	INCOME	a)Below RS 5000	6	10%
		b) RS 5000-RS10000	11	18%
		C) RS 10000-RS 20000	14	23%
		d)Above RS 20000	29	49%
TOTAL			60	100

Table 6: represent the income of mothers having children aged 0-5 years, majority of them, 49% had income above Rs 20000,23 % to Rs 10000 – 20000, 18% to Rs5000- 10000, 10 % to below Rs 5000.

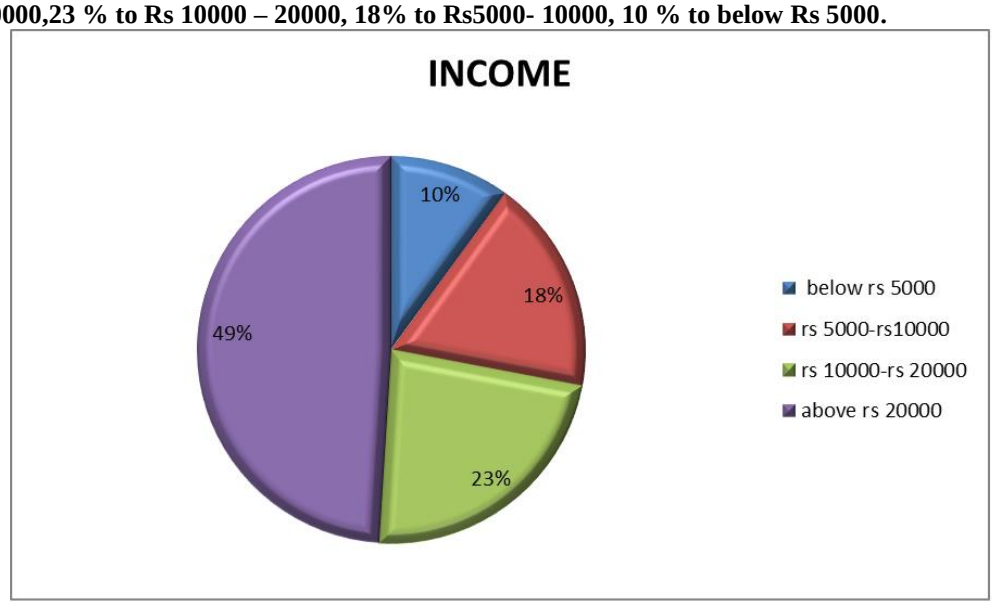


Figure 6: Distribution of income.

Table 7: Frequency and percentage of pregnancy.

SI NO.	DEMOGRAPHIC VARIABLES	CATEGORY	FREQUENCY	PERCENTAGE
7	Number of pregnancy	a)First pregnancy	26	43%
		b)Second pregnancy	30	50%
		c)Third pregnancy	4	7%
		Total	N=60	00

Table 7: represent the no of pregnancy of mothers, majority of them, 50% in second pregnancy, 43 % in first pregnancy, 7 % in third pregnancy.

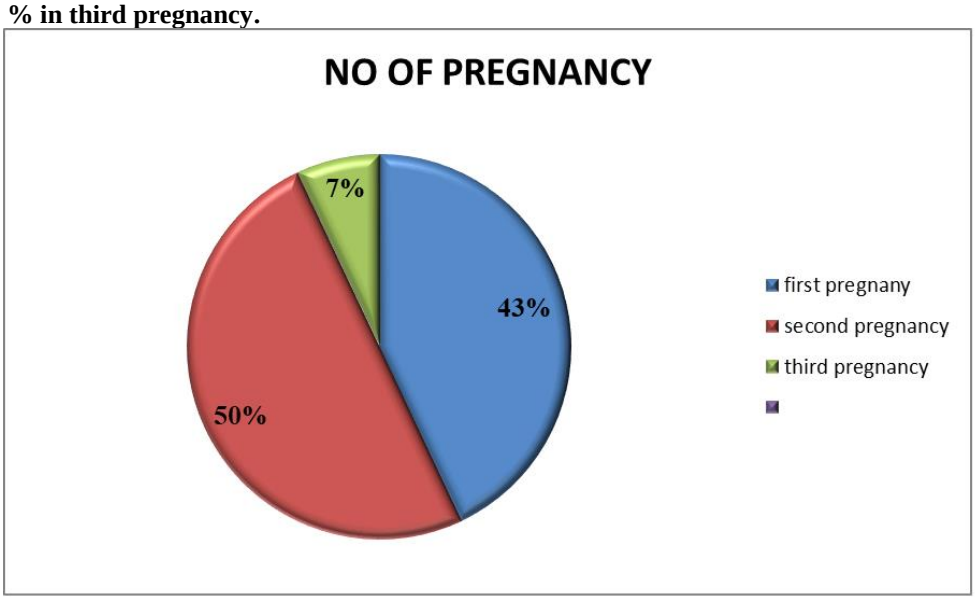


Figure 7: Distribution of no of pregnancy.

Table 8: Frequency and percentage of parity.

S.NO	DEMOGRAPHIC VARIABLES	CATEGORY	FRQUENCY	PERCENTAGE
8	Parity	a)1	26	43%
		b)2	28	47%
		c)>2	6	10%
		Total	60	100

Table 8: Represent the parity of mothers, majority of them 47% in 2nd, 43% of mothers in 1st, 10 % of mothers in >2 parity.

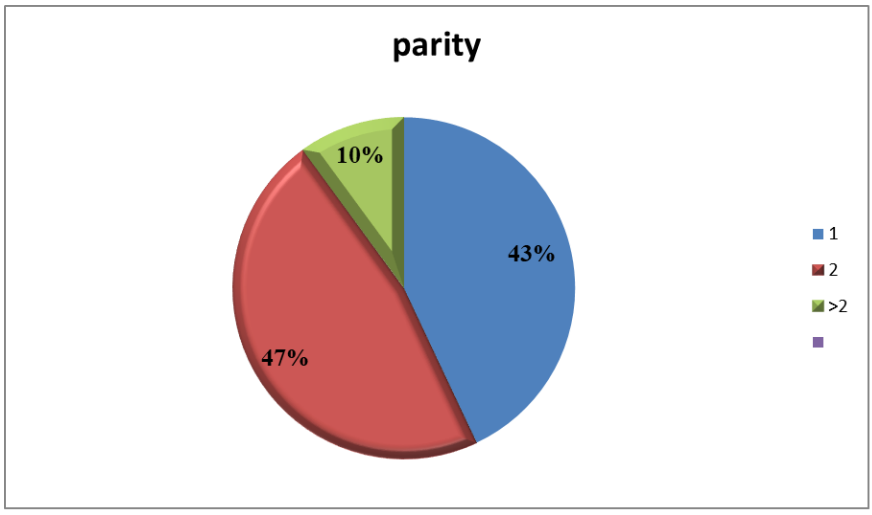


Figure 8: Distribution of parity.

Table 9: Frequency and percentage of current trimester.

SL NO	DEMOGRAPHIC VARIABLES	CATEGORY	FREQUENCY	PERCENTAGE
9	Current trimester	A)First trimester	16	27%
		B)Second trimester	13	22%
		C) Third trimester	11	18%
		D) Postnatal	20	33%
		Total	60	100

Table 9: represents the Distribution of current trimester, majority of them that is 33 % were in postnatal period, 27 % in first trimester, 22 % in second trimester.

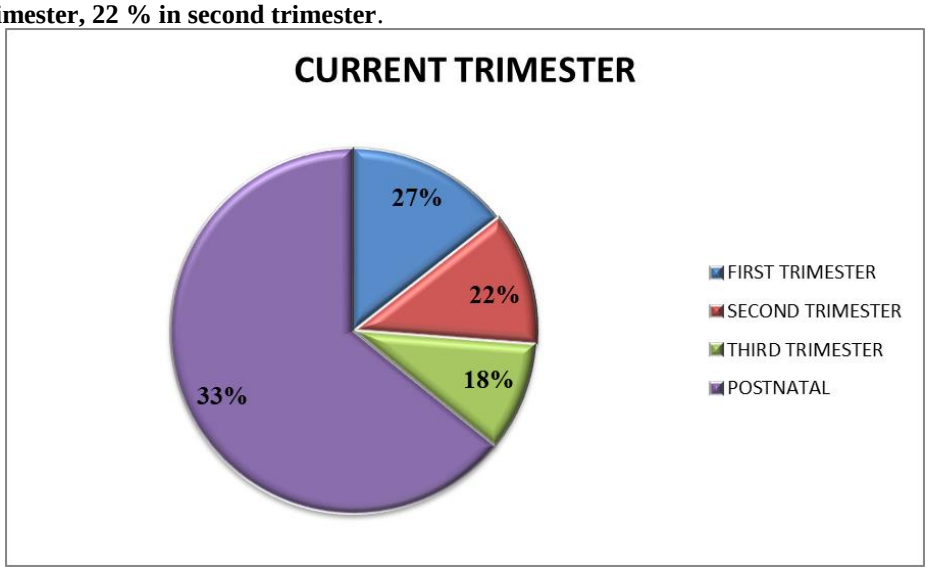


Figure 9: Distribution of current trimester.

Table 10: Frequency and percentage of place of antenatal check up.

SL NO	DEMOGRAPHIC VARIABLES	CATEGORY	FREQUENCY	PERCENTAGE
10	Place of antenatal check up	A)Government hospital /PHC	34	57%
		B)Private hospital	15	25%
		C)Both	8	13%
		D)None	3	5%
		Total	60	100

Table 10: represents Place of antenatal checkup, majority of them that is 57% did antenatal checkup in Government hospital / PHC, 25% in private hospitals, 13 % in both, 5 % in none.

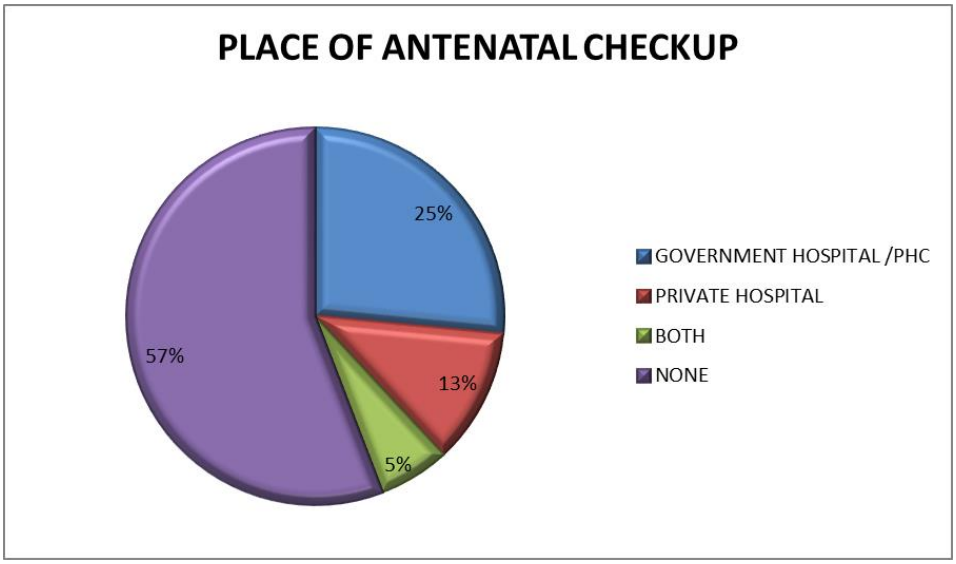


Figure 10: Distribution of place of antenatal checkups.

Table 11: Frequency and percentage of registration of pregnancy.

SL NO	DEMOGRAPHIC VARIABLES	CATEGORY	FREQUENCY	PERCENTAGE
11	Registration of pregnancy	a)Early	34	56%
		B) Late	19	32%
		c) No registration	7	12%
		Total	60	100

Table 11: represents the registration of pregnancy, majority of them that is 56% registered early, 32 % in Late, 12 % has not registered.

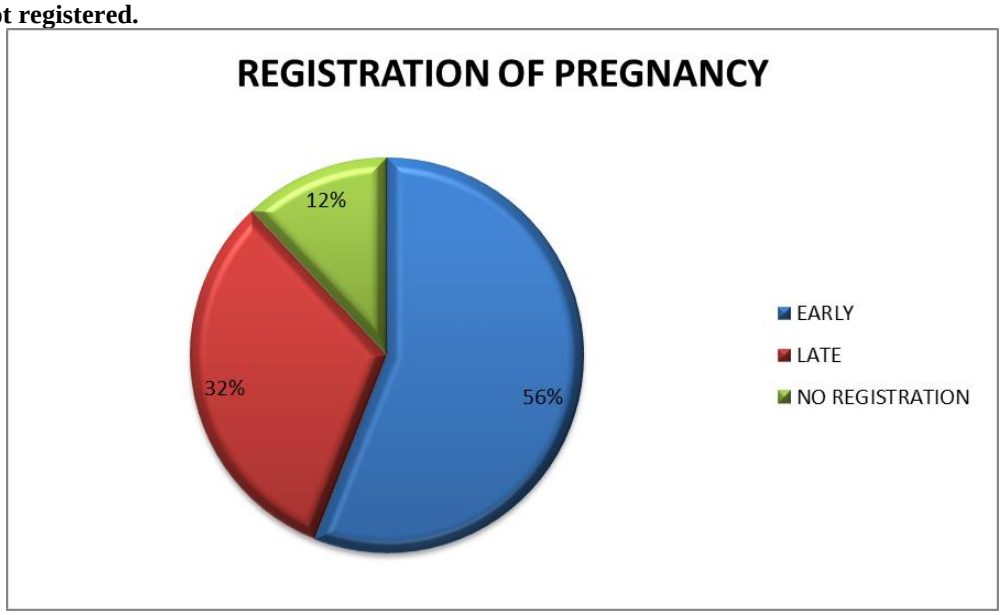


Figure 11: Distribution of registration of pregnancy.

Table 12: Frequency and percentage of previous delivery type

SL NO	DEMOGRAPHIC VARIABLES	CATEGORY	FREQUENCY	PERCENTAGE
12	Previous delivery type	a)Normal	40	67%
		b) Cesarean	18	30%
		c) No previous delivery	2	3%
		Total	60	100

Table 12: represents Previous delivery type, majority of them that is 67% were Normal, 30 % were cesarean, 3 had no pregnancy.

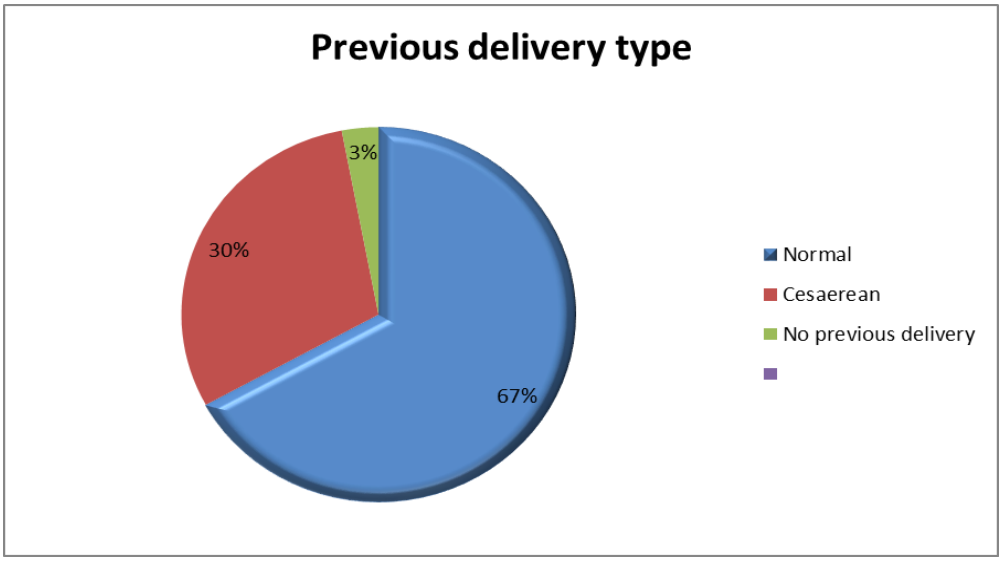


Figure 12: Distribution of previous delivery type.

Table 13: Frequency and percentage of place of last delivery.

SL NO	DEMOGRAPHIC VARIABLES	CATEGORY	FREQUENCY	PERCENTAGE
13	Place of last delivery	a)Hospital	50	83%
		b)Home	7	12%
		c) Maternity clinic/center	3	5%
		Total	60	100

Table 13: represents the Place of last delivery, majority of them that is 83% were in Hospital, 12 % in Home, 5% in maternity clinic /center.

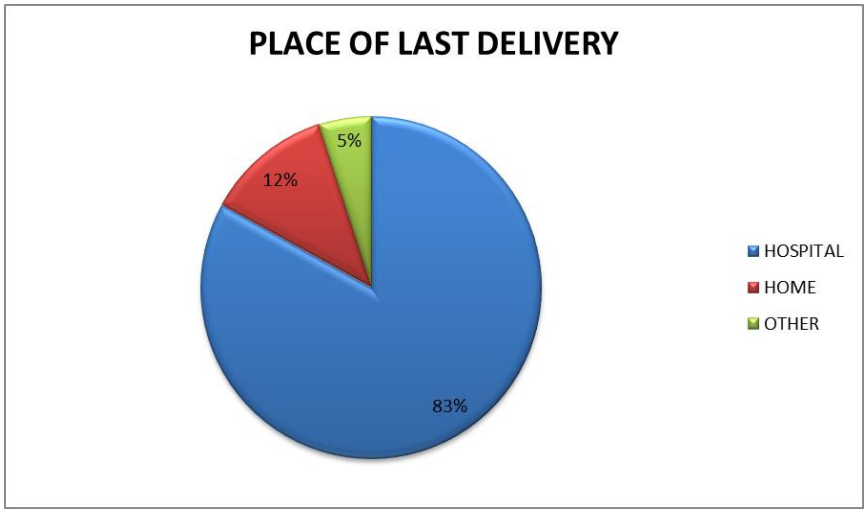


Figure 13: Distribution of place of last delivery.

Table 14: Frequency and percentage of possession of BPL card.

SL NO	DEMOGRAPHIC VARIABLES	CATEGORY	FREQUENCY	PERCENTAGE
14	Possession of BPL card	a)yes	31	52%
		b)no	29	48%
		Total	60	100

Table 14 represents the possesssion of BPL card, majority of them that is 52 % reported yes, 48 % in no.

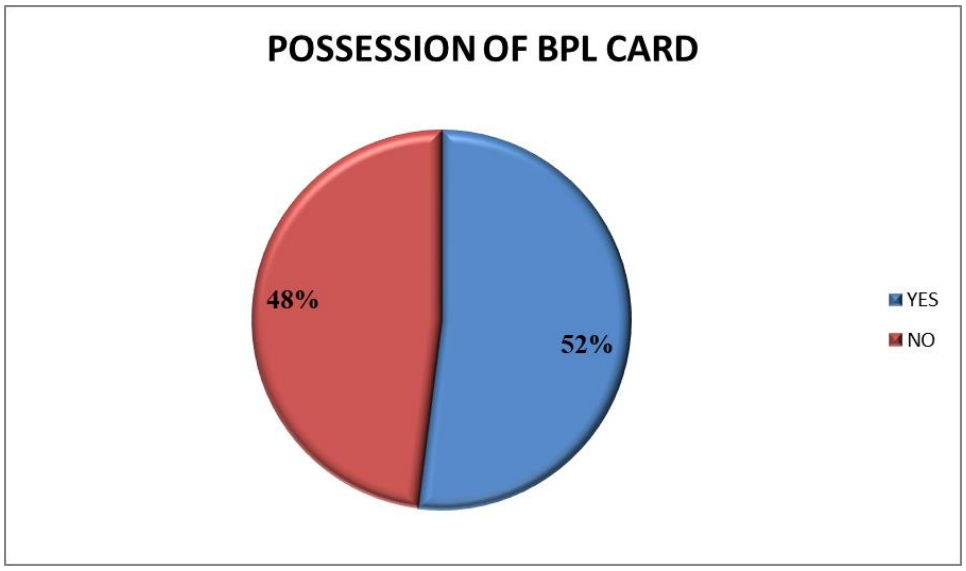


Figure 14: Distribution of possession of BPL card.

TABLE 15: Frequency and percentage of main source of health information.

SL NO	DEMOGRAPHIC VARIABLES	CATEGORY	FREQUENCY	PERCENTAGE
15	Main source of health information	a)ASHA/ ANM	17	28%
		b)Doctors / Nurse	31	52%

		c)Media	4	7%
		d)Family /Friends	8	13%
		Total	60	100

Table 15: Represents main source of health information among which 28 % is through ASHA/ANM, 52 % is through doctors/nurse 7 % through media and 13% through family/friends.

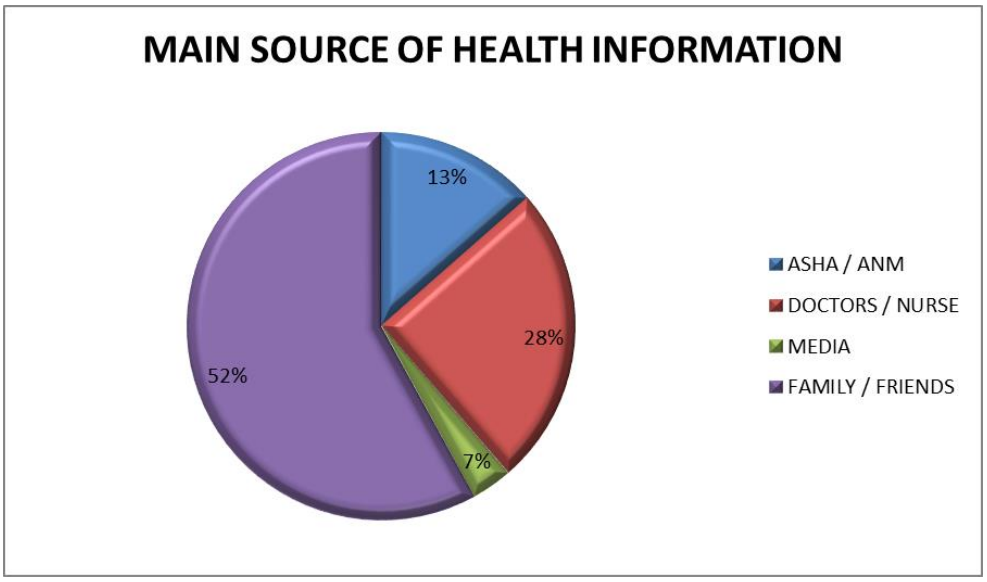


Figure 15: Distribution of main source of health information.

SECTION-II

Description of level of awareness among mothers of children 0 to 5 years, the sample consist of 60 mothers who has visited a selected urban primary health centre the findings are presented in the following table.

Table 16: Description of the level of awareness regarding maternity benefit scheme among mothers of children aged 0 to 5 years.

Sl no	Range of awareness	Respondents	
		frequency	%age
1	Adequate awareness	28	46.6%
2	Moderate awareness	13	22.2%
3	Inadequate awareness	19	31.2%
	Total	60	100%

Table 16: Represents the level of awareness about maternity benefit scheme among mothers of children aged 0 to 5 years. 46.6% of the samples have adequate awareness, 22.2% have moderate awareness and 31.2% of the samples have inadequate awareness regarding maternity benefit scheme.

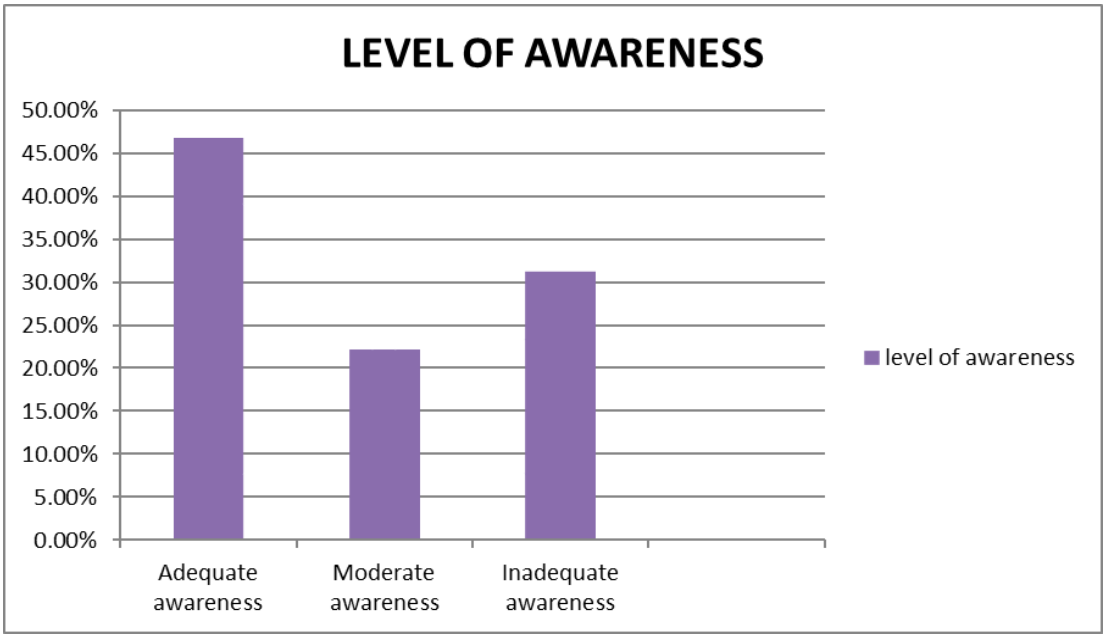


Figure 16: Degree of level of awareness.

Description of the level of utilization maternity benefit scheme among mothers of children aged 0 to 5 years.
The sample size of 60 mothers of children aged 0 to 5 years were selected from a urban primary health centre. The findings are presented in the following table.

Table 17: Description of level of utilization among mothers of children aged 0 to 5 years.

Sl no	Range of utilization	Respondents	
		frequency	%age
1	Low utilization	19	31.6%
2	Moderate utilization	16	26.6%
3	High utilization	25	41.8%
	Total	60	100%

Table 17: Represents the level of utilization of maternity benefit scheme among mothers of children aged 0 to 5 years. 31.6% of the mothers denotes low utilization, 26.6% denotes moderate utilization and 41.8% shows high utilization of maternity benefit scheme.

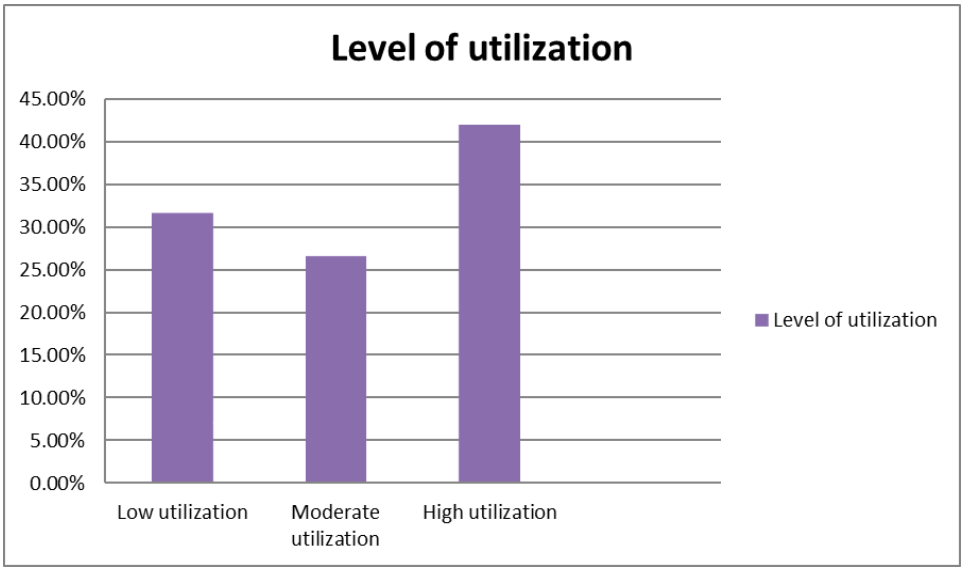


Figure 17: Represents the level of utilization among mothers of children aged 0 to 5 years.

SECTION III
Deals with the significant relationship between awareness and utilization of maternity benefit scheme.

Table 18: Description of the significant relationship between awareness and utilization of maternity benefit scheme among mothers having children aged 0 to 5 years.

Area	Mean ($\bar{x}$)	Median	Standard deviation	Correlation value(r)	Degree of co-relation	Decision H1
Awareness	7.51	8	3.96	0.64	Moderate positive co-relation	H1 Hypothesis accepted
Utilization	8.85	9.5	4.85			

Table 18 represents significance of the relationship between awareness and utilization of maternity benefit scheme among mothers having children aged 0 to 5 years.

Presented in Table number 18, is the co-relational analysis between awareness and utilization of maternity benefit scheme among mothers having children aged 0 to 5 years.

The relationship between awareness and utilization has a co-relation co-efficient(r value) of 0.64, indicating moderate degree of co-relation. This signifies statistically significant positive relationship between awareness and utilization. The r value suggest that a good/adequate awareness on maternity benefit scheme is closely associated with higher level of utilization of maternity benefit scheme. Hence, the research hypothesis(H1) is accepted, confirming that there is a significant relationship between awareness and utilization.

For reference.
r=1: (Perfect [+]) correlation
r>0.7: (High [+]) correlation
0.7>r>0.3:(Moderate [+]) correlation
r is (-):Represents (-) correlation

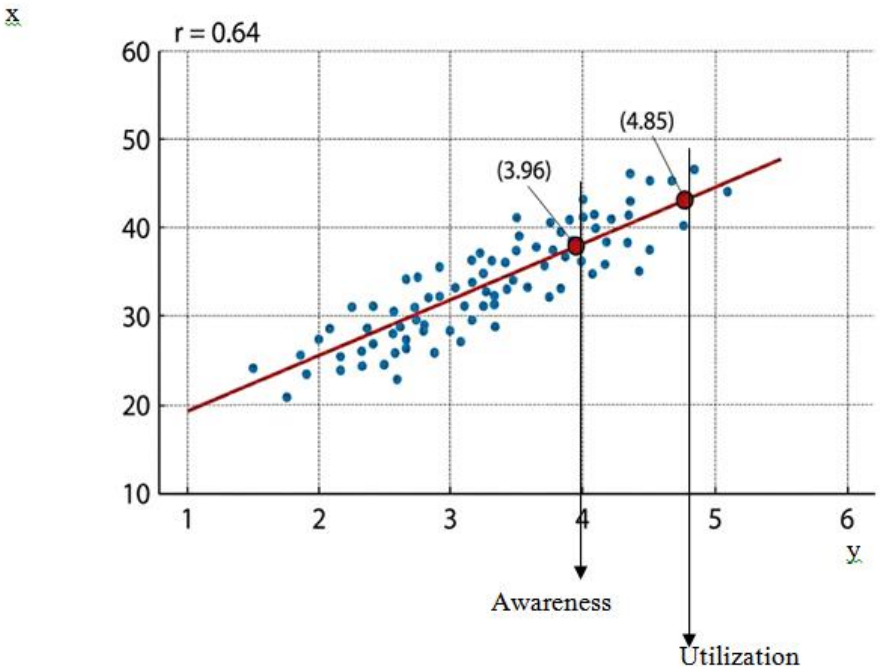


Figure 18: Moderate positive co-relation 1>r>0.

SECTION IV
Association between awareness of maternity benefit scheme and selected demographic variables.

Table 19: Association between awareness and demographic variables.

SL NO	Demographic Variables	Category	Sample	Awareness level						df	Chi Square (χ^2)	P value (0.05)
				Inadequate		Moderate		Adequate				
				N	%	N	%	N	%			
1.	Age	a)18-20years	2	0	0	1	50%	1	50%	3	6.367*	7.84
		b)21-25years	23	8	34.7%	4	17.3%	11	47.8%			
		c)26-30years	19	3	15.7%	5	26.3%	11	57.8%			
		d)above 30 years	16	8	50%	3	18.7%	5	31.2%			

2.	Education	a)No formal education	0	0	0	0	0	0	0	4	3.751*	9.49
		b)Primary education(1-5)	4	2	50%	1	25%	1	25%			
		c)Upper primary (6-8)	7	2	28.5%	1	14.2%	4	57.1%			
		d)Secondary (9-10)	16	7	43.7%	3	18.75%	6	37.5%			
		e)Higher secondary(11-12)	`12	2	16.6%	4	33.3%	6	50%			
		f)Graduate and above	21	6	28.5%	4	19%	11	52.3%			
3.	Occupation	a)Homemaker	31	11	35.4%	7	22.5%	13	41.9%	5	3.802*	11.07
		b)Daily wage laborer	7	4	57.1%	1	14.2%	2	28.5%			
		c)Private employee	14	1	0.07%	4	28.5%	9	64.2%			
		d)Government employee	4	2	50%	0	0	2	50%			
		e)Self employed	3	1	0.3%	0	0	2	66.6%			
		f)Agricultural worker	1	0	0	1	100%	0	0			
4.	Type of family	a)Nuclear	34	10	29.4%	10	29.4%	14	41.1%	2	0.14*	5.99
		b)Joint	21	7	30%	3	14.2%	11	52.3%			
		c)Extended	5	2	40%	1	20%	2	40%			

SL NO	Demographic Variables	Category	Sample	Awareness level						df	Chi Square(χ^2)	P value (0.05)
				Inadequate		Moderate		Adequate				
				N	%	N	%	N	%			
5.	Residence	a)Urban	37	9	24.3%	12	32.4%	16	43.2%	2	0.174*	5.99
		b)Rural	17	7	41.1%	1	5.8%	9	52.9%			
		c)Semi urban	6	3	50%	0	0	3	50%			
6.	Income	a)Below RS 5000	6	2	33.3%	1	16.6%	3	50%	3	1.318*	7.82
		b)RS 5000-RS 10,000	11	2	18.1%	5	45.4%	4	36.3%			
		c)RS 10,000-RS 20,000	14	6	42.8%	3	21.4%	5	35.7%			
		d)Above RS 20,000	29	10	34.4%	3	10.3%	16	55.1%			
7.	NO of pregnancy	a)First pregnancy	26	8	30.7%	4	15.3%	14	53.8%	2	4.467*	5.99
		b)Second pregnancy	30	9	30%	8	26.6%	13	43.3%			
		c)Third pregnancy	4	2	50%	1	25%	1	25%			
8.	Parity	a)1	26	9	34.6%	4	15.3%	13	50%	2	2.243*	5.99
		b)2	28	7	25%	9	32.1%	12	42.8%			
		c)>2	6	1	16.6%	2	33.3%	3	50%			

**-Significant; *- Non significant

SL NO	Demographic Variables	Category	Sample	Awareness level						df	Chi Square(χ^2)	P value (0.05)
				Inadequate		Moderate		Adequate				
				N	%	N	%	N	%			
9.	Current Trimester	a)First trimester	16	6	37.55	1	6.2%	9	56.2%	3	4.844*	7.82
		b)Second trimester	13	3	23%	2	15.3%	8	61.5%			
		c)Third trimester	11	6	54.5%	3	27.2%	2	18.1%			
		d)Postnatal	20	4	20%	8	40%	8	40%			
10.	Place of antenatal checkup	a)Government hospital/PHC	34	14	41.1%	10	29.4%	10	29.4%	3	3.909*	7.82
		b)Private hospital	15	4	26.6%	1	6.6%	10	66.6%			
		c)Both	8	1	12.5%	1	12.5%	6	75%			
		d)None	3	0	0	1	33.3%	2	66.6%			
11.	Registration of pregnancy	a)Early	34	10	29.4%	6	17.6%	18	52.9%	2	5.381*	5.99
		b)Late	19	4	21.0%	6	31.5%	9	47.3%			
		c)No registration	7	5	71.4%	1	14.2%	1	14.2%			
12.	Previous	a)Normal	40	11	27.5%	12	30%	17	42.5%	2	0.392*	5.99

	delivery type	b)Cesarean	18	7	38.8%	1	5.5%	10	55.5%			
		c)No previous delivery	2	1	50%	0	0	1	50%			

**-Significant; *- Non significant

SL NO	Demographic Variables	Category	Sample	Awareness level						df	Chi Square(χ^2)	P value (0.05)
				Inadequate		Moderate		Adequate				
				N	%	N	%	N	%			
13.	Place of last delivery	a)Hospital	50	17	34%	11	22%	22	44%	2	0.198*	5.99
		b)Home	7	2	28.5%	1	14.2%	4	57.1%			
		c)Other	3	0	0	1	33.3%	2	66.6%			
14.	Possession of BPL card	a)Yes	31	9	29%	8	25.8%	14	45.1%	1	0.051*	3.84
		b)No	29	10	34.4%	4	13.7%	15	51.7%			
15.	Main source of health information	a)ASHA/ANM	17	5	29.4%	5	29.4%	7	41.1%	3	10.515**	7.82
		b)Doctors/Nurse	31	6	19.3%	6	19.3%	19	61.2%			
		c)Media	4	2	50%	1	25%	1	25%			
		d)Family/Friends	8	6	75%	1	12.5%	1	12.5%			

**Significant; *- Non significant

- The obtain chi-square value for age (6.367) is less than the table value (7.82) which indicates that there is no significant association between age and the level of awareness (at p value < 0.05 level). Hence the H2 hypothesis is rejected and null hypothesis is accepted.
- The obtain chi-square value for education (3.751) is less than the table value (9.49) which indicates that there is no significant association between education and the level of awareness (at p value < 0.05 level). Hence the H2 hypothesis is rejected and null hypothesis is accepted.
- The obtain chi-square value for occupation (3.802) is less than the table value (11.07) which indicates that there is no significant association between occupation and the level of awareness (at p value < 0.05 level). Hence the H2 hypothesis is rejected and null hypothesis is accepted.
- The obtain chi-square value for type of family (0.14) is less than the table value (5.99) which indicates that there is no significant association between type of family and the level of awareness (at p value < 0.05 level). Hence the H2 hypothesis is rejected and null hypothesis is accepted.
- The obtain chi-square value for residence (0.174) is less than the table value (5.99) which indicates that there is no significant association between residence and the level of awareness (at p value < 0.05 level). Hence the H2 hypothesis is rejected and null hypothesis is accepted.
- The obtain chi-square value for income (1.318) is less than the table value (7.82) which indicates that there is no significant association between income and the level of awareness (at p value < 0.05 level). Hence the H2 hypothesis is rejected and null hypothesis is accepted.
- The obtain chi-square value for number of pregnancy (4.467) is less than the table value (5.99) which indicates that there is no significant association between number of pregnancy and the level of awareness (at p value < 0.05 level). Hence the H2 hypothesis is rejected and null hypothesis is accepted.
- The obtain chi-square value for parity (2.243) is less than the table value (5.99) which indicates that there is no significant association between parity and the level of awareness (at p value < 0.05 level). Hence the H2 hypothesis is rejected and null hypothesis is accepted.
- The obtain chi-square value for current trimester (4.844) is less than the table value (7.82) which indicates that there is no significant association between current trimester and the level of awareness (at p value < 0.05 level). Hence the H2 hypothesis is rejected and null hypothesis is accepted.
- The obtain chi-square value for place of antenatal checkup (3.909) is less than the table value (7.82) which indicates that there is no significant association between place of antenatal checkup and the level of awareness (at p value < 0.05 level). Hence the H2 hypothesis is rejected and null hypothesis is accepted.
- The obtain chi-square value for registration of pregnancy (5.381) is less than the table value (5.99) which indicates that there is no significant association between registration of pregnancy and the level of awareness (at p value < 0.05 level). Hence the H2 hypothesis is rejected and null hypothesis is accepted.

- The obtain chi-square value for previous delivery type (0.392) is less than the table value (5.99) which indicates that there is no significant association between previous delivery type and the level of awareness (at p value < 0.05 level). Hence the H2 hypothesis is rejected and null hypothesis is accepted.

- The obtain chi-square value for place of last delivery (0.198) is less than the table value (5.99) which indicates that there is no significant association between place of last delivery and the level of awareness (at p value < 0.05 level). Hence the H2 hypothesis is rejected and null hypothesis is accepted.

- The obtain chi-square value for possession of BPL card (0.051) is less than the table value (3.84) which indicates that there is no significant association between possession of BPL card and the level of awareness (at p value < 0.05 level). Hence the H2 hypothesis is rejected and null hypothesis is accepted.

- The obtain chi-square value for main source of health information (10.515) is more than the table value (7.82) which indicates that there is significant association between age and the level of awareness (at p value < 0.05 level). Hence the H2 hypothesis is accepted and null hypothesis is rejected.

DISCUSSION

A report of findings is never sufficient. The meaning that researchers give to the result playa a rightful an important role in the report. The discussion section is devoted to a thought full and insightful analysis of the findings, leading to a discussion of their clinical and theoretical utility.

Maternal health is a crucial indicator of the overall health status of a country. In India, maternal and child health remains a priority area of public health, and various government initiatives have been introduced to improve maternal outcomes. One such important initiative is the **Maternity Benefit scheme's of India.** Despite the implementation of these schemes, maternal health challenges such as inadequate nutrition, poor antenatal care utilization, and financial constraints during pregnancy continue to exist in many parts of the country. These issues can directly or indirectly affect maternal and neonatal outcomes.

Studies and reports suggest that a significant proportion of eligible women are either **not aware of maternity benefit schemes or are unable to fully utilize the benefits** due to lack of information, administrative difficulties, or poor guidance from health care systems. Awareness plays a major role in ensuring effective utilization of health services, and inadequate knowledge may lead to underutilization of available government support.

Therefore the present study was intended to identify and assess the awareness and utilization of maternity benefit scheme in India among eligible women, with the aim of improving maternal health outcomes and enhancing the effectiveness of government programs.

The discussion is done under the following categories.
Section 1-Description of frequency and percentage of the demographic variables
Section 2-It deals regarding the findings related to the degree of level of awareness and level of utilization about maternity benefit scheme.
Section 3-Findings related to the significance of relationship between awareness and utilization about maternity benefit scheme.
Section 4-It describes the association between level of awareness with the demographic variables such as age, education, occupation, type of family, residence, monthly income, no of pregnancies, parity, current trimester, place of antenatal checkup, registration of pregnancy, previous delivery type, place of current delivery, possession of BPL card, main source of health information.

ACKNOWLEDGEMENTS

"TRUST IN THE LORD WITH ALL YOUR HEART AND LEAN NOT ON YOUR OWN UNDERSTANDING"

We take this opportunity to put down on the paper our gratitude to the numerous people who have stood by my side – helping, guiding and encouraging us in this accomplishment. First of all, our heart full thanks go to my God Almighty for his abundant blessings showered on us, which helped me to complete the study successfully. It is with gratitude that we wish to acknowledge all those who have enriched and crystallized our study.

Our heartfelt gratitude F**r. Sinju Mathew Thanniparambil managing director,& our administrator Fr Binu Stephen universal education academy Bangalore,** who has offered us an opportunity to conduct the study. It is our pleasure to indebt our sincere gratefulness and genuine thanks to **Dr Betcy Mathew Principal and HOD, Department of Psychiatry Nursing, Universal College of Nursing,** for her direction, assistance, sincere efforts, support, guidance and for providing necessary facilities, extending the support to conduct this study.

We extend our heartfelt gratitude to, **Mrs Amrita Sinha, Department of Obstetrics and Gynecological Nursing, Universal College of Nursing**, her keen interest, guidance, valuable suggestion, constructive criticism, continuous encouragement and cooperation and moral support from the beginning till the end to complete our research work successfully and extended to this study as

a guide. We extend our sincere thanks to **Dr. Vinoli S G Vice- principal and HOD Professor. of Medical and Surgical Nursing &** all the teachers for their support and guidance for our study. We extend our heartfelt gratitude to, **Mrs Jisha Mathew, our class coordinator, HOD, Department of Obstetrics and Gynecological Nursing, Universal College Of Nursing**, for her immense guidance and support.

We take this opportunity to thank **Librarians, and non teaching staff members and research committee members of Universal College of Nursing** for their insightful comments and constructive criticisms at different stages of our research.

A memorable note of gratitude to Dr Ravishankar, Medical officer, Konankunde PHC to grant us the permission for conducting the study.

We also thank all the Participants for their cooperation and support throughout the study. We are grateful to all our friends and classmates who stood with us during the studies. We extend our sincere thanks to all the participants in the study for their whole hearted cooperation without whom this study would have been impossible.

We pay our grateful salutation to our parents, sister, brothers and all our family members, for their valuable prayers, support, blessings and best wishes that helped us to carry out our study successfully. There are many more people who have worked behind the screen in their own loving ways to help accomplish this task. Our special word of thanks to all our loved ones, friends, classmates for their timely help and most of all for their prayers. The investigator owes a deep sense of gratitude to all those who have contributed to the successful completion of this study.

DECLARATIONS

FINDINGS

Section 1: Description of the demographic variables.

- **Age:** Among the mothers of children aged 0-5 years, 38 % of mothers were in the age group of 21-25 years, 32 % of mothers in the age group of 26-30 years, 27 % of mothers were in the age group of above 30 years, 3 % of mothers were in the age group of 18-20 years.
- **Education:** Among the mothers of children aged 0-5 years, majority of them 35 % of mothers were graduates, 27 % of mothers have done secondary education, 20 % of mothers have done higher secondary education, 12 % of mothers have done upper primary education, 6 % of mothers in primary education.
- **Occupation:** Among the mothers of children aged 0-5 years, majority of them, 23 % were private employee, 12 % of mothers were daily wage laborer, 6 % of mothers were government employee, 5 % of mothers were self employee, 2 % of mothers were agriculture worker.
- **Type of family:** Among the mothers of children aged 0-5 years, majority of them, 57 % of mothers belonged to nuclear family, 35 % of mothers in joint family, 8 % of mothers in extended family.
- **Residence:** Among the mothers of children aged 0-5 years, majority of them 62 % of mothers lived in urban, 28 % of mothers in rural, 10 % of mothers in semi urban.
- **Income:** Among the mothers having children aged 0-5 years, majority of them, 49 % had income above Rs 20000, 23 % to Rs 10000 – 20000, 18 % to Rs5000- 10000, 10 % to below Rs 5000.
- **Number of pregnancy:** Among the mothers having children aged 0-5 years, majority of them, 50 % in second pregnancy, 43 % in first pregnancy, 7 % in third pregnancy.
- **Parity:** Among the mothers having children aged 0-5 years, majority of them 47 % in 2nd, 43 % of mothers in 1st, 10 % of mothers in >2 parity.
- **Current trimester:** Among the mothers having children aged 0-5 years, majority of them that is 33 % were in postnatal period, 27 % in first trimester, 22 % in second trimester.
- **Place of antenatal checkup:** Among the mothers having children aged 0-5 years, majority of them that is 57 % did antenatal checkup in Government hospital / PHC, 25 % in private hospitals, 13 % in both, 5 % in none.
- **Registration of pregnancy:** Among the mothers having children aged 0-5 years, majority of them that is 56 % registered early, 32 % in Late, 12 % has not registered.
- **Previous delivery type:** Among the mothers having children aged 0-5 years, majority of them that is 67 % were Normal, 30 % were cesarean, 3 % had no previous delivery.
- **Place of last delivery:** Among the mothers having children aged 0-5 years, majority of them that is 83 % were in Hospital, 12 % in Home, 5 % in clinic/center.
- **Possession of BPL card:** Among the mothers having children aged 0-5 years, majority of them that is 52 % reported yes, 48 % in no.
- **Main source of health information:** Among the mothers having children aged 0-5 years, main source of health information that is 28 % is through ASHA/ANM, 52 % is through doctors/nurse 7 % through media and 13 % through family/friends.

Section 2: It deals regarding the findings related to the degree of level of awareness and level of utilization about maternity benefit scheme.

- The level of awareness about maternity benefit scheme among mothers of children aged 0 to 5 years.46.6% of the samples have adequate awareness,22.2% have moderate awareness and 31.2% of the samples have inadequate awareness regarding maternity benefit scheme.

- The level of utilization of maternity benefit scheme among mothers of children aged 0 to 5 years.31.6% of the mothers denotes low utilization, 26.6% denotes moderate utilization and 41.8% shows high utilization of maternity benefit scheme.

Section 3: Findings related to the co-relation between awareness and utilization about maternity benefit scheme.

✓ The overall mean value of level of awareness is 7.51 with standard deviation of 3.96 and mean value of level of utilization is 8.85 and standard deviation is 4.85. The co-relation between level of awareness and utilization is found to be 0.64 suggesting positive moderate co-relation there by proving the H1 hypothesis.

Section 4: It describes the association between level of awareness with the demographic variables such as age, education, occupation, type of family, residence, monthly income, no of pregnancies, parity, current trimester, place of antenatal checkup, registration of pregnancy, previous delivery type, place of current delivery, possession of BPL card, main source of health information.

o There is no significant associations between level of awareness with demographic data such as age, education, occupation, type of family, residence, monthly income, no of pregnancies, parity, current trimester, place of antenatal checkup, registration of pregnancy, previous delivery type, place of current delivery, possession of BPL card; but there is a significant association between awareness and the main source of health information show casting a chi square of 10.515, which is more than the table value 7.82 at p value 0.05.

ETHICAL APPROVAL

Permission letter

From,
7TH SEM BSC Nursing students
Universal College Of Nursing
Bangalore

To,
Dr Ravishankar,
Medical Officer,
Konankunte PHC

Subject: Letter seeking permission to do data collection among mothers of children (aged 0 to 5 years) attending the PHC.

Respected SIR,

We the 7TH SEM BSC Nursing students of UNIVERSAL COLLEGE OF NURSING, are doing a research study entitled " To study the awareness and utilization of maternity benefit schemes among mothers of children aged 0 to 5 years", as to meet our syllabus requirement. We would like to collect data from mothers of children aged 0 to 5 years who are attending the PHC. We assure that we will abide by the rules of the PHC and the data will be collected only with proper consent by providing information regarding the research, its objectives and purpose and will be kept confidential, only to be used for research purpose. Kindly grant the permission.

Date:
Place: Bangalore
Hannahmol k Sunny
Delna Thomas
Abhiya Eldho
Angel Maria Leons
Nayana Shaji
Elizabeth Joby