

A study to assess the knowledge regarding Pradhan Mantri Matru Vandana Yojna among antenatal mothers of selected area of Pune city.

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ABSTRACT : Background: Pradhan Mantri Matru Vandana Yojna is launched in 1st January 2017 by Honorable Prime Minister Mr. Narendra Modi. This yojna gives part of compensation for income loss in terms of money so that women can take adequate rest during pregnancy and after delivery. This study aims to assess the knowledge of beneficiaries about Pradhan Mantri Matru Vandana Yojna.

Methods: A descriptive research was conducted on 100 antenatal mothers by using non probability convenience sampling technique, data collection was done by using structured questionnaire, and validity was done by the subject experts & reliability done with the test retest method. Analysis was done by frequency & percentage to assess the level of knowledge regarding Pradhan Mantri Matru Vandana Yojna.

Results: This study shows that 50% of antenatal mothers had good knowledge, 30% had excellent & 20% of antenatal mothers had poor knowledge about Pradhan Mantri Matru Vandana Yojna.

Conclusions: The study concluded that 20 % antenatal mothers had inadequate knowledge about yojna. So there is need to create awareness among the beneficiaries to get adequate utilization of services provided by the Government. This will help to improve the maternal & child health & reduce the morbidity & mortality rate.

Keywords: Pradhan Mantri Matru Vandana Yojna, antenatal mothers, Knowledge

INTRODUCTION

Government of India has started many national health programmes like ICDS, Janani Suraksha Yojana etc. to improve the health of antenatal mothers. National health Mission is also playing very important role in improving the maternal & child health in Urban as well as Rural area. Women play important role in Nation building so their health is equally important to achieve growth & development in all aspect of the country. Sustained development of the country can thus be achieved only if we take holistic care of our women and children.

Worldwide it was seen that in developed countries MMR averages at 13/100,000 live births, in developing regions the figure is 440 /100,000 live births. From commonly accepted indices it was observed that many developing countries have high infant, child and MMR. Most of the sickness and deaths among mother and children is largely preventable by improving the health of the mother and children. Some of the factors contributing to poor maternal and child health are inadequate nutritional intake during pregnancy, low awareness of ante-natal care, limited access to reliable healthcare, and returning to labour intensive work shortly after childbirth. The PMMVY, through its conditions and by using cash as incentive, is an attempt to address these challenges.(1)

Pradhan Mantri Matru Vandana Yojana (PMMVY) or Pradhan Mantri Matritva Vandana Yojana, was formerly known as Indira Gandhi Matritva Sahyog Yojana (IGMSY).(2) In India antenatal care has shown improvement from 31% to 51.2% mothers visiting more than 4 times during antenatal period. It was also observed that 91% of mothers have received one or more dose of TT. There was also increase in institutional delivery during 2016 from 38.7% to 79%, mainly due to conditional cash transfer schemes of Government.

In addition, the PMMVY adopts the direct benefit transfer (DBT) model to transfer benefits with the aim of improving efficiency and reducing leakage within the scheme. The cash amount is credited directly into the beneficiary's bank account upon verification of the conditions. The linked account must be in the name of the female beneficiary, with the aim of ensuring that the woman has greater control over expenditure decisions for the money.(3)

In the last decade, as per the National data, health indicators including utilization of antenatal care services were as poor as 60% in rural India. The fact that more than 100,000 women in India are estimated to die every year from pregnancy and child birth related causes reinforces the importance of ensuring that all pregnant women receive adequate antenatal care during pregnancy and that deliveries takes place under the supervision of trained medical personnel in a hygienic environment. (4)

It is observed that most of the women are under nourished in India. Every third woman is undernourished and every second woman is anaemic. It is also seen that most of the pregnant women have Haemoglobin level below 10 gm %. An undernourished mother almost certainly gives birth to a low birth weight baby. When poor nutrition starts in-utero effect of malnutrition remains throughout the life cycle since the changes are largely irreparable. Women from low socioeconomic background need to work for their family during her pregnancy till the last days and may need to resume the work within few days of delivery. They suppose to take rest & breastfeed their child but because of the family situation they cannot give time to them self to recover from the physiological changes which occur during pregnancy. It also obstructs their ability to exclusively breastfeed their young infant in the first six months.(2) Thus Maternity Benefit Programme: Pradhan Mantri Matru Vandana Yojna has been implemented from 1st January 2017 in all the districts of India in accordance with the provision of the National Food Security Act, 2013.(5) The aim of scheme is to provide partial compensation for the wage loss in terms of cash incentive (Rs. 5,000/-) so that the woman can take adequate rest before and after delivery of the first child.

Ministry of Women and Child Development, as the nodal Ministry for holistic development of women and children, is administering a number of women and child centric schemes and programs in the country. These schemes and programs cover welfare and

support services, training for employment and income generation, awareness generation and gender sensitization and also involve Direct Benefit Transfer (DBT). One of the schemes which MoWCD is implementing in DBT mode is the Pradhan Mantri Matru Vandana Yojana (PMMVY). PMMVY is a Centrally Sponsored Scheme under which the grant-in-aid is being released to States/UTs in cost sharing ratio between the Centre and the States & Union Territories (UTs) with Legislation 60:40, for North-Eastern States & Himalayan States, it is 90:10 and 100% for Union Territories without Legislation.(6)

The objectives of the scheme are (a) supplementing the nutritional requirements of women during pregnancy and lactation (b) providing partial compensation for the wage loss in terms of cash incentives so that the woman can take adequate rest before and after delivery of the child and (c) promoting improved health seeking behaviour amongst the Pregnant Women and Lactating Mother (PW&LM). The scheme also contributes towards “reduction of low birth weight babies”.(6)

It is understood that pregnant women should be very attentive to their health during their pregnancy period. These women should build good eating habits with nutritious food so that the newborn attains enough nutrition in order to stay healthy. However pregnant women belonging to poor families are not able to get any of these requirements since they do not have adequate resources to provide proper care for themselves and their young ones. Further, these women live in atrociously poor and unhygienic conditions that can prove to be hazardous to the health of their unborn children.(7)The Government of India has been trying to focus on this issue by bringing in many maternity schemes that are focused on bettering the pre- and post-pregnancy mother-child care.

India has been performing poorly with respect to maternal and child nutrition despite the consistent efforts undertaken by the government in this sector. Report given by L. Devi & M. Kaur shows that among the 35, 5 of them were unaware of the scheme and its specifics, while 30 were partially aware of the scheme but did not know the specifics. Only 6 women were aware that the form needs to be filled 3 times to avail all three instalments of the scheme. Most respondents were unaware of whom to approach in case they did not receive the money. All respondents were unaware of the PMMVY helpline number.(8) PMMVY: Insightsias shows only 66% of pregnant women and 69% of nursing women knew about the scheme. Only 8% of pregnant women and 23% of nursing mothers received some benefits.(9)

Unlike PMMVY which is for all pregnant women and lactating mothers, JSY focuses on poor and marginalised women. Janani Suraksha Yojna (JSY) is also an ambitious scheme serving as a safe motherhood intervention and was launched under National Rural Health Mission on 12th April 2005. It is a cash incentive-based program to promote institutional deliveries. The main objective of this scheme was to reduce maternal and neonatal mortality. (10) There are some studies carried out to evaluate the JSY in India.

An evaluatory study done at Maharashtra by P. P. Doke & team concludes that 56 % of eligible women had heard about JSY scheme. The awareness was 60.30 % among eligible women in tribal area & 50.34 % in non-tribal area.(11) Study done by K Singh at Achrol PHC, Rajasthan shows that only 64.55% of women were aware about JSY.(12) Study done at rural Karnataka also shows very low that is only 18.6% awareness about JSY.(13) Study done by Vinaya Kumary T and Shantha Kumari K at Mangalore also shows that the majority of the antenatal mothers (61%) moderate knowledge, 36% had poor knowledge, 2.5% had very good knowledge and no mothers had good knowledge.(14)

Above all studies are related to government schemes which provide cash benefit to antenatal and postnatal mothers show that there is a lack of knowledge causing less utilization of schemes among beneficiaries.

Objective

1. To assess the knowledge regarding Pradhan Mantri Matru Vandana Yojna among antenatal mothers.

METHODS

In this study a quantitative approach with descriptive research design was used. Research variable was the knowledge regarding Pradhan Mantri Matru Vandana Yojana. The setting of the study was selected urban area of Pune city. Population was antenatal mothers residing in Pune city. Sample size was 100 antenatal mothers from selected area of Pune city. Non probability convenience sampling technique was used. Structured questionnaire was used for data collection. Validity of the tool was done by experts from nursing field and reliability was done by test retest method. Reliability coefficient was 0.8 so tool was reliable. Pilot study was conducted on 10 % of the total sample as there was no issue in conducting pilot study, study was found feasible. Data analysis was done by frequency and percentage.

RESULTS

Table no. 1 shows that 56% antenatal mothers were belonging to the age group of 20 to 25 years, 34 % of antenatal mothers were educated up to primary level. Out of 100 participants 56 % were housewife. 36 % of mothers were in second trimester & 34 % were in first trimester. 76 % antenatal mothers were 2nd gravid. 50 % participants were belonging to nuclear family and 50 % to joint family. 37% participant had monthly income of Rs.10000-20000.

Table 1: Distribution of antenatal mothers according to their demographic variables
 n=100

SR.NO	DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE
1	Age		
	20 TO 25	56	56%
	25 TO30	34	34%
	30 TO 35	8	8%
	35 TO 40	2	2%
2	Education		
	Non Formal education	19	19%
	Primary Education	34	34%
	Secondary education	29	29%
	Higher Education	18	18%
3	Occupation		
	Housewife	56	56%
	Business women	15	15%
	Job	21	21%

	Other	8	8%
4	Duration of present pregnancy		
	1to 3 months	34	34%
	3 to 6 months	36	36%
	6 to 9 months	30	30%
5	Gravida		
	1 st	10	10%
	2 nd	76	76%
	3 rd	14	14%
6	Type of family		
	Nuclear family	50	50%
	Join family	50	50%
7	Monthly income of the family		
	More than 30,000 RS	25	25%
	20,000-30,000 RS	25	25%
	10,000-20,000 RS	37	37%
	Less than 10,000 RS	13	13%

**Fig. No. 1 Distribution of antenatal mothers according to knowledge score
n=100**

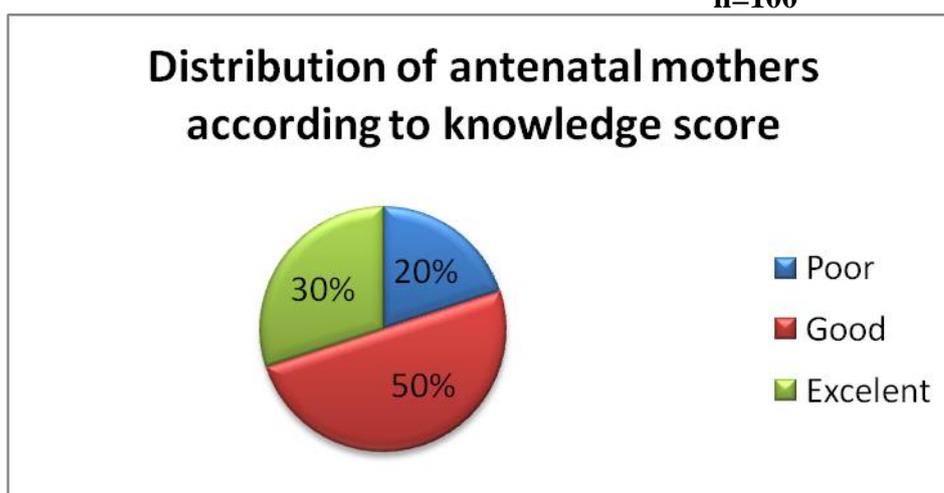


Figure 1 shows that 50% of antenatal mothers were having good knowledge regarding Pradhan Mantri Matru Vandana Yojana, 30% antenatal mothers were having excellent knowledge regarding & 20% of antenatal mothers were having poor knowledge about Pradhan Mantri Matru Vandana Yojana.

Table No. 2 Item Analysis of all responses for questionnaire

		n-100
Sr. No.	Questions	Correct Options (%)
1	The PMMVY provides benefits for-----	77
2	The registration for PMMVY is done at-----	55
3	The PMMVY provides cash benefit for -----	66
4	The PMMVY is implemented by -----	59
5	Who had organized the PMMVY in India?	62
6	The beneficiary of PMMVY can receive payment by-----	55
7	The PMMVY provides the incentive of Rs.-----	44
8	The mode of payment for PMMVY is-----	65
9	First instalment of PMMVY is of -----Rs.	57
10	Second instalment of PMMVY is of -----Rs.	51
11	Third instalment of PMMVY is of -----Rs.	57
12	Who is eligible for PMMVY?	44
13	Registration for PMMVY must be done in how many days?	21
14	The documents required for registration are-----	63
15	When a pregnant woman should fill the 1-A form?	44
16	When a pregnant woman should fill the 1-B form?	37
17	When a pregnant woman should fill the 1-C form?	37
18	In case of still birth, third instalment is issued at-----	35
19	Documents required for submission of 1-A form-----	44
20	After registration for PMMVY when mother should have first visit?	19

Table 2 shows that 77 % of participants know about reason for giving this benefit to them. It also concludes that participants know about monetary benefit its mode, amount, installments but have less awareness about formal process of documentation & follow up visits.

Tool was divided into 4 parts. It was seen that 68% participants had adequate knowledge about basic information regarding Pradhan Mantri Matru Vandana Yojana but only 33% participant had knowledge about registration process. This suggests that there is a need to create awareness among antenatal mothers regarding registration process, importance & its benefits.

DISCUSSION

This study shows that 50% of antenatal mothers were having good knowledge regarding Pradhan Mantri Matru Vandana Yojana, 30% antenatal mothers were having

excellent knowledge regarding & 20% of antenatal mothers were having poor knowledge about PMMVY.

These findings are also supported by the report given on IGMSY. The Indira Gandhi Matritva Sahyog Yojana (IGMSY) is a maternity benefit program run by the Government of India. It was introduced in 2010. It is a conditional cash transfer scheme for pregnant and lactating mothers of 19 years of age or above for the first two live births. It provides partial wage compensation to women for wage-loss during the childbirth and childcare, and aims to promote conditions for safe delivery, good nutrition, and feeding practices. Report on IGMSY concludes regarding purpose of cash incentive after delivery of the child, 45% of beneficiaries thought that it was for their food, 42% thought that it was for the new baby's expenses. For 4% of the beneficiaries, the purpose was delivery of the baby while 9% opined that it was so they need not work. It shows poor knowledge about the scheme. (15)

Indian Express news (2018) also points out that across Maharashtra, Satara district has registered maximum beneficiaries at 16,765. The turnout has been attributed to awareness created by Accredited Social Health Activists (ASHA). It is followed by Pune (12,290), and Ahmednagar (10,610). The lowest beneficiaries registered are from Washim, where 1,350 women have been paid one or all installments. Jalna recorded 1,678 beneficiaries and Sindhudurg 1,730 beneficiaries. Since December 8, when the scheme was floated, 23,053 women from Scheduled Tribe and 20,618 from Scheduled Caste have been registered. (16)

A critical evaluation of PMMVY done by Ajay Gautam highlights that initially the government estimated the total beneficiaries in the scheme to be around 51.6 lakh out of which only 2.1 lakh were found to be registered as per the official data of government and only 10,000 women received the benefits of the scheme (Barnagarwala, 2018). The non-registration of the beneficiaries was also one of the major challenges faced by the government in estimating a corresponding finance for the scheme. (7, 17)

Conclusion

The study concluded that 20 % antenatal mothers had inadequate knowledge about PMMVY. So there is need to create awareness among the beneficiaries to get adequate utilization of services provided by the Government. This will help to improve the maternal & child health & reduce the morbidity & mortality rate.

Pradhan Mantri Matru Vandana Yojana has been expected to hold much potential and power to improve the conditions of expecting and lactating mothers. This scheme is focused on helping such expecting and new mothers to recover their health as well as increase their ability to breastfeed and nourish their young ones in the very first six months after birth.

States have also organized intensive IEC Campaigns (Information, Education and Communication Campaigns) for creating awareness about the program and widening its scope across the nation. These campaigns aid women in understanding how important prenatal care is for their child's proper and overall development. Also the government has appointed special staffs that monitor the progress of the scheme.

To increase the participation there is a need to create awareness, increase the IEC by media, active participation of ASHA & anganwadi workers and increase family support for ANC & PNC mothers.

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DECLARATIONS

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Conflict of interest: None declared

Ethical approval: Ethical approval was obtained from the Institutional Review Board, College of Nursing, Pune. Each and every subject was explained about the study, the research purpose and their written consents were obtained. The study did not collect the name of the respondents on the questionnaire form to ensure confidentiality. Voluntary participation and privacy were ensured during data collection.

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