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To Study the Awareness of Beneficiaries of NRHM (National Rural Health Mission) on different Public Health Care Facilities Available for Improving Maternal Health of Rural Women

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ABSTRACT: A field experiment assessed awareness and utilization of maternal health services under the National Rural Health Mission (NRHM) among 120 married women in rural Chhattisgarh. While the result find utilization of antenatal care services was high (87.5% registered early for ANC), overall awareness of NRHM entitlements was low (only 22.5% fully aware). Specific knowledge gaps were found regarding cash incentives under Janani Suraksha Yojana, free institutional delivery, the role of ASHAs, and best practices during delivery. Education level, age, income and social participation had significant positive association with awareness. Education, age, income and social participation had significant positive association with awareness. Despite good antenatal coverage, poor awareness remains a bottleneck for optimal utilization of government maternal health facilities. Tailored communication strategies along with women's empowerment initiatives are needed to increase knowledge and utilization of NRHM maternal health services in rural communities. Strengthening community outreach and addressing health systems gaps are vital to actualize the full potential of NRHM benefits. The key challenges: low awareness of NRHM maternal entitlements among rural women hampers optimal utilization of government health facilities. Strengthening community outreach and health systems is vital to increase knowledge and bridge gaps in rural maternal care.

Keywords: NRHM, Knowledge, Empowerment, Janani Suraksha Yojana and Public Health Care.

INTRODUCTION

According to World Health Organization (WHO), health is physical, mental and social well-being and not merely the absence of disease. Good health is a major resource for social, economic and personal development and an important dimension of quality of life (Lamarre, 2000). Health is necessity to the nation's progress. It is very widely acknowledged that health is an important component of human development. Nothing could be of greater significance than the health of people in terms of resources for socio-economic development. In spite of this realization, the people living in nation have little or no access to modern medical and health care facilities. This results in high rate of morbidity and mortality from diseases (Goel, 1980).

National Rural Health Mission or NRHM is a Government of India programme to improve the public health sector of the country. It was launched in April 2005 and had continued until March 2012. In fact, Government of India had adopted a time bound and mission-oriented approach to correct the public health situation in the country. But till 2012 it is realized that cannot meet the MDGs *et al*. 2015 (Millennium Development Goals-2015). The Union Cabinet takes decision dated 1st May 2013 has approved the launch of National Urban Health Mission (NUHM) as a Sub-mission of an over-arching National Health Mission (NHM), with National Rural Health Mission (NRHM) being the other Sub-mission of National Health Mission. Hence Government of India extended the time and gave a common name NHM (National Health Mission) from 2013.

The National Rural Health Mission was a combination of several programs including population stabilization, disease control, nutrition, water & sanitation, improvement of workforce, infrastructure, and logistics. Therefore, we say that National Rural Health Mission was like a sunshade or a podium under which several health and development programs were implemented. However, the main focus was towards providing financial and know how assistance to states to eliminate the gaps existing in terms of work force, infrastructure, and logistics. In addition, it further took in hand health determinants especially nutrition to an extent. For all such diversification approaches NRHM had to establish wide spread sectoral and intersectoral convergences,

public private partnerships, alliances with developmental partners and outsourcing of some key supportive and medical services. Dhawan and Singh (2023). It could be further evident from the NRHM framework of implementation that National Rural Health Mission had recognized the need to make optimal use of the nongovernmental sector to strengthen public health systems to increase access to medical care for the poor (Rather and Rather 2022).

MATERIAL AND METHODS

A research programme requires knowledge of the region in which the investigation in being carried out. Understanding the general characteristics of the study area is very essential to carry out the research. In this sub-section background information about the study area is given. Korba district is situated in the northern half of the Chhattisgarh state. The headquarter of Korba districts situated about 200 KM. from the capital city Raipur, which is situated on the banks of the confluence of rivers Hasdeo and Ahiran. Korba is the power capital of Chhattisgarh. Korba is the power capital of the newly formed state Chhattisgarh.

One of the objectives of the study is to find out the constraints faced by the beneficiaries under NRHM scheme. The reasons or lack of pertinent knowledge about NRHM were termed as constraints in the study such as receiving cash incentive and lack of pertinent knowledge about NRHM. The constraints were categorized in five sections *i.e.* personal constraints, socio psychological constraints, Health constraints, Economic constraints and hospital constraints. During investigation respondents expressed many reasons due to which they could not provide actual information about the NRHM scheme services provided free of cost specially for pregnant women either prenatal services and postnatal services. The schedule was developed on two point scale the respondents were recorded as Yes and No for which the score 1and 0 were assigned respectively.

The data, thus collected from the respondents through interview schedule were put under scoring. Appropriate score were assigned to each of the responses of the respondents. Then these scores were put forth for the statistical analysis to enable to easy and meaningful interpretation of the data.

The statistical techniques used for the analysis of the study were frequencies, mean, percentages, standard deviation, coefficient of correlation, multiple regression, and ranking.

RESULTS AND DISCUSSION

A. Age at marriage

Table 1 shows that, majority of respondent (75%) married after completion of 18 years of age, where as 25% respondent were married before attending 18 years, due to societal pressure or the custom of Chhattisgarh to choose their own partner. The reproductive age of a women start after reaching 18 years of age only, so before 18 years body is not ready to rear child or sexual life. Similar study were also observed by Mukhopadhyay (2012).

B. Early registration

Majority of the 87.50 per cent of the respondents had done early registration which implies a positive behavior and knowledge regarding the services. Following this almost 12.50% of the respondent did their registration lately. Due to some social taboos to hide the pregnancy or not willing to have girl child etc. were the reasons related with it. Once pregnant women knew about her pregnancy, she was supposed to go for registration as early as possible. But, in our society some of the societal reason create barrier to mobilize the women to nearest hospital. Whereas some of the families elder members having their own culture to hide the pregnancy from other for a certain period of time. But some of the neighborhood also influenced for registration. Similar study were also observed by Sharma *et al.* (2012).

C. Level of awareness regarding NRHM

Table 3 revealed that 62.5 per cent of the respondents were somewhat aware about the services and benefits. Only 22.5 per cent of the respondents were fully aware about the services of maternal health. Because they had already access the services and got benefits beforehand, followed by 15.00 per cent of the respondents who were not aware about any of the services and benefits under maternal health perspectives. Similar study were also observed by Bhatt (2014).

D. Work experience regarding NRHM

Table 4 revealed that work experience regarding NRHM. The scale used to measure work experience is three-point continuum viz upto 5year, 6 to 10 year and 11 to 15 year which carried the percentage of 14.17%, 70.00% and 15.83% respectively. Similar study were also observed by Bhatt (2014).

E. Level of awareness regarding the services and benefits of maternal health during delivery period

Table 5 reveals that, only 52.25 per cent of the respondents were fully aware about Janani Surksha Yojna is a scheme for pregnant lady. Where almost 21.75 per cent were not aware about it. Through mass media both print and electronic play important role for publication of this scheme. It might due to low literacy rate of the respondents and low exposure to mass media. Only 46 per cent of the respondents were aware about free institutional delivery through JSY in govt. Hospital, and 42 per cent respondents were somewhat aware about it. 49.7 per cent of the respondents were not aware about, for safer delivery it is important to come to the nearest health institution at the time of delivery. On the other hand 44.5 per cent of the respondents fully aware about it. It might be due to the fact that, in rural areas most of the women want the delivery in normal way, and avoid the chances of casein sectional delivery, which is not only costly and painful but also it leads to complication in future. So, willingly they set their mind to try for normal delivery with the help of experienced person like dhai. Only 39 per cent of the respondents were aware about that delivery should be done by trained nurses in health institution. And also 35.5 per cent of the respondents were not aware about this. In govt hospital it is seen that in

presence of medical officer staff nurses conducted most of the deliveries, who are skilled and trained. Similar study were also observed by Ray (2014).

About half of the respondents (50.5%) were aware that, ASHA/AWW should accompanied pregnant lady at the time of delivery or any danger sign of pregnancy occurred. And from the above table it is reported that, 47.5 per cent of the respondents were not aware about this non-monetary service. It was reported by the health functionaries that due to over workload it was not possible for them to visit allotted area and attain targeted beneficiaries.

F. Overall Awareness of respondents towards the services and incentives provided by the NRHM

Table 6 revealed that 52.50 per cent of the respondents were somewhat aware about the services and benefits. Only 27.50 per cent of the respondents were fully aware about the services of maternal health. Because they had already access the services and got benefits beforehand, followed by 20.00 per cent of the respondents who were not aware about any of the services and benefits under maternal health perspectives. Though all the respondents were eligible women for accessing the services but still there is an immediate need of intervention for adequate information dissemination and ensure the participation of the rural women in Village Health Nutrition Day (VHND). Similar study were also observed by Rather and Rather (2022).

G. Association between Awareness and selected independent variables

From Table 7 it was found that there were association between the attributes awareness and education, age, monthly income and organizational membership. While the levels of these selected variables were improved it will increase the awareness level regarding the govt services. Table 7 reveals that, the calculated chi square value was highly significant. Thus, null hypothesis were rejected at 0.05% level of significance. Therefore, it can be concluded that, there were significant association with awareness and age, educational qualification, monthly income and organizational membership.

The educational qualification indicates about the information source or exploring ability of the rural women. Therefore, education influences the awareness status of respondents.

Monthly incomes also have strong relation with the awareness level of the respondents. Higher income people get more scope of gathering information through different source and network. Also, economically sound people are having a very good influence in rural areas, so they are getting firsthand information.

Organizational membership is one of the factors which affected the awareness of rural women. Having memberships of any organization provides a platform for interact with different people and share different information. So, in rural areas women group play as a key agent for change.

Thus, the null hypothesis was rejected at 0.05 level of significant. So, it can be concluded that there is significant association between awareness of respondents with age, education qualification, monthly income and organizational membership. So, changes of any of these variables are also associated with the awareness level of the respondents. Similar study were also observed by Mukhopadhayay (2012); Dhawan and Singh (2023).

Table 1: Distribution of respondents according to their Age at marriage N=120.

Category	Respondents (n=120)	
	Frequency	Percentage
Below 18	30	25.00
Above 18 years	90	75.00

Table 2: Distribution of respondents according to their early registration N=120.

Category	Respondents (n=120)	
	Frequency	Percentage
Yes	105	87.50
No	15	12.50

Table 3: Level of awareness regarding NRHM.

Level of awareness	Korba	Katghora	Podi Uparoda	Total
	Frequency	Frequency	Frequency	(n=120)
Least Aware	4(10.00)	6(15.00)	8(20.00)	**18(15.00)**
Somewhat Aware	24(60.00)	26(65.00)	25(62.50)	**75(62.50)**
Aware	12(30.00)	8(20.00)	7(17.50)	**27(22.50)**
Total	**40(100.00)**	**40(100.00)**	**40(100.00)**	**120(100.00)**

Table 4: Work experience regarding NRHM.

Work experience	Korba	Katghora	Podi Uparoda	Total
	Frequency	Frequency	Frequency	(n=120)
Upto 5	5(12.50)	5(12.50)	7(17.50)	**17(14.17)**
6 to 10	29(72.50)	28(70.00)	27(67.50)	**84(70.00)**
11 to 15	6(15.00)	7(17.50)	6(15.00)	**19(15.83)**
Total	**40(100.00)**	**40(100.00)**	**40(100.00)**	**120(100.00)**

Table 5: Distribution of respondents according to the level of awareness regarding the services and benefits of maternal health during delivery period.

Sr. No.	Statements	Fully Aware (%)	Somewhat Aware (%)	Not Aware (%)
1.	Janani Surkasa Yojna is a scheme for pregnant lady	52.25	26	21.75
2.	JSY consisting free institutional delivery in govt. Hospital	46	42	12
3.	For safer delivery it is important to come to the nearest health institution at the time of labour	44.5	5.8	49.7
4.	For safer delivery it should be done with the help of trained nurse in health institution	39	25.5	35.5
5.	ASHA./AWW accompanied pregnant lady at the time of delivery or any danger sign of pregnancy occurred	50.5	2	47.5

Table 6: Overall Awareness of respondents towards the services and incentives provided by the NRHM.

Level of awareness	Korba	Katghora	Podi Uparoda	Total
	Frequency	Frequency	Frequency	(n=120)
Least Aware	12(30.00)	10(25.00)	11(27.50)	**33(27.50)**
Somewhat Aware	20(50.00)	21(52.50)	22(55.00)	**63(52.50)**
Aware	08(20.00)	09(22.50)	07(17.50)	**24(20.00)**
Total	**40(100.00)**	**40(100.00)**	**40(100.00)**	**120(100.00)**

Table 7: Association between Awareness and selected independent variables.

Variables	Calculated $\chi 2$	*df*	Level of Significance
Age	32.7	6	0.05
Educational qualification	22.4	8	0.05
Monthly income	22	6	0.05
Organizational membership	15.5	2	0.05

CONCLUSIONS

This study aimed to assess the awareness and utilization of maternal health services under the National Rural Health Mission (NRHM) among rural women in Chhattisgarh. The results showed that the majority of respondents (75%) were married after 18 years of age, indicating delayed marriage. Early antenatal registration was high at 87.5%, implying good health-seeking behavior. However, awareness of NRHM services was low, with only 22.5% of women being fully aware. Awareness was particularly poor regarding entitlements like cash incentives under Janani Suraksha Yojana and the role of ASHAs in accompanying pregnant women.

Bivariate analysis showed that awareness was significantly associated with education level, age, income and organizational membership. Therefore, improving women's education, social participation and financial independence can improve their awareness and utilization of maternal health services. Mass media campaigns are also needed to increase public knowledge of NRHM entitlements and benefits. ASHAs require further training and sensitization to fulfill their roles as facilitators of maternal health services.

In conclusion, this study highlights gaps in awareness as a key barrier to optimal utilization of NRHM maternal health services in rural Chhattisgarh. It provides evidence that women's education, empowerment and mass media campaigns should be leveraged to increase awareness and access to vital public health entitlements. The NRHM program also needs strengthen its human resources and community outreach to achieve the full potential of its initiatives.

FUTURE SCOPE

The following are some potential areas of future scope based on the study:

1. This study was limited to one district in Chhattisgarh. Further research can expand the geographical scope to make statewide or national-level generalizations regarding NRHM awareness and utilization.
2. The study methodology relied on a cross-sectional survey. Longitudinal studies tracking utilization over time can provide deeper insights into causality and impact.
3. Qualitative research through in-depth interviews and focus groups with beneficiaries and health workers can explore socio-cultural factors influencing maternal health behaviors.
4. Experimental studies testing different awareness-raising interventions (e.g. media campaigns, SMS reminders, incentives etc.) can identify effective strategies to bolster NRHM utilization.
5. Health systems research on bottlenecks like shortage of human resources, lack of facilities and supplies can uncover capacity limitations of the NRHM program. This can inform health policy and planning.

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Conflict of Interest. None.

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