"A STUDY TO ASSESS THE KNOWLEDGE, ATTITUDE AND UTILIZATION OF SELECTED GOVERNMENT HEALTH SCHEMES AMONG WOMEN IN REPRODUCTIVE AGE GROUP IN A VIEW OF DEVELOPING PAMPHLET"

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ABSTRACT

Introduction: Health, as a social service, is very important to the teeming population of any country as the health sector in any country has been recognized as the primary engine of growth and development. In India, approximately 1.3 million women have died due to maternal causes in the last two decades. Approximately 95% of maternal deaths occur in low and lower-middle-income countries due to non-utilization or under-utilization of maternal and reproductive services.

Title of the Study: A study to assess the knowledge, attitude and utilization of selected government health schemes among women in reproductive age group in a view of developing pamphlet.

Methodology: A cross-sectional study was conducted among 60 women of reproductive age in selected areas of Pune to assess knowledge, attitude, and utilization of selected government health schemes. Data were collected using structured questionnaires, attitude scales, and utilization checklists, with validated and reliable tools. Ethical approval and informed consent were obtained. Data was analysed using descriptive and inferential statistics to inform development of an informational pamphlet.

Results: The study included 60 women aged 15–40 years, mostly 25.1–30 years (41.67%), with primary (38.33%) or secondary education (36.67%), married (33.33%) or widowed (35%), working as housewives (31.67%) or daily wage labourers (30%), and with family income ₹10,000–30,000 (56.67%). Knowledge of government health schemes was average in 55% (33/60), poor in 35% (21/60), and good in 10% (6/60), mean 6.9 ± 2.96. Attitude was positive in 53.33% (32/60), neutral in 45% (27/60), negative in 1.67% (1/60), mean 37.95 ± 6.63. Utilization was moderate in 78.33% (47/60), high in 18.33% (11/60), low in 3.33% (2/60), mean 6.25 ± 1.73. No significant association was found between knowledge or attitude and demographic variables ($p > 0.05$).

Conclusion: The study concluded that the Women showed moderate knowledge, positive attitude, and moderate utilization of government health schemes, with no significant link to demographic variables.

Keywords: Assess, Knowledge, Attitude, Utilization, Government Health Schemes, Women, Reproductive Age Group, Pamphlet.

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INTRODUCTION

Health insurance or medical insurance (also known as medical aid in South Africa) is a type of insurance that covers the whole or a part of the risk of a person incurring medical expenses. As with other types of insurance, risk is shared among many individuals.[1]
Health is the biggest treasure of life and 'Right to health 'is one of the most important basic rights of an individual. Our constitution also gives a huge weightage to health as a fundamental right of an individual. As far as the sphere of health is concerned maternal and child health issues continue to be forefront of national and global health policies. Mother and children not only constitute a large group, but they are also a vulnerable or special risk group. Each year approximately eight million women suffer pregnancy related complication and over half a million die.99% of all maternal death occur in developing countries.[2]
In India women of childbearing age constitute 22.2% and children under 15 years of age about 35.3% of the total population together they constitute nearly 57.5% of the total population. Every day on an average1500 women (536,000) die because of complications during pregnancy or childbirth or the six weeks following delivery around the world indicating that every minute a woman dies.[3]
The beneficiary under each scheme is provided with either monetary, health care or allied assistance through which the goal of each scheme is achieved. The beneficiaries are identified and monitored throughout the period of utilization of scheme and ensure

each one receives the maximum enjoyable benefits. The scheme also stands for supporting the beneficiary's family and thus ensure a holistic care and promote for a better healthier society.[4]

Educational interventions and information dissemination play a crucial role in bridging this knowledge gap. Developing simple, informative materials such as pamphlets can help spread awareness and promote the utilization of government health schemes among women. Pamphlets are effective tools for health education, especially in community settings, as they are easy to understand, cost-effective, and can reach a wide audience.[5]

NEED OF THE STUDY

Women in the reproductive age group play a vital role in maintaining family and community health. To promote their well-being, the Government of India has implemented several health schemes such as Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakram (JSSK), Pradhan Mantri Matru Vandana Yojana (PMMVY), and Mission Indradhanush, which aim to provide affordable and accessible maternal and child health services. Despite the availability of these schemes, many women remain unaware of their existence or are unable to utilize them effectively due to lack of knowledge, limited awareness, illiteracy, cultural barriers, and inadequate health communication.[6]

92% of women received at least one ANC for their most recent birth. About 36% of mothers who gave birth in the last 5 years received JSY cash benefits (NFHS-5). Coverage has improved since NFHS-4 but remains below full eligibility. Awareness is lower, but NFHS-5 indicates that most women delivering in government facilities reported receiving free drugs (79%), free transport (46%), and free diet (68%) as part of JSSK entitlements.[7]

According to MoHFW, around 2.3 crore women benefited under PMMVY between 2017–2021. NFHS-5 shows 28% of mothers of eligible children (0–59 months) reported receiving maternity cash benefits under PMMVY.[8]

A study conducted by Balwant, Ruby et.al., (2023) on Assessment of utilization of government programmes and services by pregnant women in India. National-level datasets such as National Family and Health Surveys (NFHS-3 (2005–06); NFHS-4 (2015–16) and NFHS-5(2019–21); Health Management Information System (HMIS), 2019–20; Sample Registrar System (SRS), 2001–2018) were used in the study. Within the utilization of services, the Gini coefficient reveals that the least inequality was recorded in skilled birth assistance deliveries (0.03) and institutional deliveries (0.04). In contrast, the highest inequality was recorded in receiving Iron and Folic Acid (IFA) Tables for 100 days (0.19) and four Antenatal Care (ANC) visits (0.13) among selected states. 24 Therefore, the states with the utilization of maternal services need to initiate immediate action to increase the ANC and Post-natal Care (PNC utilization with more attention towards better implementation of existing ANC programmes by the government.[9]

To bridge this gap, educational interventions such as simple, informative pamphlets can be highly effective. Pamphlets provide clear, concise, and accessible information that can enhance awareness, improve attitudes, and encourage the utilization of government health schemes among women in the reproductive age group (WHO, 2021). Therefore, this study aims to assess the knowledge, attitude, and utilization of selected government health schemes among women in reproductive age, with the purpose of developing a pamphlet that empowers them to make informed health decisions, utilize available services effectively, and ultimately improve maternal and child health outcomes.[10]

MATERIALS AND METHODS

The present study adopted a quantitative research approach with a cross-sectional research design to assess the knowledge, attitude, and utilization of selected government health schemes among women in the reproductive age group, with a view to developing an informational pamphlet. The study was conducted in selected areas of Pune City. The target population comprised women aged 15–49 years residing in the selected areas, while the accessible population included women who were available during the data collection period and met the inclusion criteria. A total of 60 women were selected using a non-probability purposive sampling technique. Women aged 15–49 years who were willing to participate, able to understand the Marathi language, and had utilized or intended to utilize Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakram (JSSK), and Pradhan Mantri Matru Vandana Yojana (PMMVY) were included in the study, whereas health professionals and women

unavailable during data collection were excluded.

Data were collected using a structured questionnaire consisting of four sections: socio-demographic characteristics, a structured knowledge questionnaire, an attitude scale, and a utilization checklist. The tool was developed following an extensive literature review and validated by experts from various nursing specialties. Reliability was established using the test–retest method with Karl Pearson's correlation coefficient, yielding r-values of 0.9653 for knowledge, 0.9922 for attitude, and 0.9037 for utilization. A pilot study was conducted on six participants to assess the feasibility of the study and refine the research methodology. The collected data were analysed using descriptive and inferential statistics, including frequency, percentage, mean, median, mode, standard deviation, chi-square test, and graphical presentation through tables and charts.

RESULTS

SECTION I

DESCRIPTION OF SAMPLE ACCORDING TO DEMOGRAPHIC

Table no.1: Description of sample according to demographic data

N = 60

Demographic Variables	F	%
1. Age in years		
a. 15-20 years	6	10.00
b. 20.1-25 years	19	31.67
c. 25.1-30 years	25	41.67
d. 30.1-40 years	10	16.67
e. 40.1-49 years	0	0.00
2. Education:		
a. Illiterate	7	11.67
b. Primary	23	38.33
c. Secondary	22	36.67
d. Graduate	8	13.33
e. Postgraduate	0	0.00
3. Marital Status		
a. Married	20	33.33
b. Unmarried	18	30.00
c. Widow	21	35.00
d. Divorced	1	1.67
4. Occupation:		
a. Housewife	19	31.67
b. Daily wage	18	30.00
c. Service	17	28.33
d. Other	6	10.00
5. Family monthly income:		
a. <10,000	11	18.33
b. 10,000–30,000	34	56.67
c. 30,001–50,000	13	21.67
d. >50,000	2	3.33
6. Parity (Number of Children)		
a. 1	26	43.33
b. 2	32	53.33
c. 3	2	3.33

The demographic characteristics of the 60 women in the reproductive age group revealed that the majority of participants (41.67%) were aged 25.1–30 years, followed by 31.67% in the 20.1–25 years age group, 16.67% in the 30.1–40 years age group, and 10% in the 15–20 years age group, while none were aged 40.1–49 years. Regarding educational status, most participants had primary education (38.33%), followed by secondary education (36.67%), while 13.33% were graduates and 11.67% were illiterate; none had postgraduate education.

With respect to marital status, 35% of the participants were widows, 33.33% were married, 30% were unmarried, and only 1.67% were divorced. In terms of occupation, the majority were housewives (31.67%), followed by daily wage workers (30%), service employees (28.33%), and those engaged in other occupations (10%). Overall, the findings indicate that most participants were women aged 25.1–30 years with primary or secondary education, and a large proportion were housewives.

SECTION II

Data related to assess the knowledge of selected government health schemes among women in reproductive age group.

Fig. No. 1 Data related to knowledge of selected government health schemes among women

The findings showed that the majority of women (55%) had an average level of knowledge regarding selected government health schemes, while 35% had poor knowledge and only 10% demonstrated good knowledge. The mean knowledge score was 6.9 ± 2.96**,** indicating a moderate level of knowledge. These results suggest that although most participants had basic awareness, many lacked adequate knowledge about government health schemes, highlighting the need for educational interventions such as an informative pamphlet to improve awareness and utilization.

SECTION III

Data related to assess the attitude of selected government health schemes among women in reproductive age group

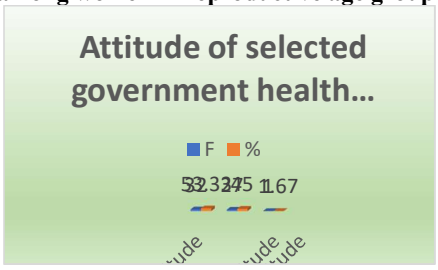

Fig. No. 2 Data related to attitude of selected government health schemes among women in reproductive age group

The findings revealed that the majority of women (53.33%) had a positive attitude towards selected government health schemes, while 45% demonstrated a neutral attitude and only 1.67% had a negative attitude. The mean attitude score was 37.95 ± 6.63**,** indicating an overall favorable attitude among the participants. These results suggest that although most women had a positive perception of government health schemes, educational efforts are needed to strengthen positive attitudes and encourage greater utilization of the available services.

SECTION- IV

Data related to assess the utilization of selected government health schemes among women in reproductive age group.

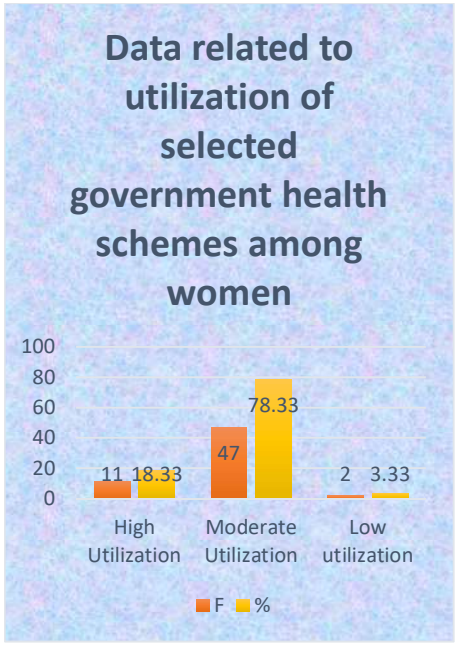

Fig. No. 3 Data related to assess the utilization of selected government health schemes among women in reproductive age group.

The findings showed that the majority of women (78.33%) had a moderate level of utilization of selected government health schemes, while 18.33% demonstrated high utilization and only 3.33% had low utilization. The mean utilization score was 6.25 ± 1.73, indicating a moderate level of scheme utilization. These results suggest that although most women were utilizing government health schemes, there is a need to improve awareness and accessibility to

promote higher utilization of the available health services.

SECTION-V

Data related to an association of demographic variables with knowledge and attitude

The findings reveal that no statistically significant association was found between knowledge regarding selected government health schemes and any of the selected demographic variables. This suggests that the level of knowledge among women in the reproductive age group was uniformly distributed across different demographic categories. Hence, the null hypothesis (H_0) was accepted with respect to knowledge, indicating the need for a universally applicable educational intervention, such as a pamphlet, to improve awareness among all women irrespective of their demographic background.

The findings indicate that no statistically significant association was found between attitude towards selected government health schemes and any of the selected demographic variables. This suggests that women's attitudes were uniformly distributed across different demographic groups. Hence, the null hypothesis (H_0) was accepted with respect to attitude, emphasizing that interventions such as pamphlets should be designed to target all women in the reproductive age group irrespective of their demographic characteristics.

DISCUSSION

The findings of the study by Mathew et al. (2023) and the present study show several similarities as well as differences. In both studies, most participants had an average level of knowledge regarding government health schemes—69.1% in urban and 60% in rural areas in the reference study, and 55% in the present study—indicating moderate awareness in both populations. Regarding attitude, both studies reported a generally positive attitude towards government health schemes.

In terms of utilization, both studies identified gaps. The reference study reported poor to average utilization, with significant differences between urban and rural areas, whereas the present study found that most women (78.33%) had moderate utilization, with only a small proportion showing high utilization. A key difference lies in the association with demographic variables.

The findings of the study by Longmei and Koteswaramma are comparable with the present study. In both studies, most women had moderate knowledge regarding health services. The reference study reported moderately adequate to adequate knowledge among rural (60%) and urban women (66.7%), while the present study found that 55% of women had average knowledge (Mean = 6.9 ± 2.96) regarding government health schemes. In terms of attitude, both studies revealed a predominantly positive attitude among women. The reference study showed a very high positive attitude in both rural (90%) and urban (96.7%) women, whereas the present study reported 53.33% positive attitude, with most others having a neutral attitude.

Both studies also showed no significant association between knowledge and attitude with demographic variables. Overall, the findings highlight those women generally have moderate knowledge and positive attitudes towards health services, indicating the need for continued awareness programmes to improve understanding and utilization.

CONCLUSION:

The study findings show that women in the reproductive age group had a moderate level of knowledge, with 55% having average knowledge, 35% poor knowledge, and only 10% good knowledge regarding selected government health schemes (mean knowledge score 6.9 ± 2.96). A positive attitude was observed among the majority of participants (53.33%), while 45% had a neutral attitude and only 1.67% showed a negative attitude (mean attitude score 37.95 ± 6.63).

In terms of utilization, most women (78.33%) reported moderate utilization of government health schemes, 18.33% had high utilization, and 3.33% had low utilization (mean utilization score 6.25 ± 1.73). No statistically significant association was found between knowledge or attitude and any of the selected demographic variables ($p > 0.05$). Overall, the results indicate that although women had a favourable attitude and moderate awareness of government health schemes, their utilization remains moderate, highlighting the need for enhanced awareness and motivation to improve effective use of these schemes.

DECLARATION BY AUTHORS:

Ethical Approval: The study was approved by the institutional ethics committee of MAEER'S Vishwaraj Institute of Nursing, Pune. The study participants were briefed

about the purpose and nature of the study and written informed consent was obtained before data collection.

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Conflict of Interest: The authors declare no conflict of interest.

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