

A Study To Assess The Level Of Awareness And Utilization Of Maternal Health Programs Among Mothers In A Selected Rural Area Of Bareilly, U.P. With A View To Develop An Informational Pamphlet.

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ABSTRACT

Maternal health refers to the health of women during pregnancy, childbirth and the postnatal period. Each stage should be a positive experience, ensuring women and their babies reach their full potential for health and well-being.² The most common direct causes of maternal injury and death are excessive blood loss, infection, high blood pressure, unsafe abortion, and obstructed labour.³ **Objectives:-** To assess the level of awareness regarding maternal health programs among mothers., To assess the level of utilization of maternal health programs among mothers. To determine the relationship between the level of awareness and level of utilization of maternal health programs. To determine the association between the level of awareness regarding maternal health programs with the selected socio-demographic variables. To determine the association between the level of utilization regarding maternal health programs with the selected socio-demographic variables. To prepare pamphlets to develop knowledge about maternal health programs among mothers. **Materials and Method:-** This study was conducted at Pahrapur Basawan Nagaria, Bareilly. A total of 100 Mothers were selected using a convenient sampling technique. Data were collected by using self-structured awareness questionnaires and utilization checklists. Data was analysed by using Descriptive and inferential statistics. **Results:-** The results of the study revealed that the majority 93% of participants showed a low level of awareness, while 7% had a moderate level of awareness, and none of the participants had a high level of awareness regarding the maternal health program and 52% had moderate level, 25% of the participants had low level of utilization and only 23% of them had a high level of utilization regarding the maternal health program. There was a moderate positive relationship between the level of awareness and the utilization of the maternal health programs of the mothers. **Conclusion:-** The rural mothers exhibited a low level of awareness regarding the maternal health program. Despite this, there was a low to moderate level of utilization of the maternal health program among the mothers. Hence, there is a strong need to conduct targeted awareness campaigns in rural areas to improve the understanding of the maternal health program, which will enhance its utilization.

Keywords: Assess, Awareness, maternal health program, mother.

INTRODUCTION

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.¹

Maternal health refers to the health of women during pregnancy, childbirth and the postnatal period. Each stage should be a positive experience, ensuring women and their babies reach their full potential for health and well-being.²

Every pregnancy and birth is unique. Addressing inequalities that affect health outcomes, especially sexual and reproductive health and rights and gender,

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is Fundamental to ensuring all women have access to respectful and high-quality maternity Care.

The most common direct causes of maternal injury and death are excessive blood loss, Infection, high blood pressure, unsafe abortion, and obstructed labour, as well as indirect causes such as anemia, malaria, and heart disease.³

According to WHO Every day in 2023, over 700 women died from preventable causes related to pregnancy and childbirth. A maternal death occurred almost every 2 minutes In 2023. Maternal mortality is unacceptably high. About 260 000 women died during And following pregnancy and childbirth in 2023. Approximately 92% of all maternal deaths occurred in low-and lower-middle-income countries in 2023, and most could have been prevented. The high number of maternal deaths in some areas of the world reflects inequalities in access to quality health services and highlights the gap between rich and poor. The MMR in low-income countries in 2023 was 346 per 100 000 live Births versus 10 per 100 000 live births in high income countries.⁴

To address these challenges, the Government of India has introduced several national Health initiatives, such as the Janani Suraksha Yojana, Janani Shishu Suraksha Karyakaram (JSSK) and Pradhan Mantri Matru Vandana Yojana (PMMVY) aimed at Improving antenatal and postnatal maternal health. In addition, the National Health Mission has played a pivotal role in advancing maternal and child health in both urban and rural settings. Recognizing that women are fundamental to nation-building, ensuring their health is essential for holistic national growth and development. Sustainable progress can only be achieved by prioritizing the health and well-being of Women and children.⁵

Janani Suraksha Yojana: Janani Suraksha Yojana (JSY) is a safe motherhood Intervention under the National Health Mission. It is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional Delivery among poor pregnant women. The scheme, launched on 12 April 2005 by the Hon'ble Prime Minister, is under implementation in all states and Union Territories (UTs), with a special focus on Low Performing States (LPS). JSY is a centrally sponsored scheme, which integrates cash assistance with delivery and Post-

delivery care. The Yojana has identified Accredited Social Health Activist (ASHA) as an effective link between the government and pregnant women. In Uttar Pradesh (a Low Performing State), the Janani Suraksha Yojana (JSY) provides a one-time cash incentive for institutional delivery to reduce maternal/neonatal mortality. Rural mothers receive ₹1,400, while urban mothers receive ₹1,000.⁶

Janani Shishu Suraksha Karyakaram (JSSK): Government of India has launched Janani Shishu Suraksha Karyakaram (JSSK) on 1st June, 2011. The scheme is estimated To benefit more than 12 million pregnant women who access Government health Facilities for their delivery. Janani Shishu Suraksha Karyakaram (JSSK) aims to Eliminate out-of-pocket expenses for pregnant women and sick infants (up to 1 year) Accessing public health institutions. Moreover it will motivate those who still choose To deliver at their homes to opt for institutional deliveries. It is an initiative with a hope that states would come forward and ensure that benefits under JSSK would

reach every Needy pregnant woman coming to government institutional facilities. All the States and UTs have initiated implementation of the scheme.⁷

Pradhan Mantri Matru Vandana Yojana (PMMVY): The Government of India is implementing the Pradhan Mantri Matru Vandana Yojana (PMMVY) with effect from 1st January 2017. The PMMVY Scheme is being implemented as per provisions under Section 4 of the National Food Security Act (NFSA), 2013 which provides for financial support for pregnant and lactating mothers to improve the health and nutrition for mother and child. The benefit is available to a woman for the first two living children provided the second child is a girl. In case of the first child the amount of ₹5000 in two Instalments and for the second child, the benefit of ₹6000 will be provided subject to the second child being a girl child in one instalment after the birth. However, for availing Benefits for second child, registration during the pregnancy shall be mandatory. This Would contribute to improve the Sex Ratio at Birth and to prevent female foeticide.⁸

Objective:

1. To assess the level of awareness regarding maternal health programs among mothers.

2. To assess the level of utilization of maternal health programs among mothers.
3. To determine the relationship between the level of awareness and level of utilization of maternal health programs.
4. To determine the association between the level of awareness regarding maternal health programs with the selected socio-demographic variables.
5. To determine the association between the level of utilization regarding maternal health programs with the selected socio-demographic variables.
6. To prepare pamphlets to develop knowledge about maternal health programs among mothers.

Hypotheses

H1: There is a significant relationship between the level of awareness and level of utilization of maternal health programs.

H2: There is a significant association between the level of awareness regarding maternal health programs with the selected socio-demographic variables.

H3: There is a significant association between the level of utilization of maternal health programs with the selected socio-demographic variables.

MATERIALS & METHODS:

A quantitative, descriptive cross sectional study was conducted to assess the level of awareness and utilization of maternal health programs among mothers in a selected rural area of Bareilly, U.P. with

a view to develop an informational pamphlet. The study was carried out at Pahrapur Basawan Nagria Bareilly, U.P, India. Hundred mothers were recruited using a non-probability convenient sampling technique based on predefined inclusion and exclusion criteria. To assess the awareness and utilization was assessed using a validated, self-structured questionnaire and utilization checklist consisting of demographic variables and 30 multiple-choice items related to awareness of maternal health programs and 10 items related to utilization of maternal health programs. And last of the data collection procedure to give the informational pamphlet to the participants and educate about maternal health programs.

Data Collection Procedure:

After receiving the formal permission from the Gram Pradhan of Pahrapur Basawan Nagaria Bareilly, U.P. The researcher conducted the main study from 10/07/2026 to 13/07/26. A total 100 Participants were selected from the village by convenient sampling technique. The participants were informed about the study nature and purpose, Assured of the confidentiality of the responses and written consent was obtained. Data collection was carried out by self-structure awareness questionnaire and utilization checklist. For illiterate participants, the researcher verbally dictates the question and response were marked based on their answer. And last of the data collection procedure to give the informational pamphlet to the participants and educate about maternal health programs.

Analysis and Interpretation:

DEMOGRAPHIC VARIABLES	TOTAL FREQUENCY	PERCENTAGE (%)
AGE		
a) 23 - 26 years	23	23%
b) 27 - 30 years	48	48%
c) Above 30 year	29	29%
RELIGION		
a) Hindu	62	62%

b) Muslim	38	38%
EDUCATION STATUS OF MOTHER		
a. Non formal education	33	33%
b. Class 1-8 th	17	17%
c. Class 9-10 th	13	13%
d. Class 11-12 th	29	29%
e. Graduate or above	8	8%
OCCUPATION OF MOTHER		
a) House maker	82	82%
b) Self employed	16	16%
c) Unemployed	0	0%
d) Other	2	2%
TYPE OF FAMILY		
a. Nuclear	26	26%
b. Joint	46	46%
c. Extended	28	28%
MONTHLY FAMILY INCOME		
a) Below 5000/-	0	0%
b) Between 5001-10,000/-	44	44%
c) Between 10001-15000/-	31	31%
d) Above 15000/-	25	25%
PLACE OF LAST DELIVERY		
a. Government Hospital	79	79%
b. Private Hospital	19	19%
c. Home	2	2%
MODE OF LAST DELIVERY		
a) Normal vaginal delivery	38	38%
b) Assisted vaginal delivery	6	6%

c) Caesarean section	56	56%
NUMBER OF CHILDREN		
a. 1	23	23%
b. 2	16	16%
c. 3	35	35%
d. More than 3	26	26%

Table No. 1: Frequency wise distribution of demographic performance

S. No.	Level of Awareness	Frequency	Percentage
1	Low	93	93%
2	Moderate	7	7%
3	High	0	0%

Table no. 2: Level of Awareness of Maternal Health Programs among mothers.

Table 2 shows the above Picture showed the level of Awareness 93% mother had low Awareness, 7% mother had moderate Awareness.

S.no.	Level of utilization	Frequency	Percentage
1	Low	25	25%
2	Moderate	52	52%
3	High	23	23%

Table No. 3: Level of Utilization of Maternal Health Programs among mothers.

The table 3 figure shows the level of utilization of maternal health programmes among the participants. utilization, 25% had low utilization, and 23% had high utilization. It was found that **52% of participants had moderate**

Variable	Mean	S D	Coefficient and corelation	p value
Awareness	11.09	2.57	0.70	0.01
Utilization	5.43	2.69		

Table no:-4 Relationship between Level of Awareness and Level of Utilization

The Table shows that there is a statistically significant strong positive correlation between the level of awareness and the level of utilization of maternal health programs ($r = +0.70$, $p < .001$). This indicates that as awareness increased, so did the utilization. The strength of the correlation was moderate, suggesting

that awareness plays a major role in utilization of maternal health programs among rural mothers.

Therefore, the hypothesis (H1) stating that there is a significant relationship between the level of awareness and the level of utilization of maternal health programs was accepted.

Demographic variable	High	Moderate	Low	Total	Chi-Square	df	Tabulated value	P value
Age group								
a. 23 - 26 years	0	4	19	23	4.969	2	5.991	Not significant At p<0.05
b. 27 - 30 years	0	2	46	48				
c. Above 30 year	0	1	28	29				
Religion								
a) Hindu	0	5	57	62	0.284	1	3.841	Not significant At p<0.05
b) Muslim	0	2	36	38				
Education status of mother								
a. Non formal education	0	2	31	33	13.702	4	9.488	significant At p<0.05
b. Class 1-8 th	0	1	16	17				
c. Class 9-10 th	0	1	12	13				
d. Class 11-12 th	0	0	29	29				
e. Graduate or above	0	3	5	8				
Occupation of mother								
a) House maker	0	1	81	82	38.743	2	5.991	significant At p<0.05
b) Self employed	0	4	12	16				
c) Unemployed	0	0	0	0				
d) Other	0	2	0	2				
Type of family								
a. Nuclear	0	3	23	26	1.321	2	5.991	Not significant
b. Joint	0	2	44	46				

c. Extended	0	2	26	28				At p<0.05
Monthly family income								
a) Below 5000/-	0	0	0	0	0.655	2	5.991	Not significant At p<0.05
b) Between 5001-10,000/-	0	4	40	44				
c) Between 10001-15000/-	0	2	29	31				
d) Above 15000/-	0	1	24	25				
Place of last delivery								
a. Government Hospital	0	2	77	79	13.463	2	5.991	significant At p<0.05
b. Private Hospital	0	5	14	19				
c. Home	0	0	2	2				
Mode of last delivery								
a) Normal vaginal delivery	0	4	34	38	9.456	2	5.991	significant At p<0.05
b) Assisted vaginal delivery	0	2	4	6				
c) Cesarean section	0	1	55	56				
Number of Children								
a. 1	0	2	21	23	1.787	3	7.815	Not significant At p<0.05
b. 2	0	2	14	16				
c. 3	0	1	34	35				
d. More than 3	0	2	24	26				

* significant at 0.05

Table no 5 Association Between Awareness Score Distribution According to Demographic Variables

Thus, the findings revealed that **Educational status of mother, Occupation of mother, place of last delivery and number of children** had a statistically significant association with the level of Awareness with chi square value (**Education=13.702, occupation=38.743, place of last delivery=13.463 and mode of delivery=9.456**) whereas religion,

occupation of mother, type of family, monthly family income, place of last delivery, mode of last delivery and number of children did not show a statistically significant association at the 0.05 level of significance. as **Research hypothesis (H2) is accepted.**

Demographic variable	High	Moderate	Low	Total	Chi-Square	df	Tabulated value	P value
Age group								
a) 23 - 26 years	9	4	10	23	15.133	4	9.488	significant At p<0.05
b) 27 - 30 years	10	30	8	48				
c) Above 30 year	4	18	7	29				
Religion								
a. Hindu	18	36	8	62	13.285	2	5.991	significant At p<0.05
b. Muslim	5	16	17	38				
Education status of mother								
a) Non formal education	0	23	10	33	40.124	8	15.507	significant At p<0.05
b) Class 1-8th	2	10	5	17				
c) Class 9-10th	7	0	6	13				
d) Class 11-12th	8	17	4	29				
e) Graduate or above	6	2	0	8				
Occupation of mother								
a. House maker	9	50	23	82	38.037	4	9.488	Significant At p<0.05
b. Self employed	12	2	2	16				
c. Unemployed	0	0	0	0				
d. Other	2	0	0	2				
Type of family								
a) Nuclear	8	9	9	26	23.631	4	9.488	Significant At p<0.05
b) Joint	12	32	2	46				
c) Extended	3	11	14	28				
Monthly family income								
a. Below 5000/-	0	0	0	0	7.699	4	9.488	Not significant At p<0.05
b. Between 5001-10,000/-	5	27	12	44				

c. Between 10001-15000/-	8	15	8	31				
d. Above 15000/-	10	10	5	25				
Place of last delivery								
a) Government Hospital	16	48	15	79	15.873	4	9.488	Significant At p<0.05
b) Private Hospital	7	4	8	19				
c) Home	0	0	2	2				
Mode of last delivery								
a. Normal vaginal delivery	11	12	15	38	14.949	4	9.488	Significant At p<0.05
b. Assisted vaginal delivery	3	2	1	6				
c. Cesarean section	9	38	9	56				
Number of Children								
a) 1	3	16	4	23	19.833	6	12.592	Significant At p<0.05
b) 2	9	2	5	16				
c) 3	5	23	7	35				
d) More than 3	6	11	9	26				

Table No:-6:- Association between the level of utilization regarding maternal health programs with the selected socio-demographic variables.

The findings revealed that there was a statistically significant association between the level of knowledge and selected demographic variables such as age (**chi square=15.133**), religion (**chi square=13.285**), education status of mother (**chi square=40.124**), occupation of mother (**chi square=38.037**), type of family (**chi square=23.631**), place of last delivery (**chi square=15.873**), mode of last delivery (**chi square=14.949**), and number of children (**chi square=19.833**) ($p < 0.05$). as **H3** is accepted.

DISCUSSION

ASSESS THE LEVEL OF AWARENESS REGARDING MATERNAL HEALTH PROGRAMS AMONG MOTHERS.

Table no 2 shows the level of awareness of maternal health programs among mothers. In this table 93% of people had low awareness, 7% had moderate awareness and 0% had high awareness.

ASSESS THE LEVEL OF UTILIZATION OF MATERNAL HEALTH PROGRAMS AMONG MOTHERS.

The table no. 3 shows level of utilization: 25% of mothers had low utilization, 52% had moderate utilization and 23% had high utilization.

RELATIONSHIP BETWEEN THE LEVEL OF AWARENESS AND LEVEL OF UTILIZATION OF MATERNAL HEALTH PROGRAMS.

The relationship between utilization and awareness shows in table no. 4 the correlation between awareness and utilization was **0.70** that is **significant** at **p value 0.01** as **H1 is Accepted**.

ASSOCIATION OF AWARENESS WITH THEIR SELECTED DEMOGRAPHIC VARIABLES.

The distribution of Awareness scores varied significantly across several demographic factors in the study population. **Educational status of mother, Occupation of mother, place of last delivery and number of children** had a statistically significant association with the level of Awareness with chi square value (**Education=13.702, occupation=38.743, place of last delivery=13.463 and mode of delivery=9.456**) whereas religion, occupation of mother, type of family, monthly family income, place of last delivery, mode of last delivery and number of children did not show a statistically significant association at the 0.05 level of significance. as **Research hypothesis (H2) is accepted**.

ASSOCIATION OF UTILIZATION WITH THE SELECTED SOCIO-DEMOGRAPHIC VARIABLES.

The distribution of utilization scores varied significantly across several demographic factors in the study population. Age (**chi square=15.133**), religion (**chi square=13.285**), education status of mother (**chi square=40.124**), occupation of mother (**chi square=38.037**), type of family (**chi square=23.631**), place of last delivery (**chi square=15.873**), mode of last delivery (**chi square=14.949**), and number of children (**chi square=19.833**) ($p < 0.05$). However, no significant association was found between the level of knowledge and monthly family income ($p > 0.05$). as **H3 is accepted**.

CONCLUSION

The rural mothers exhibited a low level of awareness regarding the maternal health program. Despite this,

there was a low to moderate level of utilization of the maternal health program among the mothers. Hence, there is a strong need to conduct targeted awareness campaigns in rural areas to improve the understanding of the maternal health program, which will enhance its utilization.

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