

Assess The Knowledge Regarding Suman (Surakshit Matritva Aashwasan Yojana) Among Antenatal Mothers Residing in Selected Rural Area, Vidarbha Region Maharashtra

Mr. Subodh Shalikram Rathod

BSC Nursing Final Year, Dr. Panjabrao Deshmukh Nursing Institute Shivaji Nagar, Amravati, Maharashtra

Abstract—the knowledge regarding suman (surakshit matritva aashwasan yojana) among antenatal mothers' objective: to assess the knowledge regarding suman among antenatal mothers residing in selected rural areas. method: a quantitative pré experimental research design with non-probability purposive sampling a total of 181 primigravida mothers (61) baseline knowledge was assessed using a structured interview schedule (sis.)

I. INTRODUCTION

Maternal and Newborn health is an important indicator of community health. In India, many maternal and neonatal deaths occur due to lack of awareness, inadequate antenatal care, delayed treatment, and poor utilization of health services. To improve maternal and child health services, the Government of India launched the Ministry of Health and Family Welfare initiative called SUMAN (Surakshit Matritva Aashwasan Yojana) in October 2019. SUMAN aims to provide assured, dignified, respectful, and quality healthcare services free of cost to all pregnant women, mothers up to six months after delivery, and sick newborns. The scheme includes free antenatal care, delivery services, emergency transport, medicines, diagnostics, blood transfusion, and postnatal care. In rural areas of the Vidarbha region, many antenatal mothers may not have adequate knowledge regarding the benefits and services available under SUMAN. Lack of knowledge may reduce utilization of maternal healthcare services and increase maternal and neonatal complications. Therefore, assessing the knowledge regarding SUMAN among antenatal mothers is essential for improving awareness and promoting safe motherhood practices.

II. OBJECTIVE

To Assess the Knowledge Regarding Suman Among Antenatal Mothers Residing in Selected Rural Area, Vidarbha Region Maharashtra.

III. METHODS

Study Design and Setting: “Overall Plan for Obtaining Answers to Research Questions and Testing Hypotheses.” In This Study, The Adopted Design Is Non- Experimental Descriptive Cross-Sectional Research Design. Care Among Antenatal Mothers Selected Rural Area, Vidarbha Region Maharashtra.”

- Inclusion criteria: Are registered for antenatal care.
- Are residing in the selected rural areas of the Vidarbha region.
- Are willing to participate in the study.
- Can understand and communicate in Marathi, Hindi, or English.
- Are available during the period of data collection.

Exclusion criteria the study excludes antenatal mothers who:

- Are seriously ill or medically unstable.
- Are not willing to participate.
- Are absent during the data collection period.
- Have cognitive or communication problems that prevent them from responding to the questionnaire.

SAMPLE SIZE

The sample size for study is will consist of 60 antenatal mothers.

SAMPLING TECHNIQUE

- Sampling is the process of selecting a group of people, events, or other elements to study. In this study, the non-probability convenience sampling technique was used.
- This technique is selected because the researcher will choose antenatal mothers who meet the study criteria and are available during the data collection period.

IV. DATA COLLECTION TOOLS AND TECHNIQUES

Data collection is a crucial aspect of research. The study aims to assess the effectiveness and knowledge on regarding SUMAN (Surakshit Matritva Aashwasan Yojana) among antenatal mothers residing in rural area, and for this purpose, a self-structured questionnaire was developed. The tool was divided into two sections

Data analysis: frequency, percentage, mean and standard deviation were used for descriptive analysis. paired t-test and correlation analysis were used for inferential analysis, and chi-square test was used to assess associations with demographic variables. the software used in the analysis were spss 24.0 and graph pad prism 7.0 version and $p < 0.05$ is considered as level of significance.

V. RESULT

this section presents the percentage-wise distribution of antenatal mothers based on their demographic characteristics. a convenient sample of 60 antenatal mothers was drawn from the study population at the selected rural area.

The data describes sample characteristics, including age, marital status, type of family, religion, area of residence, demographic profile most participant the result shows that there is 47% of antenatal mothers were in the 22-25 years old, 48% were in the 26-28 years old, 05% were in the 29-32 years old, 00% were in the 32 years old and above respectively.

The result shows 100% of antenatal mothers were married and 00% of antenatal mothers were unmarried respectively. 52% of antenatal mothers were in the

hindu religion, 37% were in the buddhist religion, 08% were in the muslim religion, 03% were in the christian religion respectively. 55% of antenatal mothers were in the nuclear family, 45% were in the joint family. 85% of antenatal mothers were in the rural, 15% were in the urban. 50% of antenatal mothers were are yes, 50% are no. 40% of antenatal mothers were in the friends, family and teachers, 26% were in the mass media, 19% were in the health personnel, 15% were in the books respectively.

The above table shows that 10% of antenatal mothers had a poor level of knowledge score, 66.67% had an average level, and 23.33% had a good level of knowledge score.

Minimum knowledge score was 4 and maximum knowledge score was 15. mean knowledge score was 8.71 ± 2.61 and mean percentage of knowledge score was 34.86 ± 10.46 .

GRAPHICAL REPRESENTATION:

this table shows antenatal mothers from selected rural region of vidarbha, maharashtra mean, standard deviation and mean difference values are paired 't' test is applied at 5% level of significance.

The tabulated value for $n=61$ i.e., 180 degrees of freedom was 1.96. the calculated 't' value i.e., 11.72 are much higher than the tabulated method: - a cross-sectional study was conducted among 60 antenatal mothers, using a self-structured questionnaire. data were analyzed using descriptive and analytical statistics. the knowledge regarding suman (surakshit matritva aashwasan yojana) among antenatal mothers residing in selected rural area, vidarbha region maharashtra." thus the H_1 is accepted.

This section presents the percentage-wise distribution of antenatal mothers based on their demographic characteristics.

A convenient sample of 60 antenatal mothers was drawn from the study population at the selected rural area.

The data describes sample characteristics, including Age, Marital Status, Type of family, Religion, Area of residence, do you know about the SUMAN yojana, Sources of information.

Table No.4.1.1: - Percentage-wise distribution of antenatal mothers according to their demographic characteristics

N=60

Demographic Variables	No. of antenatal mothers	Percentage
1.Age (years)		
22-25 years	28	47
26-28 years	29	48
29-32 years	3	05
32 years above	0	00
2.Marital Status		
Married	60	100
Unmarried	00	00
3.Religion		
Hindu	31	52
Buddhist	23	37
Muslim	05	08
Christian	02	03
4.Types of Family		
Nuclear	33	55
Joint	27	45
5.Area of residence		
Urban	09	15
Rural	51	85
6.Do you know about the SUMAN yojana.		
Yes	30	50
No	30	50
7.Sources of information		
Friends, family, teachers	24	40
Mass media	16	26
Health personnel	11	19
Newspapers & books	09	15

Table no.4.2.1: - Assessment with level of knowledge score.

N=60

Level of knowledge score	Score Range	Level of Knowledge Score	
		No of antenatal mothers	Percentage
Poor	0-5(0-20%)	6	10
Average	6-10(21-40%)	40	66.67
Good	11-15(41-60%)	14	23.33
Very Good	16-20(61-80%)	0	0
Excellent	21-25(81-100%)	0	0
Minimum score		4	
Maximum score		15	
Mean knowledge score		8.71±2.61	
% Knowledge score		34.86±10.46	

The above table shows that 10% of antenatal mothers had a poor level of knowledge score, 66.67% had an average level, and 23.33% had a good level of knowledge score.

Table 4: Assessment level of knowledge score.Mothers

n=61

Test	Mean	SD	Mean Difference	t-value	p-value
Pre-Test	18.77	1.52	2.42±2.78	11.72	0.0001 S,p<0.05
Post Test	21.19	2.32			

This table shows the knowledge scores of Minimum knowledge score was 4 and maximum knowledge score was 15. Mean knowledge score was 8.71±2.61 and mean percentage of knowledge score was 34.86±10.46.

Hence it is statistically interpreted that the knowledge regarding new born care among Primigravida Mothers from selected hospital of the city was effective. Thus, the H_1 is accepted

VI. DISCUSSION

This study possesses several strengths, including its comprehensive analysis of behavioural and clinical risk factors for essential antenatal mothers the use of appropriate statistical tests, and an adequate sample size.

Inclusion of comparisons with other studies also increases the validity of the findings.

There are some drawbacks, however. Cross-sectional design excludes making inferences about causality, and reliance on self-reports may be susceptible to recall or reporting bias. Also, since the research was conducted in a special geographic location, the results cannot be fully generalized to other populations.

VII. CONCLUSION

This study highlights the need for awareness and training on SUMAN yojana. The results emphasize the importance of upskilling antenatal mothers to enhance their preparedness for handling maternity care to pregnant mother in community areas or hospitals.

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