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## **Poshan Abhiyaan and MCH card awareness among pregnant and postpartum mothers, Raigad district, Maharashtra**

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**Abstract**---The MCH card is increasingly recognized as an essential tool for maintaining maternal and child health within the expanded coverage of ICDS (Integrated Child Development System) and NRHM (Rural Health Mission). Nation).The POSHAN ABHIYAAN program also advocates for the widespread use of MCH cards and services. The study aims to assess the level of awareness about POSHAN ABHIYAAN and MCH (Maternal Child Health) card among the pregnant and post partum mothers. Method: The study was conducted from 22 February 2021 to 12 April 2021 among 80 pregnant and post partum mothers at the anganwadi centers of Maharashtra state selected by multistage sampling technique. Socio-demographic data along with components of POSHAN ABHIYAAN and MCH card were assessed. Data were collected, entered in MS Excel spreadsheet, and analyzed using SPSS software (version 20.0) Results: 85% were aware about the MCH card. Among them 73.8% carried the MCH card during the regular check-up. 78.8% were aware about 2 T.T. injection doses but only 66.3% were aware about the blood pressure monitored at regular check-up. 83.75% and 5% had average and good level of POSHAN ABHIYAAN awareness. POSHAN ABHIYAAN awareness need to be strengthened with involvement of family members. Efficient use of existing health services, health education sessions with precise message along with implication of community groups will help to increase MCH card and POSHAN ABHIYAAN service awareness.

**Keywords**---antenatal care, poshan abhiyaan, maternal child health card, awareness, pregnant and post partum mothers

## **Introduction**

India is signatory to the Millennium Declaration adopted by the United Nations General Assembly in September 2000, consistently reaffirming its commitment to eight development goals. The Millennium Development Goals are in line with India's own development goals of reducing poverty and other areas of poverty.

<sup>1</sup> Millennium Development Goal 4 aims to reduce the mortality rate of children under the age of five by two-thirds. India's under-five mortality rate (U5MR) has dropped from 39 per 1,000 live births in 2016 to 36 per 1,000 live births in 2018. <sup>2</sup> The current IMR is the infant mortality rate of 32 per 1,000 live births in 2018. Whereas the maternal mortality 130 in 2014-16 decreased to 113 in 2016 18.<sup>3</sup>

POSHAN ABHIYAAN is a multi-division converging mission with a vision to ensure an India unbound of malnutrition by 2022. POSHAN ABHIYAAN's objective is to reduce stunting in the identified districts of India. have the highest malnutrition burden by improving the utilization of Anganwadi's key services and improving the quality of Anganwadi service delivery. Its goal is to ensure the comprehensive development and adequate nutrition for pregnant women, mothers and children. The implementation strategy will be based on close monitoring and an action plan that converges down to the grassroots level. POSHAN ABHIYAAN implemented in three phases from 2017-18 to 2019-20. POSHAN ABHIYAAN aims to reduce stunting, malnutrition, anemia (among young children, women and adolescent girls) and low birth weight by 2%, 2%, 3%, and 2% per year respectively. Although the goal is to reduce stunting by at least 2% per year, the Mission will strive to reduce stunting from 38.4% (NFHS4) to 25% by 2022 (Mission). 25 in 2022) .<sup>4</sup>

In addition, the Government of India's Early Childhood Care Strategy for Survival, Growth and Development, National Institute for Public Cooperation and Child Development (NIPCCD), in collaboration with UNICEF and MWCD, has developed Maternal and child protection cards as a communication tool. As an entitlement card, it will ensure greater inclusion of underserved groups in need and universal access to key MCH services.<sup>5</sup> The MCP card as a service tool is introduced on 1st of May. April 2010. The MCP Card is a tool for pregnant women, new mothers and family members to learn, understand and apply good health practices. It helps families learn about the different types of services they need to evaluate and use. <sup>6</sup>

Thus this study was planned with the aim to assess the level of awareness about POSHAN ABHIYAAN and MCH (Maternal Child Health ) card among the pregnant and post partum mothers. This will therefore help in identifying the lacunae in the awareness levels in maternal child health services which can be related to the utilisation of these services and hence contribute to bring down the mortality indicators.

## **Need For the Study**

Maternal health consciousness is important in the context of India. Maternal health issues are primarily due to ignorance, poverty, and lack of

knowledge about the matter. Therefore, it is very important to initially focus on the offer to raise the maternal awareness. Increasing the use of these services to ensure safe motherhood, childbirth and infant well-being also requires awareness and knowledge of the rationale behind these services. This lowers the index of mortality and helps achieve MDGs

In promoting and delivering safe maternity care services that improve maternal and newborn health, one of the key determinants of the effectiveness of these services is the rate of utilisation of antenatal care services. Use of these services is much lower than expected, especially in rural areas. Though there is a widespread coverage of the MCH card, it is important to know its usefulness as a health education and awareness tool about pregnancy and child care. Therefore, this study aims to determine the level of understanding of pregnant and postpartum mothers about the possession and use of MCH cards, related to antenatal care, based on the information provided by the MCH card, which should reflect the usefulness of the MCH card as a tool to a mother's health update during pregnancy.

## **Method**

A community based cross-sectional study conducted involving the pregnant mothers and post partum mothers delivered in past one month. The study was conducted from February 2021 to April 2021 on pregnant and post partum mothers at anganwadi centers located in Uran block of Raigad District, Maharashtra. Eleven anganwadi centers and 7 – 8 participants each anganwadi center were selected using purposive sampling technique consisting of 20 pregnant mothers of each trimester and 20 post partum mothers.

Clearance was obtained from the institutional ethics committee. The structured interview questionnaire was prepared with reference to the POSHAN ABHIYAAN services such as antenatal services, antenatal visits, registration, medication, immunization, financial assistance, THR (Take Home Ration), free institutional delivery, transportation and components of MCH (Maternal Child Health) card awareness. Data was collected using predesigned structured questionnaire in local language. Socioeconomic status was classified according to modified Kuppaswamy scale. The questionnaire was orally administered to every individual after having obtained informed consent. It was administered in the local language by visiting the mothers in their houses and in the anganwadi center and the given responses were noted accordingly. Verbally administering the questionnaire was aimed at reducing the errors with perception of the questions and to obtain the maximum exact responses.

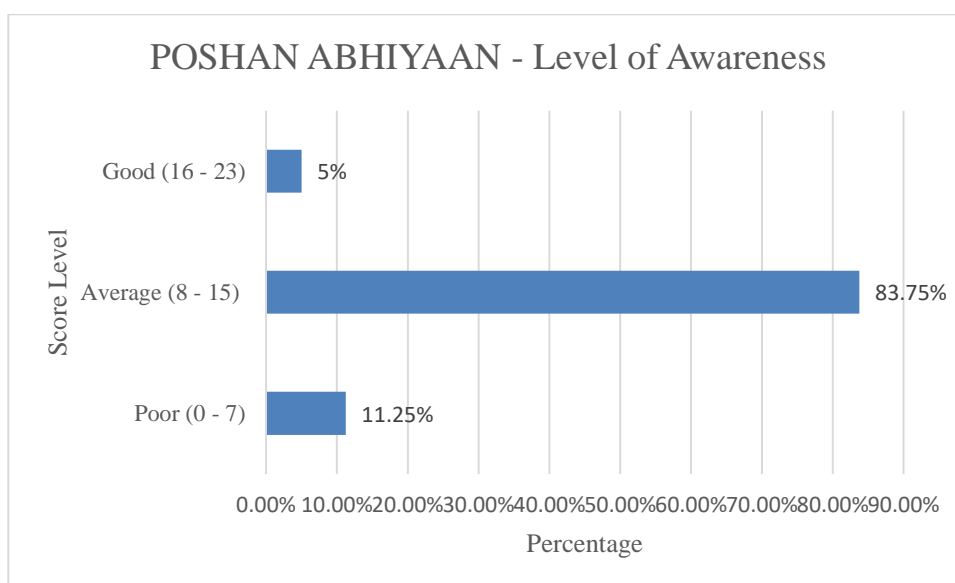
Scoring of awareness was done. For every correct response, a score of 1 was given and for every incorrect response a score of 0 was given. Data was analysed by Chi-square Test to find the significance.

## **Results**

Out of 80 mothers 43.75% were aged between 25-29 years 27.5% were aged between 20-24 years. 53.75% mothers were illiterate. Mothers living in joint family were 63.75% and nuclear family were 36.25%. Multigravida mothers were

more in number (53.75%) as compared to primigravida mothers (46.25%). Most of the mothers were housewife(83.75%) whereas 8.75% , 7.5% were daily wage and private job workers, respectively. The Source of information about POSHAN ABHIYAAN services were ASHA, AWW, ANM , OTHERS 56.25%, 32.5%, 2.5% and 8.75% respectively.

The level of awareness about the POSHAN ABHIYAAN services comprised of components such as antenatal services, antenatal visits, registration, medication, immunization, financial assistance, THR (Take Home Ration), free institutional delivery, transportation. The awareness score levels classified into poor (0 – 7), average (8 – 15 ) and good (16 – 23). Thus, among 80 participants, 9 (11.25%), 67 (83.75%) and 4 (5%) mothers had poor, average and good level of awareness score respectively. (Figure 1)



*Figure 1 Level of Awareness about POSHAN ABHIYAAN*

85% mothers were aware about the MCH card among which 73.8% mothers could carry the MCH card along during regular check-ups. 83.8% and 82.5% mothers were aware about the LMP and EDD respectively. 66.3% mothers were aware about their blood pressure levels and 98.8% mothers stated that they were informed about their weight during check-up. Assessment for pallor and oedema were answered correctly by 20.0% and 15.0% of the sample respectively. Awareness about 2 TT injection doses given during pregnancy was found in 78.8% of the mothers. 92.5% mothers received 180 IFA tablets whereas only 85% consumed IFA tablets regularly. As regards, the investigations done during pregnancy , 78.8%, 52.5%, 92.5, 58.8% and 91.3% were informed about the findings of the abdominal examination, fetal heart sound , haemoglobin , blood sugar level and ultrasound during regular check-up. (Figure 2)

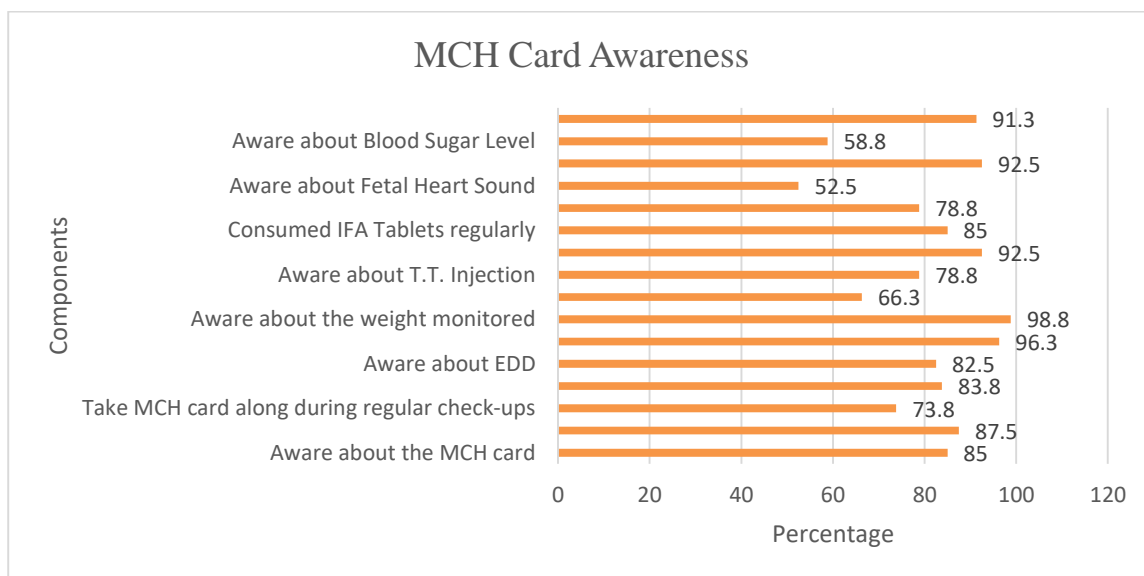


Figure 2 Awareness about MCH (Maternal Child Health) card

Among 80 mothers, 26 (32.5%) mothers in the age group of 25 – 29 years have good (13-18) MCH Card awareness score and 33 (41.25%) illiterate mothers have average (7-12) MCH Card awareness. It was observed that mothers living in a joint family had good (13-18) awareness about MCH Card. Occupation had no statistically significant association with the MCH Card awareness. 31 (38.75%) mothers who gained information from ASHA had good (13-18) MCH Card awareness but there was no statistically significant association (Table 1).

Table 1 Association of Socio-demographic variables with MCH Card Awareness among pregnant and post-partum mothers

Demographic Variables	MCH Card Awareness				Chi Square Test	P-Value	Sig. at 5% level
	Poor (0 – 6)	Average (7 – 12)	Good (13 – 18)	Total			
<b>Age Group (yrs)</b>							
20 – 24	1	7	14	22	4.790	0.780	Not Significant
25 – 29	0	9	26	35			
30 – 34	1	3	15	19			
35 – 39	0	0	3	3			
40 – 44	0	0	1	1			
<b>Education</b>							
Illiterate	1	33	9	43			

Primary	1	14	6	21	1.394	0.845	Not Significant
SSC	0	12	4	16			
<b>Occupation</b>							
House Wife	2	16	49	67	1.065	0.900	Not Significant
Daily Wage	0	1	6	7			
Private job	0	2	4	6			

\*Statistically Significant at 5% level i.e.,  $P < 0.05$  .

\*\*Statistically highly Significant at 0.1% level i.e.,  $P < 0.001$

A significant association was observed in POSHAN ABHIYAAN awareness and the age group, as 30 participants of 25 – 29 years age group had average (8 – 15) POSHAN ABHIYAAN awareness score. In relation to education, illiterate (35), primary education (19) SSC (13) had average awareness score. 57 (71.25%) housewives, 6 (7.5%) daily wage and 4 (5%) had average POSHAN ABHIYAAN awareness score (8-15). Type of family and occupation of participants had no significant association. 37 (46.25%) mothers gained information from ASHA whereas 24 (30%) mothers gained information from anganwadi workers which showed a statistically significant association. (Table 2)

*Table 2 Association of Socio-demographic variable with POSHAN ABHIYAAN Awareness among pregnant and post-partum mothers*

Demographic Variables	POSHAN ABHIYAAN Awareness				Chi Square Test	P-Value	Sig. at 5% level
	Poor (0 – 7)	Average (8 – 15)	Good (16 – 23)	Total			
<b>Age Group (yrs)</b>							
20 – 24	4	18	0	22	21.919*	0.005	Significant
25 – 29	3	30	2	35			
30 – 34	2	16	1	19			
35 – 39	0	3	0	3			
40 – 44	0	0	1	1			
<b>Source of Information</b>							
ASHA	7	37	1	45	14.746*	0.022	Significant
AWW	1	24	1	26			
ANM	1	1	0	2			
Others	0	5	2	7			

\*Statistically Significant at 5% level i.e  $P < 0.05$  .

## Discussion

The level of awareness about two doses of T.T injection and IFA tablets was 78.8% and 92.5%, respectively. A study conducted by National Institute of Public Cooperation and Child development to evaluate the usage of Mother and Child Protection Card concludes that The awareness of all beneficiaries and family members regarding the validity of the MCP Card was low . 67.2 per cent of

mothers with children between 6 months and 3 years reported that they were explained about the MCP Card in contrast to pregnant women (59.6%), mothers with children below 6 months (60.8%) and family members (43.3%).<sup>7</sup> In a study, Mahajan and Sharma observed that knowledge about IFA tablets and TT injection was low in both urban and rural residents of Maharashtra.<sup>8</sup> The investigations done during pregnancy, were informed about the findings of the abdominal examination, fetal heart sound, haemoglobin, blood sugar level and ultrasound during regular check-up, 78.8%, 52.5%, 92.5, 58.8% and 91.3% respectively. A study by Jena D et al, presented that measuring BP and weight, blood and urine tests in each visit, 180 IFA and IFA tablets to start in 4 months pregnant it was answered correctly by 83%, 37%, 47.5% and 48% of the samples.<sup>9</sup> In the present study, 85.0% consumed regular IFA tablets while the study shows that awareness about 100 iron folic acids is considerably very low (38%).<sup>10</sup>

### **Conclusion**

Most literate mothers are already aware of different aspects of POSHAN ABHIYAAN and MCH cards. The MCH card creates more favorable conditions for prenatal care and better access and utilisation of POSHAN ABHIYAAN services. People also understand the local language well. This certainty can therefore be used to raise awareness and disseminate information more effectively. The use of MCH card should be enhanced, the role of the media should also be improved. All efforts must be made by the authorities to fully explain the MCH card to the beneficiaries and better recognize the benefits of the card. To improve the use of MCH cards, we need to establish a strong link with a mother-child tracking system that assigns a unique code to every card. Also, to enhance accountability for each health worker, provide a record of services / counseling provided by each health worker on the MCH card during mandatory home visits for postnatal and neonatal care.

Consequently, using existing infrastructure and staff, we need to design targeted health education sessions using existing IEC materials such as MCH cards effectively. Effective use of existing assets, providing accurate information on topics will help raise awareness, which in turn will expand the utilisation of services and help achieve MDGs goals.

### **Recommendations**

- Every effort should be made to ensure that the functionaries fully explain the MCH Card and POSHAN ABHIYAAN services to beneficiaries, so that they are better informed of the Card's benefits and available services.
- Periodic assessment of supplies at the district level should be carried out on a regular basis and options for addressing shortages should be developed at the district level.
- A mechanism should be developed to verify the reach of MCH services and MCH cards to all Anganwadi centres, in addition to data obtained from the monitoring format

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Conflict of interest: None

Ethical approval: The study was approved by the institutional ethics committee

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