

Awareness and Utilization of Maternity Benefit Schemes Among ASHA, ANM and Pregnant Women in Imphal East District: A Cross-Sectional Study¹Dr. Lintu Mathew, Assistant Professor, Palakkad Institute of Medical Sciences, India.²Dr. Geethu S, Assistant Professor, Palakkad Institute of Medical Sciences, India.³Dr L Janani, Assistant Professor, Dhanalakshmi Srinivasan Institute of Medical Science, India.⁴Dr LaisangbamTarakishore Singh, Medical officer, Manipur**Corresponding Author:** Dr. Lintu Mathew, Assistant Professor, Department of Community Medicine, Palakkad Institute of Medical Sciences, India**How to citation this article:** Dr. Lintu Mathew, Dr. Geethu S, Dr L Janani, Dr LaisangbamTarakishore Singh, “Awareness and Utilization of Maternity Benefit Schemes Among ASHA, ANM and Pregnant Women in Imphal East District: A Cross-Sectional Study”, IJMACR– October– 2026, Volume – 9, Issue – 5, P. No. 63 – 69.**Open Access Article:** © 2026 Dr. Lintu Mathew, et al. This is an open access journal and article distributed under the terms of the creative common’s attribution license (<http://creativecommons.org/licenses/by/4.0>). Which allows others to remix, tweak, and build upon the work non - commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.**Type of Publication:** Original Research Article**Conflicts of Interest:** Nil**Abstract****Objective:** To assess the awareness and utilization of maternity benefit schemes among pregnant women, ASHAs and ANMs in Imphal East district, Manipur.**Materials and Methods:** From May to June 2021, a facility-based cross-sectional study was carried out in a few government health facilities in the Imphal East area. Consecutive sampling was used to recruit 363 participants, including 239 pregnant women, 89 ASHAs, and 35 ANMs. A pretested semi-structured questionnaire was used to gather the data, and the chi-square test and descriptive statistics were used for analysis. Spontaneous, prompted, and no-response categories were used to measure awareness of five maternity benefit plans.**Results:** 83.2% of the 363 participants were from rural areas. PMMVY (93.2%) and PMSMA (90.3%) had high levels of complete awareness. 31.1% of JSY replied spontaneously, 28.7% did so after being prompted, and 40.2% did not. 50.1% of JSSK had no awareness, 25.1% had spontaneous awareness, and 24.8% had prompted awareness. 7.5% of respondents were aware of Anganwadi nutrition supplementation on their own, 62.5% were prompted, and 30% were unaware. In all, 24% had good awareness, 8.5% average, and 67.5% poor awareness.**Conclusion:** The significant differences in awareness between schemes underscored the need for better prenatal counselling, regular training for ASHAs and ANMs, and locally tailored IEC materials.

Keywords: Maternity benefits, Awareness, Pregnant women.

Introduction

Maternal mortality is still a major public health concern in low- and middle-income countries, despite significant improvements in maternal health indicators. Although India's Maternal Mortality Ratio (MMR) decreased to 97 per 100,000 live births between 2018 and 2020, inequalities in access to high-quality maternal healthcare still make it difficult to achieve Sustainable Development Goal 3.1.¹ The Government of India has established a number of maternity benefit programs, such as Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakram (JSSK), and Pradhan Mantri Matru Vandana Yojana (PMMVY), with the goals of encouraging institutional deliveries, lowering out-of-pocket expenses, and increasing the use of prenatal and postnatal care.^{2,3}

During pregnancy period couples plans on hospital visits, health and nutrition of both mother and baby. But for most people belonging to low- and middle-class socioeconomic background, hospital bills, maternity leave and nutritional support are also a matter of concern. The objectives of these maternity benefit schemes include providing cash incentive for partial compensation for the wage loss so that the woman can take adequate rest before and after delivery, nutritional support, insurance coverage as well as improve health seeking behaviour amongst the Pregnant Women & Lactating Mothers.

Frontline healthcare workers, especially Accredited Social Health Activists (ASHAs) and Auxiliary Nurse Midwives (ANMs), are crucial in generating awareness, promoting service utilization, and maintaining continuity of maternal care.^{4,5} Studies have reported gaps in

awareness and utilization of these schemes among beneficiaries, influenced by socio-economic, education and health system factors.^{6,7,8} Women who receive support are more likely to attend antenatal check-ups, receive vaccinations, and maintain better hygiene after delivery, all of which contribute to improved health outcomes for both mothers and their children.⁹ Thus, it is important to assess the knowledge and use of maternity benefit schemes among pregnant women and frontline health workers to identify the existing gaps and strengthen the maternal health service delivery.

Materials and methods

A facility-based cross-sectional study was conducted during May–June 2021 in government health facilities, including Primary Health Centres (PHCs), a Community Health Centre (CHC), and a tertiary care hospital, serving the Imphal East district of Manipur. The study included pregnant women attending antenatal outpatient clinics or admitted to obstetric wards, along with ASHAs and ANMs. The minimum sample size was calculated as 232 using a prevalence of 18.6% awareness of maternity benefit schemes from a previous study, with 5% absolute precision. Consecutive sampling was employed, and a total of 363 participants (239 pregnant women, 89 ASHAs, and 35 ANMs) were enrolled. The data were collected through face-to-face interview with the help of a pretested semi-structured questionnaire. Awareness of five maternity benefit schemes was measured using a scoring system based on spontaneous, prompted or no response and categorized as poor, average or good awareness.

Data were entered and analyzed using IBM SPSS Statistics, version 21.0. Descriptive statistics like percentage, mean and standard deviation were used to describe the data, and the chi-square test was used to

assess associations. Statistical significance was considered at $p < 0.05$. Prior to the start of the study, it was approved by the Research Ethics Board of the Regional Institute of Medical Sciences (RIMS), Imphal.

Results

Table 1: Background characteristics of the participants (N = 363)

Background characteristics	n (%)
Participants	
Pregnant women	239 (65.8)
ASHA	89 (24.5)
ANM	35 (9.6)
Age (in completed years)	
18-25	104 (28.6)
26-35	71 (19.6)
36-45	101 (27.8)
46 and above	87 (24)
Educational status	
Illiterate	7 (1.9)
Primary school	32 (8.9)
High school	187 (51.5)
Higher secondary school	81 (22.3)
Graduate and above	56 (15.4)
Marital status	
Married	357 (98.3)
Unmarried	2 (0.6)
Divorced	1 (0.3)
Widowed	3 (0.8)
Availability of BPL or any form of health insurance cards	
Yes	144 (39.7)
No	219 (60.3)
Occupational status	
Housewife	154 (42.4)
ASHA	89 (24.5)
ANM	35 (9.6)
Private employee	7 (1.9)
Self-employed	78 (21.5)

Religion	
Hinduism	150 (41.3)
Islam	49 (13.5)
Christianity	27 (7.5)
Sanamahism	137 (37.7)
Place of residence	
Urban	61 (16.8)
Rural	302 (83.2)
Type of family	
Joint	205 (56.5)
Nuclear	158 (43.5)
Parity	
Nulliparous	55 (15.2)
1	118 (32.5)
2	124 (34.2)
>2	66 (18.1)

Table 2: Maternal characteristics (N=239)

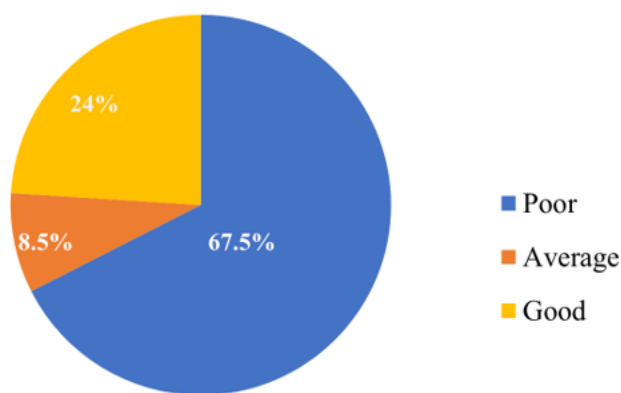
Maternal characteristics	n (%)
Number of ANC visits	
1-2	62 (26)
3-4	76 (32)
5-8	88 (36.9)
>9	13 (5.5)
Gestational age (in weeks)	
0-12	68 (28.5)
13-24	50 (20.9)
25-36	58 (24.3)
>37	63 (26.4)
History of miscarriage in the past	
Yes	172 (71.8)
No	67 (28.2)

Table 3: Knowledge regarding maternal benefits

Maternal benefits	n (%)
Response for awareness regarding JSY	
Spontaneous	113 (31.1)
Prompted	104 (28.7)
None	146 (40.2)

Response for awareness regarding JSSK	
Spontaneous	91 (25.1)
Prompted	90 (24.8)
None	182 (50.1)
Response for awareness regarding Anganwadi Nutrition Supplementation	
Spontaneous	27 (7.5)
Prompted	227 (62.5)
None	109 (30)
Response for awareness regarding PMMVY benefits	
Fully aware	338 (93.2)
Partially aware	16 (4.3)
Not aware	9 (2.5)
Response for awareness regarding PMSMA benefits	
Fully aware	328 (90.3)
Partially aware	25 (6.9)
Not aware	10 (2.8)

Fig.1: Distribution of participants by awareness of maternity schemes (N=363)



Discussion

The present study was carried out to assess the knowledge on maternity benefit schemes among pregnant women, ASHAs and ANMs of Imphal East district. The study was conducted among 363 participants comprising of 239 pregnant women, 89 ASHAs and 35 ANMs. Most of the participants were

rural (83.2%) and more than half had completed high school education. Similarly, previous studies have reported that knowledge and use of maternal benefit schemes varies with the educational and socio-economic characteristics of beneficiaries.^{2,6-7} A major finding of the present study was the awareness across the different schemes of maternity benefits. Awareness regarding PMMVY and PMSMA was high as 93.2% and 90.3% of the participants had complete awareness regarding benefits respectively. This relatively high level of awareness could be due to the increasing visibility of these programs through antenatal care services and the role of frontline health workers in terms of information dissemination. Conversely, there is relatively low awareness of JSY. Only 31.1% of participants identified JSY spontaneously while 28.7% gave response after prompting and 40.2% had no awareness. This result suggests that the scheme might be identified without necessarily knowing the name or the benefits of the scheme. Similar gaps in awareness of maternal benefit schemes have been reported among antenatal women in rural Tamil Nadu and beneficiaries in other parts of India.^{2,6} In studies conducted in Uttar Pradesh and Kashmir valley, 60.7% and 84.4% participants were aware of JSY respectively.^{10,11}

Such gaps are important as JSY was introduced to promote institutional delivery especially among the women from vulnerable and disadvantaged groups. Awareness of JSSK was higher than JSY with 25.1% of participants reporting awareness spontaneously. However, the results available indicate that awareness was not evenly distributed amongst participants. The objective of the JSSK is to reduce the financial burden of delivery and newborn care by providing free and cashless services in public health institutions. Such

entitlements need to be publicized as lack of knowledge of available services can be a factor in missed benefits and continued out of pocket expenditure. Previous evidence has pointed to the role of community health workers in enhancing women's retention along the maternity care continuum and access to institutional maternity services.⁴⁻⁵ There was also a big gap in the awareness of the Anganwadi nutrition supplementation. Only 7.5% of participants named the service spontaneously, 62.5% responded following prompting and 30% had no awareness. The difference between spontaneous and prompted responses also suggests that some participants may have had some knowledge of the service, but could not independently identify or describe it. The findings also highlight the vital role played by frontline health workers in implementing maternal health programs. ASHAs and ANMs are a critical link between the community and the health system, and provide counselling to pregnant women, facilitate antenatal care, promote institutional delivery and help beneficiaries access government schemes.⁴⁻⁵ Use of ASHA services has been associated with use of institutional delivery, as seen from evidence from India, which further emphasizes the significance of strengthening engagement of community-level health workers.⁵

Hence, enhancing the knowledge of the frontline workers and ensuring that they have the correct and updated information about the maternity benefit schemes may have an indirect effect on awareness and utilization of the same by pregnant women.

The difference between high awareness of some newer or actively promoted schemes and relatively poor spontaneous awareness of other programs may reflect differences in program visibility, frequency of communication and the way information is delivered at

health facilities and in the community. Schemes may not be available for use. Beneficiaries should be informed about eligibility criteria, nature of benefits, how and where benefits can be accessed and what documentation is required. Other studies have shown that awareness does not always translate to actual utilisation of maternal benefit schemes indicating the presence of other health-system and socio-economic barriers.⁶⁻⁷ Utilizing technology for registering beneficiaries, executing direct cash transfers, and spreading health information holds considerable promise. Mobile platforms and digital payment systems have the potential to boost efficiency, minimize delays, and improve transparency within the programs.¹² The study should also be considered in light of some limitations. The cross-sectional design limits the ability to determine temporal or causal relationships between participant characteristics and awareness or utilisation. This study was conducted in selected government health facilities in Imphal East district and the findings may not be generalised directly to all pregnant women or health workers in Manipur or other parts of India. Moreover, awareness was measured using participant responses, which could be influenced by recall and social desirability bias. But inclusion of pregnant women along with ASHAs and ANMs, provides a wider perspective about the dissemination of information about maternity benefit schemes.

Conclusion

Study participants' awareness of maternity benefit schemes was variable with high awareness for PMMVY and PMSMA, but important gaps for JSY, JSSK and Anganwadi nutrition supplementation. There is a need to strengthen the routine counselling during antenatal visits. Regular training and updates to ASHAs and ANMs and use of simple IEC materials, suitable to the

local context, are suggested to improve awareness and to help better use of available maternity benefits.

References

1. R. Kumari and R. K. Kumar, 'Status of Antenatal Care Utilization among ST and Non-ST Mothers in West Champaran and Banka districts of Bihar', *Demography India*, 54/2 (2025).
2. S. Panigrahi and S. Akarte, 'Assessment of awareness and service utilization of maternal and child health programmes among beneficiaries in a tribal district of Maharashtra', *International Journal of Medical Sciences and Public Health*, 7/1 (2018), doi:10.5455/ijmsph.2018.1029003022018.
3. R. Raj, J. Begum, S. I. Ali, S. Shikha, and A. Kumar, 'Knowledge, Attitudes, and Practices of Reproductive Healthcare Schemes and Evaluation of a Menstrual Hygiene Awareness Module among Tribal Women and Adolescent Girls in Jharkhand, India: A mixed-methods pilot study', *Asia Pacific Journal of Health Management*, 21/1 (2026), doi:10.24083/apjhm.v21i1.4637.
4. S. Agarwal, S. Curtis, G. Angeles, I. Speizer, K. Singh, and J. Thomas, 'Are community health workers effective in retaining women in the maternity care continuum? Evidence from India', *BMJ Global Health*, 4/4 (2019), e001557, doi:10.1136/bmjgh-2019-001557.
5. S. Mishra, S. Horton, Z. A. Bhutta, and B. M. Essue, 'Association between the use of Accredited Social Health Activist (ASHA) services and uptake of institutional deliveries in India', ed. S. Gaurav, *PLOS Global Public Health*, 4/1 (2024), e0002651, doi: 10.1371/journal.pgph.0002651.
6. L. S and R. S, 'Awareness regarding maternity benefit schemes among antenatal women in rural Tamil Nadu', *International Journal of Clinical Obstetrics and Gynaecology*, 3/5 (2019), 220–223, doi: 10.33545/gynae.2019.v3.i5d.354.
7. V. R and L. K, 'Awareness and utilization of maternal benefit schemes among mothers in urban area', *National Journal of Physiology, Pharmacy and Pharmacology*, 11/7 (2021), 1, doi:10.5455/njppp.2021.11.06182202111062021.
8. V. Kumar, A. Singh, H. Singh, S. Ram, A. Kundu, and S. Chowdhury, 'Utilization of full antenatal care among Scheduled Caste mothers in India, 2015–2021', *BMC Women's Health*, 25/1 (2025), 78, doi:10.1186/s12905-024-03491-4.
9. A. R. Jeyashree, 'Caring for Mothers: A Look at India's Maternity Support System', *Indian Journal of Legal Review*, 5/5 (2025), 389–396.
10. S. Mattas, B. Pant, S. Sharma, and P. Dobhal, 'SWOT analysis of Janani Suraksha Yojana among women of Western Uttar Pradesh, India', *Journal of Family Medicine and Primary Care*, 13/11 (2024), 4837, doi: 10.4103/jfmpe.jfmpe_224_24.
11. T. Alam, I. A. Para, and M. Manzoor, 'Janani Suraksha Yojana in Kashmir Valley: A binary logistic regression analysis', *Population Geography*, 46/1 (2024), 91–106.
12. J. Kumari and A. R. Sinha, 'Determinants of Maternity Benefit Scheme Utilization of Bihar, India: Evidence from Pradhan Mantri Matru Vandana Yojana (PMMVY) and Janani Suraksha Yojana (JSY)', *International Research Journal Multidisciplinary Scope*, 7/1 (2026), 428–445, doi:10.47857/irjms.2026.v07i01.07617.
13. U. Joshi, T. Shah, V. Gohil, R. Y. Sharma, and V. R. Shah, 'Strengths, Weaknesses, Opportunities, and Challenges of Conditional Cash Transfers Under the

Janani Shishu Suraksha Karyakram in India: A
Narrative Review', Cureus, 17/4 (2025),
doi:10.7759/cureus.82874.