

**“A STUDY TO ASSESS THE KNOWLEDGE REGARDLING S.U.M.A.N.
(SURAKSHIT MATRITVA AASHWASAN) YOJANA AMONG WOMEN'S
RESIDING IN SELECTED URBAN AREAS OF PUNE CITY.”**

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ABSTRACT

The Government of India's Surakshit Matritva Aashwasan (also called SUMAN Yojana is a key step in ensuring the safety and wellbeing of pregnant women throughout the nation. The urgent problem of maternal mortality will be addressed, and India's overall maternal health care system will be improved, thanks to this creative healthcare project. The SUMAN Yojana aims to empower pregnant women to enhance their access to high-quality prenatal and postnatal treatment by offering financial help and necessary healthcare services. High rates of maternal death in India Alarmingly high maternal death rates in India have brought to light the critical need for comprehensive interventions. About 35,000 maternal deaths per year, or about one-fifth of all maternal deaths worldwide, occur in India, based on the World Health Organization (WHO) (2019) . These statistics highlight how crucial it is to carry out programs such as the SUMAN Yojana in order to address this problem and save several lives. TITLE –“A study to assess the knowledge regarding S.U.M.A.N.(SURAKSHIT MATRITVA AASHWASAN) yojana among women's residing in selected urban areas of Pune city.” OBJECTIVE:-1. To assess the knowledge regarding S.U.M.A.N. (SURAKSHIT MATRITVA AASHWASAN) Yojana among women’s. 2. To associate the knowledge with selected demographic variables among women’s. MATERIAL AND METHODS: - The study adopted to descriptive design carried on 100 women's and was conducted on residing in selected areas of Pune City. Non probability convient sampling techniques was used and was statistically analysed after collecting data through structured questionnaires regarding knowledge on S.U.M.A.N. used for the data collection. Self structured questionnaires was used. Ethical clearance was taken from institutional ethics committee. Data analysis was done using descriptive statistics. RESULT: The finding shows majority 56% have average knowledge, 23% have poor knowledge & 21% have good knowledge with mean of 8.31 & S.D is 3,09 CONCLUSION: There is need to increases awareness regarding S.U.M.A.N. (Surakshit Matritva Aashwasan Yojana).

Keyword: assess, knowledge , attitude , SUMAN Yojana ,pregnant women)

INTRODUCTION

The Government of India's Surakshit Matritva Aashwasan also called SUMAN Yojana is a key step in ensuring the safety and wellbeing of pregnant women throughout the nation. The urgent problem of maternal mortality will be addressed, and India's overall maternal health care system will be improved, thanks to this creative healthcare project. The SUMAN Yojana aims

to empower pregnant women to enhance their access to high-quality prenatal and postnatal treatment by offering financial help and necessary healthcare services. High rates of maternal death in India Alarmingly high maternal death rates in India have brought to light the critical need for comprehensive interventions. About 35,000 maternal deaths per year, or about one-fifth of all maternal deaths worldwide, occur in India, based on the World Health Organization (WHO) (2019). These statistics highlight how crucial it is to carry out programs such as the SUMAN Yojana in order to address this problem and save several lives. Having trouble getting good care before and after pregnancy In India, there has been significant concern about access to high-quality prenatal and postnatal care, especially for impoverished and marginalized people. Many pregnant women have obstacles that prohibit them from accessing timely and effective healthcare services, including financial limitations, a lack of transportation, or a weak healthcare infrastructure. By offering financial assistance and upgrading healthcare facilities, the SUMAN Yojana seeks to solve these issues and ensure that all qualified women have access to the necessary maternity healthcare services. empowering expectant mothers through financial support The SUMAN Yojana acknowledges the financial burden involved with maternal healthcare & aims to lessen it by giving pregnant women financial incentives. This program provides eligible women with financial aid for prenatal and postpartum care, including doctor visits, diagnostic tests, and medications. Pregnant women benefit from this assistance in a number of ways, including how it helps them make decisions about their medical care and how it supports their health and wellbeing.

NEED OF THE STUDY

In India, maternal mortality is still a major issue, needing a thorough understanding of the difficulties faced by expectant mothers and the efficacy of programs like the Surakshit Matritva Aashwasan (SUMAN) Yojana, India continues to experience a high rate of maternal mortality, with 35,000 maternal deaths reported yearly. This highlights the significant public health issue's urgent need for study and evidence-based treatments. For the purpose of lowering maternal mortality rates, access to high-quality maternal medical care is essential. However, there remain major hurdles to treatment for pregnant women in India, especially for those from economically and socially disadvantaged communities (Ministry of Family Welfare and Health, 2020). The difficulties faced by pregnant women in obtaining timely and effective healthcare treatments are a result of financial limitations, a lack of healthcare infrastructure, or geographic isolation from healthcare facilities. Studying the Surakshit Matritva Aashwasan Yojana can therefore reveal how well financial aid and the provision of vital healthcare services affect pregnant women's access to high-quality treatment With financial support to pay for prenatal and postnatal care, the SUMAN Yojana seeks to empower expectant mothers. To determine the program's efficacy, it is crucial to examine how this financial support affects the use of healthcare services & maternal health outcomes. Additionally, knowing the obstacles and enablers that the SUMAN Yojana faces in its implementation and adoption can help to Improve the program's delivery & impact. A thorough analysis of the Surakshit Matritva Aashwasan Yojana will offer important proof of the program's success in lowering maternal death rates, enhancing access to high-quality treatment, and empowering expectant mothers.

Such research can help guide policy and programmatic choices, enabling the expansion and replication of effective interventions in many contexts. A thorough investigation can also reveal the difficulties and lessons discovered, providing crucial information for the planning and execution of future healthcare for mothers projects.

AIM OF THE STUDY

A study to assess the knowledge regarding S.U.M.A.N. (SURAKSHIT MATRITVA AASHWASAN) Yojana among women's residing in selected urban areas of Pune city.

MATERIAL AND METHODS

The study adapted to descriptive design carried on 100 women's and was conducted on residing in selected areas of Pune City. Non probability convenient sampling techniques was used and was statistically analysed after collecting data through structured questionnaires regarding knowledge on S.U.M.A.N. used for the data collection. Self structured questionnaires were used. The data collection technique was pen and paper technique was used. Ethical clearance was taken from institutional ethics committee. Data analysis was done using descriptive statistics. The reliability of the tool dependability was assed using the spilt half approach. The result was 0.9758 indicating that the tool is reliable. A pilot study done on 10 women to assess the validity, clarify and application the current study method, and is was practicable

RESULT

Section-I:

Analysis of data related to demographic variables under study

Description of Demographic data according to frequency and percentage

The demographic variables, Majority 39% are 20-25years of age, 37% are of 26-30years, 21% are of 31-35years & 3% are 36-40years. Majority 32% have completed secondary & primary, 22% have no formal education, & 14% are having higher education. Majority 47% are home makers, 27% are employed, 24% unemployed & 2% are retired. Majority 46% have income <10000, & 44% have between 10000-20000. Majority 96% are married & 4% are unmarried. Majority 59% have one child, 36% have two children & 55 have none child. Majority 58% have healthcare facilities at within walking distance & 42% have within 1-2 kilometres.

Section-II:

Analysis related to the knowledge regarding S.U.M.A.N among women

n=100

KNOWLEDGE	Frequency	Percentage	Mean	SD
POOR	23	23	8.31	3.09
AVERAGE	56	56		

GOOD	21	21		
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The finding shows majority 56% have average knowledge, 23 % have poor knowledge & 21% have good knowledge with mean of 8.31 & S.D is 3.09

SECTION: III

Analysis related to association on knowledge with selected demographic variables

There is no association between knowledge and demographic variables. Age, education, income, no of children, occupation & access to healthcare facilities are not significantly associated with p value at the level of <0.05.

DISCUSSION

Laishram Bina Devi et al. have a comparable discussion of the findings available. The research evaluated rural women in Manipur's knowledge, attitudes, and behaviours about RCH services. Poor education, big families, insufficient health care, a lack of health awareness, and poor transportation were identified to be the primary obstacles to using RCH services. Due to inadequate prenatal care, institutional birth, vaccination, and nutrition, many mothers and children had poor health outcomes. Due to insufficient health care services in the community, poor infrastructural facilities at the health center, a lack of medicines, the unavailability of physicians and nurses in times of need, and a lack of health knowledge, the majority of respondents was unable to provide their kid the care that they needed. 60% of kids lack a required vaccine: Due to a lack of an institutional delivery system, inadequate prenatal care, and poor transportation, 92% of the infants were alive at the time of birth, and 8% of them were already dead. For Indian rural women, the fantasy of a safe motherhood still exists. Understanding of nutritional requirements throughout pregnancy and the postpartum period is lacking. Equally difficult to get is safe delivery; in Manipur, three out of every four rural women still give birth by untrained attendants in filthy settings.

CONCLUSION

There was no statistically significant correlation between awareness of S.U.M.A.N demographic factors and knowledge among women. Despite the women's average familiarity with S.U.M.A.N. Health care practitioners should place more of a focus on health education to raise awareness of RCH's community programs. To determine the program's efficacy, it is crucial to examine how this financial support affects the use of healthcare services & maternal health outcomes. Additionally, knowing the obstacles and enablers that the SUMAN Yojana faces in its implementation and adoption can help to Improve the program's delivery & impact. Studying the Surakshit Matritva Aashwasan Yojana can therefore reveal how well financial aid and the provision of vital healthcare services affect pregnant women's access to high-quality treatment With financial support to pay for prenatal and postnatal care, the SUMAN Yojana seeks to empower expectant mothers. A thorough analysis of the Surakshit Matritva Aashwasan Yojana will offer important proof of the program's success in lowering maternal death rates,

enhancing access to high-quality treatment, and empowering expectant mothers. Such research can help guide policy and programmatic choices, enabling the expansion and replication of effective interventions in many contexts. A thorough investigation can also reveal the difficulties and lessons discovered, providing crucial information for the planning and execution of future healthcare for mothers projects.

Recommendation: Similar Study can be done in larger population

Conflict of Interest

The writers certify that they are not affiliated with any group or entity that has a financial or non-financial stake in the topics or resources covered in this work..

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