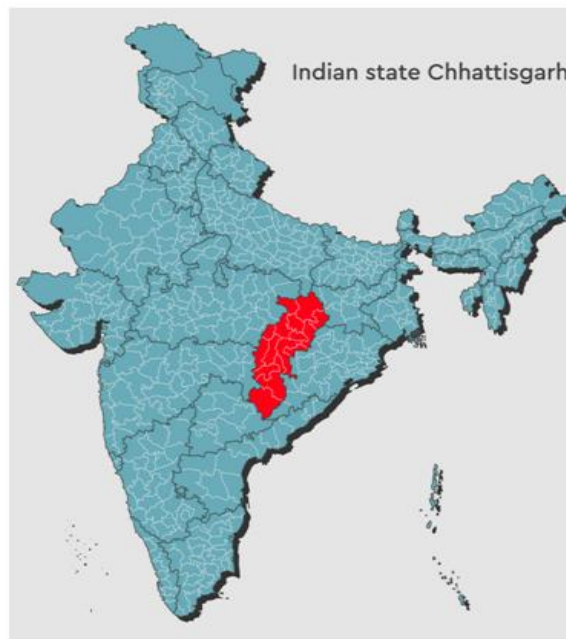


District Kondagaon, Chhattisgarh Department of Health & Family Welfare and Department of Women & Child Development

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ACKNOWLEDGEMENT





Executive Summary:

Mental hygiene and maternity health are essential to the well-being and empowerment of women and adolescent girls. The lack of appropriate menstrual health care and maternity management practices in rural areas can result in deteriorating health, weakness of the body and other health issues. The government has introduced some menstrual and maternity benefit schemes. The utilization of schemes depends on the awareness among the beneficiaries. I conducted this study to estimate the awareness of government menstrual and maternity benefit schemes among adolescent girls attending schools and women visiting hospitals. A cross-sectional study (a type of research design in which you collect data from many different individuals at a single point in time) was carried out among the girls attending schools in rural areas and women visiting the district hospital, Kondagaon. To collect further information, a group discussion was held with block coordinator members, PMTs, and mitanins. I also interacted with school principals and doctors working in the district hospital.

Statement of Purpose

The government is working to improve women's health conditions in rural areas through different ministries like Health & Family Welfare and Women & Child Development. They seek to provide affordable and quality healthcare to the rural population. This study is designed to raise awareness about government schemes regarding women's health in rural areas. There are many beneficial schemes for women and girls, introduced by Health & Family Welfare and Women & Child Development to promote menstrual hygiene and maternity management practices. However, due to lack of information and knowledge about the schemes in rural areas, women and girls tend to miss out on the benefits and services provided by the government like regular health campaigns, sanitary products distribution, and assistance with delivery and post-delivery care for pregnant women through the 'Bhagini Maternity Assistance Scheme', now named "Minimata Mahatari Jatan Yojana", Janani Suraksha Yojana (JSY) etc.

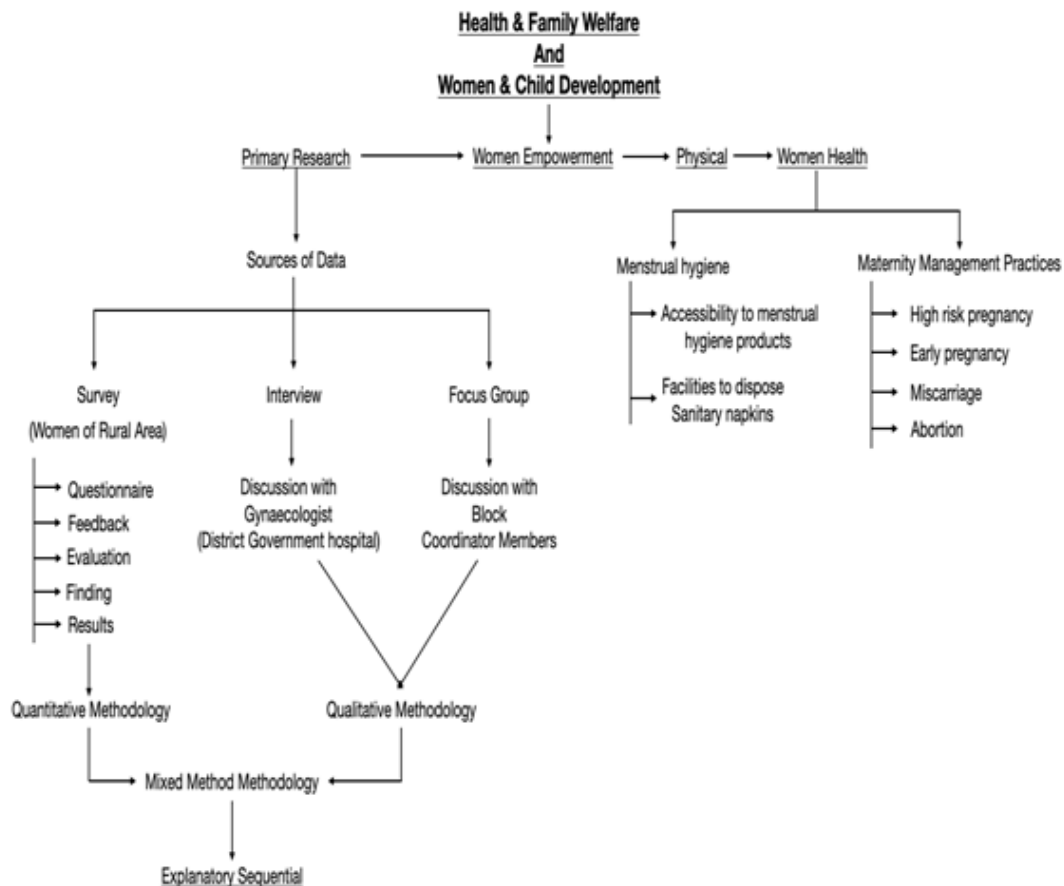
Research Questions

The study examines three major research questions:

1. How is women's empowerment related to menstrual hygiene and maternity management practices?
2. Discuss the positive impacts of Women Empowerment in Menstrual Hygiene and Maternity Management Practices. Discuss the positive impacts of Menstrual Hygiene and Maternity Management Practices on Women Empowerment .
3. How effective are the schemes taken by the government in the areas of menstrual hygiene and maternity management practices to improve women's empowerment? And what are the steps taken by the government to promote government schemes?

Study Methodology

A mixed methods study is to be conducted in the rural areas through surveys among adolescents and teachers in schools and hostels to explore their views on menstruation and MHM practices. Also, focus group discussions with block coordinator members and in-depth interviews with gynecologists from the district hospital are to be done. In addition, exploratory sequential analysis will be used to analyze the quantitative data and qualitative analysis.



Overall Research Objective

1. To increase awareness among adolescent girls about government schemes The major objectives of the scheme are to increase awareness among adolescent girls on menstrual hygiene. Poor menstrual hygiene can pose physical health risks and has been linked to reproductive and urinary tract infections. Creating awareness and openness is one of the most effective ways to help teach girls how to properly manage their menstrual hygiene.
2. Addressing Period Poverty and finding possible solutions.
Period poverty is a serious concern in many rural areas. Period poverty involves a lack of access to sanitary products, those who cannot afford menstrual products resort to unsafe alternatives such as “rags, sand, and ash,” which can lead to infections and various diseases. To avoid these practices, it is important to raise awareness about government schemes introduced by the Health & Family Welfare Ministry.
3. Proper disposal of sanitary napkins
It is important to promote menstrual sanitation and proper disposal of menstrual waste by creating awareness and encouraging every woman to use eco-friendly and the most appropriate methods to dispose of sanitary products.
4. Promoting government schemes for pregnant women
The proper utilization of schemes is possible when the women living in rural areas are well aware of the welfare schemes provided by the government (Health & Family Welfare/Women & Child Development) like ‘Bhagini Maternity Assistance Scheme”, now named "Minimata Mahatari Jatan Yojana", the Janani Suraksha Yojana (JSY), etc.
5. Helping to adapt proper maternity management practices.
Most rural women usually consider pregnancy as a normal event unless complications like high-risk pregnancy, early pregnancy, miscarriage, etc. arise, and most of them are not well aware of how helpful government schemes can be. To avoid this, it is imperative to raise awareness among rural women.

Group Discussion with Block Coordinator Member

The main motive of group discussion was to find out major problems and to spread awareness about menstrual hygiene and maternity management practices by highlighting specific rural areas for conducting surveys and data collection. In the group discussion, with the help of Block Coordinators (Mr. Dilip Kumar Diwan, Mr. Pilaram Pandey, Mrs. Piyam Durga, and Mrs. Harmoni Sori), PMT, and Mitadin, I got to know about the most active and helpful government schemes for women's and girls' health care. In addition, they made me aware of their initiatives like Kishori Mata Bethak, in which the Mitadin helps the mother and daughter to know about their menstrual health care in Anganwadi monthly meetings. And under the help of Panchayati Raj Representatives, Block Coordinator Members, PMT & Mitadin also took the initiative to distribute sanitary napkins in vulnerable villages of Ghodagaon, Kumharpara, Kusma, Masora, Singanpur, and Mulmula because these villages are considered vulnerable due to their environmental, social, and economic conditions like poverty, weaker planning, and their greater dependence on agriculture and natural resources, which makes them highly sensitive. Meanwhile, they pointed out that the Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NRHM) being implemented with the objective of reducing maternal and newborn mortality (death) by promoting institutional delivery among the poor pregnant women, and it integrates cash assistance of Rs 1400 instantly with delivery and post-delivery care.

Hence, we did an in-depth discussion on the rural region of the district where the people are unaware about the government schemes for maternity management practises and the facility of sanitary napkin vending machines and incinerators in the government schools for better health management.

For this reason, we targeted specific Rural Areas for the survey and data collection: -

- Government School and girls hostel
- Anganwadivisit
- Village visit
- District Hospital Visit

Survey Purpose:

The Department of Health & Family Welfare and the Department of Women & Child Development are proud to support Women's Empowerment in the health sector (Menstrual Hygiene and Maternity Management Practice). The intent of this research survey is to spread awareness and highlight issues to find better solutions for women and girls' health.

Survey on menstrual hygiene in rural area Government school

INTRODUCTION

Women's menstruation is a monthly occurrence that necessitates the availability of appropriate materials and facilities, without which females suffer from poor menstrual hygiene, limiting their movement and self-confidence.

Increased knowledge about menstruation from the right source may improve safety practices and may help to reduce the suffering of many girls. While in school, girls require an environment that is supportive of menstrual hygiene management (MHM) in order to ensure regular school attendance and participation. This study explores girls' experiences of their menstrual health care and proper hygiene in rural government schools of Kondagaon district.

Background: -

Lack of menstrual knowledge, poor access to sanitary products, and a non-facilitating school environment can make it difficult for girls to attend school. In district Kondagaon, interventions have been developed to reduce the burden of menstruation for schoolgirls by the Health & Family Welfare Department, Women & Child Development Department, and Education Department.

We tried to identify challenges related to menstruation and facilitators of menstrual management in rural areas of government schools in the district of Kondagaon.

A. Survey Questionnaire (Menstrual Hygiene) from Government schools of Rural Area

1. Do you have Sanitary vending Machine & Incinerator?

- >Yes
- >No

2. If yes, since when was the Machine installed in your school

- >2017
- >2018
- > 2019
- >Other

3. If you have the Machine, does it work properly?

- >Yes
- >No

4. If No, since how long has the Machine stopped working?

- > 2017
- >2018
- >2019
- >Other

5. Which department provided the sanitary vending machine?

- >Health Department
- >Education Department
- >Both
- >Not sure

6. What is the total strength of girls in class 9 to 12?

7. Do you have any other queries?

Tabular Representation of Menstrual Hygiene in Government schools of Rural Area

Government School Names	Do you have a sanitary vending machine and incinerator ?	If yes, since when was the Machine installed in your school?	If you have the machine, does it work properly?	If not, since how long has the machine stopped working?	Which department provided the sanitary vending machine?	What is the total strength of girls in class 9 to 12
Bamhani Govt. Higher Sec. School		2017	Not working	2019	Education and Health Department	252 Girls
Madanar Govt. Higher Sec. School	No	-	-	-	-	120 Girls
Karanji Govt. Higher Sec. School	Yes	2017	Not working	2018	Not sure	375 Girls
Bade Bendri Govt. Higher Sec. School	Yes	2017	Not working	2019	Education and Health Department	90 Girls
Bade Kanera Govt. Higher Sec. School	Yes	2021	Not working	2018	Not sure	40 Girls
Chipawand Govt. Higher Sec. School	Yes	2017	Working	-	Education and Health Department	175 Girls
Chilputi Govt. Higher Sec. School	Yes	2017	Not working	2018	Not sure	125 Girls
Hadelignon Govt. Higher Sec. School	Yes	2018	Not working	2019	Education and Health Department	62 Girls (class 9 to 10)
Makadi Govt. Higher Sec. School	Yes	2017	Not working	2019	Education and Health Department	90 Girls
Torondi Govt. Higher Sec. School	Yes	2017	Not working	2019	Not sure	70 Girls
Hirapur Govt Higher Sec. School	No	-	-	-	-	200 Girls
Shampur Govt Higher Sec. School	Yes	2017	Not working	2019	Not sure	150 Girls
Joba Govt. Higher Sec. School	No	-	-	-	-	100 Girls

Feedback: -

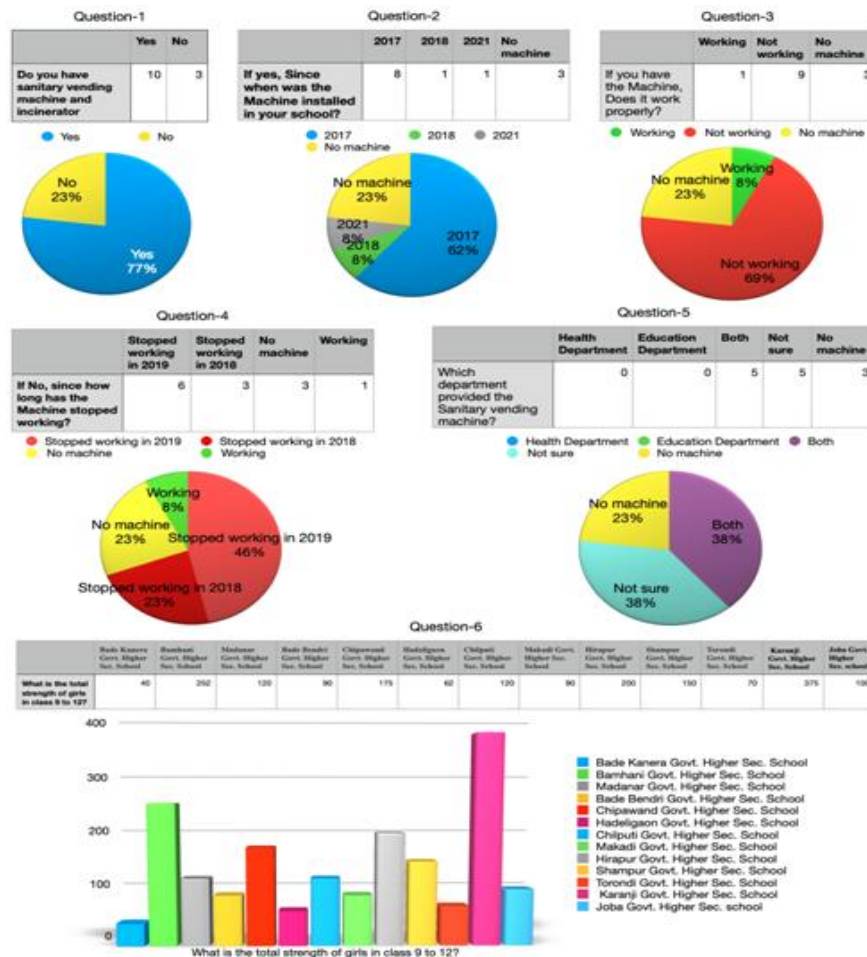
Schools were visited, and meetings were held with the principal and head teachers. Interaction with target girls aged 14–18 was also planned. Most girls reported that the sanitary napkin vending machines and incinerator machines were very helpful for improving their menstrual hygiene, even in schools. The principal and teachers appreciated this initiative taken by the government to maintain menstrual health care not only in urban areas but also in rural areas without harming the environment.

Evaluation: -

In light of these government initiatives, this study was developed to evaluate the progress on menstrual management practices. and to identify the facilities for menstrual management in rural government schools in the district of Kondagaon. It was also noted that adolescent girls use affordable sanitary napkins at school through vending machines for Rs 2–6. However, after the machine stopped working, it became unaffordable for parents to buy them sanitary napkins. For this reason, girls risked their health by using unhygienic clothes and rugs.

Findings: -

From 12-07-2022 to 15-07-2022, the surveys were conducted among menstruating schoolgirls in classes 9 to 12 (over 14 years of age) in 13 government schools chosen through purposive sampling in rural areas of district Kondgaon. During the survey, I got to know about the concerns of school principals regarding the issues of sanitary napkin vending machines, such as improper electricity connections (voltage issues), lack of knowledge to use the machine by the students, shortage of sanitary napkins, and mismanagement of napkin disposal after the incinerator machine stopped working. For that reason, most of the school principals wrote a letter to the concerned department about the non-working condition of vending machines, and most of them also paid the requested amount for the delivery of sanitary napkins and to restart the machine. But yet, none of them got proper responses from the concerned department.



Graphical Representation of Menstrual Hygiene in Government schools of Rural Areas

Recommendation:-

It is important to maintain proper health care so that girls can attend and reach their full potential in schools. Here are the few suggestions given below: -

1. Teachers should be educated and trained to impart knowledge about menstruation and menstrual hygiene management among students and normalize talking about these topics in the classrooms.
2. School authorities must take regular sessions regarding menstrual hygiene and proper attention should be given to the use of reusable sanitary products or cloth pads to overcome the problem of disposal.
3. Girls and women should be aware of the consequences and problems of disposing of used menstrual products in the open or flushing them down toilets. However, the incinerators are already installed in a few government schools but have stopped working.

I would like to request the concerned authorities to look after the rural government schools for better management of menstrual hygiene and help them restart the sanitary napkin vending machines and incinerator machines as soon as possible so that they can continue with their studies without any interruption.

CONCLUSION

Menstrual hygiene education and awareness, accessibility of sanitary products, and good sanitary facilities at school would improve the schooling experience of adolescent girls in rural areas. Menstruating schoolgirls in rural areas would rather stay at home than be uncomfortable, inactive and embarrassed due to insufficient menstrual hygiene facilities at school. Several participants described not knowing about menstruation until they attained menarche (*the first occurrence of menstruation*).

For example, a teacher named Mrs. Swati Shrivastav describes a lack of openness around the topic of menstruation among girls: "A girl named Neha was late for her first class. I asked her— 'Why are you late? She didn't reply and decided to keep her head down. I let her go. After the class, I called Neha. She was too embarrassed to walk towards me, so I went to her. She started crying and requested a leave, saying it was her first period and she was too scared to attend classes. "

Throughout the interaction, a girl described her willingness to return to school, canceling social events and gatherings-"In school we don't discuss this. When someone is so sad, they just sit alone and not join the group. When I personally ask them what happened, they say that they've got periods. Why are they not coming out? They are afraid that if they stand, something will happen to their dress. So, they are personally disturbed. In this way, they are disturbed mentally and physically. They can't concentrate even on their studies."

Survey on Maternity Management practices in rural area

INTRODUCTION

Improved maternal health is important for women's growth, but due to lack of knowledge, proper utilization of maternal healthcare and government schemes information, women living in rural areas may suffer from high-risk pregnancy, early pregnancy, miscarriage etc. It is true that the Government has supported rural women not only through government schemes but also through their regular meetings by Mitanins. Improvement has been observed in the health of mothers, maternal and childcare, nutritional practices and increased availability of low-cost and high impact public health measures by the Health & Family Welfare and Women & Child Development Department of Kondagaon District.

During the survey, I found Janani Surakhsha Yojana (JSY) as the most active scheme in all the Kondagaon region. Most of the women in the village are aware of it, and they are also taking advantage of it. JSY is a safe motherhood intervention under the National Health Mission (NHM). It is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among pregnant women. JSY is a centrally sponsored scheme that integrates cash assistance with delivery and post-delivery care.

Background: -

Maternal health care during pregnancy is a key factor in fetal health (*fetal conditions occur as your unborn baby develops in the womb*) and child development. This study aims to systematically describe the government schemes and their work towards rural women's better health and to identify how rural women are more likely to engage in unhealthy behaviors during pregnancy like irregular check-ups, negligence in medicine, not taking proper precautions etc. Negligence in

pregnancy and unhealthy nutritional behaviors are common among pregnant women in rural areas. Maternal health education campaigns are conducted on a regular basis by Mitanins through group meetings called "Para Baithak" in villages.

B. Survey Questionnaire (Maternity Management Practice)

1. Are you aware of any government schemes to help pregnant women?

- >Yes
- >No

2. If yes then from where did you hear about it?

- >Mobile

- >Friends & Family
- >Campaign (Anganwadi)
- >Other

3. Are you registered in any of the government schemes provided by Health & Family Welfare and Women & Child Development?

- >Yes
- >No

4. Are you registered in any of the following schemes?

- BhaginiMaternity Assistance Scheme
- Janani Suraksha Yojana
- Pradhan Mantri SurakshitMaatritva Yojana
- ICDS

5. Which of the schemes you consider the best for the Maternity Management Practice?

- BhaginiMaternity Assistance Scheme
- Janani Suraksha Yojana
- Pradhan Mantri SurakshitMaatritva Yojana
- ICDS

Tabular Representation of Maternity Management Practices & its Government Schemes

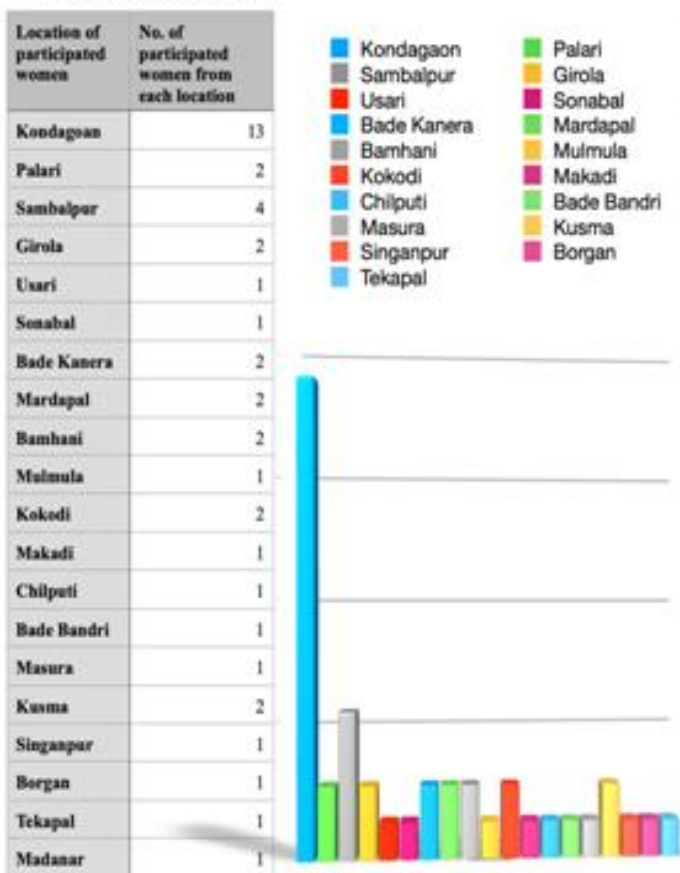
No. Of Participated Women In the Survey	Address Of Participated women	Are you aware of government schemes?	If yes, then from where did you hear about it?	Are you registered in any of the government schemes provided by HFW and WCD?	Which schemes are you registered in?
Kunti Koram	Palari	No	-	No	-
Pinki Thakur	Kondagaon	Yes	Mobile	No	Not Registered
Babita Sori	Sambalpur	Yes	Campaign(Anganwadi)	Yes	Janani Suraksha Yojana
Garima Bhadra	Usari	No	-	No	-

Sumuli Bai	Bade Kanera	No	-	No	-
Tula Poyam	Sonabal	No	-	No	-
MonuManikpuri	Mardapal	Yes	Campaign(Anganwadi)	Yes	Janani Suraksha Yojana
Savita Markam	Bamhani	No	-	No	-
HenaDewangan	Kondagaon	Yes	Mobile	No	Not Registered
Pushpa Kashyap	Mulmula	Yes	Campaign(Anganwadi)	Yes	Janani Suraksha Yojana
Reshu Bharti	Kokodi	Yes	Mobile	Yes	Janani Suraksha Yojana
Nilu Kashyap	Madanar	Yes	Other	Yes	Janani Suraksha Yojana
Khushboo Ekka	Makadi	No	-	No	-
Rajshree Markam	Borgaon	Yes	Friends & Family	Yes	Janani Suraksha Yojana
Mahi Netam	Kondagaon	No	-	No	-
Santa Baghel	Chilputi	Yes	Campaign(Anganwadi)	Yes	Janani Suraksha Yojana
Kamla Dhruv	Bade Bendri	No	-	No	-
Ankita Yadav	Kondagaon	Yes	Mobile	No	Not Registered
Shanti Koram	Sambalpur	Yes	Campaign(Anganwadi)	Yes	Janani Suraksha Yojana
Neha Singh	Kondagaon	Yes	Mobile	No	Not Registered
KushumMukri	Masora	No	-	No	-
Laxmi Nageshwar	Kusma	Yes	Campaign(Anganwadi)	Yes	Janani Suraksha Yojana
AnchalMandavi	Girola	Yes	Friends & Family	Yes	Janani Suraksha Yojana

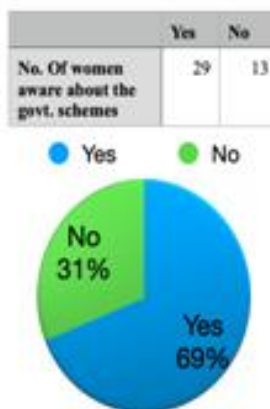
Deepti Sahu	Mardapal	Yes	Friends & Family	No	Not Registered
Heena Swami	Kondagaon	No	-	No	-
Kamini Dewangan	Bade Kanera	Yes	Campaign(Anganwadi)	No	Not Registered
Tikeshwari Nag	Bamhani	Yes	Campaign(Anganwadi)	Yes	Janani Suraksha Yojana
Leena Usendi	Kondagaon	Yes	Other	Yes	Janani Suraksha Yojana
Riya Verma	Kondagaon	Yes	Friends & Family	No	Not Registered
Pooja Shrivastav	Kondagaon	Yes	Mobile	No	Not Registered
Madhurima Vishwas	Palari	Yes	Mobile	No	Not Registered
Savitri Patel	Singanpur	No	-	No	-
Komal Negi	Kondagaon	Yes	Other	No	Not Registered
Durga Bhaghel	Kondagaon	No	-	No	-
Kumari Gupta	Kondagaon	Yes	Friends & Family	No	Not Registered
Sukwanti Patel	Sambalpur	No	-	No	-
NituLakra	Kusma	Yes	Campaign(Anganwadi)	Yes	Janani Suraksha Yojana
Madhuri Bhadra	Girola	Yes	Campaign(Anganwadi)	Yes	Janani Suraksha Yojana
Varsha Diwan	Sambalpur	Yes	Friends & Family	Yes	Janani Suraksha Yojana
Gomti Bai	Kokodi	Yes	Campaign(Anganwadi)	Yes	Janani Suraksha Yojana
Rupa Sharma	Kondagaon	Yes	Mobile	No	Not Registered
Kavita soni	Kondagaon	Yes	Mobile	No	Not Registered

Graphical Representation of Maternity Management Practices Schemes survey in District Government Hospital Kondagaon

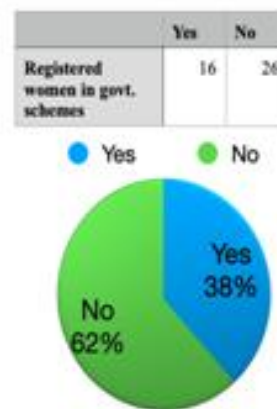
Total participated women



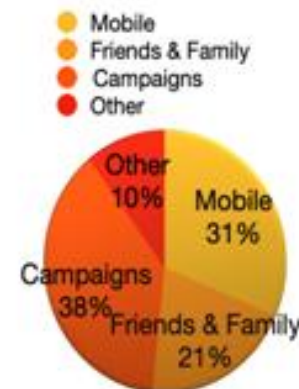
Question-1



Question-3

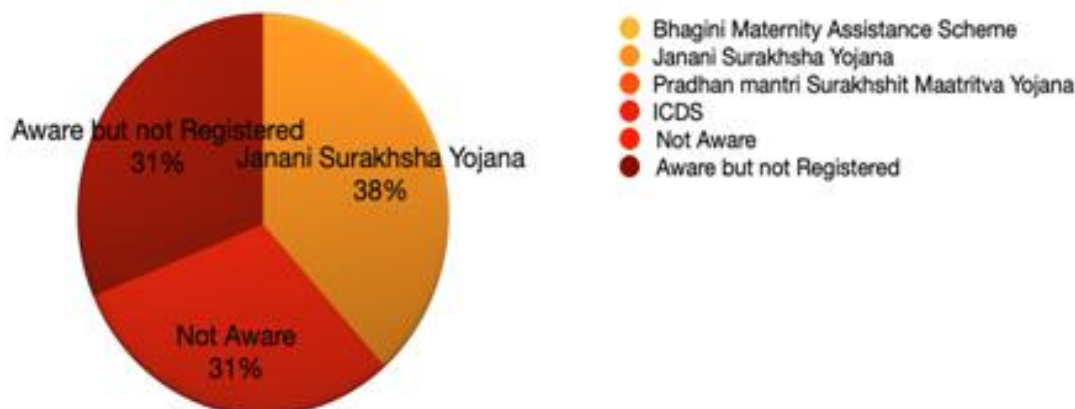


Question-2



Question-4

	Bhagini Maternity Assistance Scheme	Janani Surakhsha Yojana	Pradhan mantri Surakhshit Maatritva Yojana	ICDS	Not Aware	Aware but not Registered
No. Of women registered in different govt. scheme	0	16	0	0	13	13



Feedback:

District hospital and villages of Kondagaon were visited and group discussion was conducted with PMT (Personal Mitatinin Trainer) through Block Coordinator members. Furthermore, 42 pregnant women, most of whom belonged to rural villages

of Kondagaon, were interviewed and interacted with by District Hospital Gynecologist Dr. Aakriti Shukla and Surgeon Dr. Nagulan. Feedback by Doctors: -

Major problems highlighted by the doctors were:

1. Most rural women lack basic knowledge like not being sure about their monthof pregnancy or Last Menstrual Period (LMP)
2. not taking proper precautions or regular medicines, they usually avoid taking the help of professionals (doctors) and going to hospitals.
3. Intake of wrong medicines without any prescription which leads to miscarage, taking abortion pills without consulting the doctor which aggravates the situation.

Feedback by PMTs & Mitanins:

During the discussion, I asked them about their opinion regarding the facilities provided by the government to support rural women. They said they appreciated initiatives like providing "Ready To Eat" supplements to pregnant women, prenatal (before birth care) and postnatal care (after birth care) and 102 Mahatari Express, which also played an important role for pregnant women living in rural areas. At the end of the discussion, they were glad to say "Jan seva meinmazaatahai."

Feedback by Pregnant Women:

The women indicated that their decision to seek care was influenced by family opinion, previous delivery experiences, fear of complications, health worker (Mitanins), hygiene, affordable cost of services in District Government hospitals and the rare need for instrumental delivery (Cesarean section).

Evaluation:

The study examined maternity management practices and related government schemes in the government's District Hospital, Kondagaon. information on maternal care that includes maternity related government schemes like Janani Suraksha Yojana (Health Department), ICDS (Women & Child Development Department), Pradhan Mantri SurakshitMaatritva Yojana (Health Department), Bhagini Maternity Assistance Scheme (Labour Department), and to know the major problems faced by rural women. I interacted with 42 pregnant women who visited hospitals for their regular check-ups to collect data and to know their personal reviews regarding the facilities provided by the government, who belonged to 20 different villages. The participants were asked questions about their knowledge of respective government schemes and facilities such as intake of "Ready To Eat" supplement, provision of home visits by mitanins after 6 months of pregnancy for educating them regarding food, exercise, and precautions, as well as making them aware of attending regular meetings.

Findings:

A descriptive survey of pregnant women (rural pregnant women) present in place of District Government Hospital was conducted from 18-07-2022 to 20-07-2022. In this investigation, I found the data from the Health Management Information System, a standard report about new developments that have taken place in the health sector of maternity management practises with better-quality care in every corner of the district and in their villages, provided by the Health & Family Welfare Department, such as-

1. Antenatal check-up within the first trimester (the earliest phase of pregnancy) has improved in almost all the villages as the data shows total no. of ANC registered women
2. Institutional deliveries have increased throughout the district.
3. Maternal ANC care has increased in almost all the villages of Kondagaon district. Where data from HMIS show 82% in 2019-20 & 87% in 2020-21.
4. Mahatari Express 102 scheme has proved greatly beneficial in transporting pregnant women to hospitals on time and in facilitating necessary medical aid to them. Newly born babies and infants of age less one year have also been benefited under the scheme.
5. The 'Ready to Eat Food' is being distributed in every 'Anganwadi Center', A lot of enthusiasm can be witnessed on the faces of the mothers, who assemble in large numbers at the various 'Anganwadi Centers' to avail the benefits of this scheme.

Successful implementation of PradhanMantriSurakshitMaatritvaYojana, BhaginiMaternity Assistance Scheme will require more awareness among rural women. In spite of these developments, most of the rural pregnant women who got cash assistance didn't know the reason and through which scheme the government is assisting them. "The women lack basic

knowledge, such as not knowing if they are in their second or third month of pregnancy, being unable to recall their LMP, having irregular periods, not taking proper precautions or taking the wrong medicines without a prescription, which leads to miscarriage, and taking abortion pills without consulting a doctor, which worsens the situation." -Said by Dr. Aakriti Shukla.

Interview of Doctors in District Hospital, Kondagaon:

I conducted in-depth interviews with obstetrician/gynecologist & surgeon, in public hospitals. Only currently practicing obstetricians with advanced post-graduate training in obstetrics/gynecology and surgeon (training for more than one year) from district Hospitals were included. A convenient sampling method was used where obstetricians available in the study health facilities during data collection period were approached for an interview. The interview took place in the obstetrician's own visiting room in the hospital after regular office hours. Each interview lasted forty-five to sixty minutes in length.

Interview of Obstetrician/Gynecologist Dr. Aakritishukla:

During the interview with Dr. Aakriti Shukla, she said that the Maternal Mortality Ratio and Infant Mortality Rate have decreased significantly. In terms of family planning, women are becoming more aware of professional health care and are becoming aware of copper T, injectable tablets, and permanent sterilization programs. The number of institutional deliveries has increased from 82% (in 2018-19) to 87% (in 2020-21), for example, approx 3,827 deliveries were conducted in 2021. More and more women are being treated for menstrual irregularities now, which indicates a menstrual awareness campaign is working in rural areas. Though it needs further enhancement because most rural women are still dependent on indigenous medicine. She appreciates government schemes such as Mahatari Express 102, Janani Suraksha Yojana, National Family Planning Programme, and Pradhan Mantri SurakshitMaatritva Yojana. Under the PMSMY scheme, all government health centers, hospitals, and medical institutions will arrange a free medical check-up for pregnant women from three to six months. On the ninth day of every month, the checkup will take place. All medical check-ups will be free of charge. However, the rural women are very shy while getting their treatment and are not able to openly discuss their problems. They usually don't follow the proper medication and diet charts prescribed by the doctor and avoid taking medicines. Dr. Aakriti feels that there are many government schemes for rural women, but they are unable to utilize them properly.

Interview of Surgeon Dr. Nagulan:

During the interview with Surgeon Dr. Nagulan, He said the fertility rate of rural women is better compared to urban women. He also added that adolescent girls in rural areas tend to face fewer problems like irregular periods or PCOD and PCOS. But girls and women are less educated about their health issues, either maternity issues or menstrual issues. In his opinion, out of 10 girls, 3 get pregnant in their teenage (adolescent pregnancy), causing their health to deteriorate. Talking about National Family Planning schemes, the compensation scheme for sterilization acceptors, MoHFW provides compensation for loss of wages to the beneficiary and to the service provider (and team) for conducting sterilizations. Rs. 500/- to delay first childbirth by 2 years after marriage. Rs. 500/- for ensuring spacing of 3 years after the birth of 1st child, Rs. 1000/- in case the couple opts for a permanent limiting method up to 2 children only. Dr. Nagulan expects the patient to make their own decision and carefully as sterilization is meant to be permanent and not because of their financial situation or the need for money and this can be improved by attending proper counseling provided by the government. At the end of the discussion, he emphasized the good infrastructure of the hospital and the advanced equipment available for better treatment in the district hospital, but due to the lack of knowledge of installed machines and trained staff, the machines are not utilized properly. He recommended a monthly training programme for the staff to keep them updated.

CONCLUSION

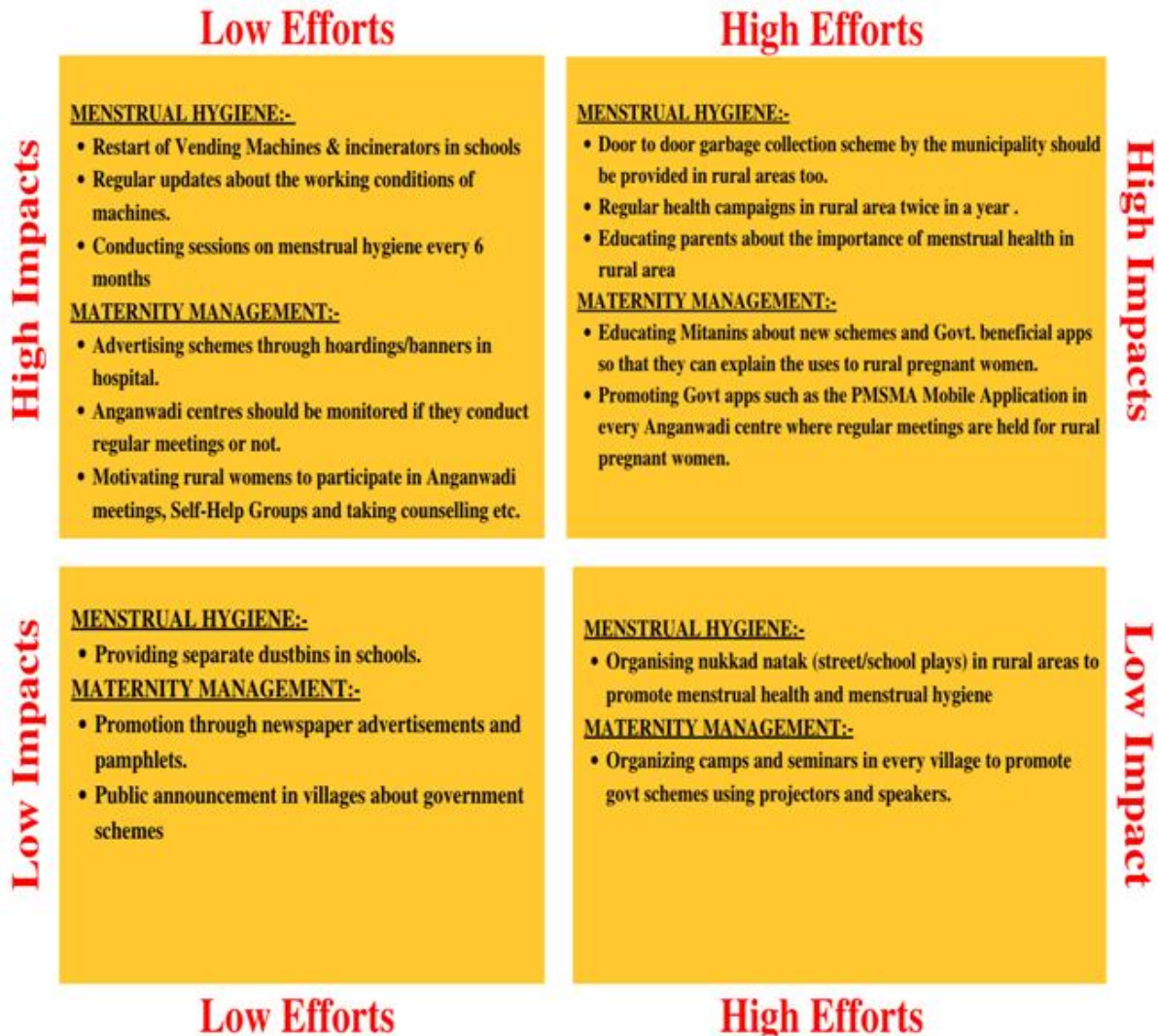
From the findings, JSY utilization was found to be highly known and active in rural areas. But it is important to ensure the participation of rural women in government schemes by attending Anganwadi regular meetings, campaigns and counseling in government hospitals. According to my survey, I observed 31% of them are still unaware of public welfare, 31% of them were aware but not registered and 38% were registered in Janani Suraksha Yojana Schemes provided in rural areas for women's education and awareness about maternity health. For example, due to women's own negligence, they make the situation worse and face a variety of health challenges. Educating the Mitanins about the opportunity to update their skills is essential to guide the rural pregnant women which can also result in positive growth in rural areas. Quality care and patient safety can be improved by this approach.

Despite the Government programmes by the Ministry of Health and Family Welfare efforts to increase maternal health care utilization in government health facilities, a large number of rural women are still dependent on indigenous medicine and they avoid regular treatment in hospitals. The reasons rural women avoid professional treatment are shyness and hesitation

to explain their suffering; financial problems even when the treatments are provided at low cost in district hospitals; and lack of knowledge regarding government schemes like the Bhagini Maternity Assistance scheme, Pradhan Mantri Surakshit Maatritva Yojana, National Family Planning Programme, and many more.

Recommendations:

I noticed a few good things about rural women; some of them were aware of some schemes through their devices but did not know how to approach the concerned authorities. Displaying information about Government Maternity Benefit Schemes at the government buildings and educating women in the community groups should be enhanced to increase the awareness about Government Maternity Benefit Schemes.



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