

**Awareness of Rural Young Women about  
Reproductive, Maternal and Child Health Care**

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**ABSTRACT**

A sample of purposely selected three hundred rural young married women in the age group of 18-35 yrs were enrolled for carrying out the study. These sample women were from five operational villages of AICRP-Home Science of Parbhani district i.e. Asola, Nandgaon, Pandhari, Katneshwar and Ukhalad. Prior to the initiation of the experiment, enrolled rural young women's awareness about reproductive, maternal and child health care were assessed by using checklist developed by AICRP-HDFS unit on Reproductive health care, Maternal and child health care awareness. Their Socio- economic status were assessed by using revised SES scale developed by Kuppuswamy. These collected data were pooled, statistically analysed, tabulated and discussed to study the awareness of rural young women about reproductive health care, maternal health care and child health care. About 72-96 per cent rural young women were observed to be unaware about essential care to be taken of personal hygiene during menstrual periods and during pregnancy. The result shows that higher percentage of rural young women (47-65%) were recorded to have low level of awareness about reproductive, maternal and child health hygiene and nutritional care. Hence there is a great need to provide intervention to them for enhancing their awareness in the above mentioned aspects.

**Key words:**

*Rural young married women, Reproductive health care, Maternal and child health care awareness, Socio- economic status , nutritional care.*

**INTRODUCTION**

A woman's role in society is not just about existence. It is about creation. She is not only a part of life she is the source of life. Within her resides the extraordinary power to carry the future of humanity. Through reproduction, women perform the most sacred act known to mankind the miracle of giving life. In many rural areas, women are unaware of reproductive, maternal, and child health care. This lack of knowledge leads to unsafe pregnancies, child malnutrition, and even death. All of which are preventable. A healthy mother means a healthy family and a strong future.

Reproductive Health refers to the complete physical, mental, and social well-being in all matters related to the reproductive system, including family planning, contraceptive use, prevention of sexually transmitted infections (STIs), and safe motherhood. Maternal Health focuses on the antenatal (before birth), intranatal (during delivery), and postnatal (after delivery) periods, ensuring prevention of maternal morbidity and mortality due to complications like anemia, eclampsia, postpartum hemorrhage, and sepsis. Child Health Care involves immunization, growth monitoring, exclusive breastfeeding, management of malnutrition, and early treatment of infectious diseases to reduce infant and under-five mortality.

Many rural women are still unaware of reproductive, maternal, and child health care, mainly due to illiteracy, poverty, cultural barriers, and lack of access to health services. This leads to high rates of maternal deaths, child mortality, malnutrition, and preventable diseases. Although India has strong policies like the National Health Mission (NHM), Janani Suraksha

yojana (JSY), and POSHAN Abhiyaan, and laws protecting women's health rights, the implementation at the rural level is weak. There is a gap between what is promised in laws and what is available in villages. More importantly, access to health is a fundamental human right, recognized under Article 21 (Right to Life) of the Indian Constitution and supported by international human rights frameworks like CEDAW and SDG-3 (Good Health & Well-being).

Recent studies show that lack of women's empowerment in rural areas directly affects family health, education, and the nation's development. Even though women have the greatest power giving birth and shaping the next generation they are often not recognized, respected, or given the chance to know about their own rights and health. According to NFHS-5 (2023), many rural women still lack awareness of maternal health, reproductive choices, and child care, leading to high maternal and child mortality rates. Research also shows that educated and empowered women are more likely to seek healthcare, ensure better nutrition for their children, and contribute to family income.

The lack of awareness and access to care is not just a policy failure; it is a violation of human rights. Bridging this gap is necessary to ensure that every woman, regardless of where she lives, can live a healthy life, make informed choices about her body, and give her children a better future. Recent research highlights several effective interventions to improve reproductive, maternal, and child health awareness in rural areas. Community health workers (ASHAs) and peer support groups have successfully educated women about antenatal care, safe delivery, and child nutrition. Mobile health (mHealth) programs, like voice calls and reminder apps, are helping rural women receive timely health information. Campaigns involving male family members have also improved maternal care utilization. Programs like Jeevika and POSHAN Abhiyaan combine nutrition education with women's livelihood support, empowering women both economically and socially. Digital tools in Anganwadi centers now help track pregnant women and children for immunization and nutrition. These combined efforts have already shown positive results,

increasing institutional deliveries, ANC visits, and reducing preventable maternal and child deaths.

### **Methodology**

A sample of purposely selected three hundred rural young married women in the age group of 18-35 yrs were enrolled for carrying out the study. These sample women were enrolled from five operational villages of AICRP-Home Science of Parbhani district i.e. Asola, Nandgaon, Pandhari, Katneshwar and Ukhalad. Prior to the initiation of the experiment, enrolled rural young women's awareness about reproductive, maternal and child health care were assessed by using checklists developed by AICRP-HDFS unit on Reproductive health care, Maternal and child health care awareness. Their Socio- economic status were assessed by using revised SES scale developed by Kuppuswamy. These collected data were pooled, statistically analysed, tabulated and discussed to study the awareness of rural young women about reproductive, maternal and child health care.

### **Tools used for the research**

**Socio-Economic Status Scale:** The revised Socio-economic status scale (Kuppuswamy) consists of parameters such as education, occupation and monthly income of the family. The summated score is categorized as low, medium and high.

### **Awareness Checklist on Reproductive Health Care**

Checklist was developed by AICRP-HDFS unit which comprises of total 33 items with three points rating scale, items scored 3 for aware, 2 for not sure and 1 score for not aware. It includes general awareness about human reproductive organs and its functions, personal hygienic and nutritional care to be taken and health issues faced during menstruation periods.

### **Awareness Checklist on Maternal and Child Health Care**

Checklist was developed by AICRP-HDFS unit which comprises of total 45 items with three points rating scale, items scored 3 for aware, 2 for not sure and 1 score for not aware. It

includes basic awareness regarding pregnancy, maternal and child health and nutritional care.

## Findings

### Background information

**Table 1 Background information of the selected rural young women**

n-300

| Background variables             | Percentages of the respondents |
|----------------------------------|--------------------------------|
| <b>Age group</b>                 |                                |
| 18-35                            | 100 (300)                      |
| <b>Type of families</b>          |                                |
| Nuclear                          | 60.33 (181)                    |
| Joint                            | 39.66 (119)                    |
| <b>Sizes of families</b>         |                                |
| Small (1-4)                      | 28.33 ( 85)                    |
| Medium (5-8)                     | 51.00 (153)                    |
| Large (>9)                       | 20.66 (62)                     |
| <b>Education</b>                 |                                |
| College + Under graduate         | 31.00 (93)                     |
| Middle School + High School      | 36.66 (110)                    |
| Primary School                   | 23.33 (70)                     |
| Illiterate                       | 9.00 (27 )                     |
| <b>Occupation</b>                |                                |
| Small business/Shop/ Agriculture | 31.33 ( 94)                    |
| Skilled worker                   | 16.00 (48)                     |
| Unskilled worker                 | 34.66 (104)                    |
| Unemployed                       | 18.00 (54)                     |
| <b>Monthly Income</b>            |                                |
| Between Rs. 5001-10 000          | 52.00 (156)                    |

|                       |             |
|-----------------------|-------------|
| Between Rs. 3001-5000 | 36.33 (109) |
| Between Rs. 1000-3000 | 11.66 (35)  |

| SES of the family |             |
|-------------------|-------------|
| Low               | 65.33 (196) |
| Middle            | 34.66 (104) |
| High              | --          |

Figures in the parentheses indicate the number of respondents

Table 1 indicates that majority of the selected rural farm women were in the age group of 18-35 yrs and 60.33 per cent of them belonged to nuclear families. Fifty one per cent of rural women belonged to medium (5-8 members) size families, followed by small (1-4 members) size and large (>9) size families. 36.66 per cent of them have completed middle & high school while 31 per cent were completed College and under graduate. Only 9 per cent of them were illiterate. Thirty four per cent of them were labourers while 31.33 per cent of them were involved in small business/ shop/agriculture, remaining were involved in caste occupation. Only 18 per cent of them were unemployed. Fifty two per cent of the respondents were having monthly income between Rs. 5001-10 000/- followed by Rs. 3001-5000/- (36.33%) and between Rs. 1000-3000 /- (11.66%). Sixty five per cent of the rural young women belonged to low socio economic status.

### Awareness

**Table 2 Awareness of rural young women regarding reproductive health care**

| S<br>No | Areas of awareness                        | Aware | Not Sure | Unaware |
|---------|---|-------|----------|---------|
| 1       | Human reproductive organs & its functions |       |          |         |



|    |   |             |             |             |
|----|---|-------------|-------------|-------------|
| 1  | Important female reproductive organs      | 10.00 (30)  | 10.00 (30)  | 80.00 (240) |
| 2  | Important male reproductive organs        | 4.00 (12)   | 15.00 (45)  | 81.00 (243) |
| 3  | Menstruation is a normal process          | 10.33 (31)  | 10.00 (30)  | 79.66 (239) |
| 4  | Menstruation is rupture of uterine wall   | -           | 15.66 (47)  | 84.33 (253) |
| 5  | Menarche age (12-14 years )               | 9.66 (29)   | 10.33 (31)  | 80.00 (240) |
| 6  | Menstruation (4-5 days)                   | 9.00 (27)   | 10.33 (31)  | 80.66 (242) |
| 7  | Menstrual cycle (28/30 days)              | -           | 5.33 (16)   | 94.66 (284) |
| 8  | Menstrual cycle varies individually       | -           | 15.00 (45)  | 85.00 (255) |
| 9  | Missed menses during pregnancy            | 46.66 (140) | 40.66 (122) | 12.66 (38)  |
| 10 | Gap in menstruation occur due to menarche | -           | 3.33 (10)   | 96.66 (290) |
| 11 | Cloth napkins use                         | 100 (300)   | -           | -           |
| 12 | Disposable sanitary napkins use           | 100 (300)   | -           | -           |
| 13 | Menopausal age (45-50 yrs)                | 3.66 (11)   | 14.66 (44)  | 81.66 (245) |
| 14 | Right age for conception (20 – 30 yrs)    | 66.00 (198) | 17.33 (52)  | 16.66 (50)  |
| 15 | Importance of contraceptives              | 28.00 (84)  | 37.33 (112) | 34.66 (104) |



| Personal hygienic care during menstruation |  |           |            |             |
|--|--|-----------|------------|-------------|
| 16   | Importance of personal hygiene   | 6.33 (19) | 21.66 (65) | 72.00 (216) |
| 17   | Need of change of two napkins/clothes per day  | 6.66 (20) | 14.00 (42) | 79.33 (238) |
| 18   | Importance of disposal of napkins / cloth in a hygienic way                            | 6.33 (19) | 24.66 (74) | 69.00 (207) |
| 19   | Risk of infection due to unhygienic practices  | -         | -          | 100 (300)   |
| 20   | Importance of frequent cleaning of genitals  | 3.00 (9)  | 18.33 (55) | 78.66 (236) |
| 21   | Washing hands after changing the sanitary material                                     | -         | 9.66 (29)  | 90.33 (271) |
| 22   | Use of disinfection dusting powder is must during menstruation.                        | 4.00 (12) | 12.66 (38) | 83.33 (250) |
| Nutritional care during menstruation       |  |           |            |             |
| 23   | Importance of consumption of Vit B Complex supplementary foods (B12 , Folic acid & B6) | 2.66 (8)  | 18.33 (55) | 79.00 (237) |
| 24   | Enough fluids  | 5.33 (16) | 10.66 (32) | 84.00 (252) |
| 25   | Fruits   | -         | -          | 100 (300)   |
| 26   | Fiber rich food items  | 3.66 (11) | 9.66 (29)  | 74.66 (260) |
| 27   | Iron rich food   | 3.33 (10) | -          | 96.66 (290) |
| 28   | Sufficient drinking water  | 3.33 (10) | -          | 96.66 (290) |



|  |  |             |            |             |
|--|--|-------------|------------|-------------|
| 29                                       | Restrictions on some foods are not required            | 5.33 (16)   | 20.0 (60)  | 74.66 (224) |
| <b>Health issues during menstruation</b> |  |             |            |             |
| 30                                       | General weakness                                       | 75.33 (226) | 20.00 (60) | 4.66 (14)   |
| 31                                       | Common physiological problems (Cramps, abdominal pain) | 74.33 (223) | 23.00 (69) | 2.66 (8)    |
| 32                                       | Menstruation disorders                                 | 88.33 (265) | 11.66 (35) | -           |
| 33                                       | Medical treatments for menstrual problems              | -           | 10.00 (30) | 90.00 (270) |

Figures in the parentheses indicate the number of respondents

Table 2 shows awareness of rural young women regarding reproductive health care.

A higher percentage of the rural young women (79.66 – 96.66 %) were found to be unaware about human reproductive organs and its functions. While 100 per cent of them were aware about the management of the menstrual periods. About the hygienic care during menstruation all the sample (100%) were unaware about the risk of infection due to unhygienic practices adopted during menstrual periods. With regard to the personal hygienic care, it was recorded that all the sample rural young women were unaware about it. With respect to the awareness regarding nutritional care during menstruation, it was observed that 100 per cent respondents were unaware about the importance of consumption of fruits during menstruation. Seventy four to ninety six per cent of the respondents were unaware about the intake of iron and fiber rich foods and drinking sufficient water during menstruation. Health issues during menstruation such as general weakness, common physiological problems and disorders in menstruation, 74.33 - 90 per cent of them were recorded to be unaware about health issues related to menstruation whereas 90 per cent were unaware about the treatments for menstrual problems.

**Table 3 Awareness levels of rural young women regarding reproductive health care**

n-300

| S<br>N<br>o | Areas of awareness                            | Percentages of rural young wo<br>men |                 |                 |
|-------------|---|--------------------------------------|-----------------|-----------------|
|             |   | Levels of awareness                  |                 |                 |
|             |   | Low                                  | Medium          | High            |
| 1           | Human reproductive organs & its func<br>tions | 64.66 (194<br>)                      | 35.33 (106<br>) | -               |
| 2           | Personal hygienic care                        | 47.66 (143<br>)                      | 52.33 (157<br>) | -               |
| 3           | Nutritional care                              | 57.33 (172<br>)                      | 42.66 (128<br>) | -               |
| 4           | Menstruation related health issues            | -                                    | 35.00 (105<br>) | 65.00 (195<br>) |

Figures in the parentheses indicate the number of respondents

Table 3 depicts awareness levels of rural young women regarding reproductive health care. Except having medium level of awareness (52.33%) about personal hygienic care to be taken about menstruation, in remaining aspects like general awareness about human reproductive organs and its functions (64.66%) and nutritional care to be taken during menstruation, it was found that the rural young women had low level of awareness. Whereas aspect like health issues related to menstruation (65.00%), it was found that respondents had high level of awareness.

**Table 4 Awareness of rural young women regarding maternal health care**

**N :300**

| S<br>No<br>.   | Areas of awareness                               | Aware      | Not Sure    | Unaware     |
|--|--|------------|-------------|-------------|
| 1  | First sign of pregnancy is missed monthly period | 21.33 (64) | 10.66 (32)  | 68.00 (204) |
| 2  | Fertilization is union of ova and sperm          | 100 (300)  | -           | -           |
| 3  | Consequences of child marriage                   | 3.33 (10)  | -           | 96.66 (290) |
| 4  | Sex of the fetus is determined by the male       | -          | 34.66 (104) | 65.33 (196) |
| 5  | Ideal child bearing age (21-35 yrs)              | 5.00 (15)  | 17.00 (51)  | 78.00 (234) |
| 6  | Ideal spacing between two children ( 3 years )   | -          | 40.33 (121) | 59.66 (179) |
| 7  | Continuing Iron & Calcium supplement             | 10.00 (30) | 19.33 (58)  | 70.66 (212) |
| 8  | Hospital delivery                                | 24.00 (72) | 30.66 (92)  | 45.33 (136) |
| 9  | Doing sedentary work                             | -          | 9.00 (27)   | 91.00 (273) |
| 10   | Importance of immunization                       | 22.00 (66) | 14.33 (43)  | 63.66 (192) |
| 11   | Frequent pregnancies are risky                   | -          | 18.00 (54)  | 82.00 (246) |
| 12   | Government welfare programs & services           | -          | 34.66 (104) | 65.33 (196) |
| <b>Maternal health, hygiene and nutritional care</b> |  |            |             |             |

|    |   |           |            |            |
|----|---|-----------|------------|------------|
| 13 | Regular health checkup  | 1.00 (3)  | 27.33 (82) | 71.66 (21) |
| 14 | Importance of mild exercise   | -         | 15.33 (46) | 84.66 (25) |
| 15 | X-ray test for fetus  | -         | 37.00 (11) | 63.00 (18) |
| 16 | Importance of first trimester of pregnancy  | -         | 7.00 (21)  | 93.00 (27) |
| 17 | Well being of the pregnant mother   | -         | 10.00 (30) | 90.00 (27) |
| 18 | Placentas special care  | -         | 7.00 (21)  | 93.00 (27) |
| 19 | Numbness of feet and gradual weight gain<br>need<br>not necessarily found               | -         | -          | 100 (300)  |
| 20 | Free of worries and anxieties   | -         | -          | 100 (300)  |
| 21 | Care in nursing<br>the wound due to birth of the child<br>is must                       | 3.0 (9)   | 10.33 (31) | 86.66 (26) |
| 22 | Fuming hot water bath after delivery is not<br>needed                                   | -         | -          | 100 (300)  |
| 23 | Intake of green leafy vegetables is essential   | 6.33 (19) | 0.66 (2)   | 93.00 (27) |
| 24 | Intake of Iron supplements is must  | -         | 5.33 (16)  | 94.66 (28) |
| 25 | A special balanced diet is required (cereal,<br>pulses,<br>milk, vegetable and fruits ) | -         | -          | 100 (300)  |

|    |  |   |   |           |
|----|--|---|---|-----------|
| 26 | Maternal anemia and under nutrition is risky | - | - | 100 (300) |
|----|--|---|---|-----------|

Figures in the parentheses indicate the number of respondents

Table 4 indicates awareness of rural young women regarding basic information about pregnancy, maternal health, hygiene and nutritional care. A higher percentage of the rural young women (63.66-96.66%) were found to be unaware about the basic information regarding pregnancy such as first sign of pregnancy, determination of sex, importance of hospital delivery, care during pregnancy with regard to the maternal health, hygiene and nutritional care. Sixty three to ninety per cent of them were recorded to be unaware about regular health check up, importance of mild exercises during pregnancy, first trimester of pregnancy and fetus growth and development, balanced diet during pregnancy.

**Table 5 Awareness levels of rural young women regarding maternal health care**

n-300

| S<br>No | Areas of awareness                          | Percentages of rural young women |             |      |
|---------|---|----------------------------------|-------------|------|
|         |   | Levels of awareness              |             |      |
|         |   | Low                              | Medium      | High |
| 1       | Regarding pregnancy                         | 34.66 (104)                      | 65.33 (196) | -    |
| 2       | Maternal health, hygiene & nutritional care | 58.00 (174)                      | 42.00 (126) | -    |

Figures in the parentheses indicate the number of respondents

Table 5 indicates the awareness levels of rural young women regarding maternal health care. It was found that rural young women's awareness come under medium level i. e. (65.33 %) about basic information regarding pregnancy. While 58 per cent of them were having low level of awareness regarding maternal health, hygiene and nutritional care.

**Table 6 Awareness of rural young women regarding child health care**

**N=300**

| S<br>o.                              | Areas of awareness  | Aw<br>are   | Not Su<br>re | Unawa<br>re |
|--------------------------------------|---|-------------|--------------|-------------|
| <b>Child health and hygiene care</b> |   |             |              |             |
| 1                                    | New born can see, hear, smell, taste and feel immediately after birth | 0.66<br>(2) | 63.66 (191)  | 35.66 (107) |
| 2                                    | Deworming (Half yearly)   | -           | 11.66 (35)   | 88.33 (265) |
| 3                                    | Regular change, washing & sterilization of newborn baby napkins       | 7.0 (21)    | 14.66 (44)   | 78.33 (235) |
| 4                                    | Unhygienic condition of child is dangerous                            | -           | -            | 100 (300)   |
| 5                                    | Regular brushing teeth & cleaning mouth                               | -           | -            | 100 (300)   |
| 6                                    | No need to feed water/sweetened water/honey to the newborns           | -           | 14.00 (42)   | 86.00 (258) |
| 7                                    | Oiling of ears and nose   | -           | -            | 100 (300)   |
| 8                                    | Measles is not due to curse of goddess                                | -           | -            | 100 (300)   |
| 9                                    | Toilet training   | -           | -            | 100 (300)   |
| 10                                   | Sterilization of feeding bottles & Utensils                           | -           | -            | 100 (300)   |

|                               |  |   |               |           |
|-------------------------------|--|---|---------------|-----------|
| 1                             | Cutting of navel cord with a clean sterilized scissors/blade | - | -             | 100 (300) |
| <b>Child nutritional care</b> |  |   |               |           |
| 1                             | Breast feeding of baby at birth                              | - | 3.00 (97.00)  | (291)     |
| 2                             |  |   |               |           |
| 1                             | Breast feeding period - first six months                     | - | 8.33 (91.66)  | (275)     |
| 3                             |  |   |               |           |
| 1                             | Introduction of colostrums                                   | - | 6.66 (93.33)  | (280)     |
| 4                             |  |   |               |           |
| 1                             | Semi-solid & soft foods after six months                     | - | -             | 100 (300) |
| 5                             |  |   |               |           |
| 1                             | Variety of food in diet                                      | - | -             | 100 (300) |
| 6                             |  |   |               |           |
| 1                             | Breastfed during illness                                     | - | 21.66 (78.33) | (235)     |
| 7                             |  |   |               |           |
| 1                             | Fruits are essential for children                            | - | 35.33 (64.66) | (194)     |
| 8                             |  |   |               |           |
| 1                             | During diarrhea optimum amount of liquids given to child     | - | 17.00 (83.00) | (249)     |
| 9                             |  |   |               |           |

Figures in the parentheses indicate the number of respondents

Table 6 depicts awareness of rural young women regarding child health care. A higher percentage of the rural young women (78.33 – 88.33 %) were recorded to be unaware about management and hygienic practices of use of child napkins, care of newborn and deworming. While 100 per cent of them were found to be unaware about the ill effects of adoption of bad practices like putting oil in ear and nose, not brushing children's teeth properly, unhygienic practices and lack of toilet training. About the nutritional care of children 64.66 - 97 % of the rural young women found to be unaware about importance of breast feeding, weaning foods and balanced diet.



**Table 7 Awareness levels of rural young women regarding child health care**

n-300

| S<br>No | Areas of awareness          | Percentages of rural young women |             |      |
|---------|-----------------------------|----------------------------------|-------------|------|
|         |                             | Levels of awareness              |             |      |
|         |                             | Low                              | Medium      | High |
| 1       | Child health & hygiene care | 61.66 (185)                      | 38.33 (115) | -    |
| 2       | Child nutritional care      | 55.33 (166)                      | 44.66 (134) | -    |

Figures in the parentheses indicate the number of respondents

Table 7 shows awareness levels of rural young women regarding child health care. Both the areas of awareness such as child health and hygienic care (61.66 %) and about child nutritional care (53.33 %) were recorded as under low level of awareness.

### Conclusion

About 72-96 % rural young women were observed to be unaware about essential care to be taken of personal hygiene during menstrual periods and during pregnancy. As the higher percentage of rural young women (47-65%) were recorded to have low level of awareness about reproductive, maternal and child health hygiene and nutritional care. Hence there is a great need to provide intervention to them for enhancing their awareness in the above mentioned aspects.

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