

## Evaluating the Impact of the COVID-19 Pandemic on Maternal Healthcare Services: A Case Study of Shirur Block

Mr. Shridhar Balasaheb Pandit \* & Dr. Rama Pande \*\*

### Author Affiliation:

\*Research Scholar. Email: [porch.mumbai@gmail.com](mailto:porch.mumbai@gmail.com)

\*\*Professor, Manavlok College of Social Work, Ambajogai, Beed.

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### Abstract:

*The COVID-19 pandemic has posed unprecedented challenges to healthcare systems worldwide, particularly in rural and underserved regions. This study assesses the preparedness and responsiveness of the healthcare system in Shirur Block, Maharashtra, in delivering maternal healthcare services during the pandemic. It examines the accessibility and utilization of key maternal health programs, including the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), Pradhan Mantri Matru Vandana Yojana (PMMVY), and Janani Shishu Suraksha Karyakram (JSSK), identifying socio-economic and logistical barriers that hinder effective maternal care. Additionally, the study explores the perceptions and experiences of pregnant and lactating women, focusing on the emotional impact and decision-making processes surrounding maternal healthcare during the pandemic. The findings provide critical insights into the challenges faced by women and healthcare providers, contributing to recommendations for improving maternal healthcare delivery in crisis situations.*

**Keywords:** Maternal health, COVID-19, Healthcare access, Government schemes, Disruption, Pregnant women, healthcare services, Pandemic.

### Background:

The COVID-19 pandemic has disrupted healthcare systems globally, exacerbating pre-existing challenges in maternal healthcare delivery, particularly in rural regions. In India, maternal healthcare programs such as Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), Pradhan Mantri Matru Vandana Yojana (PMMVY), and Janani Shishu Suraksha Karyakram (JSSK) have been central to improving maternal and child health outcomes by providing essential services, financial support, and emergency care (Ministry of Health and Family Welfare, Government of India, 2017; Ministry of Women and Child Development, Government of India, 2017). However, the pandemic resulted in widespread disruptions in healthcare access, including delays in service

delivery, reduced availability of healthcare workers, and logistical challenges in reaching vulnerable populations. These disruptions are particularly pronounced in rural areas like Shirur Block, where maternal health services are already limited. Furthermore, socio-economic barriers, including poverty, limited transportation, and low awareness of available services, further exacerbate the difficulties in accessing care (World Health Organization [WHO], 2020). This study aims to evaluate how the healthcare system in Shirur Block responded to these challenges, while also exploring the emotional well-being of pregnant and lactating women whose lives were significantly impacted by the pandemic.

### **Objectives:**

1. To evaluate the preparedness and responsiveness of the healthcare system in Shirur Block during the COVID-19 pandemic in providing maternal health services.
2. To identify and analyze the socio-economic and logistical barriers impacting the accessibility and utilization of key maternal health programs (PMSMA, PMMVY, and JSSK) in the context of the pandemic.
3. To explore the perceptions and experiences of pregnant and lactating women regarding the disruptions in maternal healthcare services, focusing on emotional well-being and decision-making processes.

### **Methodology:**

This study uses a mixed-methods approach to assess the impact of the COVID-19 pandemic on maternal healthcare in Shirur Block. A cross-sectional design will be employed, targeting 200 pregnant and lactating women and healthcare providers, selected through purposive sampling. Quantitative data will be collected via structured surveys, focusing on maternal healthcare utilization (e.g., antenatal care, institutional deliveries) and access to government schemes like PMMVY, PMSMA, and JSSK. The survey will also identify barriers such as socio-economic challenges, logistical issues, and pandemic-related fears.

Qualitative data will be gathered through semi-structured interviews and focus groups with women, healthcare providers, and community health workers (CHWs), exploring emotional impacts, decision-making, and the role of healthcare providers in facilitating access to care. Thematic analysis was used to analyze qualitative data, and descriptive and inferential statistics (chi-square tests and logistic regression) was applied to the quantitative data. Nvivo software will aid in coding and identifying key themes.

### **Results:**

This study aimed to evaluate the preparedness and responsiveness of the healthcare system in Shirur Block, Maharashtra, in providing maternal healthcare services during the COVID-19 pandemic, with a focus on key maternal health programs, such as PMSMA, PMMVY, and JSSK. Additionally, the study identified socio-economic and logistical barriers and explored the emotional well-being and decision-making processes of pregnant and lactating women during this period. The results of the study are structured around the core objectives.

### **Preparedness and responsiveness of the healthcare system in Shirur block:**

The healthcare system in Shirur Block relied heavily on ASHA workers for the provision of maternal healthcare services during the pandemic. As illustrated in Table 5.4, 89.5% of respondents reported being visited by ASHA workers, making them the most prevalent frontline workers in maternal care. In comparison, AWWs (8.5%) and ANMs (2%) had a much smaller role in direct household visits. This finding indicates a strong dependence on ASHA workers, who ensured continuity of maternal care by providing home visits, conducting routine check-ups, and delivering health information.

Frontline Worker Who Visited You the Last Time	Frequency	%
ASHA	179	89.5
AWW	17	8.5
ANM	4	2.0
Total	200	100

Source: Primary Data Collection (Interview Schedule)

The qualitative data from FGDs and IDIs further confirmed that ASHA workers played an essential role in disseminating health information, conducting health assessments, and minimizing the need for pregnant women to visit health centers, reducing the risk of COVID-19 exposure. Despite their pivotal role, ASHA workers faced challenges, including heavy workloads, which sometimes resulted in missed visits due to the increased demand for services during the pandemic. These findings also underscore the importance of having a reliable workforce of community health workers (CHWs), who can bridge the gap in service delivery, especially during crises.

### **Socio-economic and logistical barriers:**

The study identified several barriers hindering healthcare access during the pandemic, with fear of infection at health centers being the most significant challenge, reported by 68.5% of respondents, as shown in Table . Other barriers included limited transportation (31.5%), reduced availability of MCH services (30.1%), and non-conductance of VHSNDs (8.2%). These barriers were particularly pronounced in rural areas, where transportation infrastructure was limited, and healthcare facilities were less accessible.

Challenges (out of 73)	Frequency	%
Limited transportation or unavailability	23	31.5
Reduced availability of MCH services	22	30.1
Fear of infection at health centers	50	68.5
VHSNDs not conducted	6	8.2
Total	73	100

Source: Primary Data Collection (Interview Schedule)

Qualitative insights revealed that transportation issues, particularly for women in remote areas, posed significant challenges. This was compounded by the increased demand for healthcare services, further stretching the capacities of the existing healthcare workforce. Resistance from certain community members, who were skeptical about the risks associated with hospital visits, also hindered timely interventions.

### **Perceptions and experiences of pregnant and lactating women:**

The study also explored the emotional impact of the pandemic on pregnant and lactating women. 95% of respondents reported receiving maternal healthcare services from ASHA workers during their pregnancy, as shown in table. This highlights the crucial role ASHA workers played in ensuring that women continued to receive support despite the disruptions caused by the pandemic. FGD and IDI findings revealed that pregnant women appreciated the home visits from ASHA workers, which provided them with health information, guidance on antenatal care, nutrition, and hygiene—factors crucial for ensuring maternal and child health.

Services During This Pregnancy	Frequency	%
ASHA	190	95.0
AWW	93	46.5
ANM	40	20.0
Total	200	100

Source: Primary Data Collection (Interview Schedule)

Despite the overwhelming reliance on ASHA workers, emotional stress was noted, particularly among lower socio-economic groups who faced documentation issues, delays in financial schemes, and limited access to services. These women reported higher levels of stress and anxiety, linked to the unpredictability of healthcare access, which made decision-making surrounding pregnancy and childbirth more difficult.

### **Awareness and access to government maternal health schemes:**

Awareness of government schemes, such as PMMVY, JSY, and JSSK, varied by socio-economic class. PMMVY was the most recognized scheme, with 86.5% awareness across all socio-economic classes. However, the awareness gap between the lower, middle, and upper socio-economic classes indicated disparities in access to these schemes, particularly in rural areas. Awareness of PMSMA was alarmingly low (only 1.1%), which suggests the need for better outreach and information dissemination to ensure equitable access to maternal healthcare services.



Scheme Name	Lower SEC (%)	Middle SEC (%)	Upper SEC (%)	Total (%)
JSY (Janani Suraksha Yojana)	56.3	56.1	39.6	51.7
JSSK (Janani Shishu Suraksha Karyakram)	6.3	17.3	18.8	15.7
PMMVY (Pradhan Mantri Matru Vandana Yojana)	84.4	86.7	87.5	86.5
MatrutvaAnudaan Yojana	9.4	10.2	14.6	11.2
PMSMA (Pradhan Mantri Surakshit Matritva Abhiyan)	0.0	1.0	2.1	1.1

Source: Primary Data Collection (Interview Schedule)

The primary source of information regarding these schemes was ASHA workers, as 98.9% of women identified them as their main informant. Despite the high awareness of programs like PMMVY, access to benefits was impeded by bureaucratic delays, documentary requirements, and lack of timely financial support, particularly for those in lower socio-economic strata.

### Recommendations:

Based on the findings of the study, several key recommendations can be made to improve maternal healthcare delivery in Shirur Block, particularly during health emergencies. First, strengthening the capacities of ASHA workers is crucial, as they play a central role in providing maternal healthcare. These workers should receive additional training and resources to manage the increased workload during pandemics. Equipping them with mobile technologies for reporting and tracking health visits would enhance their efficiency and effectiveness. Second, addressing logistical barriers is vital to ensure timely access to healthcare services, especially in remote areas. Improving transportation infrastructure and launching outreach programs will help women in these areas reach healthcare centers without delay. Third, efforts should be made to enhance awareness of maternal health schemes like PMSMA, particularly among lower socio-economic groups. Targeted awareness campaigns would help bridge the knowledge gap and ensure that women are informed about the available services. Fourth, it is essential to streamline documentation processes and reduce bureaucratic delays in government schemes. This will improve access to financial incentives and maternal healthcare services, making them more accessible to all, especially those in lower socio-economic strata. Lastly, the emotional and psychological well-being of pregnant and lactating women must be prioritized. Incorporating mental health support programs into maternal healthcare initiatives will help address the mental health impact of health emergencies and provide a more holistic approach to maternal care.

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