

Pregnancy Awareness among Women of Dungarpur District of Rajasthan

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ABSTRACT

Pregnancy awareness is seen as most critical determinant of maternal and child health outcomes, particularly in rural and tribal regions of India. As the tribal area is, where the people are highly dependent on traditional methods and superstition so the maternal health suffers the most. This study examines the level of awareness regarding pregnancy-related healthcare among women in Dungarpur district of Rajasthan. Using primary data and secondary data along with literature review, the paper identifies gaps in antenatal care (ANC), institutional delivery practices, nutrition awareness, and access to healthcare services. The findings suggest that socio-economic barriers, lack of education, inadequate healthcare infrastructure, and cultural practices significantly affect pregnancy awareness. The study concludes with recommendations for improving awareness through community-based interventions and policy support.

Key word: Pregnancy, maternal health, Antenatal care, Malnutrition.

INTRODUCTION

This research Paper focuses on Maternal health. It is highly recognized as one of the most important indicators of a country's social and economic development. It shows how effectively the healthcare systems, educational attainment, nutritional status, and the accessibility of maternal and reproductive health services. Pregnancy awareness, which encompasses knowledge regarding antenatal care (ANC), maternal nutrition, institutional delivery, postnatal care, family planning, and recognition of obstetric danger signs, plays a critical role in ensuring positive maternal and neonatal health outcomes. Women possessing adequate pregnancy-related knowledge are more likely to register pregnancies early, attend recommended antenatal visits, consume iron and folic acid supplements, receive tetanus immunization, and seek skilled care during childbirth.

Despite significant improvements in maternal healthcare services in India over the last decade, disparities continues across geographical regions and socio-economic groups. According to the National Family Health Survey (NFHS-5, 2019–21), maternal healthcare indicators have seen significant improvement nationally, with increased institutional deliveries and antenatal care utilization. But still there are considerable inequalities remain in rural, tribal, and economically disadvantaged communities where access to quality healthcare services continues to be limited. Maternal mortality and pregnancy-related complications are disproportionately higher among women belonging to scheduled tribes due to lower educational attainment, poverty, inadequate transportation facilities, and dependence on traditional healthcare practices.

Several recent studies have emphasized that maternal health awareness is closely associated with women's educational status, household income, media exposure, accessibility to healthcare facilities, and support from frontline health workers such as Accredited Social Health Activists (ASHAs) and Anganwadi Workers.

Dungarpur district, situated in the southern tribal belt of Rajasthan, shows unique public health challenges. The district is characterized by a predominantly tribal population, low female literacy, widespread poverty, poor road connectivity, and limited access to specialized maternal healthcare services. Although several government initiatives, including Janani Suraksha Yojana (JSY), Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), Integrated Child Development Services (ICDS), and the National Health Mission (NHM), have substantially

increased institutional deliveries and antenatal service coverage, gaps remain in pregnancy awareness and utilization of available maternal healthcare services.

Existing literature primarily focuses on maternal mortality, healthcare infrastructure, or utilization of antenatal care in Rajasthan. Limited research has comprehensively examined pregnancy awareness among women residing in tribal districts such as Dungarpur by integrating knowledge regarding antenatal care, maternal nutrition, pregnancy danger signs, institutional delivery, and healthcare utilization. This study seeks to address this gap by assessing pregnancy awareness among women in Dungarpur district and identifying socio-economic, educational, cultural, and healthcare-related factors influencing maternal health awareness. The findings are expected to provide evidence useful for strengthening maternal health policies and community-based awareness interventions in tribal regions.

REVIEW OF LITERATURE

As per recent literature pregnancy awareness is one of the strongest predictors of maternal healthcare utilization. According to studies by the Ministry of Health and Family Welfare using NFHS-5 data indicate that women having adequate knowledge about antenatal care are significantly more likely to complete four or more ANC visits, consume iron-folic acid tablets, and deliver in healthcare institutions.

Dalal et al. (2022) reported that inadequate healthcare, geographical isolation, transportation barriers, and infrastructure remain major determinants of poor maternal healthcare utilization among rural women in Rajasthan.

Chauhan and Gupta (2023) observed that maternal healthcare utilization in Rajasthan has improved due to schemes such as Janani Suraksha Yojana and the National Health Mission. Nevertheless, disparities continue among tribal populations because of educational inequalities, poverty, and persistent socio-cultural beliefs.

International evidence from low- and middle-income countries similarly indicates that maternal education, economic status, women's autonomy, and community health worker support significantly influence pregnancy awareness and healthcare-seeking behaviour. Studies conducted in Nepal, Bangladesh, and Ethiopia report comparable challenges in tribal and rural populations, suggesting that improving maternal awareness through community-based education substantially increases antenatal care utilization and institutional deliveries.

Although previous studies have investigated maternal health indicators in Rajasthan, very few have specifically examined pregnancy awareness among women residing in Dungarpur district. Therefore, the present study contributes to the existing literature by examining awareness regarding antenatal care, pregnancy nutrition, institutional delivery, maternal health services, and factors affecting pregnancy-related knowledge among tribal women.

Objectives of the Study

The study was conducted with the following objectives:

1. To assess the level of pregnancy awareness among women in Dungarpur district.
2. To examine women's knowledge regarding maternal nutrition, antenatal care, institutional delivery, and pregnancy danger signs.
3. To identify socio-demographic, educational, economic, and cultural factors influencing pregnancy awareness.
4. To evaluate the utilization of maternal healthcare services among pregnant women.
5. To suggest evidence-based policy measures for improving maternal health awareness and pregnancy outcomes in tribal communities.

RESEARCH METHODOLOGY

Research Design

The present study has been done through descriptive cross-sectional research design to assess pregnancy awareness among women residing in Dungarpur district of Rajasthan. The descriptive approach was adopted to examine the existing level of awareness regarding maternal health, antenatal care, nutrition, institutional delivery, and utilization of healthcare services.

Study Area

The study was conducted in Dungarpur district, Rajasthan, a predominantly tribal district characterized by low female literacy, high poverty levels, difficult geographical terrain, and limited healthcare accessibility. These socio-economic characteristics make the district particularly suitable for investigating pregnancy awareness among women.

Sampling Technique

A cluster sampling technique was employed for selecting respondents. Initially, rural blocks were selected, followed by villages within the selected blocks. Eligible respondents were then selected using purposive sampling based on pregnancy status and willingness to participate in the survey.

Study Population

The target population comprised women of reproductive age (15–49 years) residing in selected rural areas of Dungarpur district who had experienced pregnancy or were pregnant during the study period.

Sample Size

The study included **200 respondents**. The sample size was considered adequate to provide a representative assessment of pregnancy awareness within the selected study area and to facilitate descriptive statistical analysis.

Data Collection Tool

Primary data were collected using a structured questionnaire. The questionnaire included sections on socio-demographic characteristics, antenatal care awareness, maternal nutrition, institutional delivery, pregnancy danger signs, healthcare utilization, and awareness of government maternal health schemes.

Secondary data were collected from the National Family Health Survey (NFHS-5), Annual Health Survey reports, Census of India, Ministry of Health and Family Welfare publications, Rajasthan Health Department reports, and published research articles.

Data Analysis

The collected data were coded, tabulated, and analyzed using descriptive statistical techniques, including frequency distributions, percentages, tables, and graphical presentations. The findings were interpreted to assess pregnancy awareness levels and maternal healthcare utilization among women in Dungarpur district.

Ethical Considerations

Participation in the study was voluntary. Prior informed consent was obtained from all respondents before data collection. Confidentiality and anonymity of the participants were maintained throughout the study, and the information collected was used solely for academic research purposes.

Key Components of Pregnancy Awareness

Antenatal Care (ANC) Awareness

Antenatal care (ANC), also known as prenatal care, is specialized health care provided to pregnant women by professionals from conception until delivery to ensure the best health outcomes for both mother and baby. It

involves regular checkups, screenings, and education to detect complications early, manage risks, and promote a healthy pregnancy. The components of ANC include: risk identification; prevention and management of pregnancy-related or concurrent diseases; and health education and health promotion.

ANC reduces maternal and perinatal morbidity and mortality both directly, through detection and treatment of pregnancy-related complications, and indirectly, through the identification of women and girls at increased risk of developing complications during labour and delivery, thus ensuring referral to an appropriate level of care .

Awareness of ANC is essential for early detection of complications. However:

- Many women do not register pregnancies in the first trimester
- Regular ANC visits are often neglected

Studies in Dungarpur region showing ANC coverage :

1: Health Facility where ANC was received

Health Facility Where care was given	Number of Beneficiaries
AWC	117
SC	83

Figure 1: Health Facility where ANC was received



As evidenced from the graph above it can be seen that most of the females took the services at the level of Anganwadi and nearly 42% of Pregnant female took services at the Sub-center level. This complements not all the Pregnant females took services of ANMs.

From the data, it is observed that **117 beneficiaries received ANC services at Anganwadi Centers (AWC)**, while **83 beneficiaries received ANC services at Sub-Centers (SC)**. This indicates that a larger proportion of pregnant women relied on Anganwadi Centers for their antenatal care compared to Sub-Centers.

Anganwadi Centers play an important role in providing basic maternal and child health services at the community level, especially in rural and tribal areas where access to higher health facilities may be limited. They offer services such as nutrition support, basic health check-ups, and awareness about maternal care. On the other

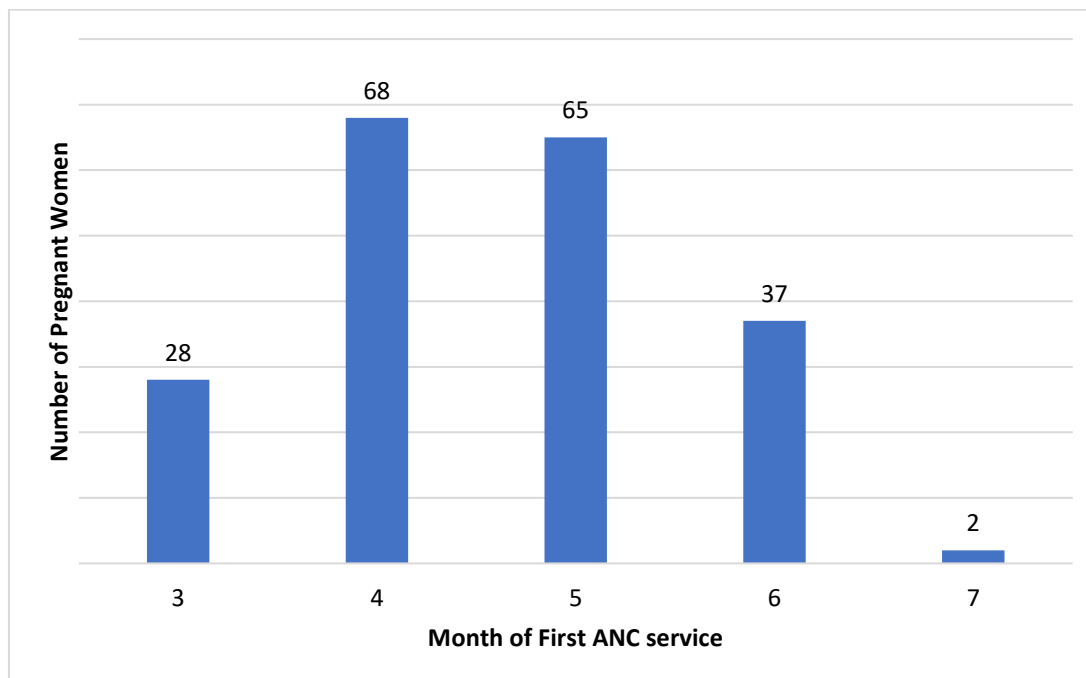
hand, Sub-Centers provide more formal healthcare services through trained health workers and are generally better equipped for clinical care and referrals.

Overall, the data suggests that community-based services like Anganwadi Centers are more commonly used for ANC in the study area. This reflects their accessibility and reach in rural communities. However, it also highlights the importance of strengthening Sub-Centers and ensuring that all pregnant women receive comprehensive ANC services, including proper medical check-ups, timely screening, and referral support when needed.

Table 2: Month during which first ANC was received

Month in which First ANC visit was done	3 rd Month	4 th Month	5 th Month	6 th Month	7 th Month
Number of Beneficiaries	28	68	65	37	2

Figure 2: Month during which first ANC was received



Most of the pregnant females received the first care at 4th or 5th month of the pregnancy. Only 2 pregnant women received the first care during 7th month. But the percentage of PWs taking first care during 3 months is very low. This explains the low prevalence of early registration of pregnancy

From the given data, it is observed that **28 beneficiaries received their first ANC visit in the 3rd month of pregnancy**, which is considered early and ideal, as ANC should ideally begin in the first trimester. A higher number, **68 beneficiaries, received their first ANC visit in the 4th month**, indicating that most women started ANC slightly later than recommended but still within the early pregnancy period. Similarly, **65 beneficiaries initiated ANC in the 5th month**, which shows a delay in registration and reduced opportunity for early health monitoring. Further, **37 beneficiaries began ANC in the 6th month**, which is relatively late and may limit early detection of complications such as anemia or hypertension. Only **2 beneficiaries started ANC in the 7th month**, which reflects very late registration and significantly reduces the effectiveness of antenatal care.

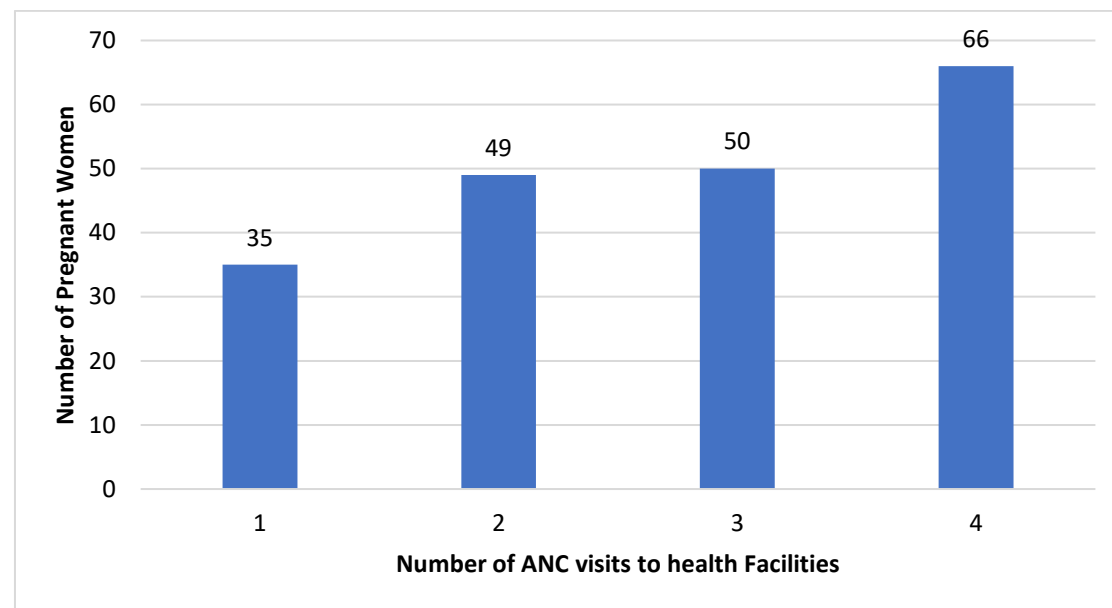
Overall, the data shows that while a majority of women are receiving ANC within the first half of pregnancy, there is still a noticeable delay among a significant proportion of beneficiaries. Late initiation of ANC may be due to lack of awareness, cultural beliefs, accessibility issues, or financial constraints. This highlights the need

to promote early pregnancy registration through awareness campaigns, community health workers, and improved access to healthcare services to ensure better maternal and child health outcomes.

Table 3: Number of times ANC received

Number of ANC visits	1	2	3	4
Number of Beneficiaries	35	49	50	66

Figure 3: Number of times ANC received



Majority of females received 4 or more ANC visits and only 35 females had one visit.

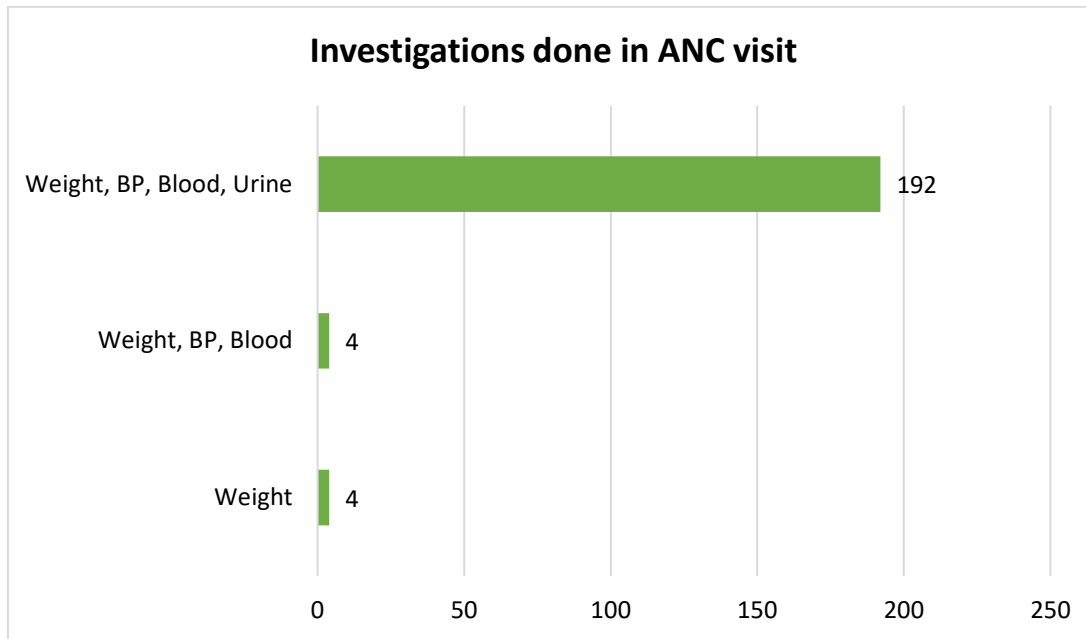
From the table, it is observed that **35 beneficiaries received ANC only once**, which indicates a low level of antenatal care utilization among this group. A slightly higher number, **49 beneficiaries received ANC twice**, showing some improvement but still below the recommended standard. The number increases further for **three ANC visits, with 50 beneficiaries**, suggesting that more women are continuing regular check-ups as pregnancy progresses. The highest number is seen in **four ANC visits, with 66 beneficiaries**, which indicates that a relatively larger group of women completed the full recommended schedule of antenatal check-ups.

Overall, the data shows a positive trend where a significant number of women are receiving multiple ANC visits, especially four visits, which is considered important for safe pregnancy monitoring. However, the presence of women receiving only one or two visits highlights that a section of pregnant women still has limited access to or awareness of complete antenatal care. This suggests the need to strengthen awareness programs, improve accessibility of health services, and encourage early registration and regular follow-up for ANC to ensure better maternal and child health outcomes.

Table 4: Test done in ANC visit

S.No.	Investigations	No. of beneficiaries
1.	Weight	4
2.	Weight, BP, Blood	4
3.	Weight, BP, Blood, Urine	192

Figure 4: Test done in ANC visit



Number of ANC visits	1	2	3	4
Number of Beneficiaries	35	49	50	66

As evident from the graph above almost all the females received all the necessary tests provided during pregnancy. We can see that weight is not the only factor pregnant women take care of during their tests.

From the data, it is observed that **35 beneficiaries attended only 1 ANC visit**, meaning they likely received very limited medical screening and tests. **49 beneficiaries attended 2 ANC visits**, indicating slightly better monitoring, but still not enough for complete pregnancy care. The number increases to **50 beneficiaries who had 3 ANC visits**, showing that more women are receiving regular check-ups and associated tests as pregnancy progresses. The highest number is **66 beneficiaries who attended 4 ANC visits**, which suggests better compliance with recommended antenatal care guidelines, including full or near-full testing coverage.

Overall, the data indicates a positive trend, as a significant number of women are completing four ANC visits and receiving regular medical tests. However, the presence of women with only one or two visits highlights gaps in full antenatal care coverage. This may be due to lack of awareness, distance from health facilities, financial constraints, or cultural factors. Strengthening awareness, improving accessibility, and ensuring consistent ANC testing at every visit are essential to improve maternal and child health outcomes.

RESULTS AND DISCUSSION

1. Antenatal Care (ANC) Awareness and Utilization

The study findings indicate that antenatal care (ANC) services are widely utilized by pregnant women in Dungarpur district; however, the timing and completeness of service utilization vary considerably. Among the 200 respondents, 117 (58.5%) received antenatal care through Anganwadi Centres, while 83 (41.5%) accessed services from Sub-Centres. The greater dependence on Anganwadi Centres reflects their accessibility within rural and tribal communities where formal healthcare facilities are often located at considerable distances.

Although Anganwadi Centres effectively provide nutrition counselling, health education, and referral services, Sub-Centres are better equipped to deliver comprehensive clinical examinations and management of pregnancy-related complications. The predominance of Anganwadi-based care therefore highlights the need to strengthen referral mechanisms and improve the quality of services available at peripheral health institutions.

Timing of the First ANC Visit

Early registration of pregnancy is essential for identifying maternal risk factors and ensuring timely interventions. The present study found that only 28 respondents (14.0%) initiated ANC during the third month of pregnancy, whereas 68 (34.0%) and 65 (32.5%) reported their first ANC visit during the fourth and fifth months, respectively. Thirty-seven respondents (18.5%) initiated ANC in the sixth month, while two women (1.0%) delayed their first visit until the seventh month.

These findings indicate that nearly 86% of women initiated antenatal care after the recommended first trimester. Delayed registration reduces opportunities for early detection and management of anaemia, hypertension, gestational diabetes, and other pregnancy-related complications. Similar observations have been reported in studies from Rajasthan and nationally, where delayed ANC initiation remains associated with low education, poverty, transportation barriers, and limited awareness regarding maternal health services.

Number of ANC Visits

The distribution of ANC visits demonstrates encouraging utilization patterns. Among the respondents, 35 women (17.5%) attended only one ANC visit, 49 (24.5%) attended two visits, 50 (25.0%) completed three visits, while 66 women (33.0%) completed four ANC visits.

Although one-third of respondents completed four ANC visits, a substantial proportion still received fewer than the recommended number of antenatal contacts. Recent national evidence indicates that while ANC coverage has improved considerably, the quality and continuity of antenatal services remain inconsistent, particularly in rural and tribal populations.

ANC Investigations

The study further revealed encouraging coverage of routine pregnancy investigations. Most respondents underwent measurement of body weight, blood pressure, blood examination, and urine examination during ANC visits. These investigations are essential for identifying maternal anaemia, hypertensive disorders, urinary tract infections, and other pregnancy complications.

However, women attending fewer ANC visits were less likely to receive comprehensive investigations, thereby increasing the possibility of undetected complications. Strengthening continuity of ANC services remains essential for ensuring complete maternal assessment throughout pregnancy.

2 Institutional Delivery Awareness

The findings indicate that awareness regarding institutional delivery has improved considerably due to government programmes such as Janani Suraksha Yojana (JSY), the National Health Mission (NHM), and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA). Nevertheless, institutional delivery remains influenced by socio-cultural beliefs, geographical accessibility, transportation constraints, and family decision-making.

Women residing in remote tribal villages frequently reported preference for home deliveries because of traditional practices, long travel distances, poor road connectivity, and inadequate ambulance availability. Similar barriers have been documented in recent qualitative studies conducted in rural Rajasthan.

3 Nutritional Awareness

Maternal nutrition remains an important concern in Dungarpur district. The study indicates that awareness regarding balanced diets during pregnancy has improved through Anganwadi services; however, knowledge regarding dietary diversity and micronutrient supplementation remains inadequate among several respondents.

Anaemia continues to represent one of the most significant maternal health challenges in Rajasthan. Poor dietary diversity, financial constraints, food insecurity, and cultural food restrictions contribute to nutritional deficiencies

among pregnant women. These findings are consistent with national maternal health surveys showing persistent nutritional inequalities among rural and tribal populations.

Institutional Delivery Awareness

Institutional deliveries has seen reduced maternal and infant mortality.

Dungarpur, a tribal-dominated district in Rajasthan, have seen some improvements by targeted government interventions, but there are challenges due to geographical and cultural factors.

Government Initiatives

The Government of India has implemented several programs to improve maternal health, enhance pregnancy awareness, and reduce maternal and infant mortality, particularly in rural and tribal regions such as **Dungarpur**. One of the major initiatives is **Janani Suraksha Yojana (JSY)**, a safe motherhood program aimed at encouraging institutional deliveries. The scheme seeks to reduce maternal and infant mortality by promoting childbirth in healthcare institutions and providing cash incentives to pregnant women who deliver in government or accredited health facilities. Special attention is given to women from economically weaker and vulnerable sections of society, with support from community health workers such as ASHAs. As a result, the scheme has contributed to an increase in institutional deliveries, greater utilization of maternal healthcare services, and improved awareness of safe delivery practices.

Another important initiative is the **National Health Mission (NHM)**, which focuses on strengthening healthcare services, particularly in rural areas. The mission aims to improve maternal and child health, expand healthcare infrastructure, and increase access to quality healthcare services. Through the training of healthcare workers, expansion of health facilities, organization of health awareness campaigns, and provision of maternal and child healthcare services, NHM has improved healthcare accessibility, enhanced maternal health monitoring, and increased awareness regarding antenatal and postnatal care among women.

Additionally, **Anganwadi Services** under the **Integrated Child Development Services (ICDS)** play a vital role in supporting pregnant women, lactating mothers, and children at the community level. These services provide supplementary nutrition, health education, growth monitoring, referral services, and counseling for pregnant and lactating women. Through Anganwadi centers, women receive information on proper nutrition, hygiene, regular health check-ups, and healthy pregnancy practices, thereby contributing to improved maternal and child welfare.

Overall, government programs such as JSY, NHM, and ICDS have significantly improved maternal healthcare services and increased institutional deliveries. However, several challenges continue to affect their effectiveness, including low female literacy levels, poverty, cultural beliefs and misconceptions, inadequate healthcare infrastructure in some rural areas, transportation difficulties, and gaps in awareness and implementation. Addressing these challenges through improved education, stronger healthcare systems, enhanced community awareness programs, and better rural infrastructure can further strengthen pregnancy awareness and improve maternal and child health outcomes in Dungarpur district.

Challenges Identified

In many rural and tribal areas of **Dungarpur**, several key challenges continue to affect maternal healthcare and pregnancy outcomes. One major issue is the **low awareness of maternal health services**, where many women and families are not fully informed about the importance of antenatal care (ANC), institutional deliveries, nutritional requirements, and danger signs during pregnancy. As a result, pregnant women often do not utilize available government health services in time. Another significant challenge is **inadequate ANC visits**, as many women either do not attend regular check-ups or begin them late in pregnancy, which reduces the chances of early detection and treatment of complications such as anemia, high blood pressure, or fetal growth issues. The situation is further worsened by **poor healthcare infrastructure and insufficient staffing**, where rural health centers may lack proper equipment, medicines, trained doctors, nurses, and support staff, limiting the quality and availability of maternal care services.

In addition, **cultural resistance to modern healthcare** also plays an important role, as traditional beliefs, family influence, and reliance on local healers sometimes lead families to avoid hospitals or delay medical treatment during pregnancy and delivery. This can increase the risk of complications for both mother and child. Lastly, **lack of transportation facilities** remains a serious barrier, especially in remote villages where poor road connectivity and limited ambulance services make it difficult for pregnant women to reach healthcare centers in emergencies. Together, these challenges significantly affect the accessibility, quality, and effectiveness of maternal healthcare services, highlighting the need for stronger awareness programs, improved infrastructure, better staffing, and enhanced transportation systems in the region.

Consequences:

In **Dungarpur**, maternal and child health continues to face significant challenges, particularly among rural and tribal populations. High levels of poverty, limited access to healthcare services, inadequate nutrition, and low awareness regarding maternal health contribute to the prevalence of **anemia** and **malnutrition** among pregnant women. These conditions increase the risk of various **pregnancy complications**, including weakness, infections, preterm labor, and delivery-related problems. Poor maternal nutrition and inadequate antenatal care also contribute to the birth of **low birth weight babies**, who are more vulnerable to illness, developmental delays, and neonatal complications. As a result, these interconnected factors can lead to **higher maternal and infant mortality rates**, making maternal and child health a critical public health concern in the district. Strengthening nutrition programs, improving access to quality healthcare, and increasing awareness about maternal health are essential for improving pregnancy outcomes and reducing health risks for mothers and infants in Dungarpur. Women from low-income households are more vulnerable to Anemia due to malnutrition and having lack of awareness regarding nutrition it is also seen that people of Dungarpur district are low in socio economic condition which reflected in overall poor food habits and lifestyle. Apart from all these causes it is also seen that pregnant women are facing complications during their maternal period leading to high maternal and infant mortality rate. Babies born are under weight.

DISCUSSION

It demonstrates that pregnancy awareness among women in Dungarpur district has improved because of expanding maternal health programmes and increased involvement of frontline health workers. Nevertheless, considerable disparities remain regarding early ANC registration, utilization of complete antenatal care, maternal nutrition, and institutional delivery.

The predominance of Anganwadi Centres as the primary source of antenatal care reflects the important contribution of community-based healthcare workers in tribal regions. Similar findings have been reported in previous studies conducted in Rajasthan, where community health workers substantially increased maternal healthcare utilization among rural women.

The delayed initiation of antenatal care observed in this study agrees with previous research demonstrating that women from tribal and socioeconomically disadvantaged communities often postpone pregnancy registration because of inadequate awareness, transportation difficulties, financial limitations, and cultural beliefs. National evidence also suggests that women with higher educational attainment are significantly more likely to initiate ANC during the first trimester and complete recommended antenatal visits.

The study further indicates that educational status strongly influences pregnancy awareness. Women with better educational backgrounds were more knowledgeable regarding maternal nutrition, danger signs during pregnancy, institutional delivery, and available government schemes. Conversely, women with limited education relied more heavily on family traditions and informal sources of health information. These findings correspond with previous studies conducted across India that identify education as one of the strongest determinants of maternal healthcare utilization.

Socio-economic status also emerged as an important determinant of pregnancy awareness. Financial hardship limited access to nutritious foods, transportation, and healthcare services, particularly among women living in remote villages. Similar associations between poverty and inadequate maternal healthcare utilization have been widely documented in national and international literature.

Overall, the study suggests that improving pregnancy awareness requires an integrated approach involving community education, female literacy, strengthening of primary healthcare facilities, improved transportation, and enhanced implementation of existing maternal health programmes.

RECOMMENDATIONS

Improving maternal health and pregnancy awareness in **Dungarpur** requires a combination of awareness generation, education, infrastructure development, community participation, and effective implementation of government schemes. One important strategy is conducting **awareness campaigns**, especially through village-level health education programs that inform families about antenatal care, nutrition, safe delivery practices, and danger signs during pregnancy. Community health workers such as ASHA and Anganwadi workers play a crucial role in spreading awareness, guiding pregnant women, and linking them with nearby health services. Another key approach is **improving female education**, as educating girls and women increases their understanding of reproductive health, hygiene, and the importance of regular medical check-ups; including reproductive health education in school curricula further strengthens this knowledge from an early stage.

Strengthening **healthcare infrastructure** is also essential, which includes improving rural health centers with better facilities, medicines, and staff, as well as ensuring the availability of skilled birth attendants for safe deliveries. Alongside this, **community participation** can significantly enhance maternal health outcomes by involving local leaders, self-help groups, and NGOs in spreading awareness and supporting health programs; encouraging male involvement in maternal health decisions also helps in improving timely care and support for pregnant women. Finally, **better implementation of government schemes** is necessary to ensure that programs related to maternal health are properly monitored and that their benefits reach the intended populations without delays or gaps. Together, these measures can significantly improve maternal health services and pregnancy awareness in the region.

CONCLUSION

Pregnancy awareness among women in Dungarpur remains relatively low due to a combination of socio-economic, cultural, and infrastructural challenges that continue to affect maternal healthcare outcomes. In many areas, poverty and low income levels limit access to nutritious food, proper medical care, and health information, while low female literacy reduces understanding of essential maternal health practices such as antenatal care, safe delivery, and early identification of pregnancy complications. Cultural beliefs and traditional practices further influence decision-making, as some families rely on local healers or follow long-standing customs that may delay or replace modern medical treatment. Additionally, inadequate healthcare infrastructure, shortage of trained medical staff, and poor transportation facilities in rural and remote villages make it difficult for pregnant women to access timely and quality healthcare services.

Although government programs such as Janani Suraksha Yojana, National Health Mission, and ICDS-based Anganwadi services have contributed to improvements in institutional deliveries and maternal health awareness, significant gaps still persist in awareness levels and effective implementation. Many women still do not receive complete antenatal care or are unaware of the full range of services available to them. Therefore, strengthening maternal health outcomes in the district requires a more comprehensive approach that includes improving female education, expanding community-based awareness programs, enhancing healthcare infrastructure, and ensuring better reach and efficiency of government schemes. Active involvement of local communities, healthcare workers, and institutions is essential to bridge these gaps and ensure that every woman receives adequate knowledge, care, and support throughout pregnancy, ultimately leading to improved maternal and child health outcomes.

REFERENCES

1. Chauhan, R., & Gupta, S. (2023). Maternal health realities in Rajasthan: Challenges and policy implications. *SRS Journal of Health Studies*, 15(2), 45–58.
2. Dalal, K., Sharma, P., & Singh, R. (2022). Barriers to maternal healthcare utilization among rural women in Rajasthan: A cross-sectional study. *BMC Pregnancy and Childbirth*, 22(1), 1–12.

3. Government of India. (2021). National Family Health Survey (NFHS-5), 2019–21: India Fact Sheet. International Institute for Population Sciences (IIPS) and Ministry of Health and Family Welfare.
4. Government of Rajasthan. (2022). Rajasthan State Health Action Plan. Department of Medical, Health and Family Welfare, Government of Rajasthan.
5. Iyengar, S. D. (2009). Improving emergency obstetric care through a voucher scheme in rural Rajasthan. *Health Policy and Planning*, 24(2), 113–123.
6. Jaiswal, S., Shankar, R., & Jaiswal, S. K. (2022). Antenatal care awareness among rural pregnant women: A community-based study. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*, 11(7), 1875–1881.
7. Ministry of Health and Family Welfare. (2021). Rural Health Statistics 2020–21. Government of India.
8. Ministry of Health and Family Welfare. (2022). National Health Mission: Framework for Implementation. Government of India.
9. Ministry of Women and Child Development. (2021). Integrated Child Development Services (ICDS): Annual Report. Government of India.
10. Chauhan, R., & Gupta, S. (2023). Maternal health realities in Rajasthan: Challenges and policy implications. *SRS Journal of Health Studies*, 15(2), 45–58.
11. Sharma, A., Rani, R., Nebhinani, M., & Singh, P. (2020). Knowledge and practices regarding management of minor ailments of pregnancy among antenatal mothers in Rajasthan. *International Journal of Community Medicine and Public Health*, 7(11), 4300–4306.
12. World Health Organization. (2016). WHO recommendations on antenatal care for a positive pregnancy experience. Geneva: WHO.
13. World Health Organization. (2023). Trends in maternal mortality 2000–2020. Geneva: World Health Organization.
14. World Bank. (2023). Improving maternal and child health outcomes in low- and middle-income countries. Washington, DC: World Bank.
15. Kesarwani, P., Tripathi, A., Kumar, A., Bihari, A., & Srivastava, A. (2024). Enablers and barriers of antenatal health utilization among pregnant women in India: A comparative scrutiny from NFHS-4 and NFHS-5. *Indian Journal of Community Health*, 36(6), 1–9.
16. United Nations Children's Fund (UNICEF). (2023). Maternal and newborn health in South Asia: Regional report. New York: UNICEF.
17. United Nations Population Fund (UNFPA). (2023). State of World Population 2023: Maternal health and reproductive rights. New York: UNFPA.
18. Girotra, S., Malik, M., Roy, S., & Basu, S. (2023). Utilization and determinants of adequate quality antenatal care services in India: Evidence from the National Family Health Survey (NFHS-5) (2019–21). *BMC Pregnancy and Childbirth*, 23, 800. <https://doi.org/10.1186/s12884-023-06117-z>
19. Chauhan, R., & Gupta, S. (2023). Maternal health realities in Rajasthan: Challenges and policy implications. *SRS Journal of Health Studies*, 15(2), 45–58.