IJNRD.ORG ISSN : 2456-4184
INTERNATIONAL JOURNAL OF NOVEL RESEARCH AND DEVELOPMENT (IJNRD) | IJNRD.ORG
An International Open Access, Peer-reviewed, Refereed Journal

A study to assess the awareness and knowledge regarding Janani Suraksha Yojna among beneficiaries visiting PHC and CHC, Kanpur

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Abstract

Background:

Maternal health and newborn health are closely linked to each other. Most of maternal mortality causes are preventable, as the health-care solutions to prevent or manage complications are well known. All women need access to high quality care in pregnancy, and during and after childbirth

Methodology:

A descriptive research design was adopted. Non probability purposive sampling technique was used to select 41 beneficiary women as samples. The tool was divided in to three sections, sociodemographic knowledge, clinical variables and self-structured questionnaire to assess the knowledge regarding JSY.

Results:

Major findings of the study revealed that among the 41 beneficiary women 8(19.5%) had poor knowledge 31(75.6%) had average knowledge and 2(4.8%) had good knowledge. It was found that there was no association between knowledge score of beneficiary women with the demographic variables.

Conclusion:

It was concluded from the study that in order to reduce the maternal mortality and morbidity rate it is very essential that the health care services are properly provided at the grassroot level.

Keyword: awareness, knowledge, Janani Suraksha yojana, beneficieries, PHC, CHC

Background

Pregnancy is considered to be the most beautiful journey in a woman's life. Maternal health and newborn health are closely linked to each other. But in the past several years it is observed that majority of women died from preventable causes related to pregnancy and childbirth. Most of maternal mortality causes are preventable, as the health-care solutions to prevent or manage complications are well known. As per UNDR about 287 000 women died during pregnancy and following childbirth in 2020. 73% of maternal deaths were due to direct obstetric causes and deaths due to indirect causes accounted for 27·5% of all deaths. All women need access to high quality care in pregnancy, and during and after childbirth. It is particularly important that all births are attended by skilled health professionals, as timely management and treatment can make the difference between life and death for the mother as well as for the newborn. However, the MMR in India has shown a huge decline. As per UN MMEIG 2020 report, MMR of India has declined from 384 in 2000 to 103 in 2020. Despite these achievements, the utilization of maternal healthcare services is still low in India. This is due to sluggishness in healthcare progress, uneven distribution of healthcare services, and concentration of services in one particular place, region, and group. As per SRS report of November 2022 MMR of Uttar Pradesh was 1373 and further as per NHM report of 2016-17, MMR of Kanpur Nagar was 240. Reason for this difference can be spatial-inequality in service coverage by JSY. The overall coverage of JSY in India is 36.4% and it highly varies across different regions, districts, and even socioeconomic groups.

Need of the Study

One of the Sustainable Development Goals (SDG) is to reduce the global maternal mortality ratio (MMR) to less than 70 per 100,000 live births by 2030. As per the Maternal Mortality Bulletin, nearly 2,000 maternal deaths were averted per year. This was made possible through the concerted efforts of the Indian government since the launch of the National Rural Health Mission (NRHM-2005) / National Health Mission (NHM-2013). Increased access to quality healthcare and wide coverage of health services under this programme have majorly contributed to the decline in MMR, infant mortality, and child mortality rates. Due to this push factor, the share of institutional deliveries, including in private facilities, rose to 79% in 2016 from 18% in 2005. Despite these achievements, the utilization of maternal healthcare services is still low in India. Being the creators of life females are deprived of various health services and as a result they fall highly prone to various infection, atrocities and other health concerns during pregnancy, and postpartum period eventually even leading to death. Janani Suraksha Yojna is centrally sponsored scheme which integrates cash assistance with delivery and postnatal care. The main of aim this is to reduce the maternal and neonatal mortality rates by promoting institutional delivery among woman of low socio-economic conditions. Therefore, it becomes essential to know if beneficiary mothers are aware of the services provided by JSSY.

Objectives:

- To assess the awareness regarding JSY
- To assess the knowledge regarding JSY
- To find out the association between selected demographic variables and knowledge level.

With this aim in mind, this study was conducted to know about the awareness and knowledge regarding JSSY among beneficiaries visiting PHC and CHC

Materials and Methods:

A descriptive research design was adopted to full fill the objectives of the study. A total of 41 beneficiary women were selected as participants of the study using non probability purposive sampling technique.

Study Tool

The tool used for the study was self-structed questionnaire. It consisted of 3 sections-

Section A: Socio- Demographic Variables included age, education, women occupation, husband's occupation, type of family, family income, caste, religion, socio-economic status, type of house, distance between health care centre and home.

Section B: Clinical Variables included pregnancy, number of children, place of previous delivery and source of information.

Section C: Self structured questionnaire consisting of items pertaining to knowledge related to Janani Suraksha Yojna.

Statistical Analysis

This Quantitative data was analysed using the frequency percentage method and inferential method for correlation of demographics.

Results:

Table 1 Revealed the socio-demographic characteristics of the participants, according to Age majority of samples 31 (75.6.3%) were from 20-30 years age group. Majority 14 (34.1%) were 12^{th} pass. Among the samples majority 32 (78.0%) were housewife. Majority 17(41.4%) of the sample's husband were former. According to type of family 25 (60.9%) majority of the samples belonged to joint family. Majority of the samples 17 (41.4%) had family income less than 10000 Rs. According to religion samples majority 30 (73.2%) were Hindu. Majority 13 (31.7%) belonged to general category and 13 (31.7%) were belongs to OBC. Majority 24(58.5%) belonged to below poverty line. Majority of the samples 19(46.3%) lived in Pakka house. 17(41.4%) samples had the distance between own house to health centre less than 5km.

Table 2 shows the frequency and percentage distribution of the clinical variables of the participants.

Table 3 shows that frequency and percentage distribution of knowledge score of 41 beneficiary women. Among the 41 beneficiary women 8(19.5%) had poor knowledge 31(75.6%) had average knowledge and 2(4.8%) had good knowledge.

Table 4 shows that there was no association between knowledge score of beneficiary women with the demographic variables.

Table 1: Frequency and percentage computation to describe the sample demographic characteristics in the study [n= 41]

S.NO.	Demographic Variable	Frequency	Percentage
1	Age(Years)		
1.1	20-30	31	75.6%
1.2	30-40	3	7.3%
1.3	40-50	7	17.1%
1.4	>50	0	0%
2	Education		
2.1	Illiterate	11	26.8 %
2.2	10^{th}	10	24.3 %
2.3	12^{th}	14	34.1 %
2.4	Graduate	03	7.4 %
2.5	Post Graduate	03	7.4 %
3	Women occupation		
3.1	Housewife	32	78.0 %
3.2	Former	04	9.7 %
3.3	Private employee	04	9.7 %
3.4	Government employee	01	2.6 %
4	Husband occupation		
4.1	Unemployment	08	19.5 %
4.2	Former	17	41.4 %
4.3	Private employee	15	36.5 %
4.4	Government employee	01	2.6 %
5	Type of Family		
5.1	Nuclear	16	39.1 %
5.2	Joint	25	60.9 %
6	Family income		
6.1	< Rs.10000	17	41.4 %
6.2	Rs.10001-20000	11	26.9 %
6.3	Rs.20001-30001	11	26.9 %
6.4	> Rs. 30000	02	4.8 %
7	Religion		
7.1	Muslim	07	17.1 %
7.2	Sikh	01	2.4 %
7.3	Chirstian	01	2.4 %
7.4	Hindu	30	73.2 %
7.5	Other	02	4.9 %
8	Categories		
8.1	General	13	31.7 %
8.2	OBC	13	31.7 %
8.3	SC/ST	09	21.9 %
8.4	Other	06	14.7 %
9	Economic status		
9.1	Below poverty line	24	58.5 %
9.2	Above poverty line	17	41.5 %
10	Type of house		
10.1	Kaccha	09	21.9 %
10.2	Pakka	19	46.3 %
10.3	Kaccha-Pakka	13	31.8 %
11	Distance between own house to health centre		
11.1	< 5km	17	41.4 %
11.2	5-10 km	10	24.3 %

11.3	10-15 km	10	24.3 %
11.4	>15 km	04	9.7 %

Table 2: Frequency and percentage computation to describe the sample clinical variable in the study n= 41]

S.NO.	Clinical Variable	Frequency	Percentage
1	Pregnancy	**36**	**87.8%**
1.1	**Yes, If yes ,specify the month**		
	1	1	2.77%
	2	5	13.88%
	3	11	30.55%
	4	2	5.5%
	5	4	11.11%
	6	6	16.6%
	7	2	5.5%
	8	3	8.33%
	9	2	5.5%
1.2	No	5	12.19%
2	No of Children		
2.1	Nil	7	17.07%
2.2	1-2	24	58.53%
2.3	3-4	8	19.51%
2.4	>5	2	4.87%
3	Pervious delivery conducted at		
3.1	Home	10	24.39%
3.2	PHC/CHC	18	43.90%
3.3	Private Hospital	4	9.75%
3.4	District hospital/Medical college	2	4.87%
3.5	Not yet Pregnant	7	17.07%
4	Have u heard by JSY		
4.1	No	15	36.5%
4.2	**Yes ,if yes when**	**26**	**63.41%**
	➢ After delivery	12	46.15%
	➢ During pregnancy	8	30.7%
	➢ After marriage	6	23.07%
	➢ During the research study	0	0%
5	From where you get the information about JSY		
5.1	Aaganwadi/ASHA	15	36.58%
5.2	Relatives	0	0%
5.3	Hospital	13	31.7%
5.4	T.V/Phone	3	7.31%
5.5	Any others	10	24.3%

Table 3: Frequency and Percentage regarding knowledge score of beneficiary women. [n= 41]

Level of knowledge	Range of Score	Knowledge score	
		Frequency	Percentage
Poor	0-6	8	19.5%
Average	7-13	31	75.6%
Good	14-20	2	4.8%

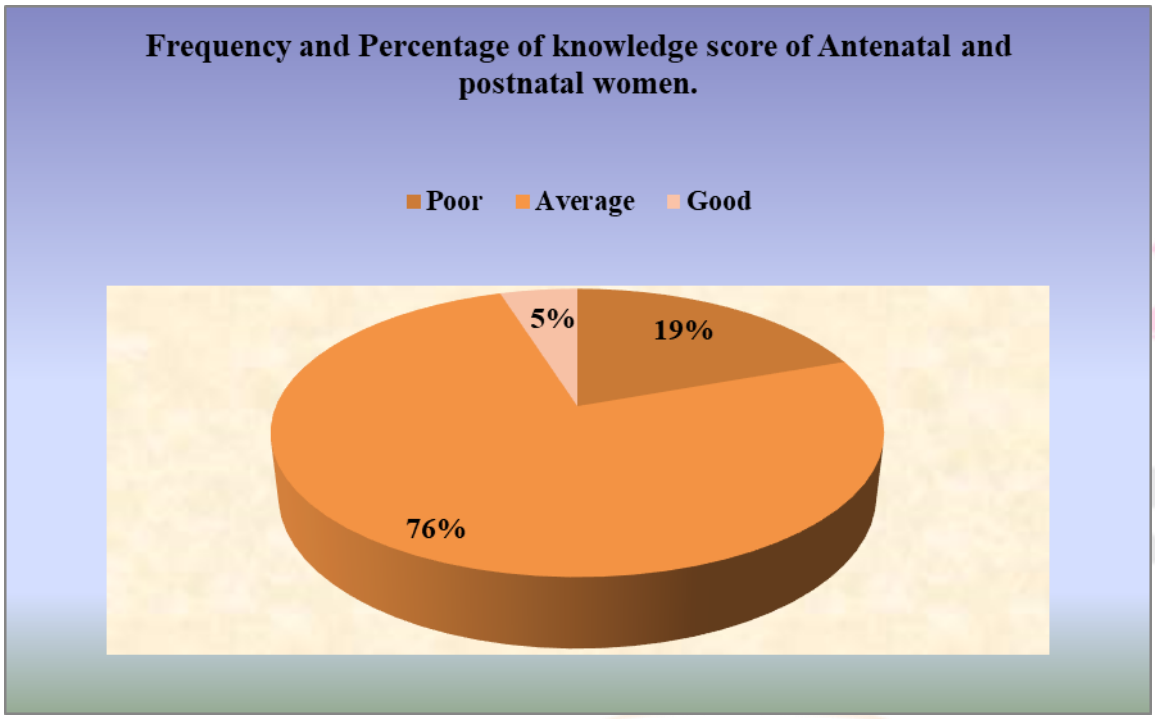

Table 4: Association between knowledge score of beneficiary women with demographic variables. [n= 41]

S.no.	Demographic variable	Category	Knowledge score			X^2	df	Table value
			Poor	Average	Good			
1.	Age(Years)	20-30 30-40 40-50 >50	5 1 1 1	23 2 6 0	2 0 0 0	5.66	6	12.59
2.	Education	Illiterate 10th 12th Graduate Post Graduate	1 0 1 5 1	4 6 0 20 1	0 0 0 2 0	8	8	15.51
3.	Women occupation	Housewife Former Private employee Government employee	7 1 0 0	21 2 7 1	1 1 0 0	6.8	6	12.59

4.	Husband occupation	Unemployment Former Private employee Government employee	5 1 2 0	3 15 12 01	0 1 1 0	5.79	6	12.59
5.	Type of Family	Nuclear Joint	5 3	9 22	2 0	5.88	2	5.99
6.	Family income	< Rs.10000 Rs.10001-2000 Rs.20001-30001 > Rs. 30000	3 3 1 1	9 10 11 1	1 1 0 0	6.87	6	12.59
7.	Religion	Muslim Sikh Chirstian Hindu Other	1 0 1 5 1	4 6 0 20 1	0 0 0 2 0	7.05	8	15.51
8.	**Categories**	General OBC SC/ST Other	2 2 2 2	10 11 6 4	0 1 1 0	2.86	6	12.59
9.	Economic status	Below poverty line Above poverty line	6 2	14 17	0 2	4.26	2	5.99
10	Type of house	Kaccha Pakka Kaccha-Pakka	4 1 3	5 16 10	0 2 0	7.91	4	9.49
11	Distance between own house to health centre	< 5km 5-10 km 10-15 km >15 km	2 4 1 1	13 7 7 4	1 0 1 0	4.72	6	12.59

Discussion:

The study findings revealed that 19.5 % of samples had poor knowledge regarding JSSY, 75.6% had average knowledge and only 4.8% of the samples had good knowledge regarding JSSY. The association of the socio demographic variables was also computed with the knowledge but neither of the variable was found to have association with it.

Conclusion:

With this study it was concluded that in order to improve the health status and reduce the maternal mortality rate it is very essential that women especially of low socio-economic status are made aware about the ground level high class health services provided by the government. The unawareness of these services can lead to reduced institutional deliveries which further increasing mortality rates.

Acknowledgement:

The authors are thankful to all those who helped to complete the research work.

Funding:

This research study was not funded by any agency.

References:

- WHO. (2019, September 19). Retrieved from World Health Organaization: https://www.who.int/news-room/fact-sheets/detail/maternal-mortality. 2019 Sept.
- Special Bulletin on Maternal Mortality in India 2015–17. New Delhi: Sample Registration System, Office of Registrar General, Vital Statistics Division, India 2019.
- UNICEF, India. Coverage Evaluation Survey (CES), 2009: All India report. New Delhi. 2010.
- IIPS, ICF. National Family Health Survey (NFHS-4), 2015–16: India. Mumbai: International Institute for Population Sciences 2017.
- Gupta A, Fledderjohann J, Reddy H, Raman VR, Stuckler D, Vellakkal S. Barriers and prospects of India's conditional cash transfer program to promote institutional delivery care: a qualitative analysis of the supply-side perspectives. BMC health services research. 2018. December;18(1):40. 10.1186/s12913-018-2849-8
- Singh S Vijaykumar, Chavan Smita et al. (2013). Awareness and knowledge regarding Janani Suraksha Yojna (JSY) among ANC registered women in a primary health centre of tribal area of Thane District. International Journal of Research in Medical Sciences. 2014. Feb 2(1). Pp- 122-126. www.msjonline.org
- Concurrent Assessment of Janani Suraksha Yojna (JSY) Scheme in Selected States of India, 2008. Bihar. Madhya Pradesh. Sponsored by UNFA. Development and Research Services (P) Ltd. New Delhi, May 2009. https://nhm.gov.in/WriteReadData/l892s/7861979062147487264 6.pdf
- Janani Suraksha Yojana. Features and frequently asked Questions and answers. Government of India Ministry of Health and Family Welfare maternal Health Division. Nirman Bhavan New Delhi. https://nhm.gov.in/WriteReadData/l892s/9782713333152343895 1.pdf
- Shanta P Khes, Sahu Divya, Soni G.P, Chandrakar Aditi. Awareness about Janani Suraksha Yojana among beneficiaries of urban slums of Raipur City, Chhattisgarh. International Journal of Community Medicine and Public Health. 2017. July 4(7). Pp- 2423-2427. http://www.ijcmph.com