

Effectiveness of Planned Teaching Programme Regarding Janani Suraksha Yojana among People from Western Maharashtra

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Abstract:

Background:

Developing Countries are suffering from higher maternal and infant mortality rates. The most responsible reason behind the high maternal death during child birth is the lack of quality care, as per the National Family Health Survey, (NFHS-3). So its need to enhance knowledge regarding the national health programmes and the various facilities available by the government which are implemented for the people to improve the health indicators and make our country more prosperous. Hence this study was carried out to help people know necessary information about Janani Suraksha Yojana.

Objectives:

The objectives of this study were (1) to assess the effectiveness of Planned teaching programme (PTP) regarding Janani Suraksha Yojana

(2) To find association between Knowledge and demographic variable.

Material & Methods used for the study is the evaluative approach with one group test design was used. Study was conducted on 60 subjects from Western maharashtra using convenient sampling technique. The data were collected by structured questionnaire. The data were analyzed using descriptive and inferential statistics. The sample size estimation was also done at conveniences.

Results: There was significant improvement in knowledge regarding Janani Suraksha Yojana among respondents after intervention of PTP. In all the age, gender, education, occupation and source of information groups there was significant improvement in the knowledge after educational intervention.

Conclusion: Considering the low awareness level of the people regarding the entitlements of Janani Suraksha Yojana, awareness campaign is required for proper utilization of benefits of the scheme. On-going teaching and health education programs can improve the knowledge of people residing rural area of western Maharashtra about Janani Suraksha Yojana.

Keywords: Janani, Questionnaire, Health care workers, Intervention

INTRODUCTION

Health is an important factor of human development. The human being is depending on their basic needs that is food, clothing, shelter, pure water, education and health. For this achievement, in 1951 the government of India and state government have launched various schemes for the development of the health in the country.¹

Maharashtra is a progressive state and it is progressing towards achieving the goals of NRHM. One of the NRHM goals of Maharashtra is to reduce the maternal mortality and morbidity and infant mortality and morbidity rate.

Developing Countries are suffering from higher maternal and infant mortality rates. Most of the deaths occur due to pregnancies and child birth in the developing countries. The most responsible reason behind the high maternal death during child birth is the lack of quality care, as per the National Family Health Survey, (NFHS-3) report as on year 2005-2006.²

Present maternal mortality rate (MMR) and infant mortality rate (IMR) of the State is 61 and 19 respectively. In order to reduce the death rate, it is need that every mother and child should get the proper treatment in time. In order to improve the situation, the Govt. of India has announced the Janani Suraksha yojana in 2005. As per Govt. Resolution 2011 Janani Shishu Suraksha Karyakram has been launched in all districts of Maharashtra.

The main aim of the scheme is to make deliveries in hospitals and primary health centers accessible to women in order to bring down the infant mortality rate (IMR) and the maternal mortality rate (MMR). Sources said the Union government had widened the scope of the scheme from August 2011.

Under this scheme a national initiative that all pregnant women delivering in public health institutions have absolutely free and no expense delivery, including caesarean section. The scheme emphasizes at most importance on “Free Entitlements”.

The idea is to reduce expenses for both pregnant women and sick neonates. Under this scheme, pregnant women are given special treatment serving free drugs and consumables, free diagnostics, free blood wherever required, and free diet up to 3 days for normal delivery and 7 days for Caesarian section. This initiative also provides for free transport from home to institution, between facilities in case of a referral and drop back home.³

The concept of healthy mother and baby is an important aspect of reproductive health care programme. In a developing country like India, illiteracy, poverty, multiple pregnancies and lack of health facility affects badly mother's health along with the infant. Due to many different factors, safe motherhood is still a dream for much of India particularly for its rural and tribal population.⁵

So its need to impart knowledge regarding the national health programmes and the various facilities available by the government which are implemented for the people to improve the health indicators and make our country more prosperous.

MATERIALS AND METHODS

The target population for the study was people from western Maharashtra. The study design was descriptive cross-sectional study. The convenient sampling technique was used for study.

The secondary data available was used for the study purpose. Study was conducted on 60 respondents from western Maharashtra. The structured questionnaire was used to assess effectiveness of planned teaching programme. The sample size estimation was also done at conveniences.

Inclusion criteria were the people who had information about Janani Syraksha Yojana (JSY) and who are willing to participate in the study. Exclusion criteria were the people unaware about JSY and who are not interested to participate in the study.

Data were collected, tabulated and analysed using SPSS version 20.0 with respect to the objectives of the study using descriptive and Inferential Statistics. Frequency and percentage count were done for demographic variables. Unpaired t test and One way ANOVA was done to find association between knowledge and demographic variables.

RESULTS

Table 1: Frequency and Percentage Analysis of Demographic Variables

Sr. no.	Demographic Variables	Frequency	Percentage
1	Age		
	<20	5	8.3
	21-30	40	66.7
	31-40	15	25
2	Gender		
	Females	37	61.7
	Males	23	38.3
3	Education		
	Primary	23	38.3
	Secondary	33	55
	Higher secondary	2	3.3
	Graduate & above	2	3.3
4	Occupation		
	Job	32	53.3
	Business	2	3.3
	Farmer	10	16.7
	Worker	3	5
	Unemployed	13	21.7
5	Source of Information		
	Newspaper	7	11.7
	Television	20	33.3
	Health care worker	23	38.3
	Radio	10	16.7

Table 1 Depicts that

- Most of 40(66.7%) respondent were in the age group of 21-30 years, the remaining 15 (25%) respondents were in the age group of 31-40 years. 5 (8.3%) of the respondents were in the age group of <20 years.
- 37(31.07%) respondents were females and 23(38.3%) respondents were males.
- 23 (38.3%) of respondents had taken primary and 33 (55%) secondary school education. 2 (3.3%) were taken higher secondary or graduation and further education.
- 32 (53.3%) of respondents were doing job , 10(16.7%) were doing farming. 2 (3.3%) were doing business while 3(5%) were workers.13(21.7%) respondents were unemployed.
- 23 (38.3%) of respondents had received information about Janani Suraksha Yojana from health care workers, 20(33.3%) had received information from television.10(16.7%) from radio and 7 (11.7%) received information from newspapers.

Table 2: Determining the difference in knowledge of the respondents regarding Janani Suraksha Yojana

Level of Knowledge	Mean	N	Std. Deviation	t statistic	P value
Before PTP	7.37	60	2.29	25.74	<0.001
After PTP	17	60	2.02		

Table.2 depicts the mean and standard deviation of knowledge score obtained before and after the administration of the PTP. Paired t test was used to assess the impact of PTP on knowledge scores before and after the administration of the PTP. Mean level of knowledge before PTP was 7.37 which significantly improved to 17 after PTP .This is considered to be extremely significant, indicate significant improvement in knowledge regarding Janani Suraksha Yojana among respondents.

Association of knowledge of people regarding Janani Suraksha Yojana with Demographic variables

The association between level of knowledge and demographic variables was determined by using ‘ANOVA’.

Table 3: Age of participants ranged from minimum 19 years to maximum 40 years. The maximum no. participants lies in the age group 21-30 years 40,(66.67%) followed by age group 31-40 years 15, (25%).

Paired t test was used to assess the impact of PTP on knowledge scores for different age groups. It revealed that, in all the age groups there was significant improvement in the knowledge after educational intervention.

One way ANOVA was used to check the equality of means of knowledge scores for before and after educational intervention for different age groups. Age group wise comparison of knowledge scores before and after educational intervention revealed that knowledge scores were similar for before as well as for after educational intervention. This indicates age has no any association with pre and post intervention on knowledge of participants.

Table 3: Age Group Wise Mean and Std. Deviation of Knowledge Scores Before and After Educational Intervention

Age Groups	F	%	Knowledge Before PTP		Knowledge After PTP		Paired t test value	P value
			Mean	SD	Mean	SD		
<20 years	5	8.33	7.20	2.59	17.80	0.84	7.05	<0.001
21-30 years	40	66.67	7.23	1.93	16.80	2.34	20.70	<0.001
31-40 years	15	25.00	7.80	3.09	17.27	1.09	12.98	0.00
ANOVA F value			0.35		0.71			
ANOVA p value			0.71		0.49			

Table 4: Gender Group Wise Mean and Std. Deviation of Knowledge Scores Before and After Educational Intervention

Gender Groups	F	%	Knowledge Before PTP		Knowledge After PTP		Paired t test value	P value
			Mean	SD	Mean	SD		
Females	37	61.67	7.22	1.73	17.43	2.36	19.56	<0.001
Males	23	38.33	7.61	3.01	17.43	1.19	16.51	<0.001
ANOVA F value			0.41		1.76			
ANOVA p value			0.52		0.19			

Table 5: Education Group Wise Mean and Std. Deviation of Knowledge Scores Before and After Educational Intervention

Education	F	%	Knowledge Before PTP		Knowledge After PTP		Paired t test value	P value
			Mean	SD	Mean	SD		
Primary School	23	38.33	7.61	2.87	16.30	2.75	10.99	<0.001
Secondary & Higher	37	61.67	7.21	1.87	17.43	1.24	30.83	<0.001
ANOVA F value			0.41		4.72			
ANOVA p value			0.52		0.03			

Table 6: Occupation Group Wise Mean and Std. Deviation of Knowledge Scores Before and After Educational Intervention

Occupation	F	%	Knowledge Before PTP		Knowledge After PTP		Paired t test value	P value
			Mean	SD	Mean	SD		
Job/ Business	34	56.67	7.41	2.49	16.82	2.02	19.11	<0.001
Farmer/ Worker	13	21.67	7.38	1.61	17.69	0.75	19.69	<0.001
Unemployed	13	21.67	7.23	2.49	16.77	2.74	9.05	0.13
ANOVA F value			0.02		0.98			
ANOVA p value			0.97		0.38			

Table 7: Source of information Group Wise Mean and Std. Deviation of Knowledge Scores Before and After Educational Intervention

Source of information regarding Nutrition	F	%	Knowledge Before PTP		Knowledge After PTP		Paired t test value	P value
			Mean	SD	Mean	SD		
Newspaper/ Radio	17	28.33	6.88	2.18	16.47	2.40	12.91	0.00
Television	20	33.33	7.20	2.00	16.90	2.36	15.05	<0.001
Health personnel	23	38.33	7.74	2.61	17.48	1.20	15.79	<0.001
ANOVA F value			0.68		1.27			
ANOVA p value			0.51		0.29			

Table 4:

Paired t test was used to assess the impact of PTP on knowledge scores for different gender groups. It revealed that, in both the gender groups there was significant improvement in the knowledge after educational intervention.

One way ANOVA was used to check the equality of means of knowledge scores for before and after educational intervention for different gender groups. Gender group wise comparison of knowledge scores before and after educational intervention revealed that knowledge scores were similar for before as well as for after educational intervention. This indicates gender has no any association with pre and post intervention on knowledge of participants.

Table 5:

Paired t test was used to assess the impact of PTP on knowledge scores for different education groups. It revealed that, in both the education groups there was significant improvement in the knowledge after educational intervention.

One way ANOVA was used to check the equality of means of knowledge scores for before and after educational intervention for different education groups. Education group wise comparison of knowledge scores before and after educational intervention revealed that knowledge scores were similar for before educational intervention and were different for after educational intervention. This indicates education has some association with post intervention on knowledge of participants.

Table 6:

Paired t test was used to assess the impact of PTP on knowledge scores for different occupation groups. It revealed that, in all the occupation groups there was significant improvement in the knowledge after educational intervention.

One way ANOVA was used to check the equality of means of knowledge scores for before and after educational intervention for different occupation groups. Occupation group wise comparison of knowledge scores before and after educational intervention revealed that knowledge scores were similar for before as well as for after educational intervention. This indicates occupation has no any association with pre and post intervention on knowledge of participants.

Table 7:

Paired t test was used to assess the impact of PTP on knowledge scores for different source of information groups. It revealed that, in all the source of information groups there was significant improvement in the knowledge after educational intervention.

One way ANOVA was used to check the equality of means of knowledge scores for before and after educational intervention for different source of information groups. Source of information group wise comparison of knowledge scores before and after

educational intervention revealed that knowledge scores were similar for before as well as for after educational intervention. This indicates source of information has no any association with pre and post intervention on knowledge of participants.

DISCUSSION

Our study showed that, there was significant improvement in knowledge regarding Janani Suraksha Yojana among respondents after intervention of PTP. In all the age, gender, education, occupation and source of information groups there was significant improvement in the knowledge after educational intervention.

Miryani Jonnalagadda study results showed that only 7% of mothers have adequate knowledge, 29% of antenatal mothers have moderate knowledge and 64% of mothers have inadequate knowledge about JSSK. It also showed that there was significant association between the knowledge and distance from referral units.⁷

Y U Jadhav study stated that about 34.64% health workers were having excellent knowledge whereas 46.53% of them were having adequate knowledge of JSSK. The age distribution of health workers with respect to knowledge showed no statistically significant association with knowledge which was similar to our study findings.⁸

Our study revealed that mean level of knowledge before PTP was 7.37 which significantly improved to 17 after PTP ($p < 0.001$) which was found similar with study findings of Dr. Mahipal Singh and Nilesh Soni. It revealed that the knowledge gained by the structure teaching programme was good as it was found with a highly significant difference $t = 16.59$ between the means post-test (19.28) and pre-test (13.42) knowledge score.¹⁰

Harpreet Kaur et al study revealed that majority (88.7%) were in the age group of 20-30 years and in our study most of 40 (66.7%) respondent were in the age group of 21-30 years. Education profile of the beneficiaries revealed that 37.3% were illiterates, 32.4% were below metric & 30.3% were above metric. While in ours no one was illiterate, 93.3% were below metric & 6.7% were above metric which was contradictory.¹¹

Our study showed that 23 (38.3%) of respondents had received information about Janani Suraksha Yojana from health care workers, 20 (33.3%) had received information from television. 10 (16.7%) from radio and 7 (11.7%) received information from newspapers while Deshpande S, Gadappa S, Pagare study showed that the source of information is mainly from health personnel 201 (42.5%) (Health workers, Health professionals), then by family 132 (28.2%), friends 75 (15.8%) and ASHA workers 64 (13.5%). Radio, TV, Newspaper has not contributed to any source of information.¹²

CONCLUSION

There was significant improvement in knowledge regarding Janani Suraksha Yojana among respondents after intervention of PTP. In all the age, gender, education, occupation and source of information groups there was significant improvement in the knowledge after educational intervention.

Considering the low awareness level of the people regarding the entitlements of Janani Suraksha Yojana, awareness campaign is required for proper utilization of benefits of the scheme. On-going teaching and health education programs can improve the knowledge of people residing rural area of western Maharashtra about Janani Suraksha Yojana.

REFERENCES

1. Maharashtra Human Development Report 2012
2. Report on Mapping of Healthcare Sector in India, Swecare and Swedish Trade council, India, 2012
3. S. B. Sharan, Varun Bhardwaj, Healthy Mother and Healthy Child Ensuring zero Expense Deliveries through JSSK, Press Information Bureau, Government of India, Special Service and Features, 2012
4. Trupti Bhosale, Ruksar Patel, Pavitra Patil, Rohini Yadav, A Study to Assess Effectiveness of Planned Teaching Programme on Knowledge regarding Hand washing among the Staff Nurses in Secondary Care Hospital, Karad , International Journal of Science and Research, September 2018; Vol. 7, Issue 9: 620-623.
5. Roumi Deb Utilization of Services Related to Safe Motherhood among the Tribal Population of East Khasi Hills (Meghalaya): An Overview Ethno-Med., 2(2): 137-141 2008
6. Bhosale TS, Zagade T, Yedage S et.al. A study to assess the knowledge regarding the hazards of tobacco smoking among patients and relatives in selected tertiary hospital Karad. Galore International Journal of Health Sciences & Research. 2018; 3(4): 59-63.
7. Miryani, Jonnalagadda & Vasundhara, Rayapu. Study to Assess the Knowledge of Antenatal Mothers with Regard to Janani Shishu Suraksha Karyakram (JSSK) in Selected Rural Areas at Guntur District, A.P.. International Journal of Nursing Care.2018
8. Jadhav YU, Surwade JB, Kalyankar G. A study of factors affecting the knowledge of Janani Shishu Suraksha Karyakram among health workers in rural block Shirur of Pune district, Maharashtra. Int J Community Med Public Health 2017;4:3162-5.
9. Bhosale TS, Shinde M, Patel R, Nair R.A study to assess the quality of life after mastectomy among women in a tertiary care hospital, Karad. J. Evolution Med. Dent. Sci. 2018; 7(49):6073-6077.
10. Dr. Mahipal Singh, Nilesh Soni, A Study to Assess the Effectiveness of Structured Teaching Programme (STP) On Knowledge Regarding Janani Shishu Suraksha Yojana (JSSY) Among Mothers International Journal of Research and Scientific Innovation (IJRSI) April 2016 Page No.: 17-22
11. Harpreet Kaur , Amanpreet Kaur , Harpreet Kaur , Priyanka Devgun, A study of utilization of Janani Suraksha Yojana (JSY) scheme , among beneficiaries in a rural area of Punjab, National Journal of Research in Community Medicine. Vol. 4. Issue 1. Jan-Mar. 2015 (114-123)
12. Deshpande S, Gadappa S, Pagare S, Dhaduti R, Andurkar S. Awareness regarding Janani Shishu Suraksha Karyakram among pregnant women of Marathwada, Maharashtra, India. Int J Reprod Contracept Obstet Gynecol 2016;5:1985-91.