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Knowledge and utilization of Janani Shishu Suraksha Karykram among postnatal mothers in selected urban health centres

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ABSTRACT

Background: The act of giving the birth is only moment when both pain and pleasure conserve at moment of time. This experience of transformation from womanhood/wife hood into the motherhood is privilege reserved exclusive for woman. Hence this transformation phase that a pregnancy and following childbirth has been contributing to have great impact on both maternal and infant health. Mother /children constitute priority group they comprise approximately 71.4% of population of developing countries. In India woman of child bearing age constitute 22.2% and child under 15-year age of about 35.3% of total population together they constituents nearly 57.5% of total population. Globally observation show that in developed region maternal mortality rate average in 385/100,000 live birth. In developed country region the figure 440 for same number of live births. The government of India launched new initiative of Janani Shishu Suraksha Karykram from Mewat district in Haryana on June 1 (2011) unmistakably signal a huge leap forward in quest to make health for all reality. **Aim:** To assess the knowledge and utilization of Janani Shishu Suraksha Karykram among postnatal mothers in selected urban health centres. **Method:** non experimental descriptive study consisting of 384 samples from urban health centre Aurangabad, Maharashtra, India. The questionnaire was used to assess the knowledge regarding postnatal care and entitlement of knowledge and utilization was used to assess the of structured interview. **Result:** There is significant association was found between $P < 0.0001$. Also, significant association was found between age, religion, education, occupation, monthly family income, time taken to reach the hospital. **Conclusions:** Postnatal knowledge questionnaire and entitlement of knowledge utilization of JSSK questionnaire Can be used to assess the postnatal mother. More evaluation studies need to be conducted to know utilization pattern JSSK so as to improve coverage and remove the bottlenecks to further increase the utilization of JSSK scheme.

Keyword— JSSK, chi square

1. INTRODUCTION

The act of giving the birth is only moment when both pain and pleasure conserve at moment of time. This experience of transformation from womanhood/wife hood into the motherhood is privilege reserved exclusive for woman. Hence this transformation phase that a pregnancy and following childbirth has been contributing to have great impact on both maternal and infant health.¹

Mother /children constitute priority group they comprise approximately 71.4% of population of developing countries. In India woman of child bearing age constitute 22.2% and child under 15-year age of about 35.3% of total population together they constituents nearly 57.5% of total population. Globally observation show that in developed region maternal mortality rate average in 385/100,000 live birth. In developed country region the figure 440 for same number of live birth.²

India contributed around global birth rate 18.5 birth per 1000 total population in 2016. in each year roughly 6.2 million pregnancies in 2010. and 4 million had livebirth outcome. an estimated 1,36,000 maternal deaths each year, thus the pregnancy related mortality and morbidity continued to take huge toll on all live of Indian woman and their new born these considerations have led to formulation of specifies health service for mother and child in India.³

The JSSK has been identified accredited social health activist ASHA as an effective link between the government and pregnant woman. The scheme focuses on poor pregnant woman with a special dispensation for state have low institutional delivery rate namely the state of Uttar Pradesh, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam, Rajasthan, Orissa, Jammu and Kashmir while these states have been named low performing states the remaining states have been high performing states.⁴

The government of India launched new initiative of Janani Shishu Suraksha Karykram from Mewat district in Haryana on June 1 (2011) unmistakably signal a huge leap forward in quest to make health for all reality. It invokes a new approach to healthcare placing for first time utmost emphasis on entitlement and elimination of out-of-pocket expenses for both pregnant women delivering in public health institution to absolutely free and no expense delivery, include caesarean section. The following are the free entitlements for pregnant woman

- 1.Free cashless service
- 2.Free C-section
- 3.Free drug and consumables
- 4.Free diagnostics
- 5.Free diet during stay in health institution
- 6.Free provision of blood
- 7.Exempted of user charges
- 8.Free transport from home to health institution
- 9.Free transport between facilitates in case of referral
- 10.Free drop back from institutions to home

The following are the free entitlements for sick new-born till 30 days after birth

- 1.Free treatment
- 2.Free drug and consumable
- 3.Free diagnostics
- 4.Free provision of blood
- 5.Exempted of user charges
- 6.Free transport from home to health institution
- 7.Free transport between facilitates in case of referral
- 8.Free drop back from institution to home

2. OBJECTIVES

- (a) To assess the knowledge level of various components of Janani Shishu Suraksha Karykram.
- (b) To assess the utilization of Janani Shishu Suraksha Karykram by postnatal mother from the urban health centers.
- (c) To assess the knowledge regarding postnatal care among postnatal mothers.
- (d) To evaluate the association of knowledge and utilizations of Janani Shishu Suraksha Karykram with selected demographical variables in postnatal mother in selected urban health centers of the city.

3. ASSUMPTION

- (a) The postnatal mothers do not have adequate knowledge regarding service provided.
- (b) The postnatal mothers do not avail all the benefits under the Janani Shishu Suraksha Karykram

4. METHODOLOGY

Non experimental descriptive study was used in the study. The study population used 384 postnatal mothers from selected urban health centre. Based on one of the previous studies the sample size was calculated. The permission was obtained from the concerned civil surgeon of the respective hospitals.

4.1 Inclusion Criteria

- (a) Postnatal mothers availing service from public health centres of the city
- (b) The mothers who have benefited from Janani Shishu Suraksha Karykram.

4.2 Exclusion Criteria

- (a) Postnatal mothers who have availed service from private facility.
- (b) Who have not delivered recently. (Within last 1 year)
- (c) Data collection tool: Structured interview

4.3 Preparation of Tool

It comprises seven sections.

Section I: Distribution of samples according to their demographic characteristics like age, education, religion. occupation

Section II: Distribution of samples according to their current obstetrical profile like time to parity, number TT injection taken, total iron folic tablets taken.

Section III: Distribution of samples according to their knowledge score regarding postnatal care like Reason for hospital delivery, Out of pocket expenditure during JSSK, total postnatal visit

Section IV: Distribution of samples according to their knowledge regarding JSSK (Janani Shishu Suraksha Karykram)

Section V: Distribution of samples according to utilization regarding JSSK (Janani Shishu Suraksha Karykram)

Section VI: Association of knowledge and utilization regarding JSSK (Janani Shishu Suraksha Karykram) with selected demographic variables

Section VII: Entitlement of utilization among postnatal mother about JSSK

4.4 Scoring Procedure

To assess the knowledge of mother regarding postnatal care of score was group into 3 levels i.e. poor, average, good based on percentage of scores.

SECTION –IV distribution of sample in relation to their knowledge score.

Table 1

Sr.no	Knowledge score	Percentage	Category
1	0-5	0-50%	Poor
2	6-10	51-75%	Average
3	11-15	76-100%	Good

Section –VII distribution of sample in relation to their utilization score

Table 2

Sr.no	Utilization score	Percentage	Category
1	0-6	0-50%	Poor
2	7-12	51-75%	Average
3	13-18	76-100%	Good

4.5 Data collection process

The data collection process began from 25th Nov-2019 to 7th Dec2019. by giving the questionnaires’ which consist of self-structured knowledge regarding postnatal care questionnaire and followed by Structured interview was conducted for 384 samples at selected urban health centres of the city by using purposive sampling technique tool was provided to samples at a same time approximately 15-20 min were given to them for solving the self-administered knowledge questionnaire.

4.6 Ethical Consideration

The propose study was conducted after the approval of dissertation committee of Mahatma Gandhi Mission’s Mother Teresa College of Nursing, Aurangabad. Permission was obtained from selected colleges of the city. Consent of each subject was obtained before starting the data collection and their information was kept confidential.

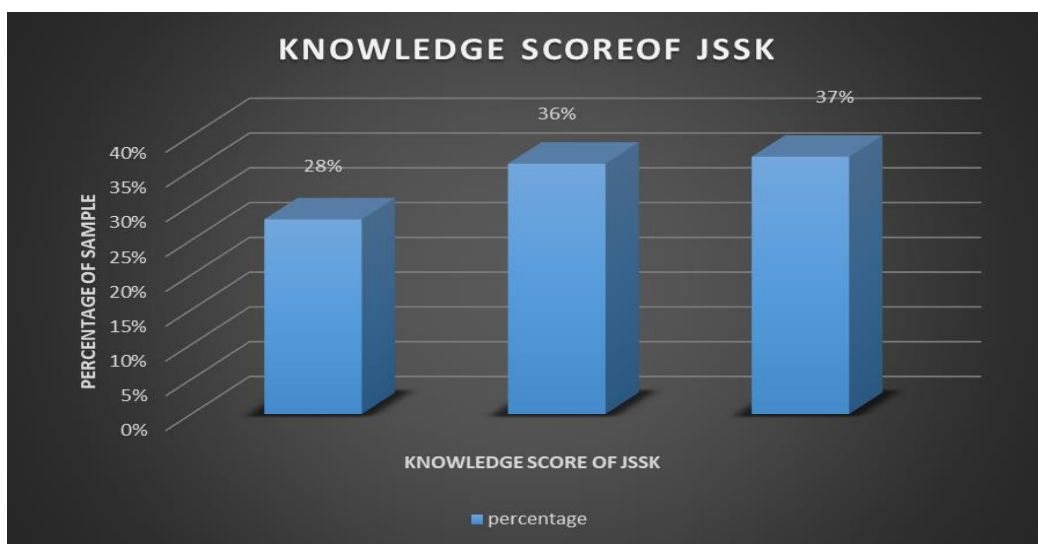
Table 3: Description of sample according to their demographical characteristics, n=384

Sr. No	Sample	Frequency	Percentage
1.	Age		
	A. 18 years	94	24.4%
	b. 19-24years	100	26.4%
	c. 25-29years	100	26.4%
2.	d. >30years	90	23.4%
	Religion		
	a. Hindu	103	26.82
	b. Muslim	101	26.30
3.	c. Christian	99	25.78
	d. Any other	81	21.09
	Education		
	a. Illiterate	113	29.42
4.	b. Higher secondary	177	46.09
	c. Graduate and above	94	24.47
	Occupation		
5.	a. Housewife	102	26.56
	b. Self –employed	125	32.55
	c. Service	157	40.88
6.	Monthly family income		
	a. Less than rs.5000/month	232	60.41
	b. Rs.5001-10,000/month	69	17.96
	c. Rs. 10,001-15000/month	42	10.93
7.	d. Rs.15001/month and above	41	10.67
	Type of family		
8.	a. Nuclear family	226	58.85
	b. Joint family	158	41.14
9.	Mode of transport		
	a. Public transport	135	35.15
	b. Ambulance	100	26.04
10.	c. Own vehicle	149	38.80
	Time taken to reach hospital		
	a. Within ½ hour	123	32.03
11.	b. 1/2 -1 hour	125	32.55
	c. >1 hour	136	35.41
12.	Source of information		
	a. Mass media	94	24.47
	b. Neighbour and friends	113	29.42
13.	c. Health worker	177	46.09

The above table no. 3 describes the distribution of samples according to their demographic characteristics. Interprets the demographic variables, in relation to age majority of sample 100 (26.4%) and belongs to age group of 25-29 years, minimum samples 90 (23.4%) belongs to age group of >30 years. Interprets the demographic variables, in relation to religion majority of sample 103 (26.82%) and belongs to Hindu, minimum samples 81 (21.09%) belongs to any other. Interprets the demographic variables, in relation to education majority of sample 177(46.09%) and belongs to higher secondary, minimum samples 94 (24.47%) belongs graduate and above. Interprets the demographic variables, in relation to monthly family income majority of sample 232 (60.41%) and belongs to less than 5000 minimum samples 41(10.67%) belongs to 15000 and above. Interprets the demographic variables, in relation to types of family majority of sample 226 (58.55%) and belongs to nuclear family minimum samples 158 (41.14%) belongs to joint. Interprets the demographic variables, in relation to mode of transport majority of sample 135 (35.15%) and belongs to public transport minimum samples 70(38.08%) belongs to private/own vehicle. Interprets the demographic variables, in relation to time taken to reach hospital majority of sample 136 (35.44%) and belongs to > 1 hour minimum samples 123(32.03%) belongs to within ½ hours. Interprets the demographic variables, in relation to source of information majority of sample 177 (46.09%) and belongs to health worker minimum samples 94 (24.47%) belongs to mass media.

Table 4: Distribution of samples according to their knowledge score regarding postnatal care

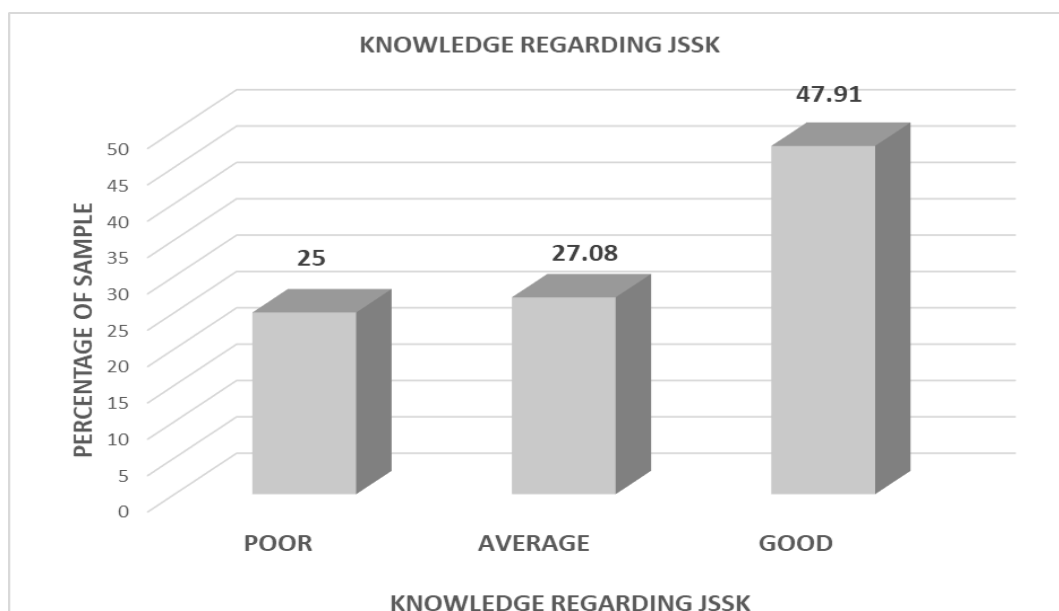
	Knowledge score	Percentage
Poor	106	28%
Average	137	36%
Good	141	37%



Graph 1: distribution of samples in relation to their knowledge score postnatal care

Table 5: Distribution of samples according to knowledge regarding JSSK (Janani Shishu Suraksha Karykram)

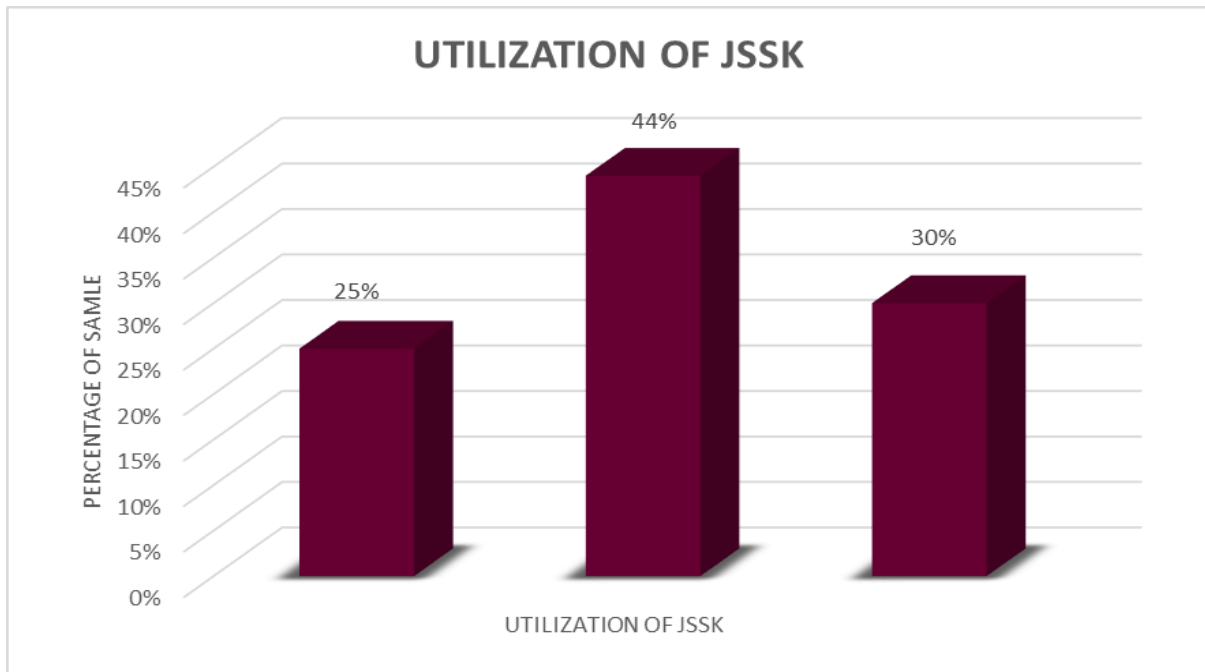
	knowledge score about JSSK	percentage (%)
Poor	96	25
Average	104	27.08
Good	184	47.91



Graph 2: Distribution of samples in relation to their knowledge score regarding JSSK

Table 6: Distribution of samples according to utilization regarding JSSK (Janani Shishu Suraksha Karykram)

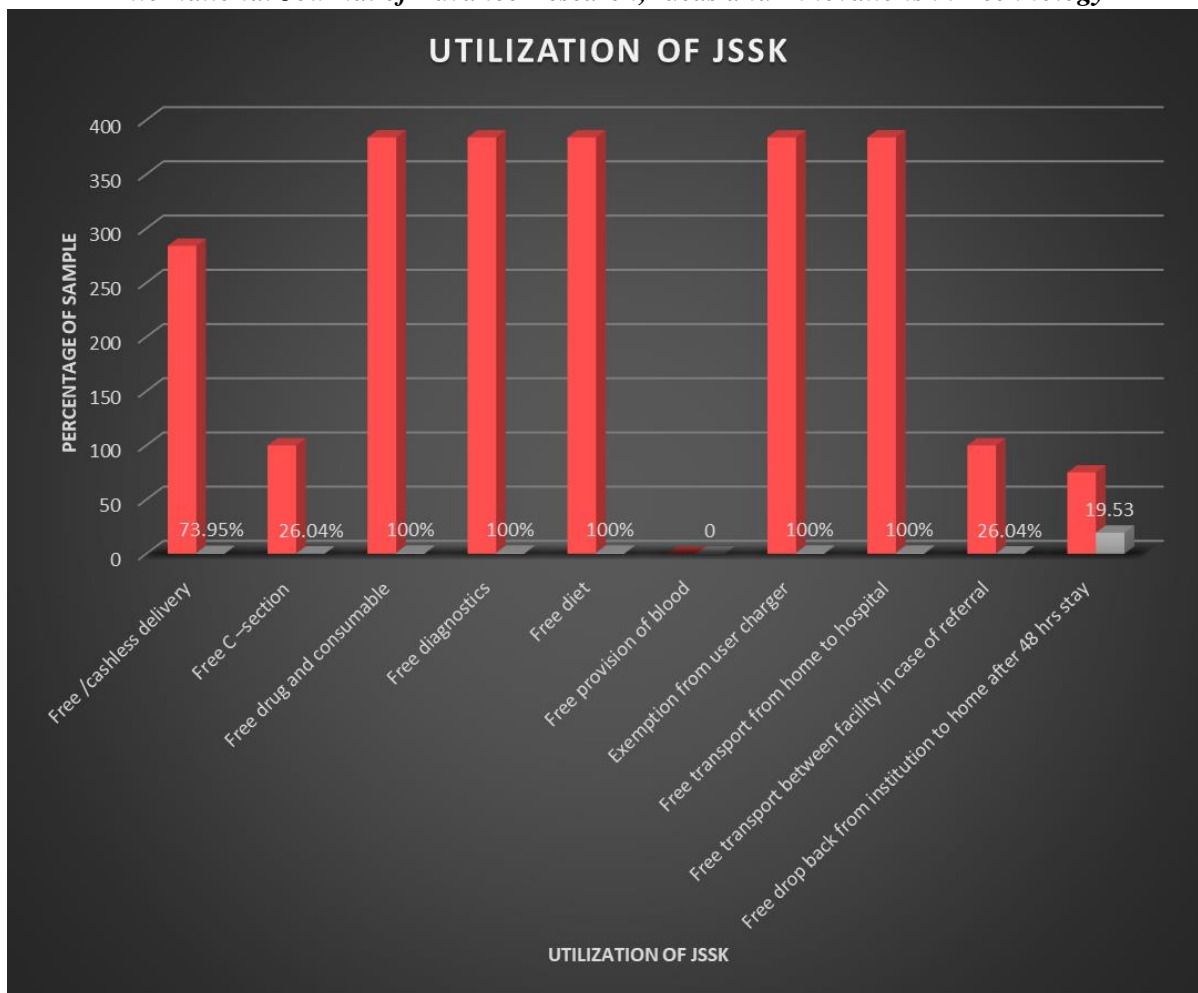
	Utilization About JSSK	Percentage (%)
Poor	97	25
Average	170	44
Good	117	30



Graph: 3 Distribution of samples in relation to their utilization score regarding JSSK

Table: 7 Entitlement of utilization among postnatal mother about JSSK

Entitlement Of Pregnant Woman	Utilization of JSSK			
	Yes	Percentage (%)	No	Percentage (%)
Free /cashless delivery	284	74	0	0
Free C –section	100	26	0	0
Free drug and consumable	384	100	0	0
Free diagnostics	100	26	284	26%
Free diet	294	77	90	23%
Free provision of blood	0	00	00	0
Exemption from user charger	384	100	0	0
Free transport from home to hospital	195	51	189	49
Free transport between facility in case of referral	100	26	284	77%
Free drop back from institution to home after 48 hrs stay	75	20	309	80%
Entitlement of new-born				
Free treatment of sick infant	10	3	374	97%
Free drug and consumable	10	3	374	97%
Free diagnostics	10	3	374	97%
Free provision of blood	0	00	0	0
Exempted of user charger	10	3	374	97%
Free transport of sick infant from home to health institution	80	21	304	79%
Free transport between facilitates in case of referral	100	26	284	74
Free drop back from institution to home	75	20	100	26%



Graph:4 -Entitlement of utilization among postnatal mother about JSSK

5. DISCUSSION

The aim of argument, or of discussion, should not be victory, but progress.

- A descriptive study to assess the utilization of free referral services under JSSK in Gander Bal District of Kashmir (J & K). A cross sectional study was conducted for a period of one year in district Gander Bal, in which 50% of the Sub centres were selected. 10 recently delivered mothers were chosen randomly from each sub centre & a sample size of 230 beneficiaries were chosen, who had delivered in previous six months. The result shows that majority of woman 51.7% of recently delivered women were provided free ambulance services from home to the facility, & 68% were provided free service from facility to the home. The money by cheque was provided to 2.8% of the women only, who had hired a vehicle.⁵²
- The study finding is similar to the finding of the present study which shows that recently delivery mother was as 348 out of that result of majority of mother According to mode of transport 35.15% used to public transport ,26.04%used to ambulance, and 38.08% used to private and own vehicle. Play major role in woman participating most of woman utilized service i.e., free ambulance service from home to the facility,26.04% were provided free service from facility to the home i.e.,51%.

In present study similar finding are found to be i.e., Purposive sampling technique used among 384 mothers. Who present in the study found in 74% mother to have free delivery service and 26% mother who utilized service caesarean section under JSSK and 100% utilized service with free and consumable ,26% utilized service free diagnostics service, free diet i.e. 77%, exemption of user charger utilized service 100% and 51% utilized services from free transport from the home to hospital? factors significantly association with utilization of free delivery were education, occupation, monthly family income, type of family, mode of transport, time taken to reach hospital, source of information.

6. CONCLUSION

There is a need to improve the awareness among urban population about utilization of JSSK scheme targeting difficult to assess area with special measure and encourage more ANC, PNC visit were essential perquisites to improve the impact of JSSK among postnatal mothers. Some reason of underutilization as find out i.e. Home near to health care centres, take to private facility, own vehicle or private facility near by health facility in case of referral mothers had to found it hard to wait for referral transport to come and pick mothers as well as new-born. medicine from outside or overcrowding at facility. The finding of the study shows that there are socio-economic, knowledge and utilization source of information regarding the JSSK among postnatal mother.

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