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A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE OF ANTENATAL MOTHERS REGARDING RAJASTHAN JANANI SHISHU SURAKSHA YOJANA AT COMMUNITY HEALTH CENTRE BASSI JAIPUR

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ABSTRACT

In any community, mother and children constitute a priority group; they comprise approximately 71.14% of the population of the developing countries. In India women of the child bearing age constitute 22.2% and children under 15 years of age about 35.3% of the total population together they constitute nearly 57.5% of the total population. Mother and children not only constitute a large group but they are also a vulnerable or special risk group. The risk is connected with child bearing in the case of women and survival in case of children. Global observation shows that in developed regions MMR averages at 13/100,000 live births, in developing regions the figure is 440 for the same number of live births. From commonly accepted indices, it is evident that infant, child and MMR are high in many developing countries. Further much of the sickness and deaths among mother and children is largely preventable by improving the health of the mother and children. To mitigate the problem, the Ministry of Health & Family Welfare launched Janani Shishu Suraksha Karyakram (JSSK) on 1st June, 2011 to provide better health facilities for pregnant women and sick neonates. The scheme emphasizes utmost importance on "Free Entitlements". The idea is to eliminate out-of-pocket expenses for both pregnant women and sick neonates. The Rajasthan state government on 12 September 2011 launched the ambitious Janani Shishu Suraksha Yojna at Dudu near Jaipur in all the 33 districts. The Scheme aims to bring down maternal and child mortality rate in the state. Under the scheme, the government will provide free treatment and transport facility to pregnant women and sick infants. Along with this, all the pregnant women would be provided medicines and other consumables before, during and till 6 months after the delivery. Likewise, the sick infants would be provided all medicines free up to 30 days of their birth. The pregnant and infants would also be provided free transport facility from home to health institute. One lakh 18 thousand private ambulances, taxies and other vehicles have also been listed in the concerned areas of all the districts to provide transport facility from the remote villages to the hospitals.

Keywords: *Antenatal Mothers, JSSY, Vulnerable Group, Asha Workers, Beneficery*.

Introduction

Since 1951, on voluntary basis with democratic manner, the Government of India, Ministry of Health and Family Welfare, has implemented different types of programmes for the improvement of maternal health, child health and family welfare. In light of the millennium development goals (MDG), National Population Policy (NPP), and National Health Policy (NHP) the Government of India, Ministry of Health and Family Welfare planned and launched National Rural Health Mission (NRHM) in April 2005. All the efforts under NRHM are directly and indirectly aimed to provide accessible, affordable, and effective healthcare to all citizens and particularly to the poor and vulnerable sections of the society.

According to the needs, experiences and feedbacks, various changes and modifications have been incorporated from time to time. Several new approaches, interventions, and alternatives were initiated to reduce maternal morbidity, mortality ratio and child mortality rate. Maternal and Child Health (MCH), Child Survival and Safe Motherhood (CSSM), Universal Immunisation Programmes (UIP), Oral

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Rehydration Solution (ORS), dais' training, medical termination of pregnancy (MTP), postpartum programmes, National Maternal Benefit Scheme (NMBS), Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakram (JSSK) and in Rajasthan state it is named as Rajasthan Janani Shishu Suraksha Yojana, are important and well-known efforts at both country and state level.

Need of the Study

According to W.H.O., globally estimating the maternal mortality rate, over 5,00,000 die every year and in those 1,500 women in a day because of complications of pregnancy and childbirth. Each year, approximately eight million women suffer pregnancy-related complications and over half a million die. Some 99 per cent of all maternal deaths occur in developing countries. Two thirds of maternal deaths in 2000 occurred in 13 of the world's poorest countries. During the same year, India alone accounted for one quarter of all maternal deaths. According to W.H.O., globally estimating the maternal mortality rate, over 5,00,000 die every year and in those 1,500 women in a day because of complications of pregnancy and childbirth. Each year, approximately eight million women suffer pregnancy-related complications and over half a million die. Some 99 per cent of all maternal deaths occur in developing countries. Two thirds of maternal deaths in 2000 occurred in 13 of the world's poorest countries. During the same year, India alone accounted for one quarter of all maternal deaths.

Problem Statement

A descriptive Study to assess the knowledge of antenatal mothers regarding Rajasthan Janani Shishu Suraksha Yojana at Community Health Centre Bassi Jaipur.

Objectives of Study

The objectives are:

- To assess the knowledge of antenatal mothers regarding Rajasthan Janani Shishu Suraksha Yojana at Community Health Centre Bassi district Jaipur.
- To find out the association between knowledge scores with selected demographic variables i.e age, education, income, occupation, religion, type of family, parity, frequency of visit, previous knowledge and source of information.

Research Hypothesis

H_1: There will be significant association between knowledge scores with selected demographic variables of antenatal mothers regarding Rajasthan Janani Shishu Suraksha Yojana

$H_{1\,(a)}$: There will be significant association between knowledge scores with age of antenatal mothers regarding Rajasthan Janani Shishu Suraksha Yojana.

$H_{1\,(b)}$: There will be significant association between knowledge scores with educational status of antenatal mothers regarding Rajasthan Janani Shishu Suraksha Yojana.

$H_{1\,(c)}$: There will be significant association between knowledge scores with early income of antenatal mothers family regarding Rajasthan Janani Shishu Suraksha Yojana.

$H_{1\,(d)}$: There will be significant association between knowledge scores with occupational status of antenatal mothers regarding Rajasthan Janani Shishu Suraksha Yojana.

$H_{1\,(e)}$: There will be significant association between knowledge scores with religion of antenatal mothers regarding Rajasthan Janani Shishu Suraksha Yojana.

$H_{1\,(f)}$: There will be no significant association between knowledge scores with type of family of antenatal mothers regarding Rajasthan Janani Shishu Suraksha Yojana.

$H_{1\,(g)}$: There will be no significant association between knowledge scores with parity of antenatal mothers regarding Rajasthan Janani Shishu Suraksha Yojana.

$H_{1\,(h)}$: There will be significant association between knowledge scores with Frequency of visit of antenatal mothers regarding Rajasthan Janani Shishu Suraksha Yojana.

$H_{1\,(i)}$: There will be significant association between knowledge scores with previous knowledge of antenatal mothers regarding Rajasthan Janani Shishu Suraksha Yojana.

$H_{1\,(j)}$: There will be significant association between knowledge scores with Source of information

Methodology

Research Approach

The descriptive survey research approach.

Research Design

Simple descriptive research design.

Population

In this study the sample comprised of 60 antenatal mothers who attended Community health Center Bassi, Jaipur, Rajasthan.

Sampling Technique

In this study the sample was selected through a non probability convenience sampling technique.

Sample Size

Sample comprised of 60 antenatal mothers..

Setting

This study was conducted at Community health Center, Bassi, Jaipur Rajasthan.

Tools

A structured knowledge questionnaire was developed by the investigator for assessing the knowledge of antenatal mothers regarding Rajasthan Janani Shishu Suraksha Yojana. For the development of the tool, research and non-research literatures were reviewed and suggestions of experts were taken to determine the areas to be included. The following steps were adopted prior to the development of the tools-

Part 1: Socio demographic variables.

Part 2: Structured knowledge questionnaire for interview schedule for the antenatal mothers regarding Rajasthan Janani Shishu Suraksha Yojana.

Section 1: Socio Demographic Variables (10 items)

First section consists of structured interview schedule to collect baseline data, regarding socio demographic variables such as age, income, occupation, religion, type of family. parity, frequency of visit, previous knowledge, and source of information.

Section 2

Structured questionnaire on knowledge regarding antenatal mothers regarding Rajasthan Janani Shishu Suraksha Yojana .This section of the tool consisted of 30 multiple choice questions and each of them had one correct answer and three wrong. Each correct answer was given score of “one” and each wrong answer was given zero score.

Reliability

Reliability of the tool was tested by using split half method of Karl Persoen coefficient of correlation and was found 0.9 which indicated that the tool was reliable.

Data Collection Process

In order to conduct study permission was obtained from the administrative officer of the hospital. The data collection period was from 07-June 2013 to 25-June-.2013.

- Te investigator introduced about him and the purpose of the study was explained to the subject and informed consent was obtained. Confidentiality was assured to the entire subject to get their cooperation.
- Sample was selected based on the inclusion criteria.

The test was taken using a structured questionnaire for antenatal mothers regarding Rajasthan Janani Shishu Suraksha Yojana. The investigator thanked and appreciated all the participants for their cooperation

Finding and Discussion

The findings one discussed under the following sub headings

- Socio demographic characteristic of the sample.
- Assessment of knowledge regarding care of umbilical cord.
- Assessment of practice regarding care of umbilical cord.

Plans for Data Analysis

The data obtained was planned to be analyzed by both descriptive and inferential statistics based on objectives of the study. To compute the data a master data sheet was prepared by the investigator.

Section 1: Socio demographic variables containing sample characteristics would be analyzed using frequency and percentage.

Section 2: Knowledge score will be analyzed in terms of frequency, percentage and mean and standard deviation.

Section 3: Chi- square test would be computed to find out the association between knowledge score and selected socio demographic variables.

Level of significance would be set at **0.05.**

Organization and Presentation of Data

The obtained data were analyzed, tabulated and interpreted by employing descriptive and inferential statistics. The data analysis have been organized under following Sections.

Section 1: Description of demographic characteristics of antenatal mothers.

Section 2: Description of knowledge score of antenatal mothers.

Section 3: Association between mean knowledge scores of antenatal mothers with selected demographic variables.

Section 1: Description of Demographic Characteristics of Antenatal Mothers

This section describes demographic characteristics of antenatal mothers under study. The sample consisted of 60 antenatal mothers. The sample characteristics are described in terms of age, education, income, occupation, religion, types of family, parity, frequency of visit, previous knowledge and source of information.

Table 1: Frequency and percentage distribution of subjects according to their age

N=60

Age Group (In years)	No. of Mothers (Frequency)	Percentage (%)
18 – 21 years	16	27.67
22 – 25 years	24	40.00
26 – 29 years	14	23.33
> 30 years	6	10.00

Table 1 Reveals majority of antenatal mothers' i.e**.24 (40%)** were in the age group of 22-25 years. Out of total of 60 antenatal mothers under study 16 (27.67%) were in the age group of 18-21 years, 14 (23.33) were in the age group of 26-29 years and 6(10.00%) were above 30 years.

Table 2 Reveals majority of antenatal mothers i.e**.21 [35.00%]** had secondary/ Sr. secondary as educational status. Out of total of 60 antenatal mothers under study 18 [30.00%] never attended school, 16 (26.67%) and 5(8.33%) had graduate and above as educational status.

Reveals majority of antenatal mothers' i.e**.19 (31.67%)** had Rs.75001 – 100000 yearly income of the family. Out of total of 60 antenatal mothers under study 15 (25.00**%)** had Rs. 25000-50000, 16 (26.67) had Rs. 50001-75000 and 10(16.67%) had Rs. more than 100000 as yearly income of the family.

Reveals majority of antenatal mothers i.e**.52 [86.67%]** were Hindu. Out of total of 60 antenatal mothers under the study 8 [13.33%] were Muslim by their religion.

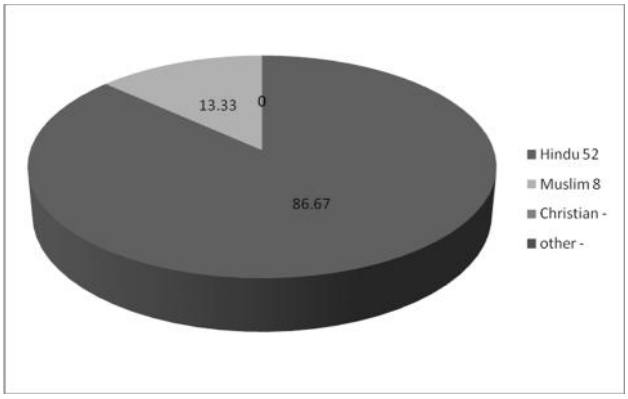

Fig. 1: Pie chart showing the religion of antenatal mothers

Description of Knowledge Score of Antenatal Mothers

Mean, Median, Standard Deviation and Mean Percentage of Knowledge Scores of antenatal mothers

N= 60

Area	Range of Score	Mean	Median	S.D	Mean %
Knowledge	13-25	18.25	18	3.28	60.83%

Maximum possible score – 30

The result given in Table 4.11 - indicated that range of score is 13-25, mean knowledge score of antenatal mothers is 18.25 which is 60.83% of the mean score, median 18.00 and S.D. 3.28.

Antenatal mothers who scores above average have considered as having adequate knowledge status and who have scores below average considered as having inadequate knowledge status regarding RJSSY.

Frequency and Percentage Distribution of Subjects According to their Previous Knowledge

N=60

Previous knowledge	No. Of mothers (frequency)	Percentage (%)
Yes	50	83.33
No	10	16.67

Table 4.9 Reveals majority of antenatal mothers i.e**.50 [83.33%]** had previous knowledge and out of total of 60 antenatal mothers under study 10 [16.67%] had not previous knowledge of RJSSY.

The result given in table 4.12 - indicated that mean Knowledge Score of antenatal mothers is 18.25 which is 60.83% of the mean score. The value indicates that the majority (53.33%) of antenatal mothers had inadequate knowledge and 46.67% of antenatal mothers had adequate knowledge regarding RJSSY.

Table to calculate Chi-square value to determine the association between knowledge of antenatal mothers regarding RJSSY and Age

N=60

Age Group (In years)	Knowledge Score		d.f.	χ2 value	Table value	P Value
	Adequate	Inadequate				
18 – 21 years	8	8	**3**	**8.72 S**	**7.81**	**0.05**
22 – 25 years	8	16				
26 – 29 years	6	8				
More than 30 years	6	0				

S. = Significant

The above table 4.13 revels that 16 antenatal mothers belongs to age group 22-25years, out of them, 8 antenatal mothers have adequate knowledge where 8 antenatal mothers have inadequate knowledge.

Frequency and Percentage Distribution of Subjects According to their Occupational Status

N=60

Occupational Status	Knowledge Score		d.f.	χ2 value	Table value	P value
	Adequate	Inadequate				
labour	1	8	3	23.76 **S**	7.81	0.05
agriculture	3	16				
Home maker	8	5				
service	16	3				

S. = Significant

Section I: Description of Sample Characteristics of Sample (antenatal mothers)

Majority of antenatal mothers i.e**.24 (40%)** were in the age group of 22-25 years. Out of total of 60 antenatal mothers under study **16 (27.67%)** were in the age group of 18-21 years, 14 (23.33%) were in the age group of 26-29 years and 6(10.00%) were above 30 years

Majority of antenatal mothers' i.e**.21 [35.00%]** had Secondary/ Sr. Secondary as educational status. Out of total of 60 antenatal mothers under study **18 [30.00%]** never attended school, 16 (26.67%) and 5(8.33%) had Graduate and above as educational status.

Majority of antenatal mothers' i.e**.19 (31.67%)** had Rs.75001 – 100000 yearly income of the Family. Out of total of 60 antenatal mothers under study 15 (25.00**%)** had Rs. 25000-50000, 16 (26.67) had Rs. 50001-75000 and 10(16.67%) had Rs. more than 100000 as yearly income of the family.

Majority of antenatal mothers i.e**.19 (31.67%)** had agriculture and 19 (31.67%) had service as their occupational status, out of total of 60 antenatal mothers under study 9[15.00%] were in labour and 13(21.67%) were home makers as their occupational status.

Majority of antenatal mothers i.e**.52 [86.67%]** were Hindu. Out of total of 60 antenatal mothers under the study 8 [13.33%] were Muslim by their religion.

Majority of antenatal mothers' i.e**.35 [58.33%]** were living in joint family. Out of total of 60 antenatal mothers under the study 25 [41.67%] were living in nuclear family.

Majority of antenatal mothers i.e**.19 (31.67%)** were in the second parity, out of total of 60 antenatal mothers under study 18 [30.00%] were in the first parity, 16 (26.67) were in the third parity and 7(11.67%) were in more than third parity.

Majority of antenatal mothers i.e**. 23 (38%)** visited third time, out of total 60 antenatal mothers under study 9 [15.00%] visited first time, 16 (26.67%) visited second time and 12(20.00%) visited more than third time.

Majority of antenatal mothers i.e**.50 [83.33%]** had previous knowledge and out of total of 60 antenatal mothers under study 10 [16.67%] had previous knowledge of RJSSY.

Majority of antenatal mothers i.e**.20 [33.33%]** had health workers as their source of information, out of total of 60 antenatal mothers under study 19 [31.67%] had mass media as their source of information, 12 (20.00%) had family members as their source of information, and 9(15.00%) had others as their source of information about RJSSY.

Section 2: Description of knowledge Score of Antenatal Mothers

Mean Knowledge Score of antenatal mothers is 18.25 which is 60.83% of the mean score. The value indicates that antenatal mothers had inadequate knowledge levels.

Section 3: Relationship between mean knowledge scores of antenatal mothers with selected demographic variables.

There is significant association between age, educational status, yearly income of the family, occupational status, religion, frequencies of visits, their previous knowledge and source of information and level of knowledge of antenatal mothers. So, Research hypothesis $H_{1\,(a)}$, $H1_{(b)}$, $H1_{(c),}$ $H1_{(d),}$$H_{1\,(e),}$ $H1_{(h),}$$H_{1\,(i)}$ and $H_{1\,(j)}$ are accepted.

There is not significant association between type of family and parity and level of knowledge of antenatal mothers. So, Research hypothesis $H_{1\,(f)}$ and $H1_{(g)}$ are rejected.

Conclusion

The following conclusions were drawn on the basis of the findings:

- Antenatal Mothers have inadequate knowledge regarding Rajastan Janani Sisu Suraksa Yojana.
- There is significant association between age, educational status, yearly income of the family, occupational status, religion, frequencies of visits, their previous knowledge and source of information and level of knowledge of antenatal mothers.
- There is not significant association between type of family and parity and level of knowledge of antenatal mothers.

Nursing Implications

Nursing enhance people's ability to deal with the multiple factors that influence their health status and health care needs. The goal of nursing is to promote health, prevent illness, restore health and alleviate suffering, the nursing have an impact on the health and life of societies in every imaginable situation providing solutions and touching the human heart.

The finding of the study have several implications for nursing education nursing practice, nursing administration nursing research and public education.

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