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A study to assess the knowledge on Janani Suraksha Yojana among antenatal mothers in Koyambedu primary health center

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Abstract

The act of giving birth is the only moment when both pain and pleasure converge at a moment of time. This experience of transformation from womanhood or wifehood into motherhood is a privilege reserved exclusively for women. Hence this transformation phase that is pregnancy and following childbirth has been contributed to have a great impact on both maternal and infant health. According to 2018 statistics the infant mortality rate in India was 29.9 deaths per 1000 live births. The national average maternal mortality rate lies between 420- 540/1 lakh live births. It is recognized that Rajasthan is the state, which has highest MMR in India, i.e., 670/one lakh live birth. The data collection period was done with prior permission from the head of the medical officer. The purpose of the study was explained to the samples and written informed consent was obtained from them. The demographic were collected using a structured interview questionnaire. A descriptive approach with non-experimental research design was conducted among 100 antenatal mothers. Non probability sampling technique was used to select samples. Structured interview was used to collect demographic data. The data were analyzed using descriptive and inferential statistics. The sample characteristics were described using frequency and percentage. Chi square test was used to test the association between categorical variables. $P < 0.05$ was taken as statistically significant.

Keywords: Antenatal mother, Janani Suraksha Yojana, Maternal mortality, Infant mortality

Introduction

The act of giving birth is the only moment when both pain and pleasure converge at a moment of time. This experience of transformation from womanhood or wifehood into motherhood is a privilege reserved exclusively for women. Hence this transformation phase that is pregnancy and following childbirth has been contributed to have a great impact on both maternal and infant health^[1].

India contributes around 20 percent of global births. Each year in India, roughly 30 million women experience pregnancy and 27 million have a live birth. Of these, an estimated 1, 36,000 maternal deaths and one million new born deaths occur each year, thus pregnancy-related mortality and morbidity continues to take a huge toll on the lives of Indian women and their new born. These considerations have led to the formulation of specific health services for mother and child in India^[2]

According to WHO, globally estimating the maternal mortality rate, over 5, 00,000 die every year and in that 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^[3].

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^[4].

According to 2018 statistics the infant mortality rate in India was 29.9 deaths per 1000 live births. The national average maternal mortality rate lies between 420- 540/1 lakh live births.

It is recognized that Rajasthan is the state, which has highest MMR in India, i. e., 670/one lakh live births [5].

Pregnant women die in India due to a combination of important factors like, poverty, ineffective or unaffordable health services, lack of political, managerial and administrative will. The institutional delivery or delivery by skilled personal plays major role in reducing MMR and IMR. In India, while 77% of pregnant women receive some form of antenatal check-up, only 41% deliver in an institution. Even though all services are free only 13% of the lowest income quintile delivers in a hospital [6].

Janani Suraksha Yojana, under the overall umbrella of National Rural Health Mission (NRHM), has been proposed by a way of modifying the National Maternity Benefit Scheme (NMBS). While NMBS is linked to the provision of better diet for pregnant women from Below Poverty Line (BPL) families, Janani Suraksha Yojana integrates cash assistance with antenatal care during the pregnancy period, institutional care during delivery and immediate postpartum period in a health centre by establishing systems of coordinated care by the field level health workers. The Janani Suraksha Yojana is a 100 percent centrally sponsored scheme launched by the Honorable Prime Minister of our country on April 12, 2005 for reducing maternal and neonatal mortality [7].

The concept of healthy mother and healthy baby is an important aspect of reproductive health care programme. In a developing country like India, poverty, illiteracy, multiple pregnancies and lack of health facility take their toll of mother's health and that of the infant. Building national capacity in planning, implementing and monitoring sexual and reproductive health programs is a major challenge in Asian countries. Due to multidimensional factors, safe motherhood is still a dream for much of India particularly for its rural and tribal population [8].

Abha Narwal 2020 Janani Suraksha Yojana (JSY) -a new maternity benefit scheme - was launched by Govt. of India in April 2005 with the objective of reducing maternal and neonatal mortality by promoting institutional deliveries by providing cash incentive to beneficiaries. A non experimental descriptive study was conducted. A total of 60 ANC registered were interviewed using pre designed questionnaire. Majority 34 (55.66%) of antenatal mothers had moderate knowledge regarding Janani Suraksha Yojana, 17 (28.34%) had inadequate knowledge and only 9 (15%) had adequate knowledge regarding JSY. The mean for overall knowledge of antenatal mothers was 15.6 (S.D= 3.4) [9].

Shanta P. Khesi (2017) had conducted a community based, cross-sectional, observational study to assess awareness about Janani Suraksha Yojana among 384 mothers Delivered within last one year, in urban slums of Raipur city, Chhattisgarh. The findings revealed that majority of the study subjects were not aware about the services under JSY except for the monetary benefit. Therefore it was concluded that to increase awareness regarding other components under JSY and to achieve 100% institutional delivery there is a need to strengthen effective IEC along with active involvement of ASHA [10].

The purpose of the study was (1) To assess demographic variables among antenatal mothers. (2) To assess the knowledge on Janani suraksha yojana among antenatal mothers at primary health centre. (3) To find out the association between demographic variables of antenatal

mother regarding janani suraksha yojana.

Materials and Methods

A descriptive approach with non-experimental research design was used to conduct the study. The study was conducted in koyembedu primary health centre, 100 samples were selected by using a purposive sampling technique. The inclusion criteria for the sampling who are in the group of Gravida 1 and gravida 2 antenatal mothers, those who are all available at the time of data collection and able to read and write in Tamil. The data collection period was done with prior permission from the head of the medical officer. The purpose of the study was explained to the samples and written informed consent was obtained from them. The demographic were collected using a structured interview questionnaire. The data were analysed using descriptive and inferential statistics. The sample characteristic were described using frequency and percentage. A chi square test was used to association between the categorical variables. $P < 0.05$ was taken as statistically significant.

Result and Discussion

Section A: Frequency and Percentage distribution of the demographic variables among antenatal mothers

Shows that out of 100 samples, among 60 samples (60%) were in the age group of 19-25 years among this sample, 40 samples (40%) were in the age group of 26-30 years among this sample, 19 samples (19%) are no formal education, 55 samples (55%) are primary and middle school level, 20 samples (20%) are studying high school, 6 samples (6%) are graduate, 8 samples (8%) are skilled, 36 samples (36%) are nuclear family, 64 samples (64%) are joint family, 19 samples (19%) are vegetarian, 81 samples (81%) are non-vegetarian.

Section B:

Table 1: Frequency and percentage distribution to assess the level of knowledge On Janani Suraksha Yojana among antenatal mothers

Knowledge On Antenatal Mother's	Inadequate		Moderate		Adequate	
	No	%	No	%	No	%
	49	49%	43	43%	8	8%

Table 1: Among 100 samples out of 49 samples (49%) have inadequate knowledge, 43 samples (43%) have moderate knowledge and 8 samples (8%) have adequate knowledge on Janani Suraksha Yojana among antenatal mothers.

Section C: Mean score and standard deviation score of level of knowledge on Janani Suraksh Yojana

It shows the mean score of knowledge for inadequate (5.77), moderate (8.55) and adequate (12.25) and standard deviation score for inadequate (1.295), moderate (0.733) and adequate (0.462).

Section D: Association between frequency and percentage distribution of demographic variable with knowledge regarding Janani Suraksha Yojana among antenatal mothers

Shows that is association between the demographic variable of antenatal mother regarding Janani Suraksha Yojana.

There was statistically significant found in significant education, significant occupation, and significant dietary pattern.

Conclusion

The study revealed that some antenatal mother have inadequate knowledge on Janani suraksha Yojana.

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References

1. The act of giving birth (cited on 2011 Nov 2nd) available at URL: <http://www.encyclopedia.com/doc/1G2-3497700412.htm>.
2. Narayanan Devadasan. Maya Annie Elias. A conditional cash assistance programme for promoting institutional deliveries among the poor in India: process evaluation results. *Ethno-med* 2008;2(1):278-279.
3. Basavanthappa BT. Text book of midwifery nursing. Jaypee publisher's 12th edition, 2009, 8-9.
4. Park K. Preventive and Social medicine Banarsidas publishers. Jabalpur. 21th edition, 2010, 345-346.
5. Basic indicators: health situation in south East Asia. —World Health Organisation. South East Asiaregion. *Community journal* 2004;56:2-3.
6. Khan ME. Ashok kumar. Health status of women in India; Evidence from national health survey. *l*. 2010;6:1-21.
7. Ministry of Health and Family Welfare: Janani Suraksha Yojana. Guidelines for implementation: Government of India. (Cited on 2011 Nov 1st) available at URL: http://mohfm.nic.in/nrhm/rch_guidelines. *Jsy guidelines* 09-06.pdf.
8. Rumi Deb Utilization of Services Related to Safe Motherhood among the Tribal Population of East Khasi Hills (Meghalaya): An Overview. *Ethno- Med* 2008;2(2):137-141.
9. Abha Naewal *et al.* A descriptive study to assess the knowledge among the antenatal mothers regarding Janani Suraksha Yojana in a selected hospital of Bhopal, Madhya Pradesh *Asian journal of nursing education and research* 2020;6(3):377.
10. Shanta Khes P *et al.* A study to assess awareness about janani suraksha yojana among beneficiaries of urabn slims of Raipur city, chattisgarh *International journal of community medicine and public health*, 2017, 4(7).