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

**R Sindhu Priya, J Sangavi, K Preetha and S Ganapathiram**

**Abstract**
**Background**: 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. 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.
**Aim:** To assess the knowledge on Janani Suraksha Yojana among antenatal mothers in selected rural areas at Saidapet PHC.
**Methods:** Research approach used for the study was descriptive approach. The research design was non-experimental research design.Purposive sampling technique was used and statistical method applied for the study. The study was conducted in Saidapet PHC.
**Results:** Considering overall knowledge score, the mean score of knowledge for inadequate (7.44), moderate (15.29) and adequate (21) and standard deviation score for inadequate (3.434), moderate (1.6869) and adequate (1.5811).
**Conclusion:** The study indicates need of education knowledge regarding Janani suraksha yojana to antenatal mother is needed.

**Keywords:** Assess, knowledge, Janani Suraksha Yojana, antenatal mothers

## 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].
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 [2].
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 Immunization Programmes (UIP), Oral Rehydration Solution (ORS), dais' training, medical termination of pregnancy (MTP), postpartum programs, National Maternal Benefit Scheme (NMBS) and Janani Suraksha Yojana (JSY), are important and well-known efforts at both country and state level. As the health of the mothers is directly related to the child's health, the Janani Suraksha Yojana has been launched with a view to bring down the maternal and infant mortality rate.
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 reducin maternal and neo-natal mortality [3].

Dereje Kifle (2017) conducted a triangulated community-based cross-sectional study on, Maternal health care service seeking behaviors and associated factors among women in rural Haramaya District, Eastern Ethiopia561 women in reproductive age group who gave birth in the last 2 years were randomly included. Odds ratios with 95% CI were used to measure the strength of association. It was found that maternal health care service seeking behavior of women was ; antenatal care 74.3% (95% CI; 72.5, 76.14), attending institutional delivery 28.7% (95% CI; 26.8, 30.6) and postnatal care 22.6% (95% CI; 20.84, 24.36). Knowledge of pregnancy complications, educational status, and religion of women were found to be significantly associated with antenatal health care, delivery and postnatal health care service seeking behaviorstriangulated with individual, institutional and socio-cultural qualitative data. Focused health education with kind and supportive health care provider counseling was recommended [4].

Asm Shahabuddin (2017): conducted a prospective study on exploring Maternal Health Care-Seeking Behavior among thirty Married Adolescent Girls in Bangladesh from three Upazilas (sub-districts) of Rangpur district. Data analysis was guided by the Social-Ecological Model (SEM) including four levels of factors (individual, interpersonal and family, community and social, and organizational and health systems level). Among 25 married adolescent girls, eleven delivered at a health facility while 14 delivered at home. Of those home deliveries, four were assisted by non-trained birth attendants. Among those who delivered in hospitals, seven had caesarean sections. Fourteen mothers and their newborn babies did not receive any postnatal care. ANC information was collected from 28 girls. Among them, nine did not receive four antenatal care from qualified providers. 60% went to a private health facility at least once for an ultrasonogram mainly to know the sex of the baby. It was concluded that, CHWs can play a vital role in sensitizing married adolescent girl family members (i.e. mothers-in-law, husbands) by informing them about the consequences of early pregnancy and the importance of using skilled maternal health services [5].

Rosamma Thomas. (June 2, 2017): In an article on, Amount offered under maternity plan inadequate stated that. Rs 6000/-being offered by the Govt. has not kept pace with minimum wages and inflation over time. Additional to that, the amount released in installments, and conditions have been imposed for the release of each installment. The article highlights NHFS-4 data which shows only 84% of mothers in the state deliver their babies in hospital. A large number of the most vulnerable are unable to avail benefits under the new scheme [6].

## Objectives

The objectives of the study are

1. To assess the knowledge on Janani Suraksha Yojana among antenatal mothers in selected rural areas at saidapet PHC.
2. To find out the association between knowledge scores with selected demographic variables.
3. To develop and distribute pamphlets on Janani Suraksha Yojana among antenatal mothers.

## Materials and Methods

People at saidapethad been selected as sample in the total population and there were 60. Convenient sampling technique was used to select the subjects from the target population. Criteria of sample selectiona) Inclusion Criteria: 1. Gravida 1 and gravid 2 antenatal mothers. 2. Known language English and Tamil. 3. Willing to participate in the study. b) Exclusion criteria; 1. Age <19 years 2. Members of above poverty line families 3. Not willing to participate. Description of the tool: The investigator prepared an assessment tool after reviewing literature to assess the knowledge on Janani suraksha yojana and considering the opinion of medical and nursing subject experts. The tool consists of two parts: Socio-demographic data contains 10 items such as Age, education, occupation, religion, caste, types of family, dietary pattern, family income, source of information, place of residence. To assess the knowledge regarding janani suraksha yojana, 15questions were included they are basics, eligibility criteria and benefits of janani suraksha yojana. The procedure as (a) a formal written permission was taken from the principal of the college (b) consent was taken from the people residing at saidapet (c) sample information kept confidential and used for research purpose (d) the investigator collected data and (e) investigator had taken first of the sample & then administered structured quesstionaire. Hypothesis formulated for the study:

H1: There will be significant association between knowledge scores with selected demographic variables on Janani Suraksha Yojana among antenatal mothers.

## Results and Discussion

### Analysis and interpretation

*Polit* and *Hungler* (1999) described analysis as "a process of organizing and synthesizing data such a way that research question can be answered and hypothesis tested". Analysis and interpretation of data are based on the objectives and hypotheses of the study.

**Organization of findings**- The data collected was tabulated and organized.

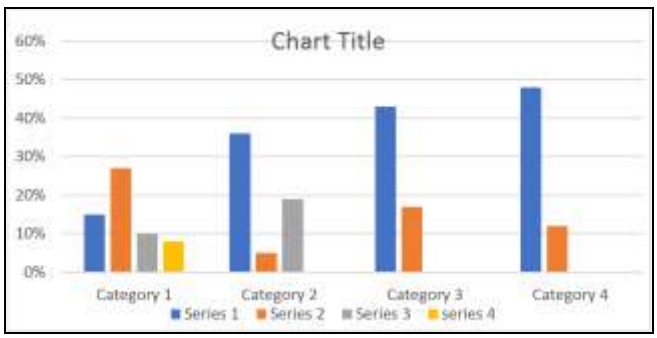


**Fig 1.1:** Percentage of subject's cylindrical diagramepresents the shows the demographiv variables among antenatal mothers

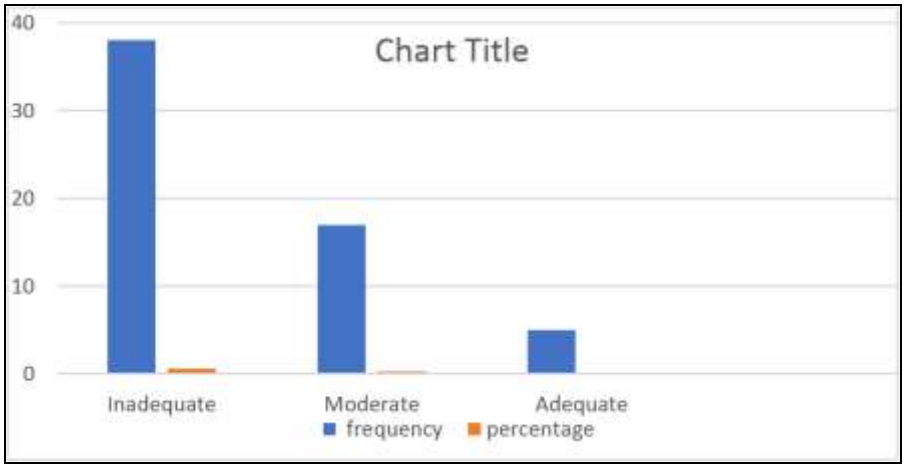


**Fig 1.2:** Percentage of subject's pie diagramrepresents the assess the knowledge on janani suraksha yojana among antenatal mothers

**Table 1:** shows the demographic information of urolithiasis patient those who are participated for the following study

| S.No | Demographic Variables | Frequency | Percentage |
|---|---|---|---|
| 1. | Age: | | |
| | A. 14-16years | 15 | 25% |
| | B. 17-20years | 27 | 45% |
| | C. 21-25years | 10 | 36% |
| | D. 25-35years | 8 | 17% |
| 2. | Religion: | | |
| | A. Hindu | 36 | 66% |
| | B. Muslim | 5 | 11% |
| | C. Christian | 19 | 18% |
| | D. others | 0 | 5% |
| 3. | Type of marriage: | | |
| | A. consagineous marriage | 43 | 56% |
| | B. non-consagineous marriage | 17 | 44% |
| 4. | Number of children | | |
| | A. 0 | 0 | 0 |
| | B. 1 | 42 | 58% |
| | C. 2 | 13 | 42% |
| | D. >3 | 5 | 0 |
| 5. | Types of delivery | | |
| | A. normal vaginal delivery | 48 | 70% |
| | B. Lscs | 12 | 30% |
| 6. | Types of family | | |
| | A. nuclear | 34 | 63% |
| | B. joint | 18 | 37% |
| | C. extended | 5 | 0 |
| 7. | Socio Economic | | |
| | A. high class | 6 | 11% |
| | B. middle class | 46 | 64% |
| | c. low class | 8 | % 25 |
| 8. | Occupation | | |
| | A. Unemployed | 2 | 78% |
| | B. private job | 34 | 13% |
| | C. Government job | 6 | 9% |
| | D. Agriculture | 18 | 0 |

**Table 1.2:** Shows the comparison of frequency and percentage of knowledge among Janani suraksha yojana

| Knowledge On Postnatal Mother's | Inadequate | | Moderate | | Adequate | |
|---|---|---|---|---|---|---|
| | NO | % | NO | % | NO | % |
| | 38 | 68% | 17 | 28% | 5 | 8% |

**Table 1.3:** Shows the comparison of mean and standard deviation of knowledge among urban and rural area

| Knowledge On Postnatal Mother's | Inadequate | Moderate | Adequate |
|---|---|---|---|
| Mean Deviation | 7.44 | 15. 29 | 21 |
| Standard Deviation | 3.434 | 1.6869 | 1.5811 |

Table 1.1 Shows that out of 100, among 15 samples (25%) were in the age group of 14-16 years among this sample, 27 samples (45%) were in the age group of 17-20 years among this sample,10 sample (36%) were in age group of 21- 25 years among this sample 8 sample (17%) were in age group of 25-35 years. Regarding religion out of 60 samples, 36 samples (66%) were Hindu, 5 samples (11%) were Muslim, 19 samples (18%) were Christian. Regarding types of marriage out of 60 samples, 43 sample (56%) were consagnious marriage 17 sample (44%) were non-consagnous marriage. Regarding types of delivery out of 60 samples, 48 sample (70%) we're normal vaginal delivery, 12 sample (30%) were LSCS. Regarding number of children out of 60 samples 0 sample ( 0%)were 0, 45 sample (58%) were 1, 13 sample (45%) were 2, 5 sample (0%)were >3.Regarding type of family, 34 samples(63%) were lived in nuclear family, 18 samples (37%) were lived in joint family. 5 sample (0%) were extended family. Regarding socio economic status, 6 sample (11%) were in high class, 46 sample (64%), were in middle class, 8 sample (25%) were in low class. Regarding occupation out of 60 samples, 2 samples (78%) were unemployed, 34samples (13%) were private job, 6 samples (9%) were government job, 18 sample (0%) were in agriculture.

Table 1.2 Among 60 samples out of 38 samples (68%) have inadequate knowledge, 17 samples (28%) have moderate knowledge and 5 samples (8%) have adequate knowledge on Janani Suraksha Yojana among antenatal mothers.

Table 1.3 It shows the mean score of knowledge for inadequate (7.44), moderate (15.29) and adequate (21) and standard deviation score for inadequate (3.434), moderate (1.6869) and adequate (1.5811).

**Table 1.4:** Association between levels of knowledge in posttest with demographic variable

| S. No | Socio Demographic Variables | Inadequate | | Moderate | | Adequate | | Chi Square |
|---|---|---|---|---|---|---|---|---|
| | | No | % | No | % | No | % | |
| 1. | Age | | | | | | | X2= 5.339 df= 6 P=5.50112539 Not significant |
| | 14-16 | 9 | 15% | 5 | 8% | 1 | 1% | |
| | 12-20 | 19 | 31% | 7 | 11% | 1 | 1% | |
| | 21-25 | 5 | 3% | 4 | 6% | 1 | 1% | |
| | 25-30 | 5 | 8% | 1 | 1% | 2 | 3% | |
| 2. | Religion | | | | | | | X2=9.464 df=6 P=0.1491152 Not Significant |
| | Hindu | 28 | 46% | 6 | 10% | 2 | 3% | |
| | Muslim | 1 | 1% | 3 | 5% | 1 | 1% | |
| | Christian | 9 | 15% | 8 | 13% | 2 | 3%.0 | |
| | Others | 0 | 0% | 0 | 0% | 0 | 0% | |
| 3. | Type of marriage | | | | | | | X2=2.708 df=2 P=0.25820537 Not significant |
| | A.consagineous marriage | 30 | 50% | 10 | 16% | 3 | 5% | |
| | B.non-consagineous marriage | 8 | 13% | 7 | 11% | 2 | 3% | |
| 4. | Types of delivery | | | | | | | X2=6.896 df=2 P=0.03180919 significant |
| | Noraml vaginal delivery | 34 | 56% | 10 | 16% | 4 | 6% | |
| | LSCS | 4 | 6% | 7 | 11% | 1 | 1% | |
| 5. | Number of children | | | | | | | X2=3.728 df=6 P=0.71342895 Not significant |
| | 0 | - | - | - | - | - | - | |
| | 1 | 29 | 48% | 11 | 18% | 2 | 3% | |
| | 2 | 6 | 10% | 5 | 8% | 2 | 3% | |
| | >3 | 3 | 5% | 1 | 1% | 1 | 1% | |
| 6. | Types of family | | | | | | | X2=14.008 df=4 P=0.0072695 significant |
| | Nuclear | 30 | 50% | 5 | 8% | 2 | 3% | |
| | Joint | 6 | 10% | 10 | 16% | 2 | 3% | |
| | Extended | 2 | 3% | 2 | 3% | 1 | 1% | |
| 7. | Socio economic status | | | | | | | X2=11.779 df=4 P=0.019072 Significant |
| | High class | 4 | 6% | 1 | 1% | 1 | 1% | |
| | Middle class | 33 | 55% | 10 | 16% | 3 | 5% | |
| | Low class | 1 | 1% | 6 | 10% | 1 | 1% | |
| 8. | Occupation | | | | | | | X2=28.672 df=6 P=0.0000700 significant |
| | Unemployed | 1 | 1% | 1 | 1% | 0 | - | |
| | Private job | 30 | 50% | 2 | 3% | 2 | 3% | |
| | Government job | 2 | 3% | 2 | 3% | 2 | 3% | |
| | Agriculture | 5 | 8% | 12 | 20% | 1 | 1% | |

***$p$<0.001,*$p$<0,05, S-Significant, N.S-Non-Significant

Table 1.4 Shows that is association between the demographic variable of antenatal mother regarding janani suraksha yojana. There was statistically significant found in significant types of delivery, significant types of family, significant socio economic status, and significant occupation.

## Conclusion

The findings of the study revealed that there was decreased knowledge on Janani suraksha yojana among antenatal mothers.

A study conducted to assess the knowledge regarding Janani suraksha yojana among antenatal mother showed low knowledge level as well as their family members.

**References**


1. Parul Sharma, Jayanti Semwal, Surekha Kishore. A comparative study of utilization of janani suraksha yojana (maternal benefit scheme) in rural areas and urban slums. Indian Journal of Community Health 2010-2011;22(23)1.
2. Sushma Kumari Saini. Indarjit Walia. Trends in 'place of delivery among low income community in a resettled colony Chandigarh India. Nursing and Midwifery Research Journal 2009;5(4).
3. Ho Young Ryu, You Kyoung Lee, Juhyun Park, Hwancheol Son, Sung Yong Cho. Dietary risk factors for urolithiasis in Korea: A case-control pilot study.US international library of medicine 2018;59(2):106-111.
4. Francisco Velásquez-Forero. Risk factors evaluation for urolithiasis among children. Medical Bulletin of the Children's Hospital of Mexico 2016;73(4):228-236.
5. Chih-Yen Hsiao. Risk Factors for Development of Septic Shock in Patients with Urinary Tract Infection. National library of medicine, 2015.
6. Ram Prakash, Arunachalam, Narayanasamy. Prevalence and socio-demographic status on kidney stone patients in Thanjavur district, Tamil Nadu, India. International Journal Of Community Medicine And Public Health 2019;6(5).
7. Nalini Sofia H, Manickavasakam K, Thomas Walter M. Prevalence and Risk Factors of Kidney Stone. Global journal of research 2016;V(III).
8. Paresh Prajapati, Kavita Banker, Rajshree Bhatt. A Community Based Cross-Sectional Study to know the Awareness and Practice of JSY among the Beneficiaries of Sanathal PHC, Ahmedabad, Gujarat. Joint Annual Conference of IAPSM & IPHA-Gujarat, Chapter, 2012, 12.
9. Neeraj Gour, Dhiraj Srivastava, Paharam Adhikari. Anumita Shahi. A Desk Review to Assess the Impact of Janani Suraksha Yojna on Various MCH Indicators in District Gwalior, India. International Journal of collaborative of IPASM & IPHA- Gujarat chapter.
10. Sanjeev Gupta K, Dinesh Kumar Pal. Assessment of Janani Suraksha Yojana (JSY) in Jabalpur, Madhya Pradesh: knowledge, attitude and utilization pattern of beneficiaries: a descriptive study. International Journal of Current Biological and Medical Science. 2011;1(2):06-11.