



Original Article

Awareness and utilization of Janani Suraksha Yojna among antenatal mothers of selected community of Achrol, Rajasthan

Abstract:

Introduction: Janani Suraksha started under the NHRM (National Health Rural Mission) programme; is a maternal protection scheme that promotes institutional delivery by providing cash incentive to the mother who deliver their babies in a health facility with the purpose of improving maternal and the neonatal mortality and morbidity indicators.

Objectives: The study was intended to find out the awareness and utilization of JSY among antenatal mothers.

Methods and Materials: Descriptive study design was used to achieve the objective. Total of 58 women from a rural community of Jaipur, Rajasthan were interviewed to collect data. Sample was selected by convenience sampling. Semi-structured questionnaire was used to investigate. Data was analyzed by descriptive and inferential statistics.

Results: Majority of antenatal mothers have the age between 21 to 30 years (91.37%). 43.10% were illiterate whereas only 32.75% had education of secondary level and above. Majority of them were Unemployed (86.21%); 31.03% were OBC and 50% were SC. Majority (79.31%) were from joint family. Majority (67.24%) of the women were not aware of JSY. About 48.28% of them came to know about JSY from ANM / HW whereas only 27.59% became aware through ASHA. Though they knew health centre is nearby, 86.21% of them had no permission to go to health centre. Only 20.69% of mother thinks JSY is to care for antenatal mothers whereas 46.55% think correctly that it is to get healthy baby from healthy mother. 67.24% knew that ASHA is responsible to provide JSY; but 31.03% told ASHA does not come to their area and 17.24% told their family has bad relationship with ASHA.

Conclusion: The study concludes that majority of antenatal mothers are not aware of JSY; Even those who are aware are not able to avail the benefit due to non-cooperation of their family and irregular/ no visit of ASHA.

Key Words: Janani Suraksha Yojna, JSY, Antenatal Mother; ASHA.

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Introduction

The National Rural Health Mission was launched in April 2005 by Govt. of India. The NRHM was initially tasked with addressing

the health needs of the 18 states that had been identified as having weak public health indicators. Janani Suraksha Yojna started under the NHRM (National Health Rural Mission)

programme; is a maternal protection scheme that promotes institutional delivery by providing cash incentive to the mothers who deliver their babies in a health facility with the purpose of improving maternal and the neonatal mortality and morbidity indicators. The investment and emphasis on JSY is important. Utilization pattern and perception in the community regarding a particular Health programme is important to study for the success or failure of the programme.¹

A cross sectional study was conducted on, "knowledge, awareness, and utilization pattern of services under Janani Suraksha Yojana among beneficiaries in rural area of Himachal Pradesh (Chauhan PL et al, 2015). 78 beneficiaries were interviewed with pretested, predesigned ,semi-structured close ended questionnaire by house to house visits, after obtaining informed consent, The result of the study were that majority of the JSY beneficiaries(50;64%) were in the age group of 20-25 years and 43(55.1%) of them heard about the JSY scheme before the present pregnancy. Anganwadi workers 78(100%) and female health worker 62 (79.5%) were the main source of information. More than the half of the study participants 44 (56%) had good knowledge about the scheme and 42(53.85%) registered their name in the institution during the first trimester of last pregnancy .Forty –four (56.4%) beneficiaries has undergone three antenatal check-up and JSY incentives 1 week following delivery. Therefore it showed that awareness regarding the JSY scheme, early antenatal scheme, early antenatal registration, minimum three antenatal care visits, and three PN visits is still low among rural women which needs strengthening through intensification of IEC activities.²

Another study was conducted on. "Factors influencing utilization of ASHA services under NRHM in relation to maternal health in rural Lucknow" by Manish K Singh et al; in Sarojani nagar, Lucknow, from September 2007 to August 2008. 350 RDW were interviewed at their bedside, by a performed and pre-test

schedule and then were followed –up. After 6 weeks the result of interview showed that utilization of ASHA services for early registration was significantly associated with age and religion of RDW. Young, educated and socio –economic class III RDW utilized ASHA services for adequate ANC or antenatal care (100 iron and folic acid tablets, 2 tetanus toxoid injections and 3 antenatal visits) was also inversely associated with age RDW. Young, Hindu schedule caste, middle school pass, class III RDW and those with birth order one had high odds for utilization of ASHA services for adequate ANC. With regard to post natal check-up, again young RDW with birth order one, Hindu RDW in reference to Muslim and RDW in socio economic class III had higher likelihood for utilization of ASHA services, caste-wise scheduled caste (SC) were higher and other backward caste (OBC) RDW had Higher odds for utilization of ASHA services. Educated RDW and those with educated husband had higher odds for utilization of ASHA services for postnatal check-up.³

Methodology

Descriptive study design was used to achieve the objectives. Total of 58 women from Achrol, Jaipur , Rajasthan were interrogated to collect data. Sample was selected by convenience sampling method. Semi-structured questionnaire was used to investigate. Tools were validated, pretested and reliability⁴ of tools were established. The content validity of the instrument was maintained by consultation with subject matter experts, nursing research faculty, peers as well as extensive literature review. The instrument was translated into Hindi language and opinion of language expert was obtained. Structured interview schedule was followed to collect data. Data was analysed by descriptive and inferential statistics.

Result

Table 1: Distribution by Socio Demographic Characteristics n=58

Demographic Variables	f	%
Age		
< 20 years	0	0
21-30 years	53	91.38
31-40 years	2	3.45
> 40 years	3	5.17
Educational status		
Illiterate	25	43.10
Primary	14	24.14
Secondary & above	19	32.76
Occupation		
Professional	2	3.45
Skilled	3	5.17
Unskilled	3	5.17
Unemployed	50	86.21
Cast		
General	8	13.80
OBC	18	31.03
ST	3	5.17
SC	29	50
Type of family		
Joint family	46	79.31
Nuclear family	12	20.69

Table 1 indicates that Majority of antenatal mothers have the age between 21 to 30 years (91.38%). 43.10% were illiterate whereas only 32.75% had education of secondary level and above. Majority of them were Unemployed (86.21%); 31.03% were OBC and 50% were SC. Majority (79.31%) were from joint family.

Table 2: Awareness regarding JSY n=58

Awareness	f	%
Yes	19	32.76
No	39	67.24

Table 2 shows that Majority (67.24%) of them were not aware of JSY.

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Table 3: Source of information regarding JSY n=58

Sources of information	f	%
ASHA	16	27.59
ANM/HW	28	48.28
MO	6	10.34
Gram Panchayat	2	3.45
Media/Newspaper/magazines	6	10.34

Table 3 reveals that about 48.28% of antenatal mothers came to know about JSY from ANM/HW and only 27.59% of them who were aware about JSY stated that they got information from ASHA.

Table 4: Information about nearest health centre n=58

Awareness about nearest health centre	f	%
Yes	50	86.21
No	8	13.79
Reasons for not availing service of health centre		
No interest to go	8	13.79
No permission from head of her family	50	86.21

Table 4 denotes that though they knew health centre is nearby but 86.21% of them had no permission to go to health centre.

Table 5: Information about objectives of JSY n=58

Objectives of JSY	f	%
To care for antenatal mothers	12	20.69
To get healthy baby from healthy mother	27	46.55
To decrease MMR	14	24.14
To promote institutional deliveries	5	8.62

Table 5 reveals that only 20.69% of mother thinks JSY is to care for antenatal mothers whereas 46.55% think correctly that it is to get healthy baby from healthy mother.

Table 6: Regarding responsibilities of ASHA in JSY n=58

ASHA is responsible to provide JSY	f	%
Yes	39	67.24
No	19	32.76

Table 6 shows that 67.24% knew that ASHA is responsible to provide JSY.

Table 7: Reasons for not getting the services by the ASHA. n=58

Reasons	f	%
ASHA do not use to come to our area	18	31.03
My family having bad relationship with ASHA	10	17.24
I do not know	30	51.73

Table 7 shows that 31.03% told ASHA does not come to their area and 17.24% told they don't get JSY service because their family has bad relationship with ASHA.

Discussion

A cross sectional study was conducted to assess the utilization of health services by mothers during antenatal, natal and post-natal period under Janani Suraksha Yojna (JSY) in rural areas of two districts of Haryana as per the rate of Institutional deliveries. A total of 48 sub-centers were selected by multistage random sampling. 1386 JSY beneficiary mothers were interviewed by house-to-house visits, after obtaining informed consent. About two-third mothers received at least three post-natal care visits by the health functionaries.⁵ This study contradicts with the present study as the result of present study found that ASHA does not come to visit pregnant women (31.03%).

A cross sectional study was conducted on awareness, and utilization pattern of services under Janani suraksha yojana among beneficiaries in rural area of Himachal Pradesh (Chouhan PL et al, 2015) among the 78 JSY beneficiaries. These beneficiaries were interviewed with pretested, predesigned, semi-structured close ended questionnaire by house to house visits, after obtaining informed consent, The result of the study were that majority of the JSY beneficiaries(50;64%) were in the age group of 20-25 years and 43(55.1%) of them heard about the JSY scheme before the present pregnancy. Anganwadi workers 78(100%) and female health worker (62; 79.5%) were the main source of information.² Present study also shows that source of information were ANM / HW (48.28%) and ASHA (27.59%).

Conclusion

Study concludes that women were need to be educated further regarding Government health programs for women. Reasons for ASHA not working satisfactorily should be further assessed.

Recommendations

Study recommends that:

- A similar study can be undertaken with a large sample to generalize the findings
- A similar study can be undertaken with a control group.
- A similar study can be undertaken with different programmes run by Govt. of India.

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Ethical consideration

Administrative permission was taken; individual consent from participants were signed.

Fund

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Conflict of interest

Nil.

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