



“A STUDY TO EVALUATE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME REGARDING RAJIV GANDHI JIVANDAI AROGYA YOJANA AMONG PEOPLE RESIDING RURAL AREA OF KARAD”

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(ABSTRACT) Aim of the study To Improve Knowledge of Regarding Rajiv Gandhi Jivandai Arogya Yojana Among Rural People. Objective of doing this study is to assess the knowledge of rural people regarding Rajiv Gandhi Jivandai Arogya Yojana. To evaluate effectiveness of PTP (Planned Teaching Programme) regarding Rajiv Gandhi Jivandai Arogya Yojana. To find out association between socio variables and knowledge of Rajiv Gandhi Jivandai Arogya Yojana. **Material & Methods** used for the study is the Evaluative approach with one group pre & post test design was used. Study was conducted on 104 subjects from Karad. Using Purposive sampling technique. It was observed that overall Mean Knowledge regarding Rajiv Gandhi Jivandai Arogya Yojana among people residing rural area of Karad among the subjects was 76 % had good knowledge and 21% had excellent knowledge. It was evident that maximum number of subjects had good knowledge regarding Rajiv Gandhi Jivandai Arogya Yojana among people residing rural area of Karad.

KEYWORDS :

INTRODUCTION

The Government of Maharashtra has announced the Jeevandai Arogya Yojana in the Maharashtra State from 11th October 1997 to provide financial help to economically weaker sections of the Society and the people below poverty line. The objective of this scheme is to reduce pocket expenditure of the family members on health and increase accessibility to health care and for providing Super Specialty Services for treatment of serious diseases of heart, kidney, brain, cancer and Spinal cord. Later on this scheme was converted into Rajiv Gandhi Jeevandai Arogya Yojana (RGJAY) since July 2012.[1]

The Government of Maharashtra has announced the Jeevandai Arogya Yojana in the Maharashtra State from 11th October 1997 to provide financial help to economically weaker sections of the Society and the people below poverty line. The objective of this scheme is to reduce pocket expenditure of the family members on health and increase accessibility to health care and for providing Super Specialty Services for treatment of serious diseases of heart, kidney, brain, cancer and Spinal cord. Later on this scheme was converted into Rajiv Gandhi Jeevandai Arogya Yojana (RGJAY) since July 2012[1].

RGJAY is currently a best option to Below Poverty Line (BPL) patients for curative services in Maharashtra but incurrent scenario, even if Government of India radically enhances its budgetary outlay by 50% still it may not be feasible to provide for entire gamut of health services including out patients and inpatients care[2,3]

With these all difficulties faced by the poor people, they prefers to be away from these facilities and they suffers the health problems lifelong. Therefore to make them aware to remove their ignorance, to provide the necessary knowledge about RGJAY, to make this process easy so that the fear about such schemes in their mind will be removed and they will be self motivated to avail these facilities easily and will regain their own health more enjoyable. Hence the study is undertaken by the researcher.

3. Material and Method

The evaluative approach was used; One Group pre test, post test design was used. Study was conducted on 104 subjects from Karad. By using Purposive sampling technique. Data were collected, tabulated and analyzed in terms of objective of the study using descriptive and inferential statistics.

Socio-demographic characteristic of sample

TABLE 1: Frequency and Percentage distribution of Socio-demographic data (N104)

Sr. No.	Socio Demographic Variables	No.	%
1	Age		
	<30	3	2.9
	31-40	43	41.3
	41-50	49	47.1
	>50	9	8.7
2	Sex		
	Females	33	31.7
	Males	71	68.3
3	Educational Qualification		
	Primary	6	5.8
	Secondary	65	62.5
	Higher Secondary	26	25
	Graduate	7	6.7
4	Religion		
	Hindu	78	75
	Muslim	21	20.2
	Christian	5	4.8
5	Occupation		
	Shop-owner, Farmer	17	16.3
	Skilled worker	29	27.9
	Semi skilled worker	20	19.2
	Unskilled worker	28	26.9
	Unemployed	10	9.7
6	Family Income		
	< Rs. 2000	6	5.8
	Rs. 2001 - Rs.5000	12	11.5
	Rs. 5001 - Rs.10000	21	20.2
	Rs. 10001 - Rs.15000	48	46.2
	Rs. 15001 - Rs.20000	17	16.3
7	Type of Family		
	Nuclear	32	30.8
	Joint	58	55.8
	Extended	14	13.5
8	Source of Information		
	News paper	50	48.1
	Television	32	30.8
	Health workers	17	16.3
	Radio	5	4.8

TABLE -2 CLASSIFICATIONS OF PEOPLE RESIDING RURAL AREA OF KARAD ON PRE- TEST KNOWLEDGE LEVEL REGARDING RAJIV GANDHI JIVANDAI AROGYA YOJANA

Level of knowledge	Score	Level of Respondents	
		No.	%
Poor	1-9	19	18.27
Good	10-18	83	79.81
Excellent	19-25	2	1.92
Total		104	100.00

The above table-2 shows the pre-test level of knowledge of people residing rural area of Karad regarding Rajiv Gandhi Jivandai Arogya Yojana . In the table it is noticeable that majority of people residing rural area of Karad 83(79.81%) had good level of knowledge about Rajiv Gandhi Jivandai Arogya Yojana , whereas 19(18.27%) of people residing rural area of Karad had poor level of knowledge and only 2 (1.92%) people residing rural area of Karad had Excellent knowledge regarding Rajiv Gandhi Jivandai Arogya Yojana before administration of planned teaching programme.

TABLE -3 CLASSIFICATION OF PEOPLE RESIDING RURAL AREA OF KARAD ON POST – TEST KNOWLEDGE LEVEL REGARDING RAJIV GANDHI JIVANDAI AROGYA YOJANA (N=104)

Level of knowledge	Score	Level of Respondents	
		No	%
Poor	1-9	3	2.88
Good	10-18	79	75.96
Excellent	19-25	22	21.15
Total		104	100.00

The above table-3 and figure-11 Shows, the post-test level of knowledge of people residing rural area of Karad on Rajiv Gandhi Jivandai Arogya Yojana , in which majority of people residing rural area of Karad 79 (75.96%) had good level of knowledge about Rajiv Gandhi Jivandai Arogya Yojana whereas 22(21.15%) of people residing rural area of Karad had excellent level of knowledge and only 3(2.88%) people residing rural area of Karad had poor knowledge regarding Rajiv Gandhi Jivandai Arogya Yojana after administration of planned teaching Programme.

TABLE -4: COMPARISON OF KNOWLEDGE OF RESPONDENTS REGARDING RAJIV GANDHI JIVANDAI AROGYA YOJANA BY COMPARING PRE-TEST WITH POST-TEST. (N=104)

Level of knowledge	Score	Pre Test		Post Test	
		No	%	No	%
Poor	1-9	19	18.27	3	2.88
Good	10-18	83	79.81	79	75.96
Excellent	19-25	2	1.92	22	21.15
Total		104	100	104	100

The above table shows the comparison of pre test and post-test knowledge of people residing rural area of Karad on Rajiv Gandhi Jivandai Arogya Yojana. The pre-test table depicts that majority of people residing rural area of Karad 83(79.81%) had good level of knowledge about Rajiv Gandhi Jivandai Arogya Yojana , whereas 19(18.27%) of people residing rural area of Karad had poor level of knowledge and only 2 (1.92%) people residing rural area of Karad had Excellent knowledge regarding Rajiv Gandhi Jivandai Arogya Yojana before administration of planned teaching programme.

The post-test table depicts that, majority of people residing rural area of Karad 79 (75.96%) had good level of knowledge about Rajiv Gandhi Jivandai Arogya Yojana whereas 22(21.15%) of people residing rural area of Karad had excellent level of knowledge and only 3(2.88%) people residing rural area of Karad had poor knowledge regarding Rajiv Gandhi Jivandai Arogya Yojana after administration of planned teaching Programme.

TABLE – 5 DETERMINING THE KNOWLEDGE OF PEOPLE RESIDING RURAL AREA OF KARAD REGARDING RAJIV GANDHI JIVANDAI AROGYA YOJANA

The paired t test was used to test the hypothesis and significant

difference in the level of knowledge between pre-test and post-test by people residing rural area of Karad regarding Rajiv Gandhi Jivandai Arogya Yojana and is significant (p<0.0001).

(N=104)

Pre test			Post test			Mean gain percentage	Paired t statistic	p-value
Mean	Perce ntage	SD	Mean	Perce ntage	SD			
12.16	48.65	2.77	16.48	65.92	2.83	17.27	19.59	<0.0001

The above table depicts the mean and standard deviation of knowledge score obtained before and after the administration of the planned teaching programme..

TABLE – 6: Association between demographic variables and pre-test knowledge level of people residing rural area of Karad on Rajiv Gandhi Jivandai Arogya Yojana

(N=104)

Sr. No.	Socio Demographi c Variables	No.	%	Pre Test						Chi Squ are stati stic	P- valu e
				Poor		Good		Excellent			
				No.	%	No.	%	No.	%		
1	Age										
	<30	3	2.9	0	0.0	3	100.0	0	0.0	5.6	0.47
	31-40	43	41.3	4	9.3	38	88.4	1	2.3		
	41-50	49	47.1	13	26.5	35	71.4	1	2.0		
>50	9	8.7	2	22.2	7	77.8	0	0.0			
2	Sex										
	Females	33	31.7	3	9.1	30	90.9	0	0.0	3.91	0.14
Males	71	68.3	16	22.5	53	74.6	2	2.8			
3	Educational Qualification										
	Primary	6	5.8	0	0.0	6	100.0	0	0.0	9.39	0.15
	Secondary	65	62.5	11	16.9	54	83.1	0	0.0		
	Higher Secondary	26	25	7	26.9	17	65.4	2	7.7		
Graduate	7	6.7	1	14.3	6	85.7	0	0.0			
4	Religion										
	Hindu	78	75	12	15.4	60	76.9	1	1.3	3.89	0.42
	Muslim	21	20.2	2	9.5	18	85.7	2	9.5		
Christian	5	4.8	0	0.0	5	100.0	0	0.0			
5	Occupation										
	Shop-owner, Farmer	17	16.3	3	17.6	13	76.5	1	5.9	15.8	0.04*
	Skilled worker	29	27.9	2	6.9	26	89.7	1	3.4		
	Semi skilled worker	20	19.2	3	15.0	17	85.0	0	0.0		
	Unskilled worker	28	26.9	11	39.3	17	60.7	0	0.0		
	Unemployed	10	9.7	0	0.0	10	100.0	0	0.0		
6	Family Income										
	< Rs. 2000	6	5.8	1	16.7	5	83.3	0	0.0	7.08	0.53
	Rs. 2001 - Rs.5000	12	11.5	2	16.7	10	83.3	0	0.0		
	Rs. 5001 - Rs.10000	21	20.2	1	4.8	19	90.5	1	4.8		
	Rs. 10001 - Rs.15000	48	46.2	13	27.1	34	70.8	1	2.1		
Rs. 15001 - Rs.20000	17	16.3	2	11.8	15	88.2	0	0.0			
7	Type of Family										
	Nuclear	32	30.8	4	12.5	27	84.4	1	3.1	7.03	0.14
	Joint	58	55.8	9	15.5	48	82.8	1	1.7		
Extended	14	13.5	6	42.9	8	57.1	0	0.0			
8	Source of Information										
	News paper	50	48.1	7	14.0	41	82.0	2	4.0	15.8	0.04*
	Television	32	30.8	8	25.0	24	75.0	0	0.0		
	Health workers	17	16.3	3	17.6	14	82.4	0	0.0		
Radio	5	4.8	1	20.0	4	80.0	0	0.0			

N.S- Not significant S- Significant at P<0.05level

Table-6 shows the association of knowledge level of people residing rural area of Karad regarding Rajiv Gandhi Jivandai Arogya Yojana before administering the planned teaching programme with their selected demographical variables, using Chi-square test. The analysis revealed that there is significant association was found with occupation of respondent ($p < 0.05$) and no association could be found with other demographic variables of people residing rural area of Karad.

Discussion

The results of the present study reveals that Knowledge regarding Rajiv Gandhi Jivandai Arogya Yojana among people residing rural area of Karad among the subjects was 76 % had good knowledge and 21% had excellent knowledge. It was evident that maximum number of subjects had good knowledge regarding Rajiv Gandhi Jivandai Arogya Yojana among people residing rural area of Karad. The result of the present study is supported the study conducted by **Roza Bhaire et al** 2014 with the title of to assess the knowledge of Rajiv Gandhi Jeevandayee Arogya Yojana medical interns at tertiary care hospital in Raigad district, Maharashtra was conducted to assess the knowledge of Rajiv Gandhi Jeevandayee Arogya among medical Interns and find out the technical difficulties faced by them while working with RGJAY at tertiary care hospital. All MBBS interns (96) who have completed 6 months of internship were selected for the study. A pre-designed and pre-tested, questionnaire was given to interns when they come in RGJAY OPD written consent. The data was analysed using Microsoft excel and Most of the interns (97.9%) were aware about Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY) in OPD about 91.70% interns told that they didn't get any pre internship training for these technical procedures under RGJAY, 80% interns were proper(91.70%) had experienced technical difficulties and about 76.14% interns responded that their difficulties had been resolved in RGJAY OPD. Out of all procedures, interns stated that, to fill online pre Discharge update (43.80%) were the most complicated procedure. Majority of interns (82.3%) reported that there should be separate staff for RGJAY on line procedures, 90 % interns reported that RGJAY OPD needs upgraded infrastructure about 87.5% interns reported that pre in the country but for effective implementation communication is needed at programme level as well as community level¹⁹.

Conclusion

The study revealed that planned teaching was effective as the level of knowledge of the subjects had increase. The study concluded that there is a strong need to create awareness amongst the people residing at rural area regarding RGJAY.

Future Scope

NURSING PRACTICE

The present study would help the nurse to develop an understanding about scheme of Rajiv Gandhi Jivandai Arogya Yojana. The nurse working in the community area could collaborate with families of below poverty line. The nurse could further impact knowledge to the responsible for developing scheme of Rajiv Gandhi Jivandai Arogya Yojana.

NURSING EDUCATION

The nurse students can improve the knowledge of Rajiv Gandhi Jivandai Arogya Yojana. The student nurse can engage in providing education about scheme of Rajiv Gandhi Jivandai Arogya Yojana its the criteria, documentation, eligible families and family income. The student nurse conduct awareness programmes among group and entire population.

NURSING ADMINISTRATION

The nurse administrators can organize community level programmes to increase awareness on Rajiv Gandhi Jivandai Arogya Yojana. The nurse administrators can collaborate with the other health care providers to organize awareness programme for Rajiv Gandhi Jivandai Arogya Yojana.

NURSING RESEARCH

This is the growing need for furnishing nursing research in all area of health care, the nurse researchers especially beginners need to enhance their knowledge. The nurse researcher can further plan, implement and evaluate planned awareness programmes among all male and female above 25 yrs of age. The nurse researcher 64 can also conduct further research on creating awareness among Rural people.

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