



A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING JANANI SURAKSHA YOJANA AMONG THE ANTENATAL MOTHERS ATTENDING MCH CLINIC AT SELECTED COMMUNITY HEALTH CENTER SURAT, GUJARAT

Ms. Monika Gangoda

Assistant Professor

Mr. Gibin Thomas

Professor, Maniba bhula nursing college

ABSTRACT

BACKGROUND OF THE STUDY: Janani Suraksha Yojana (JSY) under the overall umbrella of National Rural Health Mission has been initiated by modifying the existing National Maternity Benefit Scheme. While National Maternity Benefit Scheme is linked to provision of better diet for pregnant women from BPL families. Janani Suraksha Yojana integrates the financial/cash assistance with antenatal care during the pregnancy period. Institutional delivery and immediate post-partum period in a health centre by establishing a system of coordinate care by ASHA, the field level workers. It is a fully centrally sponsored scheme launched by the Honorable Prime Minister of our country on April 12, 2005 for reducing Maternal and neo natal mortality.

AIM OF THE STUDY: The aim of the study is to assess the knowledge regarding janani suraksha yojana among the antenatal mothers.

MATERIAL AND METHODS: In the study quantitative approach was adopted. Pre Experimental research design was adopted. Purposive sampling technique was adopted for the selection of samples. Total sample size was 60 antenatal mothers attending MCH clinic at Community Health Center, Bardoli, and Surat. Ethical consideration was taken from the college to conduct the study. Data was collected between 15-4-2019 to 22-4-2019, by the tool which consist the selected socio demographic variables, structured knowledge questionnaire regarding Janani Suraksha Yojana and STP also given on 15-4-2019 after the pre-test. Data analysis was done by descriptive and inferential statistics.

RESULTS: 5% mothers were having average knowledge and 95% mothers were having adequate knowledge regarding janani Suraksha Yojana. There is a significant difference between the pre-test and the post-test mean and it is statistically significant at 0.05 levels. The knowledge score shows the statistically significant association with the education of the antenatal mothers.

CONCLUSION: The findings of the study showed that the structured teaching programme was very effective in improving the level of knowledge.

KEY WORDS: Janani Suraksha Yojana, Maternal and child health clinic, accredited social health activist, Antenatal clinic

INTRODUCTION & BACKGROUND OF THE STUDY

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

In any community, mother and children constitute a priority group. But they also a "vulnerable" or special-risk group as the problems affecting the health of the mothers and child is multifactor. The risk is connected with child bearing and care of women and the infant during post partum period. 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.²

Global observation shows that in developed regions Maternal Mortality Rate averages at 13/ 100000 live births, in developing regions the averages at 440/ 100000 live births. From commonly accepted indices, it is evident that infant, child and Maternal Mortality Rate 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.³

India contributes around 20 percent of global births. Each year India, roughly 30 million women experience pregnancy and 27 million have a live birth. An estimated 136000 maternal death 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.⁴

The government 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, National population Policy, and National Health Policy the Government of India, Ministry of Health

and Family Welfare Planned and launched National Rural Health Mission in April 2005. All the efforts under National Rural Health Mission are directly and indirectly aimed to provide accessible, affordable and effective healthcare to all citizens and particularly to the poor and venerable sections of the society.⁵

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, child survival and safe motherhood, universal Immunization Programmes, Oral Rehydration Solution, Dais training, Medical Termination of Pregnancy, Postpartum Programs, National Maternal Benefit Scheme and Janani Suraksha Yojana 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 maternal and infant mortality rate.⁶

Janani Suraksha Yojana (JSY) under the overall umbrella of National Rural Health Mission has been initiated by modifying the existing National Maternity Benefit Scheme. While National Maternity Benefit Scheme is linked to provision of better diet for pregnant women from BPL families. Janani Suraksha Yojana integrates the financial/cash assistance with antenatal care during the pregnancy period. Institutional delivery and immediate post-partum period in a health centre by establishing a system of coordinate care by ASHA, the field level workers. It is a fully centrally sponsored scheme launched by the Honorable Prime Minister of our country on April 12, 2005 for reducing Maternal and neo natal 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 infants. 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

OBJECTIVES

- To assess the knowledge regarding janani suraksha yojana among

the antenatal mothers before and after structured teaching programme.

- To compare the pre-test and post-test knowledge score regarding Janani Suraksha Yojana among the antenatal mothers attending MCH clinic at selected community health center Surat.
- To find out the association between the post-test knowledge score with the selected demographic variable.

ASSUMPTIONS

- The antenatal mother may have some knowledge regarding Janani Suraksha Yojana.
- Structured Teaching Programme is an accepted method of improving the information regarding Janani Suraksha Yojana.
- Knowledge varies from individual to individual.

MATERIAL AND METHODS

In the study quantitative approach was adopted. Pre Experimental research design was adopted. Purposive sampling technique was adopted for the selection of samples. Total sample size was 60 antenatal mothers attending MCH clinic at Community Health Center, Bardoli, and Surat. Ethical consideration was taken from the college to conduct the study. Data was collected between 15-4-2019 to 22-4-2019, by the tool which consist the selected socio demographic variables, structured knowledge questionnaire regarding Janani Suraksha Yojana and STP also given on 15-4-2019 after the pre-test. Data analysis was done by descriptive and inferential statistics.

ETHICAL CONSIDERATION

The study was proposed and submitted to the ethical committee, Maniba Bhula Nursing College and experts on the committee approved the study. All respondent were carefully informed about the purpose of the study and their part during the study. Informed consent for the study was obtained from all participants. Thus, the investigator followed the ethical guidelines, which issued by the research committee. Necessary permission to conduct the study was requested and obtained from the Maniba Bhula Nursing College, Bardoli, Medical officer of Community Health Center, Bardoli. The study was done without any violation of human rights.

RESULTS

Table-1 Classification of Overall knowledge of antenatal mothers

Classification of knowledge score			Pre-test		Post-test	
Grade	Score	%	F	%	F	%
Poor knowledge	(1-10)	0-33	12	20	00	00
Average knowledge	(11-20)	34-66	48	80	3	5
Good knowledge	(21-30)	67-100	00	00	57	95

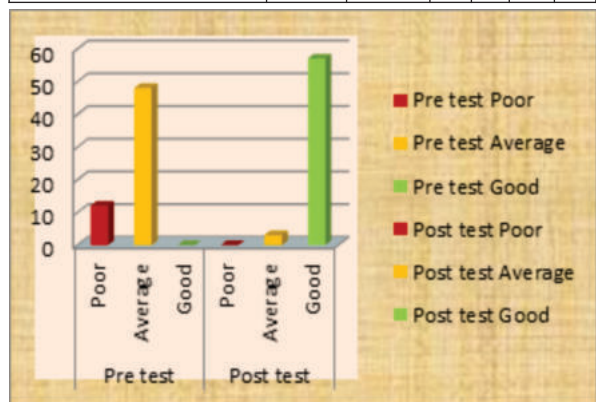


Table 1 deal with classification of overall knowledge of antenatal mothers. 20% mother was having poor knowledge and 80% mothers were having average knowledge during pre-test, during post-test 5% mothers were having average knowledge and 95% mothers were having adequate knowledge.

Table 2 Association of knowledge score with selected Sociodemographic variable.

Above table 2 shows the Association between post- test knowledge score with selected socio-demographic variables of antenatal mothers. It was done using chi-square test. In association between post-test knowledge score with selected socio-demographic data, education was significance with their selected socio demographic

variable.

DISCUSSION

This chapter deals with discussing the present study findings in the context of established earlier findings of other similar studies, Summary of the study, Implication for nursing practice, education, nursing research, administration and Recommendations for future research and Conclusion.

The discussion section is devoted to a thoughtful analysis of the findings. The present study was pre-experimental study to evaluate the effectiveness of structured teaching programme [STP] on knowledge regarding Janani Suraksha Yojana among antenatal mothers. The overall experience about study was a satisfying. The study sample consisted of 60 antenatal mothers selected through the convenient sampling technique.

The researcher found that the antenatal mothers were co-operative in the study. The researcher collected the demographic data from the antenatal mothers.

The study findings reveal that, Majority 63% of samples were belonged to above 19-25 years, 22% of samples were belonged to below 26-30 years and remaining 15% of samples were belonged to 31-35 years of age. With respect to religion majority 68% of participants were belonged to Muslim religion, 30% of participants were belonged to Hindu religion and remaining 2% of participants were belonged to Christian religion. According to type of family, majority 53% of participants were belonged to nuclear family and remaining 47% of participants were belonged to joint family. With regard to education, majority 40% of participants were not had formal education, 27% of participants were had secondary education and 17% each were had primary and higher secondary education. With regard to occupation of participants, majority 58% of participants were house makers, 25% of participants were daily wage earners and remaining 7% of participants were had private job. With regard majority 63% of participants were had 10,000-15,000 income, 20% of participants were 15,001 to 20,000 income, 10% of participants were had above 20,000 income and remaining 7% of participants were had below 10,000 family income. With regard majority 68% of participants were gravid I and remaining 32% of participants were gravid II.

The researcher found that structured teaching programme is effective teaching strategy to improve the knowledge of antenatal mothers. The discussion about the study findings were presented in this chapter to arrive at a conclusion based on the objectives, the related literatures and hypothesis.

CONCLUSION

The study was conducted to assess the effectiveness of structured teaching programme on knowledge regarding Janani Suraksha Yojana among the antenatal mothers attending MCH clinic at selected Community Health Center Surat, Gujarat. The findings of the study showed that the structured teaching programme was very effective in improving the level of knowledge. Structured teaching programme is a proven method to improve the knowledge of the antenatal mothers which will help to facilitate the healthy growth and development and healthy practices in day to day activities.

Socio-demographic variable	Post-test knowledge score of antenatal mothers				Total	Df	Chi square value	Level of significance	
	Average	%	Good	%					
Age	above 19-25 yrs	22	58	16	42	38	2	0.08	Not significant
	26-30 yrs	08	62	05	38	13			
	31-35 yrs	05	56	04	44	09			
Religion	Hindu	13	72	05	28	18	2	3.19	Not significant
	Muslim	22	53	19	46	41			
	Christian	00	00	01	100	01			
Type of family	Nuclear	22	69	10	31	32	1	3.06	Not significant
	Joint	13	46	15	54	28			

Education								
No formal education	15	62	09	38	24	3	12.17	Significant
Primary education	09	90	01	10	10			
Secondary education	04	25	12	75	16			
Higher secondary	07	70	03	30	10			
Occupation								
House maker	20	57	15	43	35	2	3.18	Not Significant
Daily wage earner	11	52	10	48	21			
Private job	04	100	00	00	04			
Family Income (Rs)								
Below Rs. 10,000	03	75	01	25	04	3	2.70	Not significant
10,000-15,000	24	63	14	37	38			
15,001-20,000	06	50	06	50	12			
Above 20,000	02	33	04	67	06			
Gravida								
Gravida I	22	54	19	46	41	2	1.59	Not significant
Gravida II	13	68	06	31	19			
No. of children								
One	28	64	16	36	44	1	1.90	Not significant
Two	07	44	09	56	16			

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