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Source of information and their contribution to improve knowledge level about Janani Suraksha Yojana

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Abstract

Janani Suraksha Yojana is a safe motherhood intervention initiated to reduce maternal and neonatal mortality and increasing institutional deliveries. The ASHA (Accredited Social Health Activists) who play an important role in implementing the JSY at the grassroots level and motivates the family for institutional delivery and helps them in obtaining ante-natal and post-natal services. For this study, we used a questionnaire to collect primary data, Secondary data were also used. For the primary data selection, I first came to know about life with selected benefits, then with the help of questioning, I went directly face to face door to door and questioned him and he gave me an answer in my own language. For secondary data, I read a lot of research papers related to this topic and some books, government report, journal abstract or thesis took many help. This study was conducted in Samastipur district of Bihar. For this purpose sixty respondents were purposively selected who were registered in Janani Suraksha Yojana. The finding of the study showed that majority of the beneficiaries (56.7%) belonged to young age group. In the source of information section first in personal cosmopolite beneficiaries are most often and often contact with Anganwadi workers and Auxiliary Nurse and Midwives their percentage (40%) are ranked first. AWW and ANM tell us about this Yojana benefits and their services provided by the government free of cost and motivate the beneficiaries even the family members to get benefits. Followed by health sub centre (38.3%) ranked second and ASHA workers (36.7%) ranked in most often categories. In audio-visual source of information section television (30%) and (25%) rank first in most often and often categories. In written section magazine (11.7%) and newspapers (18.3%) rank in first. This Yojana provided antenatal and post natal care of services but beneficiaries have not knowledge regarding this services even this Yojana enrollment process with the help of source of information such as AWW, ANM, ASHA, Health Sub centre, T.V, magazine, newspapers etc. are major role playing to improve knowledge and get benefits under registered beneficiaries. Beneficiaries did not know about ASHA workers with the help of source of information like Anganwadi workers and health sub centre, this scheme has ASHA workers as a key functionary for providing services and functioning as a link between healthcare delivery systems and the pregnant women. Who play an important role in implementing the JSY at the grassroots level.

Keywords: Source of information, JSY, knowledge, ASHA

Introduction

The Government of India had launched Janani Suraksha Yojana (JSY) on April 12, 2005 as a part of the National Rural Health Mission (NRHM), to ensure safe motherhood and to reduce maternal and neonatal mortality. One such new maternity benefit scheme is Janani Suraksha Yojana-JSY (In Hindi Language, Janani Mother, Suraksha=Protection, Yojana=Scheme). The main objectives of JSY scheme were to reduce Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) through encouraging institutional deliveries; particularly in below poverty line families. Under this scheme cash incentives are given to women who opt for institutional deliveries and also to the local health functionary who motivates the family for institutional delivery and helps them in obtaining ante-natal and post-natal services. The main components of the scheme are mobilizing the community with the help of intervention worker and providing cash assistance as an incentive for institutional delivery as a mean to reduce maternal and neonatal death. In this scheme, the states where there is a low rate of Institutional deliveries is classified as 'Low Performing States (LPS)' (The states of Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam, Rajasthan, Orissa and Jammu and Kashmir), whereas the remaining states are termed as High Performing States (HPS). The beneficiaries of JSY includes all women in both rural and urban areas, belonging

to below poverty line aged 19 years and above, up to first two live births, SC/ST in high performing states, whereas in low performing states, all women, including those from SC and ST families delivered in health centers, government or accredited private health institutions will get the benefit. The program provides a continuum of care package that includes antenatal care (ANC), institutional delivery, postpartum care, and family planning, coordinated by the health care functionary. Under this scheme entitlements such as free of charge delivery, free transportation between homes and health institutions, free diets during stays at hospitals, free provision of blood, drugs and consumables were provided to pregnant women and sick-new born who chose to undertake institutional delivery under proper healthcare facilities (NRHM).

The scheme has ASHA as a key functionary for providing services and functioning as a link between healthcare delivery systems and the pregnant women. Each beneficiary registered under the scheme receives cash assistance for institutional delivery irrespective of parity and socioeconomic status. The ASHA also gets cash assistance for accompanying the pregnant women to the institution (referral transport) and cash incentive after postnatal visit and BCG immunization of the child. Reducing maternal and infant mortality rate is of prime importance for the growth and development of the country. So as health care personnel, it is our responsibility to impart knowledge regarding the national health programmes and the various facilities rendered by the government which are implemented for the people to improve the health indicators and make our country more prosperous and Janani Suraksha Yojana is one among them.

Objective

1. To know about general information and Source of information and their contribution to improve knowledge level of women beneficiaries registered in Janani Suraksha Yojana.

Methodology

For this study we used a questionnaire to collect primary data, Secondary data were also used. This study was conducted in Samastipur district of Bihar, In JSY registered women beneficiaries improve knowledge by use of source of information. For this purpose sixty respondents were purposively selected who were registered in Janani Suraksha Yojana. In Samastipur district out of which two blocks viz.

Pusa and Kalyanpur were selected purposively. Out of these two blocks four villages from each block were selected randomly for study. From Pusa Block, Harpur and Mahamadda were selected and from Kalyanpur block, Saidpur and Malinagar were selected purposively. Thirty beneficiaries from Pusa block and thirty beneficiaries from Kalyanpur block were selected as sample for data Collection. The data were collected with the help of a personal interview scheduled. The selected respondents were interviewed personally with the help of a well-structured and personal interview schedule in order to get relevant information and to draw conclusion.

Results and Discussion

Socio-personal characteristics of the women beneficiaries Table no 1, revealed that majority of the beneficiaries, (56.7%) belonged to young age group, belonging to 'Economically Backward Classes' (36.7%), occupation engaged in household work (63.3%), their educational qualification (35%), the beneficiaries majority of them belonged to nuclear family (70%), the beneficiaries nearly (48.3%) had income ranging from (Rs. 50,001 to 75,000) medium income group.

Table 1: Distribution of Percentage of the women beneficiaries on the basis of Socio-Personal characteristic

S. No.	Independent variables	Category	Frequency	Percentage (%)
1.	Age	18 to 45 years	34	56.7
2.	Caste	EBC	22	36.7
3.	Occupation	House wife	38	63.3
4.	Education	High school	21	35
5.	Family type	Nuclear family	42	70
6.	Annual income	Medium (Rs 50,001 to 75,000)	29	48.3

Source of information utilization (SIU)

Source of information utilized is one of the most important variables that play an role in information dissemination and adoption of new programmes and their services. Source of information in the present study refers out-side contact with women beneficiaries among JSY scheme. As the respondents established close linkage with various information source viz., personal cosmopolite, personal locality and mass media, they possessed significant level of adoption.

Table 2: Frequency and percentage distribution of respondents with respect to their Source of information utilized (SIU)

S. No.	Source of information utilized	Most often			Often			Sometimes			Never		
		F	(%)	R	F	(%)	R	F	(%)	R	F	(%)	R
A. Personal Cosmopolite/Cosmopolite													
1.	ASHA	22	36.7	III	16	26.7	IV	11	18.3	VIII	11	18.3	III
2.	AWW	24	40	I	17	28.3	III	13	21.7	VI	6	10	VII
3.	ANM	18	30	IV	24	40	I	12	20	VII	6	10	VII
4.	Relatives	13	21.7	VI	14	23.3	V	23	38.3	II	10	16.7	IV
5.	Neighbors	16	26.7	V	21	35	II	14	23.3	V	9	15	VI
6.	Family members	18	30	IV	16	26.7	IV	19	31.6	IV	7	11.7	V
7.	Friends	10	16.7	VII	11	18.3	VI	22	36.7	III	17	28.3	II
8.	Panchayat	6	10	VIII	7	11.7	VII	26	43.3	I	21	35	I
9.	Health sub centre	23	38.3	II	17	28.3	III	14	23.3	V	6	10	VII
B. Audio-visual sources													
1.	Radio	7	11.6	II	12	20	II	24	40	I	17	28.3	I
2.	T.V	18	30	I	15	25	I	18	30	II	9	15	II
C. Written source													
1.	Magazine	7	11.7	I	9	15	II	25	41.7	II-	19	31.7	II
2.	Newspaper	5	8.3	III	11	18.3	I	26	43.3	I	18	30	III
3.	Other (books, leaflet, poster)	6	10	II	9	15	II	24	40	III	21	35	I

F= Frequency, R=Rank

In personal cosmopolite source, It revealed that amongst the information sources, majority of the respondents used to contact most often with AWW and it was found dominant as its percentage (40 per cent) was maximum followed by health sub centre (38%), ASHA (36.7%) ANM and family members (30%), Neighbors (26.7%), relatives (21.7%), friends (16.7%) and Panchayat (10%) respectively.

In ‘often’ Consulted sources, Consultation of respondent with ANM was found maximum (40 per cent) followed by neighbors, AWW, health sub centre, ASHA and family members, relatives, friends and Panchayat.

In ‘ Sometimes’ consulted sources of information utilized by the majority respondents consultation was found Panchayat (43.3%) with followed by relatives (38.3%), friends (36.7%), family members (31.6%) neighbors and health sub centers (23.3%), AWW (21.7%), ANM (20%) and ASHA (18.3%) respectively used for JSY scheme sources of information.

In ‘never’ sources of information utilized it was observed that the major proportion of respondent never consulted Panchayat (35 per cent).

Audio-visual sources Showed that sources of information used ‘most often’ by the T.V (30%) and radio (11.6%) respectively. In ‘often’ majority of respondent consultation with T.V and radio and their percentage were 25 and 20 respectively.

In ‘sometime’ majority of respondent consultation with radio (40%) and T.V (30%) respectively. In ‘never’ majority of respondents consultation with radio (28.35%) and T.V (15%) respectively.

Written source, Showed that the frequency for various sources of information used ‘most often’ by the JSY beneficiaries magazine (11.6%) followed by newspapers and others their percentage were 8.3 and 10 respectively. In ‘often’ majority

of respondent consultation with newspapers (18.3%) followed by magazine (15%) and others (15%) respectively. In ‘sometime’s majority of respondent consultation with newspapers followed by magazine and others and their percentage were 43.3, 41.7 and 40 respectively. In ‘never’ majority of respondents consultation with others sources (books, folder) followed by magazine and newspaper and their percentage were 35, 31.7 and 30 respectively.

Knowledge level about JSY scheme

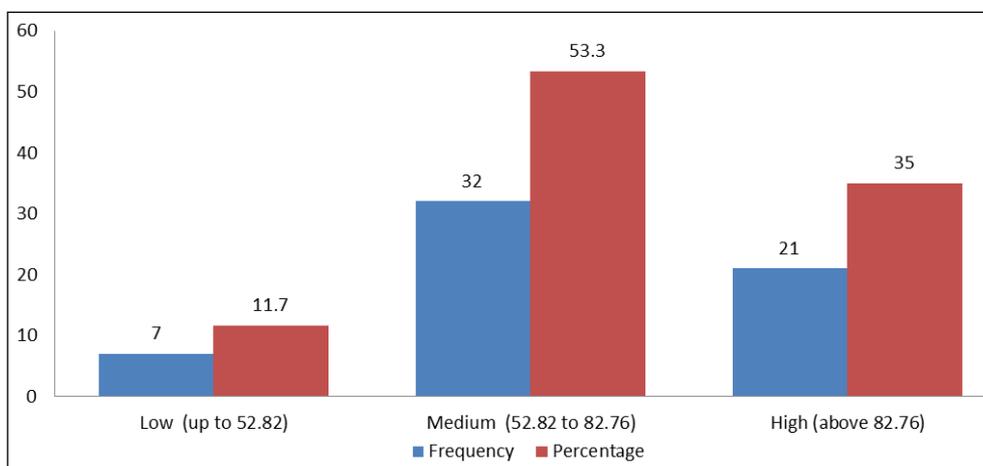
It is essential to know the knowledge of women beneficiaries about JSY scheme. The distribution of the respondents according to the knowledge on JSY scheme has been presented in table 3.

Table 3: Frequency and percentage distribution of respondents with respect to their knowledge level about JSY scheme

Knowledge level	Respondents (n=60)	
	Frequency	Percentage
Low (up to 52.82)	7	11.7
Medium (52.82 to 82.76)	32	53.3
High (above 82.76)	21	35
Total	60	100

Mean=67.79, SD=14.97

A keen observation of the table 3 revealed that about 53.3 per cent of the respondents have medium level of knowledge, 35 per cent have high knowledge and only 11.7 per cent of the respondents have low level of knowledge. The mean level of knowledge on JSY scheme was 67.79. The data clearly indicates that majority of the respondent have knowledge less than the mean level.



The data clearly indicates that majority of the respondent have knowledge less than the mean level.

Knowledge about ASHA

In JSY scheme ASHA as a key functionary for providing services and functioning as a link between healthcare delivery systems and the pregnant women. ASHAs who play an important role in implementing the JSY at the grassroots level. ASHA motivates the family for institutional delivery and helps them in obtaining ante-natal and post-natal services. Hence, the data pertaining to knowledge of women beneficiaries towards ASHA has been present in the table 5.

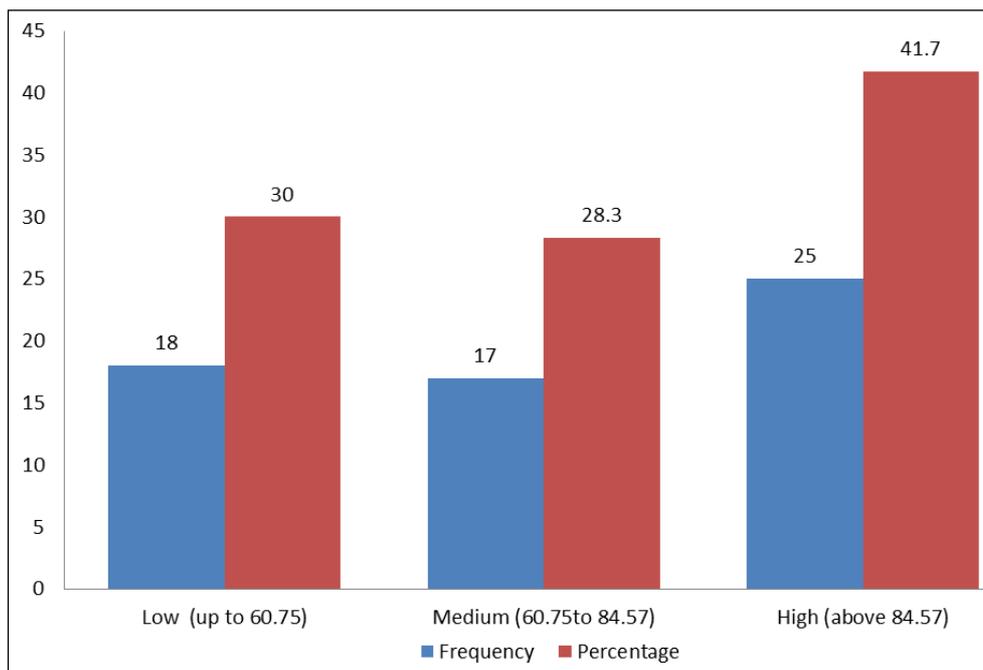
Table 5: Frequency and percentage distribution of respondents with respect to their knowledge level about ASHA

Knowledge level	Respondents (n=60)	
	Frequency	Percentage
Low (up to 60.75)	18	30
Medium (60.75 to 84.57)	17	28.3
High (above 84.57)	25	41.7
Total	60	100

Mean=72.66, SD=11.91

A perusal of the data present in table 5 revealed that 41.7 per cent of the respondents had high level of knowledge about ASHA followed by low 30 per cent level of knowledge and

28.3 per cent of respondents have medium level of knowledge about ASHA.



Frequency and percentage distribution of respondents with respect to their knowledge level about ASHA

Conclusion

1. To improve knowledge and awareness regarding other components under JSY, the source of information like radio, T.V, ASHA, ANM, friends and relatives major role playing. It need to active involvement of ASHA workers specially in the rural areas. Lack of adequate knowledge causes of not proper care of baby and not utilized proper services provided in JSY by the government free of coast. As the awareness and knowledge in my study group specially written source so need to intensify the efforts on education to increase awareness and knowledge about JSY.

Reference

1. Doke PP *et al.* Evaluation of JSY in Maharashtra, India: Important lessons for implementation, International Journal of tropical diseases and health. 2015; 5(2):141-155.
2. Evaluation of functioning of Accredited Social Health Activists (ASHAs) in ICDS related activities. National institute of public cooperation and child development New Delhi.
3. Gupta SK *et al.* Assessment of JSY in Jabalpur, Madhya Pradesh: Knowledge, attitude & utilization pattern of beneficiaries: a descriptive study, International Journal of current Biological and Medical Science. 2011; 1(2):6-11.
4. Ministry of Health and Family Welfare Government of India. (nhm.gov.in).
5. Reddy NR *et al.* A study to assess the knowledge and utilization of JSY among postnatal mothers attending the urban health centre of Bangalore medical college and research institute, International Journal of Community Medicine and Public Health. 2016; 3(2):512-516.
6. Sharma K *et al.* Effects of JSY (A maternity benefits scheme) up-on the utilization of antenatal care services in rural and urban-slums communities of Dehradun. National journal of community medicine. 2012; 3(1):129-137.