

A Descriptive Survey to Assess the Knowledge and Utilization of Janani Shishu Suraksha Karyakaram (JSSK) among Postnatal Mothers in a selected Government Hospital of Delhi

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Abstract: *This study aims at assessing the level of knowledge and utilization of Janani Shishu Suraksha Karyakaram (JSSK) among Postnatal Mothers. A survey research approach with a correlational survey design was adopted for the study. The sample was 200 postnatal mothers, selected by purposive sampling from government hospital of Delhi. The data was collected using a structured interview schedule. Findings of the study revealed that majority 104 (52%) of the postnatal mothers had poor knowledge regarding JSSK. Majority 186 (93%) had good utilization of the JSSK services during their antenatal, intra-natal, postnatal period and during the period of newborn care in the hospital. The Pearson coefficient of correlation was (0.007) which showed no significant correlation between knowledge and utilization of JSSK among Postnatal Mothers. Among the selected demographic variables, type of family was found significantly associated with the knowledge of Postnatal Mothers regarding JSSK. Type of family and duration of hospital stay were found significantly associated with the utilization of JSSK among postnatal mothers. The study concluded that there was poor knowledge but good utilization of JSSK services among Postnatal Mothers.*

Keywords: Janani Shishu Suraksha Karyakaram, postnatal mothers

1. Introduction

Pregnancy and childbirth are generally times of joy for parents and families. Pregnancy, birth and motherhood, in an environment that respects women, can powerfully affirm women's rights and social status without jeopardizing their health. The enabling environment for safe motherhood and childbirth depends on the care and attention provided to pregnant women and newborns by communities and families, the acumen of skilled health personnel, the availability of adequate health-care facilities, equipment, medicines and emergency care when needed¹. A child's risk of dying is highest in the first 28 days of life (the neonatal period). Improving the quality of antenatal care, care at the time of childbirth, and postnatal care for mothers and their newborns are all essential to prevent these deaths². Every year, worldwide, 303 000 women die during pregnancy and childbirth, 2.7 million babies die during the first 28 days of life and 2.6 million babies are stillborn. Most stillbirths and neonatal deaths are preventable with quality health care during pregnancy and childbirth³.

The major causes of maternal deaths as per Registrar General of India, Sample Registration System (RGI-SRS) (2001-03) are haemorrhage (38% occur mainly because of postpartum haemorrhage), sepsis (11% during pregnancy, labour and in postpartum period), abortion (8% because of unsafe abortions), hypertensive disorders (5%), obstructed labor (5%) and other causes (34% includes anaemia and various other causes)⁴.

The major causes of infant mortality as per RGI-SRS (2010-13) are prematurity and low birth weight (35.9%), pneumonia (16.9%), birth asphyxia and birth trauma (9.9%), other non-communicable diseases (7.9%), diarrhoeal diseases (6.7%), ill-defined (4.6%), congenital anomalies (4.6%), infections (4.2%), injuries (2.1%), fever of unknown origin (1.7%), other causes (5.4%)⁵.

With the launch of Janani Suraksha Yojana (JSY), the number of institutional deliveries had increased significantly. Institutional deliveries in India have risen sharply from 47% in 2007-08 to over 78.7 % in 2013-14⁶.

There were however more than 25% pregnant women who hesitated to access health facilities. Those who had opted for institutional delivery were not willing to stay for 48 hours, hampering the provision of essential services both to mother and neonate, which were critical for identification and management of complications during the first 48 hours after delivery. The important factors which affected the access included- High out of pocket expenses on user charges for OPD, admissions, diagnostics tests, blood etc., purchasing medicines and other consumables from the market, high expenses in case of caesarean operation, non availability of diet in most institutions, transport requirement to take pregnant women from home to the facility, to higher facility in case she was referred further, and for going back from the health institutions to her home (which became a factor for going back home just after delivery by using the same transport⁷.

The higher neonatal deaths in the country are linked with the shortage of trained medical personnel and poor health infrastructure in rural areas. A research conducted by the Neonatal Health Research Initiatives found that less than 20% of the community health centres and primary health centres in the country have the means to provide basic newborn care services. Studies showed that 62% of government hospitals lacked gynaecologists, 22% of sub-centres were short of ANMs and, 80% of public hospitals attended to twice the number of patients they were intended for, indicating grave shortage in health facilities⁸.

In view of the difficulty being faced by the pregnant women and parents of sick new-born along-with high expenditure on delivery and treatment of sick- new-born, Ministry of Health and Family Welfare (MoHFW) had taken a major initiative to ensure better facilities for women and child health services. It was an initiative to provide completely free and cashless services to pregnant women including normal deliveries and caesarean operations and sick new born (up to 30 days after birth) in Government health institutions in both rural & urban areas. Government of India had launched Janani Shishu Suraksha Karyakaram (JSSK) on 1st June, 2011. The scheme was estimated to benefit more than 12 million pregnant women who accessed Government health facilities for their delivery. Moreover it would motivate those who still choose to deliver at their homes to opt for institutional deliveries. It was an initiative with a hope that states would come forward and ensure that benefits under JSSK would reach every needy pregnant woman coming to government institutional facility. All the States and UTs had initiated implementation of the scheme. In 2013, the scheme was expanded to cover complications during ante-natal and post-natal period and also sick infants up to 1 year of age⁷.

After the various initiatives taken by the Government of India for the better health of mother and child, the latest report of RGI-SRS, Maternal Mortality Ratio (MMR) of India has declined by 68.7% and has come down from 560 in 1990 to 174 per 100,000 live births in 2015 at an average annual decline of 4.6% (Figure 2)⁶. Infant Mortality Rate (IMR) has declined from 80 in 1991 to 34 per 1000 live births in 2016. The Neo-Natal Mortality Rate (NMR) has declined from 51 in 1991 to 28 per 1000 live births in 2013⁹.

Chatterjee S et al.¹⁰ conducted a community based cross-sectional to study the level of awareness about various entitlements of Janani Shishu Suraksha Karyakaram (JSSK) in a rural area of West Bengal, India. Among 48 pregnant mothers, 33 (68.75%) had poor awareness regarding free entitlements of JSSK. Only 9 (18.75%) mothers were aware about free normal vaginal delivery and free drugs and consumables for pregnant women. None of the respondents were aware about free caesarean section, free provision of blood for mother and sick infant.

Kabita Barua et al¹¹ conducted a study to assess factors influencing the utilization of free delivery care under Janani Shishu Suraksha Karyakaram on 387 mothers with infants. The study showed that the utilization of free delivery care under JSSK was 83.2% among the beneficiaries.

Objectives of the Study

- 1) To assess the knowledge regarding Janani Shishu Suraksha Karyakaram (JSSK) among Postnatal Mothers.
- 2) To assess the utilization of Janani Shishu Suraksha Karyakaram (JSSK) among Postnatal Mothers.
- 3) To find the relationship between knowledge and utilization of Janani Shishu Suraksha Karyakaram (JSSK) among Postnatal Mothers.
- 4) To determine the association between knowledge score of Postnatal Mothers regarding Janani Shishu Suraksha Karyakaram (JSSK) and the selected demographic variables.
- 5) To determine the association between utilization score of Postnatal Mothers regarding Janani Shishu Suraksha Karyakaram (JSSK) and the selected demographic variables.

2. Assumptions

The study assumes that-

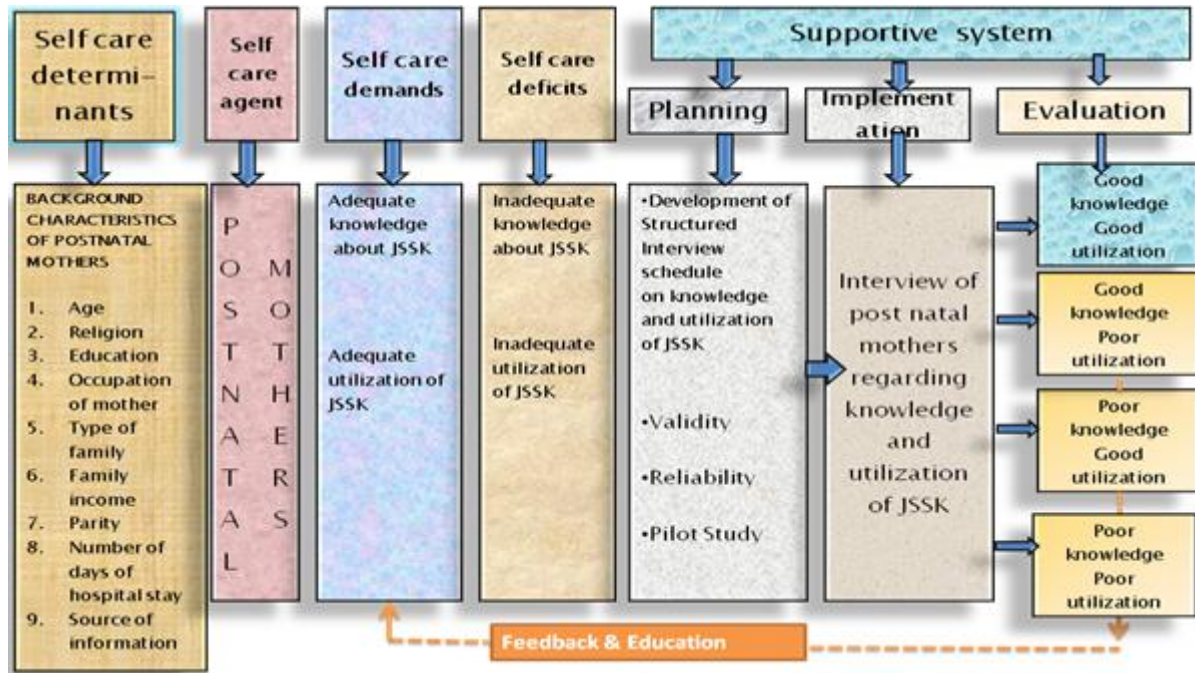
- The Postnatal Mothers will have some knowledge regarding JSSK.
- The knowledge regarding JSSK among Postnatal Mothers can be measured by Structured Interview schedule on knowledge.
- The utilization of JSSK among Postnatal Mothers can be measured by Structured Interview schedule on utilization.
- The selected demographic variables will have an influence on Postnatal Mother's knowledge and utilization of JSSK

3. Conceptual Framework of the Study

In the present study the Dorothea Orem's theory was applied as follows (Figure 1)-

- **Self-care determinants:** These are the factors that influence the self care abilities of an individual. In the present study, various determinants influence the knowledge and utilization of JSSK among postnatal mothers like age, religion, education, occupation of mother, type of family, family income, parity, duration of hospital stay and source of information.
- **Self-care Agent:** It is the client who is unable or able to perform his self care. In the present study it is the Postnatal Mother who requires adequate care during pregnancy and childbirth.
- **Self-care demands:** It is described as the measure of care required for the regulatory action to maintain life, promote health and well being. In the present study the self care demands is to gain adequate knowledge about JSSK and increase its utilization in order to prevent maternal and neonatal mortality.
- **Self-care deficit:** It denotes the individual's inability to care for own self. In the present study it includes the inadequate knowledge and utilization of JSSK
- **Supportive System:** Orem identifies three classifications of nursing system to meet the self-care requisites of the patient: wholly compensatory system, partly compensatory system, and supportive educative system. The nurse as an important member of the health team plays the role in planning, implementation and evaluation of care. In the present study the investigator is assessing the knowledge of the Postnatal Mother and the utilization

of the JSSK services which are being provided by the government.



----- Not included in the study

Figure 1: Conceptual Framework based on Orem's Self Care theory

4. Methodology

The Research approach and design adopted for the study was Quantitative approach with descriptive survey design. The study was done in one setting i.e. Swami Dayanand Hospital, Delhi. The sample was 200 Postnatal Mothers who were selected by purposive sampling technique. Two tools were developed for data collection. Tool 1 was a Structured Interview Schedule on Knowledge of JSSK which was divided into two sections. Section A- Consisted of 9 items on background information of the subjects. Section B- Consisted of 25 items on knowledge regarding JSSK. Tool 2 was a Structured Interview Schedule on utilization of JSSK. It consisted of 19 items with subparts such as antenatal, intra natal and postnatal services for a pregnant mother and newborn under JSSK. Thus a total of 67 items are included

in the structured interview schedule. Content validity of the tool was established by giving it to experts. The reliability of the Knowledge Interview Schedule was established by using Kuder and Richardson (KR) - 20 formula which was found to be 0.81. Reliability of the Utilization Interview Schedule was established by Cronbach Alpha formula. The value of 'r' was found to be 0.86. Both the tools were found to be reliable. The tool was administered to 10 Postnatal Mothers for try out to check and feasibility of the tool. After obtaining the ethical clearance from the Institution's ethical committee, the final study was conducted in Swami Dayanand Hospital, New Delhi after the formal permission obtained from the administration. Average time take to conduct the interview was 35-40min. The data was tabulated and analyzed using descriptive and inferential statistics.

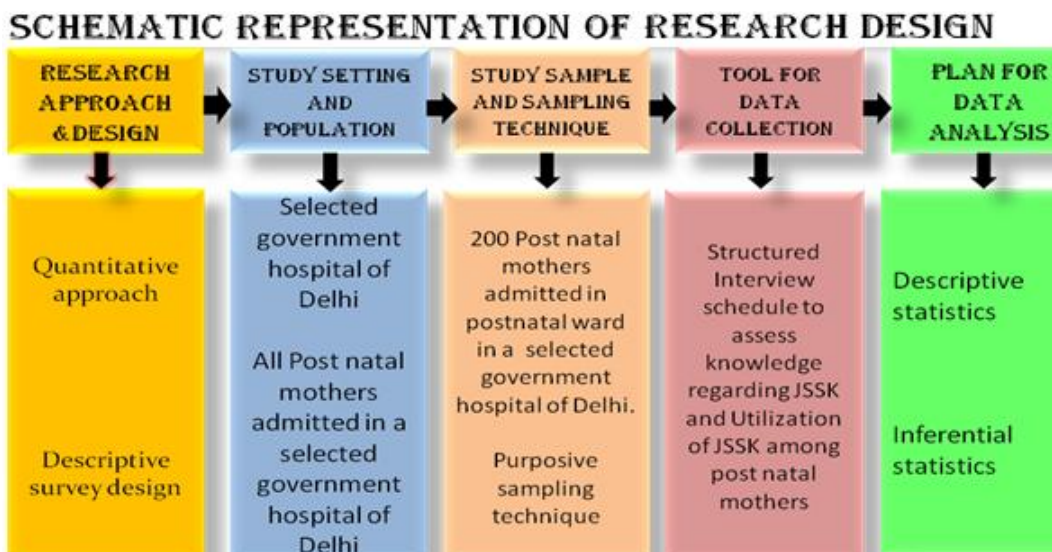


Figure 2: Research Design

5. Result

The study revealed that out of 200 mothers, majority 102 (51%) were in the age group of 25-30 years, 73 (36.5%) were in the age group of 19-25 years and 25 (12.5%) were in the age group of more than 30 years. Majority of the mothers were Hindu by religion 126 (63%), 60 (30%) were Muslim, 8 (4%) were from other religion and 6 (3%) were Christians. Out of 200 mothers, 81 (40.5%) had primary education, 76 (38%) had passed middle school, 32 (16%) had no formal education and 11 (5.5%) had completed secondary education. Majority of the mothers 117 (58.5%) were homemaker, 34 (17%) were daily wage earner, 32 (16%) were self employed and 18 (9%) had a private job. Out of 200 mothers most of them 111 (55.5%) lived in a joint family and 89 (44.5%) in a nuclear family. Majority 75 (37.5%) had a monthly family income between 7001-9000, 70 (35%) between 5001- 7000, 29 (14.5%) earned below 5000 and 26 (13%) earned above 9001. Majority of the mothers 107 (53.5%) were primigravida, 77 (38.5%) were para 2 and 16 (8%) were para 3. 75 (37.5%) mothers stayed in the hospital after delivery for 2-3 days, 54 (27%) mothers stayed for 4-5 days, 50 (25%) stayed for 6-7 days and only 21 (10.5%) stayed for more than 7 days after delivery. Majority of them 118 (59%) heard about the JSSK scheme and its benefits from their relatives and friends, 50 (25%) heard from the health personnel, especially ANM/ASHA and only 32 (16%) heard from radio, TV, hoardings or PHCs

Table 1: Frequency and percentage distribution of Postnatal Mothers in terms of knowledge scores regarding JSSK, n=200

Utilization score	Range of Knowledge score	Frequency	Percentage (%)
Good	17-25	07	3.5
Average	9-16	89	44.5
Poor	0-8	104	52

Data presented in Table 1 shows the percentage distribution of range of Knowledge scores of Postnatal Mothers regarding JSSK. The range of knowledge scores regarding JSSK is divided into three divisions. Majority 104 (52%) of the Postnatal mothers had poor knowledge with the knowledge score between 0-9, 89 (45%) had average score with score range between 10-16 and only 7 (3%) obtained a good knowledge score between 17-25

Table 2: Frequency and percentage distribution of Postnatal Mothers in terms of utilization scores regarding JSSK, n=200

Utilization score	Range of utilization score	Frequency	Percentage (%)
Good	30-43	186	93
Average	16-29	14	7
Poor	2-15	0	0

Data presented in Table 2 shows the range of utilization scores of JSSK which is divided into three divisions. Majority 186 (93%) of the Postnatal Mothers had good utilization with the utilization score between 30-43, 14 (7%) had average score between 16-29 and none of the Postnatal Mothers obtained a poor utilization score between 2-15.

Table 3: Mean, Mean percentage, Median and Standard deviation of knowledge and utilization score of Postnatal Mothers regarding JSSK, n=200

Area	Maximum possible score	Score range	Range of obtained score	Mean	Mean %	Median	Standard Deviation
Knowledge	25	0-25	3-19	10.38	41.50%	10	3.907
Utilization	43	2-43	27-39	30.88	71.80%	29	4.253

Data presented in Table 3 shows that the range of obtained knowledge scores was 3-19, with maximum obtained score of 19, mean of 10.38, mean percentage of 41.5%, median of 10 and standard deviation of 3.907.

The range of obtained utilization scores was 27-39, with maximum obtained score of 39, mean of 30.88, mean percentage of 71.8%, median of 29 and standard deviation of 4.253

The findings indicate that there was wide variation in the knowledge and utilization scores obtained by Postnatal Mothers.

Table 4: Correlation between knowledge and utilization of JSSK among Postnatal Mothers, n =200

Area	Mean	'r' value
Knowledge	10.38	
Utilization	38.88	0.007

Data shown in Table 4 shows that there is no significant correlation between knowledge and utilization score of Postnatal Mothers regarding JSSK at 0.05 level of significance

There was a significant association between knowledge scores of Postnatal Mothers and the selected demographic variable i.e. Type of family of the mother at 0.05 level of significance.

There was a significant association between utilization of JSSK among Postnatal Mothers and the selected demographic variable i.e. Type of family and Duration of hospital stay of the postnatal mother at 0.05 level of significance

6. Discussion

In the present study, it was found that majority of the postnatal mothers 104 (52%), had poor knowledge regarding the entitlements of JSSK. It is supported by a study conducted by Chatterjee et al.¹⁰ in West Bengal where findings revealed that among 48 pregnant mothers, 38 (68.75%) mothers had poor awareness regarding JSSK. Similar findings were revealed by Mondal J et al.¹² in West Bengal that out of 210 mothers only 12.9% were aware of all the components of JSSK.

7. Conclusion

- The findings revealed inadequate knowledge and good utilization of JSSK services by Postnatal Mothers during their pregnancy, hospital stay, and during newborn care. is no significant correlation between knowledge and utilization score of Postnatal Mothers regarding JSSK at 0.05 level of significance
- There was a significant association between knowledge scores of Postnatal Mothers and the selected demographic variable i.e. Type of family of the mother at 0.05 level of significance.
- There was a significant association between utilization of JSSK among Postnatal Mothers and the selected demographic variable i.e. Type of family and Duration of hospital stay of the postnatal mother at 0.05 level of significance

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