

A Pre Experimental Study to Assess the Effectiveness of Sim Regarding Knowledge of Antenatal Mothers on Janani Suraksha Yojna in Selected Rural Area Bairja, Gwalior

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INTRODUCTION

Health in its broad sense is not merely the absence of disease or provision of diagnostic or curative services. It also includes provision of preventive services and incentives to improve health in every stage of life. In India, the government believes that health maintenance of people is a fundamental human right, does continuous efforts to reduce mortality and morbidity one of programs running at full pledged way in almost all states of India; the focus is given to reduce the maternal mortality rate. Infant mortality rate it also concentrates some way to prevent population and explosion and stabilization of family size. Mother has a special role in family .health of families and communities are tied to the health of mother .mother's health at the time of conception is vital to have a healthy baby and safe delivery. It is in return help to build –up a healthy and prosperous nation. The act of giving birth is a only moment when both pain and pleasure converse at a moment of time .this experience for transformation from womanhood or wifehood or motherhood is a privilege reserved exclusively for woman. Hence this transformation phase that is pregnancy at following child birth has been contributed it impact on both maternal and infant health.

KEYWORDS: Janani Suraksha Yojana

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OBJECTIVES OF THE STUDY

- To assess the pre-test knowledge on JananiSurakshaYojana among antenatal mothers in selected rural areas BAIRJA Gwalior.
- To assess the effectiveness of SIM on jananisurkshayojana among antenatal mothers
- To assess the post-test knowledge on JananiSurakshaYojana among antenatal mothers in selected rural areas BAIRJA Gwalior.
- To find out the association between post-test knowledge scores with selected demographic variables.

HYPOTHESES

- H1: There will be significant effectiveness of SIM (self-instructional module) on JananiSurakshaYojana.

- Ho1: There will be no significant effectiveness of SIM self-instructional module on JananiSurakshaYojana.
- H2: There will be significant association between level of knowledge of mothers and selected demographic variables.
- H02: There will be no significant association between level of knowledge of mothers and selected demographic variables.

REVIEW OF LITERATURE

Sanjeev Kumar Gupta et.al; (2005) conducted a descriptive study on assessment of knowledge, attitude and utilization pattern of beneficiaries of JananiSurakshaYojana(JSY) in Jabalpur, Madhya Pradesh: knowledge, attitude and utilization pattern of beneficiaries. The main objectives of our study were,

to assess the social profile, knowledge, attitude and utilization pattern of JSY beneficiaries. The present study was conducted in N.S.C.B. Medical College, Jabalpur (M.P. - India) during 2006 -07 with a sample size of 300 beneficiaries. 77.66% belonged to below poverty line (BPL) category. 67 % of the respondents arranged their own / hired vehicle for transportation for delivery. Only 17.33 % were motivated by ANM /Dai/ ASHA/ AWW for institutional delivery. Decision of expenditure depends upon husband in one third of cases. (Majority of beneficiary mothers were in favor of cash payment (94.33%). The arrangement of vehicle for transport is still a major issue of concern. In many cases the husbands decides the purpose for which money is to be used.

Kestler E et.al;(2006) conducted a customized random trail on to measure the effectiveness of an intervention package aiming to decrease perinatal mortality and increase institution-based obstetric care among indigenous women in Guatemala. They conducted a matched pair cluster-randomized trial will be conducted in clinics in four rural indigenous districts with the highest maternal mortality ratios in Guatemala. The individual clinic will serve as the unit of randomization, with 15 matched pairs of control and intervention clinics composing the final sample. Three interventions will be implemented in indigenous, Rural and poor populations: a simulation training program for emergency obstetric and perinatal care, increased participation of the professional midwife in strengthening the link between traditional birth attendants (TBA) and the formal health care system, and a social marketing campaign to promote institution-based deliveries.

NeerajGour et.al; 2006conducted a a desk review to assess the impact of Janani

SurakshaYojana on various mch indicators in district Gwalior .the study reveals that there has been significant rise in the No. of institutional deliveries after inception of JSY which was around 32744 (48.8%) in 2003-04 on the other hand it was counted around 36589 (50%) and 36045 (73.1%) in year 2006-07 & 2007-08 respectively

VARIABLES

When an abstract concept is explained in terms that can be measured and related, it is called variable. In present study variables are:

1. INDEPENDENT VARIABLE:

It is the variable which is manipulated by the researcher, in order to study the effect upon the dependent variable. in this study the independent variable is the self-instructional module about JananiSurakshaYojana.

2. DEPENDENT VARIABLE:

It is the outcome variable, the presumed effect caused by the independent variable. The dependent variable in this study is the knowledge score improvement of antenatal mother after the administration of self-instructional module.

SETTING FOR THE STUDY

The present study was conducted in BAIRJA Gwalior. The reason of selection of such setting by the researcher is because the sample concerned with the researcher study inconveniently available there and near to the researcher approach.

POPULATION

The present study population comprised all Antenatal mothers of age group 18-35 years who are in rural area in Gwalior (M.P.)

CRITERIA FOR SAMPLE SELECTION

Inclusive criteria

- Mothers who are residing in selected rural areas at Gwalior.
- Those that belongs to BPL category or belongs to low castes (SC/ST).
- Mother's age at the time of delivery 18 years – 35years.

Exclusive criteria

- Those who are not willing to be the part of study sample.
- Those who cannot present at the time of data collection

SAMPLE

Antenatal mothers in the age group of 18-35 years who are residing in selected rural areas at Gwalior

SAMPLE SIZE

60 antenatal mothers age 18-35 years in BAIRJA, Gwalior

SAMPLE TECHNIQUE

Sample for the studied consisted of 60 antenatal mother and selection was done on the basis of Non – probability purposive sampling technique from selected BAIRJA Gwalior

DEVELOPMENT & DESCRIPTION OF TOOL

After extensive review of literature, discussion with of expert's tool was prepared for collection of data

Format of the tool

The tools consist of three sections

Section A: it includes items related to demographic variables - Age (in years), religion, educational status, occupational, income of the family, no. of children, and source of knowledge.

Section B: It Includes 32 knowledge questions on JananiSurakshaYojana the knowledge regarding JananiSurakshaYojana was measured in terms of knowledge score. Each correct answer was given a score of one mark and wrong answer or unanswered was given a score of zero. The maximum score was 32.

SCORING KEY

Section A: the demographic variables were coded to assess the effectiveness of SIM on jananisurkshayojana among antenatal mothers

Section B

GRADING OF SCORES	GRADING OF KNOWLEDGE
0-10	Poor
11-20	Average
21-32	Good

Section C

DEVELOPMENT OF THE SELF INSTRUCTIONAL MODULES

A self-instructional module was developed to educate the antenatal mothers regarding the JananiSurakshaYojana. Self-instructional module was developed based on the review related literature and the opinion of the experts. The main factors were kept in mind while preparing the self instructional module simplicity of language and relevance of teaching aids\literacy level of the sample and the area covered in the knowledge assessment. Self-instructional module was prepared to enhance the knowledge of nursing personals regarding JananiSurakshaYojana.

Findings

Most of the subject from age group 18-20 yrs. 24(40%). and 21-25 yrs18 (30%). Majority of the subject are Hindu. 54(90%). Most of the subjects are illiterate 35(58.3%) and high school 21(35%). Most of the subject’s occupations were skilled 34(56.7%). Most of the subjects were income having 2000-3000. 24(40%). Most of the subjects are having two children’s, 25(41.7%). Most of the subjects got information through media 25(41.7%).

Surakshayojana by conducting pre-test. The present study reveals that overall mean knowledge score obtained by subject was 11.31 with standard deviation 2.84 and the overall knowledge score obtained by subject was 24.4 with standard deviation 3.02 in the post test. In the present study, the mean of pre-test and post-test value is 11.31 and 24.43 respectively, and standard deviation of pre-test and post-test are 2.84 and 3.02 respectively and paired test value is 25.23.the level of significance is 0.001 is highly significant. It was also evident that there was no significant association between knowledge score and selected demographic variable.

Key Conclusion

The present study reveals that overall mean knowledge score obtained by subject was 11.31 with standard deviation 2.84 and the overall knowledge score obtained by subject was 24.4 with standard deviation 3.02 in the post test. In the present study, the mean of pre-test and post-test value is 11.31 and 24.43 respectively, and standard deviation of pretest and post-test are 2.84 and 3.02 respectively and paired test value is 25.23 so it accepted the hypothesis that there is significant effectiveness on SIM on JananiSurksha

Yojana at P.0.001 level. It was also evident that there was no significant association between knowledge score and selected demographic variable.

Implication for Practice

JananiSurakshaYojana has led to an enhancement in the the utilization of health services among all groups especially among poorer and undeserved section in the rural areas, thereby reducing the prevalent disparities in maternal care the major objectives of JSY were to reduce maternal mortality ratio and infant mortality rate by encouraging institutional deliveries and focusing on institutional care among women, particularly those belonging to families below poverty line. This can be achieved by providing those cash at the time of delivery along with antenatal and postnatal services.