



ISSN: 0976-3031

Available Online at <http://www.recentscientific.com>

International Journal of Recent Scientific Research
Vol. 6, Issue, 4, pp.3406-3411, April, 2015

**International Journal
of Recent Scientific
Research**

RESEARCH ARTICLE

KNOWLEDGE AND ATTITUDE OF MOTHERS TOWARDS JANANI SURAKSHA YOJANA IN A SELECTED RURAL AREA OF MANGALORE, D.K., KARNATAKA

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ARTICLE INFO

Article History:

Received 2nd, March, 2015
Received in revised form 10th,
March, 2015
Accepted 4th, April, 2015
Published online 28th,
April, 2015

Key words:

Janani Suraksha Yojana,
Health education
pamphlet, Descriptive study

ABSTRACT

Background of the study

Janani Suraksha Yojana under the overall umbrella of National Rural Health Mission (NRHM) integrates cash assistance with antenatal care during the pregnancy period, institutional care during delivery and immediate postpartum period in a health centre by establishing systems of coordinated care by the field level health workers. Based on some of the estimates it has been calculated that there are 5 lakh maternal morbidities that occur every year worldwide. In India it is estimated that 34.6 per 1,000 live birth. In view of these, the knowledge and attitude of mothers were assessed, as it provides cash assistance to the weaker sections of the society to bring down the maternal morbidity at rural area of Mangalore.

Objectives

To determine the existing knowledge and attitude of mothers regarding Janani Suraksha Yojana as measured by close-ended structured interview schedule and likert attitude scale.

Methods

Non-experimental descriptive study was conducted to assess the knowledge and attitude of antenatal mothers from Surathkal PHC, Mangalore. A sample size consists of 80 antenatal mothers were selected through non probability purposive sampling. The data was collected by using pretested structured knowledge questionnaire and five point likert attitude scale. The data was analysed using SPSS version 16 and the results expressed as proportions.

Results

The majority of the antenatal mothers (61%) moderate knowledge, 36% had poor knowledge, 2.5% had very good knowledge and no mothers had good knowledge. 61.3% percent of the respondents had positive attitude and 38.7 percent of the respondents had negative regarding Janani Suraksha Yojana.

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INTRODUCTION

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 health¹.

In any community, mother and children constitute a priority group; 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 children².

Global observation shows that in developed regions MMR averages at 13/100,000 live births, in developing regions the figure is 440 for the same number of live births. From commonly accepted indices, it is evident that infant, child and MMR 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 children².

India contributes around 20 percent of global births. Each year in India, roughly 30 million women experience pregnancy and 27 million have a live birth. Of these, an estimated 1, 36,000 maternal deaths and one million new born deaths occur each year, thus pregnancy-related mortality and morbidity continues

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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 India³.

Since 1951, on voluntary basis with democratic manner, the Government of 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 (MDG), National Population Policy (NPP), and National Health Policy (NHP) the Government of India, Ministry of Health and Family Welfare planned and launched National Rural Health Mission (NRHM) in April 2005. All the efforts under NRHM are directly and indirectly aimed to provide accessible, affordable, and effective healthcare to all citizens and particularly to the poor and vulnerable sections of the society⁴.

time. Several new approaches, interventions, and alternatives were initiated to reduce maternal morbidity, mortality ratio and child mortality rate. Maternal and Child Health (MCH), Child Survival and Safe Motherhood (CSSM), Universal Immunisation Programmes (UIP), Oral Rehydration Solution (ORS), dais' training, medical termination of pregnancy (MTP), postpartum programmes, National Maternal Benefit Scheme (NMBS) and Janani Suraksha Yojana (JSY), are important and well-known efforts at both country and state level¹. 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 the maternal and infant mortality rate⁴. Janani Suraksha Yojana, under the overall umbrella of National Rural Health Mission (NRHM), has been proposed by a way of modifying the National Maternity Benefit Scheme (NMBS).

Table 1 Descriptions of Demographic Characteristics of samples

Sl.no	Demographic variables	Frequency	Percentage
	Age in years		
1.	a. 19-23	54	67.5%
	b. 24-28	18	22.5%
	c. 29-33	04	5%
	d. 34-38	04	5%
	Education		
2.	a. No formal education	14	17.5%
	b. Primary education	56	70%
	c. Secondary education	9	11.2%
	d. Higher Secondary & above	1	1.3%
	Occupation		
3.	a. House wife	77	96.2%
	b. Daily wage earner	1	1.3%
	c. Private job	2	2.5%
	d. Self employed	0	0
	Religion		
4.	a. Hindu	54	67.5%
	b. Muslim	16	20%
	c. Christian & others	10	12.5%
	Type of family		
5.	a. Nuclear family	63	78.7%
	b. Joint family	16	20%
	c. Extended family	1	1.3%
	Gravida		
6.	a. Gravida 1	26	32.5%
	b. Gravida 2	54	67.5%
	Family income		
7.	a. Below Rs.13,000	7	8.8%
	b. Rs.13001-Rs.14,000	43	53.6%
	c. Rs.14,001-Rs. 15,000	11	13.8%
	d. Rs.15,001 –Rs 16,000	8	10%
	e. Rs.16,001-Rs.17,000	7	8.8%
	f. Rs.17,001 & above	4	5%
	Source of information		
8.	a. Mass media	4	5%
	b. Neighbours	5	6.3%
	c. Relatives	3	3.8%
	d. Friends	23	28.6%
	e. Previous beneficiaries of JSY	38	47.5%
	f. Health workers	7	8.8%
	History of infant death		
9.	a. Absent	80	100%
	b. Present	0	0
	Distance from residence to referral unit		
10	a. Below 1 kilometre	12	15%
	b. 2-3 kilometres	21	26.2%
	c. 4 kilometres & above	47	58.8%

According to the needs, experiences and feedbacks, various changes and modifications have been incorporated from time to

While NMBS is linked to the provision of better diet for pregnant women from Below Poverty Line (BPL) families,

Janani Suraksha Yojana integrates cash assistance with antenatal care during the pregnancy period, institutional care during delivery and immediate postpartum period in a health centre by establishing systems of coordinated care by the field level health workers. The Janani Suraksha Yojana is a 100 percent centrally sponsored scheme launched by the Honourable Prime Minister of our country on April 12, 2005 for reducing maternal and neo-natal mortality⁴.

JSY integrates cash assistance with delivery and post-delivery care. The success of the scheme would be determined by the increase in institutional deliveries among the poor families. The Yojana has identified The Accredited Social Health Activist (ASHA), as an effective link between the Government and the poor pregnant women in ten low performing states, namely the eight EAG states, Assam, Jammu and Kashmir, and the remaining NE States. In other eligible states and UTs, wherever, AWW and TBAs or ASHA-like activists have been engaged for this purpose, she can be associated with this Yojana for providing the services⁴.

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 infant. 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 population⁵.

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.

METHODOLOGY

The research approach adopted for the study is descriptive research approach. The data was collected using non-probability purposive sampling technique. The total number of antenatal mothers included was 80. The study was conducted in a selected rural area at Surathkal PHC, Mangalore. The tools used for this study were demographic proforma, structured knowledge questionnaire and likhert type attitude scale. The structured knowledge questionnaire consists of 28 items and likhert type attitude scale consists of 22 items. After the ethical approval from the Ethics Committee, the tool was pre-tested by administering it to five antenatal mothers. The samples found that the instructions and the language of the tool were clear and understandable and the time taken to complete the tool was 45 minutes. The reliability of the tool was tested by split half method. Pilot study was conducted to find out the feasibility of the study. Correlation of the half test was found by using Karl Pearson correlation co-efficient formula and the reliability co-efficient of the whole test were established by Spearman

Brown prophecy formula for knowledge questionnaire and the formula used for estimating the reliability of attitude scale was Cronbach's alpha. Data analysis was done by using both descriptive and inferential statistics.

RESULTS

About 67.5% of antenatal mothers belong to the age group of 19-23years, and majority 67.5% of antenatal mothers belong to gravid 2. Maximum percentages (70%) of antenatal mothers had primary education. About 78.7% of the participants were belonging to nuclear family. Most of the antenatal mothers (96.2%) were house wives. Nearly 53.6% of the samples had income Rs.13001-14,000. No antenatal mothers had the history of infant death. Most of the mothers (47.5%) have got information about JSY from previous beneficiaries of JSY. 58.8% mothers were residing 4 km and more from the referral unit. The details are depicted in Table 1.

The majority of the antenatal mothers (61%) moderate knowledge, 36% had poor knowledge, 2.5% had very good knowledge and no mothers had good knowledge. 61.3% percent of the respondents had positive attitude and 38.7 percent of the antenatal mothers had negative attitude regarding Janani Suraksha Yojana. The details of the findings are summarized in Table 2 and 3.

Table 2 Level of knowledge of antenatal mothers regarding Janani Suraksha Yojana n = 80

Percentage of range of score	Level of knowledge	No. of respondents	Percentage
40	Poor	29	36.2
41-60	Moderate	49	61.3
61-70	Good	0	0.0
71-100	Very good	2	2.5
	Total	80	100.0

Table3 Level of attitude of antenatal mothers regarding Janani Suraksha Yojana n = 80

Percentage of range of score	Level of attitude	No. of respondents	Percentage
20-60	Negative	31	38.7
61-110	Positive	49	61.3

The chi-square values of attitude score with religion regarding JSY among mothers were significant at 0.05 level of significant. But no association between knowledge and attitude scores and other demographic variable such as age, type of family, gravida, education, income, occupation, infant death, sources of information, and distance from the referral units. Thus it is concluded that there was no association between knowledge and attitude score with selected demographic variable except association of attitude & religion.(Table 4 and 5)

Karl Pearson's calculated value -0.258, is a negative value, there is a negative correlation between knowledge and attitude of Janani Suraksha Yojana among antenatal mothers. Even though they had good knowledge, attitude was low or poor (Table 6)

Table 4 Association between Knowledge of Antenatal mothers regarding Janani Suraksha Yojana and selected demographic variables

Sl.no	Demographic variables	Median< 12	Median 12	Chi-square Value	Significance
1.	Age of mothers	29	25	0.912	NS
	a. 19-23yrs	11	15		
2.	Educational status of the mothers	6	8	0.346	NS
	b. Primary education & more	34	32		
3.	Occupation of the mothers	39	38	0.000	NS
	a. House wife	1	2		
4.	Religion of the mothers	28	26	0.228	NS
	b. others	12	14		
5.	Type of family	35	28	3.660	NS
	a. Nuclear family	5	12		
6.	Gravida			0.000	NS
	a. Gravida 1	13	13		
7.	Family income per year	25	25	0.000	NS
	Rs.14,000	15	15		
8.	Source of information	13	10	0.865	NS
	a. Friends	19	19		
	b. Previous beneficiaries of JSY	8	11		
9.	History of infant death in the family	40	40	-	NS
	a. Absent	0	0		
10.	Distance from residence to referral unit	15	18	0.464	NS
	a. 3 kilometres	25	22		

DISCUSSION

The findings of the study have been discussed under the following sections with reference to the objectives and hypotheses in light of other studies.

Section I: Sample characteristics

Section II: Level of knowledge regarding Janani Suraksha Yojana among antenatal mothers.

Section III: Level of attitude regarding Janani Suraksha Yojana among antenatal mothers.

Section IV: Association between the knowledge score and attitude score with selected demographic variables

Section V: Correlation between knowledge and attitude on Janani Suraksha Yojana among antenatal mothers.

Section I: Sample characteristics

- 67% of the respondents belonged to the age group of 19-23 years
- 79% of them were from nuclear families.
- 67% of the respondents belonged to Hindu religion;
- 70% of the respondents had primary education
- 67% of the mothers were gravida two
- 96% were housewives
- 53% of the sample had the family income of Rs.13,001-14,000/-
- No mothers had the previous history of infant death in their family.

- 47% of antenatal mothers received information regarding Janani Suraksha Yojana from other beneficiaries of JSY
- 58% of the antenatal mothers were residing 4 km or more distance from their residence to the referral unit.

Section II: Level of knowledge regarding Janani Suraksha Yojana among antenatal mothers

- 61.3% of the sample had moderate knowledge
- 36.2% of the antenatal mothers had poor knowledge
- 2.5% of the antenatal mothers had very good or excellent knowledge.
- No mothers had good knowledge.
- The total mean score and SD was 12.79±4.166 with a total score of 45.67 percent. This revealed that the knowledge of antenatal mothers on Janani Suraksha Yojana was moderate in all the areas.

Section III: Level of attitude regarding Janani Suraksha Yojana among antenatal mothers.

- 61.3% of the respondents had positive attitude
- 38.7% of the study population had negative attitude
- The total mean score and SD was 68.08±6.937 with a total score of 61.89 percent. This revealed that the attitude of antenatal mothers on Janani Suraksha Yojana was positive in all the areas.

Table 5 Association between Attitude of Antenatal mothers regarding Janani Suraksha Yojana and selected demographic variables

Sl.no	Demographic variables	Median < 64	Median ≥ 64	Chi-square Value	Significance
1.	Age of mothers	9	45	2.086	NS
	a. 19-23yrs	8	18		
2.	Educational status of the mothers	2	12	0.117	NS
	a. No formal education	15	51		
3.	Occupation of the mothers	17	60	0.483*	NS
	a. House wife	0	3		
4.	Religion of the mothers	15	39	4.231	S
	a. Hindu	2	24		
5.	Type of family	13	50	0.000	NS
	a. Nuclear family	4	13		
6.	Gravida	5	21	0.094	NS
	a. Gravida 1	12	42		
7.	Family income per year	11	39	0.045	NS
	Rs.14,000	6	24		
8.	Source of information	5	18	0.476	NS
	a. Friends	7	31		
	b. Previous beneficiaries of JSY	5	14		
9.	History of infant death in the family	17	63	-	NS
	a. Absent	-	-		
10	Distance from residence to referral unit	7	26	0.000	NS
	3 kilometres	10	37		
	>3 kilometres				

Table 6 Correlation between knowledge and attitude of antenatal mothers on Janani Suraksha Yojana

Areas	Karl Pearson's 'r'	Df	Table value	Inference
Knowledge and attitude	-0.258	78	0.220	Negative correlation

Section IV: Association between the knowledge score and attitude score with selected demographic variables

- There was no significant association between knowledge and demographic variables such as age, type of family, religion, educational status of mothers, gravida, occupation, family income, history of infant death, source of information, and distance from the referral unit.
- But significant association found between attitude and religion. However there was no significant association found between attitude and the remaining demographic variables.

Section V: Correlation between knowledge and attitude on Janani Suraksha Yojana among antenatal mothers.

Analysis shows that the calculated value -0.258 was negative, that is, there was negative correlation between knowledge and attitude towards Janani Suraksha Yojana among antenatal mothers. Even though they had good knowledge attitude was low or poor.

CONCLUSION

Hence, the study concluded that antenatal mothers did not have adequate knowledge regarding Janani Suraksha Yojana. Therefore, there was a lack of knowledge in some aspects regarding Janani Suraksha Yojana among antenatal mothers residing in a rural area. There was necessity to give health education for antenatal mothers to improve their knowledge and attitude related to Janani Suraksha Yojana.

Acknowledgement

We express my sincere gratitude to Prof.(Mrs) K. Shanthakumari, HOD, Department of obstetrics & Gynaecological Nursing, Yenepoya Nursing College, Mangalore, for her guidance which has made this study a successful one.

Conflict of interest: NIL

Funding Sources: NIL

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How to cite this article:

Vinaya Kumary T and Shantha Kumari K., Knowledge and Attitude of Mothers Towards Janani Suraksha Yojana in a Selected Rural area of Mangalore, d.k., Karnataka. *International Journal of Recent Scientific Research* Vol. 6, Issue, 4, pp.3406-3411, April, 2015
