Awareness regarding healthcare services of Janani Shishu Suraksha Karyakaram among beneficiaries in Kamla Nehru hospital, Shimla, HP

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Abstract

Introduction: The JSSK was launched in 2011 with the major objective to eliminate out-of-pocket expenditure and entitle all the pregnant women (BPL/APL, urban/rural) with free health services in any government health facilities.

Materials and Methods: A cross sectional study was carried out on 356 pregnant beneficiaries chosen by proportionate sampling from the department of Obstetrics, State Kamla Nehru Hospital, Shimla. Face to face interview was held with pretested structured questionnaire to elicit information and the data was analyzed by standard statistical measures.

Results: Majority (72.5%) of the women had moderately adequate awareness, whereas 16.3% beneficiaries had adequate and 11.2% beneficiaries had inadequate awareness regarding the healthcare services of the JSSK. The study revealed that awareness was highly significantly associated with place of residence ($p=0.001$), Education ($p=0.002$), occupation ($p=0.001$) and parity ($p=0.001$).

Conclusion: Awareness level of JSSK entitlements in the beneficiaries in our study was moderately adequate. Maximum awareness was noticed for the provision of free vaginal delivery whereas awareness for provisions like free caesarean section, free drop back facility to home, free provision of blood was very low.

Key words: JSSK, Awareness, Beneficiaries

Introduction

Providentially, the maternal health has been at the forefront of global and national health policies for the last few years. Under Rural Health Mission, 2005, the Janani Suraksha Yojana (JSY) was implemented all over India. However, the JSY was not able to adequately achieve its goals, as mere cash incentives were not enough to attract people to public institutions. On the contrary, the scheme encouraged corruption, while beneficiaries continued to spend on services such as diet, diagnostics, transport, etc. Consequently Govt. replaced it by Janani Shishu Suraksha Karyakaram (JSSK) in 2011. The major objective of the scheme was to eliminate out-of-pocket expenditure and entitle all the pregnant women (BPL/APL, urban/rural) free treatment, drug, diagnostics, diet, blood transfusion and transport services for antenatal care, institutional delivery, and post-natal and neonatal care newborn babies up to 30 days in any government health facilities. (Ministry of Health and Family Welfare, 2011). Direct cost incurred by the end user was considered as out-of-pocket (OOP) expenditure and both the terms were used interchangeably (Lyengar SD 2009).

Globally, the infant mortality rate had decreased from an estimated rate of 65 deaths per 1000 live births in 1990 to 29 deaths per 1000 live births in 2017 and Annual infant deaths from 8.8 million in 1990 to 4.1 million in 2017 (WHO 2017).

India has registered a significant decline of 8% in Infant mortality Rate (IMR) in 2016 (SRS, 2016). IMR in India has declined by three points from 37 per 1000 live births in 2015 to 34 per 1000 live births in 2016 and it has declined to 32 per 1000 live births in 2017 (World bank). The IMR in Himachal Pradesh 25 per 1000 live births (Govt. of H.P. 2017). However, maternal health care is still a challenge to global public health system, especially in developing countries like India (Angedi et al, 2016). The maternal mortality ratio (MMR) in India has declined from 167 in 2011-2013 to 130 per 1,00,000 live births in 2014-2016 and highest rate of MMR was in Assam 237 per 1,00,000 live births. (World bank). Institutional deliveries in the Himachal Pradesh increased from 63.4% in 2010-

11 to 75.5% in 2012-2013 after implementing JSSK (TYAGI et al, 2016).

The utilization of any scheme including JSSK depends on the level of awareness of the pregnant or postnatal women. Despite of wide availability of the JSSK scheme, its entitlements, free treatment, drug, diagnostics, diet, blood transfusion and transport services have been poorly utilized. It may be due to ignorance or due to incomplete/ faulty information about their use and procurement. Awareness level among beneficiaries helps us to know the extent to which the programme is serving the purpose at root level. (Sonali 2016) For effective utilization of these schemes, awareness of the same is needed among women. Non-utilization or under-utilization of maternal health care services/benefits of the schemes especially amongst the poor and slum population is due to lack of awareness or access to health care services and failure of Government to communicate them is a major factor. (Manjula K 2016)

Materials and Methods:

A cross sectional study was conducted in the Kamla Nehru Hospital, Shimla Himachal Pradesh, India. It is the capital of Himachal Pradesh.

Inclusion Criteria-

- Beneficiaries who availed the benefits of JSSK.
- Those beneficiaries who were attending OPD and admitted in IPD ward in KNH, Shimla.

Exclusion Criteria-

- Women who were not availing JSSK.
- Those beneficiaries who were not willing to participate in the study.

Sample size calculation was done using the following formula:

$$n = \frac{NZ^2p(1-p)}{d^2(N-1) + Z^2p(1-p)}$$

Where, n = sample size

N = Population = 2859

d = degree of accuracy = 5% = 0.05

P = Expected prevalence = 0.5

Z = Standard normal variate statistic at 95% level of confidence = 1.96

Hence, sample size = 339

Considering the non-response rate of (5%), thus the final sample size was 356.

Sampling technique adopted proportionate technique and purposive technique was carried out to obtain the required sample size from the population, and the list of IPD and OPD of Obstetrics were taken from KNH hospital.

Data collection tool and technique

Data was collected by structured questionnaire tool and face to face technique was used. The structured interview scheduled with open and closed-ended questions were framed taking extensive reference to research paper and literature. The questions were made in simple language. The questionnaire consisted of 2 sections, section A and B. Section A included 9 questions to elicit information regarding socio demographic variables of the sample and section B included 16 questions to elicit information regarding awareness of JSSK among beneficiaries while incorporating few NRHM questions.

SAMPLING TECHNIQUE**Figure: 1** **Criterion Measurement for the assessment of level of awareness is as follows:Table: 1**

Category	Score level	Score
Adequate	>75%	>12
Moderately adequate	25-75 %	4-12
Inadequate	<25	<4

Level of awareness was assessed by taking reference of taking methods and classified as: adequate awareness for those respondents who secured above 75%, moderately adequate for those who secured between 25 – 75% and Inadequate level for those who secured less than 25%.

During this period, all the beneficiaries of JSSK attending and admitted in KNH, who were selected, were interviewed at the hospital. Each of these respondents was provided the details of objectives of the study. All interviews were preceded by an informed consent. The consent form was read out to them and was explained to them. Respondent gave consent, interviews were conducted.

Data Processing and Analysis

Data entry and processing and analysis were done in statistical package for social sciences (SPSS version 23). Descriptive statistics such as mean, S.D, frequency distribution and cross tabulation between dependent and independent variables were applied to describe and summarize the basic background and characteristics of the respondents. Inferential statistics chi square test was used to show association between dependent and independent variable.

RESULTS**Table 2: Socio Demographic Characteristics of Beneficiaries**

Category	Frequency (n)	Percentage (%)
Age Group		
18-28 years	226	63.5
29-38 years	129	36.2
39-48 years	1	.3
Mean= 26.8 ± 19.2		
Place of residence		
Urban	64	18.0
Rural	205	57.6
Tribal	87	24.4
Marital Status		
Married	345	96.9
Widow	11	3.1
Education		
Illiterate	12	3.4
Primary school certificate	51	14.3
Middle school certificate	102	28.7
High school certificate	139	39.0
Graduate	31	8.7
Profession or Honors	21	5.9
Occupation		
Unemployed/ Homemaker	188	52.8
Service/ employee	22	6.2
Agricultural	91	25.6
Own business	55	15.4
Husband Occupation		
Government job	26	7.3
Agricultural	173	48.6
Laborer	28	7.9

Own business	129	36.2
Type of family		
Single	64	18.0
Nuclear	20	5.6
Joint	272	76.4
Family Income		
Less than 6,323	62	17.4
6327-18,949	264	74.2
18,953-31589	20	5.6
31,591-47262	2	.6
47,266-63178	8	2.2
Parity		
Single	168	47.2
Two/ or More Children	188	52.8

Above table reveals that the socio demographic characteristics of the respondents. The maximum number (63.5%) of beneficiaries was in the age group of 19 – 28 years. The mean age and SD of the respondents was 26.8 ± 19.2 years. The minimum age was 18 years and the maximum age was 48 years. Most (57.6 %) of the respondents were from rural area. Majority (96.9%) were married. Most of them (39.0%) were educated up to high school certificate. Similarly, majority (28.7%) were educated up to middle school certificate. More than half (52.8%) women were homemakers. 48.6% women's husband were agriculturalist. Majority, (76.4%) belonged to joint family. Regarding family's income more than half of the respondents (74.2%) were having 6327-18,949. Majority (52.8%) had two or more children.

Awareness regarding JSSK

Table 3: Frequency and percentage distribution of beneficiaries according to the level of awareness regarding JSSK

Category	Score level	Score	Frequency	Percentage
Adequate	>75%	>12	58	16.3%
Moderately adequate	25-75 %	4-12	258	72.5%
Inadequate	<25	<4	40	11.2%

Table depicts the frequency and percentage distribution of the awareness level regarding the healthcare services JSSK scheme according to the criterion measure and it revealed that majority 72.5% of the beneficiaries had moderately adequate awareness whereas 16.3% beneficiaries had adequate and 11.2% beneficiaries had inadequate awareness regarding the healthcare services of the JSSK.

Figure 2: Percentage distribution of beneficiaries as per their awareness level

Figure 2: indicates that majority 72.5% had moderately awareness of JSSK.

Table 4 Awareness regarding JSSK among beneficiaries

	Category	Frequency	Percentage
Awareness about the entitlements for mothers			
1.Heard the name of JSSK	Yes	67	18.8
	No	289	81.2
2.Free and zero expenses delivery and caesarean section	Yes	330	92.7
	No	26	7.3
3.Free drugs and consumables	Yes	300	84.3
	No	56	15.7
4.Free essential diagnostic tests	Yes	286	80.3
	No	70	19.7
5.Free provision of blood	Yes	46	12.9
	No	310	87.1
6.Free diet during stay in the health institution	Yes	172	48.3
	No	184	51.7
7. Free transport	Yes	164	46.1
	No	192	53.9

8. Free transport btw the facilities	Yes	262	73.6
	No	94	26.4
9. Drop back from hospital to home	Yes	187	52.5
	No	169	47.5
Awareness about entitlements for sick infants			
10. Free treatment of sick infants	Yes	260	73.0
	No	96	27.0
11. Free drugs and consumables for infants	Yes	280	78.7
	No	76	21.3
12. Free diagnostics for sick infants	Yes	169	47.5
	No	187	52.5
13. Free provision of blood	Yes	79	22.2
	No	277	77.8
14. Free transport for sick infants from home to hospital	Yes	264	74.2
	No	91	25.6
15. From institute to institute	Yes	213	59.8
	No	143	40.2
16. Free transport from health to home	Yes	175	49.2
	No	181	50.8

Table 4 indicates that awareness level of women. Out of 356 beneficiaries, only 18.8 % women heard about the JSSK. Majority (92.7%) were aware about free and zero expenses delivery and caesarean section, followed by 84.3%, 80.3% free drugs and consumables and free essential diagnostic tests. Least awareness (47.5 %) respondents were aware about free diagnostic tests, and (22.2%) respondents were aware regarding free provision of blood for sick infants.

Table 5: Association of Socio- demographic variables with the Awareness Level:-

Place of Residence	N	Inadequate n %	Moderately adequate n %	Adequate n %	χ^2	Df	p-value
Urban	64	0 0.0%	51 79.7%	13 20.3%	305.761	4	0.001**
Rural	205	0 0.0%	205 100.0%	0 0.0%			

Tribal	87	40	46.0%	2	2.3%	45	51.7%			
Education	N	Inadequate n	%	Moderately adequate n	%	Adequate n	%	χ^2	Df	p-value
Illiterate	12	0	0.0%	12	100.0%	0	0.0%	34.411	10	0.002*
Primary school certificate	51	1	2.0%	5	9.8%	45	88.2%			
Middle school certificate	102	38	37.3%	59	57.8%	5	4.9%			
High school certificate	139	1	0.7%	138	99.3%	0	0.0%			
Graduate	31	0	0.0%	31	100.0%	0	0.0%			
Profession or Honors	21	0	0.0%	13	61.9%	8	38.1%			
Occupation	N	Inadequate n	%	Moderately adequate n	%	Adequate n	%	χ^2	Df	p-value
Unemployed/Homemaker	188	0	0.0%	175	93.1%	13	6.9%	324.586	6	.001**
Service/employee	22	0	0.0%	22	100.0%	0	0.0%			
Agricultural	91	1	1.1%	45	49.5%	45	49.5%			
Own business	55	39	70.9%	16	29.1%	0	0.0%			
Parity	N	Inadequate n	%	Moderately adequate n	%	Adequate n	%	χ^2	Df	p-value
Single	168	23	13.7%	135	80.4%	10	6.0%	25.311	2	.001**
Two/or more	188	17	9.0%	123	65.4%	48	25.5%			

*Statistically significant at 0.05 level of significance

**Statistically significant at < 0.01 level of significance

The table 5 indicates that the place of residence ($\chi^2=305.761$, $p=.001^{**}$) and Education ($\chi^2=$, 34.411 $p=.002^{*}$) was highly significant with JSSK awareness and occupation ($\chi^2= 324.586$,

$p=.001^{**}$), ($\chi^2=25.311$ $p=.001^{**}$), was significant with JSSK awareness which signifies the association between place of residence, education and occupation with JSSK awareness.

Discussion & Conclusion

Awareness of Janani Shishu Suraksha Karyakaram:-

The present study showed that out of 356 women, only 18.8 % women heard about the name of the JSSK. Majority (92.7%) was aware about free vaginal delivery and caesarean section, 84.3% aware about free drugs and 73.0% aware about free treatment for sick infants. These findings are slightly higher than the similar study done in Maharashtra that revealed 86.90% as 73.45% and 66.2% respectively (Deshpande et al, 2016).

In the present study, the awareness level regarding the healthcare services was 72.5% , which is almost similar to that of study conducted in Karnataka with 75% awareness regarding JSSK scheme (Manjula K et al, 2016), whereas another study in Visakhapatnam found higher awareness(87.8%) in this context (Revu S et al, 2018).

Conclusion

Awareness level of JSSK entitlements in the beneficiaries in our study was (72.5%) moderately adequate. Maximum awareness was noticed for the provision of free vaginal delivery whereas awareness for provisions like free caesarean section, free drop back facility to home, free provision of blood was very low.

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