

ABOUT NATIONAL HEALTH MISSION GUJARAT

National Health Mission, state health society Gujarat has created wide network of health and medical care facilities in the state to provide primary, secondary and tertiary health care at the door step of every citizen of Gujarat with prime focus on BPL families, marginalized population and weaker sections in rural and urban slum areas.

Department also takes appropriate actions to create adequate educational facilities for medical and paramedical manpower in the state of Gujarat.

NHM in India was launched on 12th April, 2005. It was conceived mainly to provide effective health care to the rural population, especially the disadvantaged groups including women and children, by improving access, enabling community ownership and demand for services, strengthening public health systems for efficient service delivery, enhancing equity and accountability and promoting decentralization. It seeks to provide accessible, affordable and quality health care to the rural population, especially the vulnerable sections. It covers the entire country, with special focus on 18 states where the challenge of strengthening poor public health systems and thereby improve key health indicators is the greatest. These are Uttar Pradesh, Uttaranchal, Madhya Pradesh, Chhattisgarh, Bihar, Jharkhand, Orissa, Rajasthan, Himachal Pradesh, Jammu and Kashmir, Assam, Arunachal Pradesh, Manipur, Meghalaya, Nagaland, Mizoram, Sikkim and Tripura.

NHM is the combination of national programmes, namely, the Reproductive and Child Health II project, (RCH-II) the National Disease Control Programmes and the Integrated Disease Surveillance Project. NRHM also enable the mainstreaming of Ayurvedic, Yoga, Unani, Siddha and Homeopathy Systems of Health (AYUSH).

Health Pyramid of Gujarat

India embarked on its journey to health after independence with a nation-wide network of efficient and effective health services based on what would later be called as the primary health care approach. Services were organized in a bottom up fashion, with a strong rural focus to attend to the needs of the underserved majority.

The primary tier has three types of health care institutions namely, a Sub-Centre (SC) for a population of 3000 to 5000, a Primary Health Centre (PHC) for 20,000 to 30,000 population and a Community Health Centre (CHC) for every 1,00,000 population.

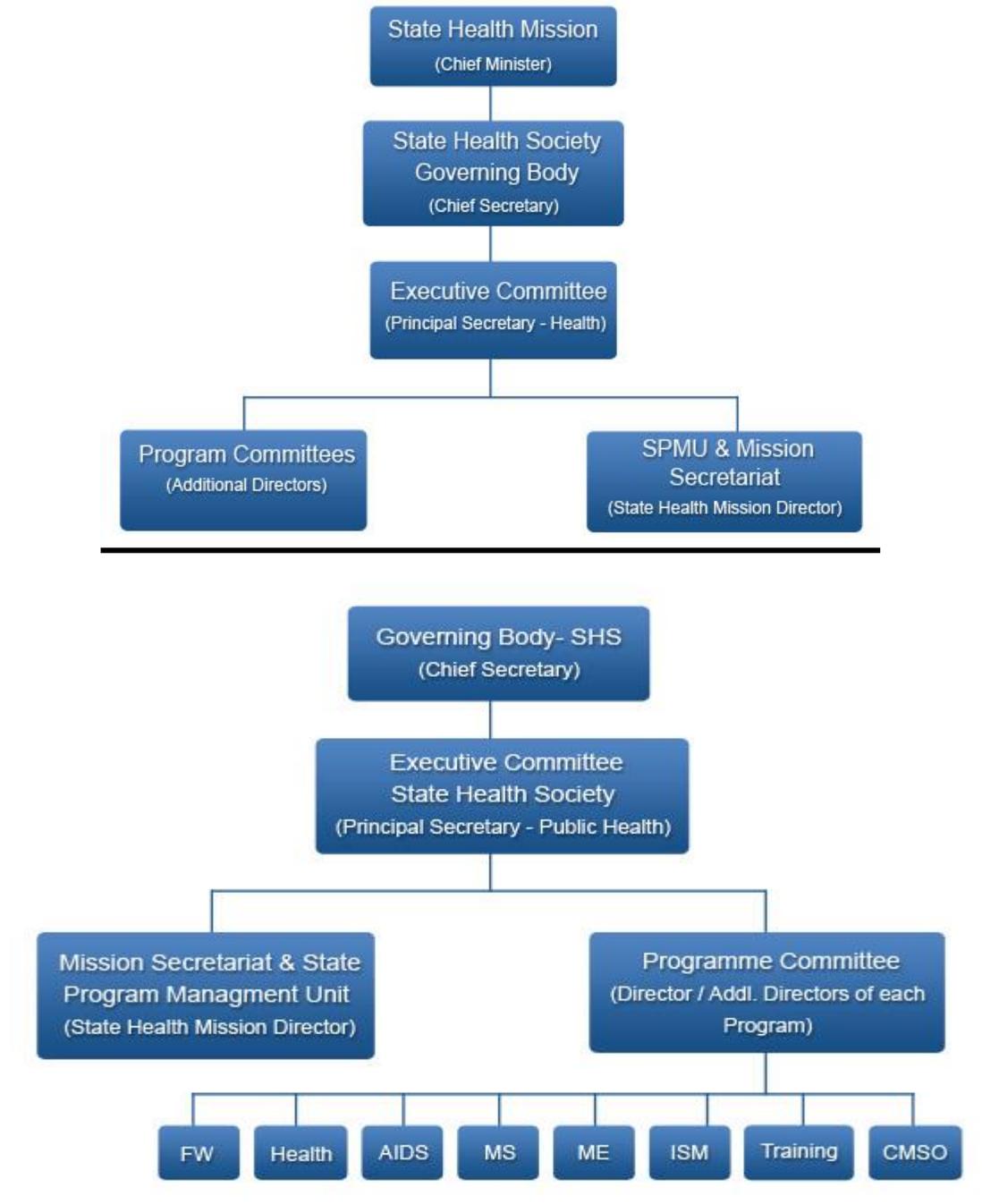
The district hospitals function as the secondary tier of care for the rural population. Tertiary health care is provided by highly specialized hospitals and health care institutions that are well equipped with sophisticated diagnostic and investigative facilities.

The health set-up in Gujarat is thus designed in a three-tier fashion:

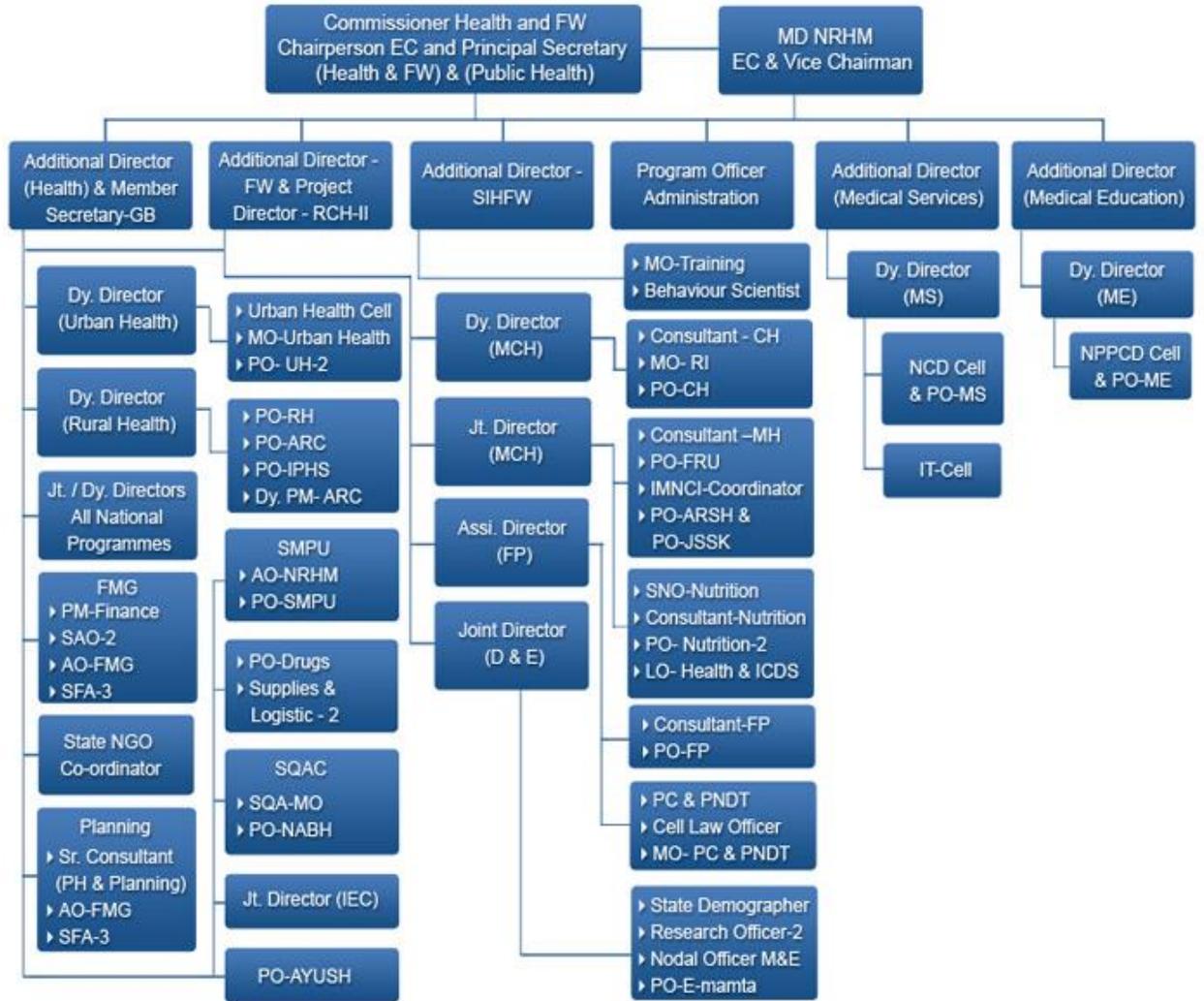


Structure

State Health Mission



Organogram



Demographic, Socio-economic and Health profile of Gujarat State
as compared to India figures

Indicator	Gujarat	India
Total population (In crore) (Census 2011)	6.03	121.01
Decadal Growth (%) (Census 2011)	19.17	17.64
Infant Mortality Rate (SRS 2013)	36	40
Maternal Mortality Rate (SRS 2010-12)	122	178
Total Fertility Rate (SRS 2012)	2.3	2.4
Crude Birth Rate (SRS 2013)	20.8	21.4
Crude Death Rate (SRS 2013)	6.5	7
Natural Growth Rate (SRS 2013)	14.3	14.4
Sex Ratio (Census 2011)	918	940
Child Sex Ratio (Census 2011)	886	914
Schedule Caste population (in crore) (Census 2001)	0.35	16.6
Schedule Tribe population (in crore) (Census 2001)	0.74	8.4
Total Literacy Rate (%) (Census 2011)	79.31	74.04
Male Literacy Rate (%) (Census 2011)	87.23	82.14
Female Literacy Rate (%) (Census 2011)	70.73	65.46

1. INTRODUCTION

Antenatal care (ANC) is the care of the woman during pregnancy. Every day approximately 800 women die globally, from preventable causes related to pregnancy and childbirth. Improving maternal health is one of the eight Millennium Development Goals (MDGs) adopted by the international community in 2000. Under MDG-5, countries are committed to reducing maternal mortality by three quarters between 1990 and 2015.

While India has made considerable progress towards the reduction of Maternal Mortality Ratio(MMR) and Infant Mortality Rate(IMR), the current pace of decline is not sufficient to achieve the goals.¹ In India about 67,000 women die every year due to pregnancy related complications and approximately 13,00,000 infants die within one year of birth.

Maternal and child mortality is expected to be reduced by promoting institutional deliveries. Unfortunately, more than 25% pregnant women still hesitate to access health facilities due to high out-of-pocket expenditure on transport and medical care.

In order to increase accessibility of health care services for pregnant women & sick infants and to reduce out-of-pocket expenditure, Ministry of Health & Family Welfare, Govt. of India has launched a nationwide initiative - Janani Shishu Suraksha Karyakram (JSSK) on June,2011.The scheme provides free entitlements for both pregnant mothers & sick infants accessing public health facilities with the key goal to reduce maternal & infant mortality. Its main aim is to achieve 100% institutional deliveries. The scheme is estimated to benefit more than 12 million pregnant women who access Government health facilities for their delivery.

The scheme envisages free and cashless services to pregnant women throughout pregnancy and also treatment of sick newborns up to 30 days after birth in all level III NICUs in government institutions with the key goal to reduce maternal and child health. Under this initiative, a pregnant woman entitled to **free transport** from home to the government health facility, between facilities (in case of complications) and facility to home after 48 hours of delivery. It also include **free drugs and consumables, free diagnostics, free blood** wherever required and **free diet** for the duration of a woman's stay in the facility (3 days in case of a normal delivery and 7 days in case of a caesarean section).

Similar entitlements have been put in place for all sick newborns accessing government institutions for healthcare till 30 days after birth and also are entitled to free treatment besides free transport. The scheme is fully sponsored by the Central Government.

Newborn care facilities at different levels

Health Facility	All neo born at birth	Sick neo born
PHC/SC	Newborn care corners in labour room.	Prompt referral
CHC/FRU	Newborn care corners in labour room and in operation theatre.	NBSU
District Hospital	Newborn care corners in labour room and in operation theatre.	SNSU

ENTITLEMENT PROVIDED UNDER JSSK:-

For Pregnant Women:-

Free normal vaginal delivery

Free caesarean section

Free drugs and consumables

Free diagnostics

Free diet for

Free provision of blood

Exemption from user charges

Free transport from home to health institute

Free referral transport between health facilities

Free drop back from facility to home after delivery

For Sick Newborn:-

Free treatment

Free drugs and consumables

Free diagnostics

Free provision of blood

Exemption from user charges

Free transport from home to health facility

Free referral transport between health facilities

Free drop back from health facility to home

Drugs and Consumables: -

Sufficient stock of drugs as per EDL should be available at all delivery points.

It includes supplements such as IFA are required to the pregnant women during ANC, INC and PNC. The same is also for neonates when they are sick and need urgent and priority treatment.

There is no out of pocket expenditure in MCH services by beneficiary.

Diagnostics: -

Routine diagnostics should be available in all delivery points. During ANC, INC and PNC essential and desirable investigations are require to be conducted free of cost for the pregnant women. . The same is also for neonates when they are sick and need urgent and priority treatment for conditions like pneumonia, infections etc.

Diet: -

Care of mother and baby are essential emmediately after 48 hours because first 48 hours after delivery are vital for detecting any complecations. Mothers guided for breastfeeding and advised for extra calories and fluids which are needed for baby and herself. Diets should be available at health facility, unavailability would be demotivate mothers for institutional delivery.

Blood: -

Free blood transfusion for emergencies and complications of deliveries such as PPH, severe anemia and c-section etc. The relatives and attendants accompanying the pregnant women would be encourage to donate blood for replacement.

Exemption from user charges: -

User charges are levied by many state governments for OPD, admissions, diagnostic tests, blood etc. These add up to the out of pocket expenses.

Referral Transport: -

A significant number of maternal and child death could be saved by providing timely referral transport facility (Home to Health facility, Referral to higher facility and Health facility to Home) to the pregnant women for deliveries(Normal, C-section).

2 REVIEW OF LITERATURE:-

A descriptive study; cross-sectional study was conducted in rural area in North 24 Parganas district, West Bengal to assess Awareness about JSSK among the pregnant mothers in a.

.All Antenatal Care registered pregnant women in the study area during the study period were interviewed using predesigned &pre- collection form. On analysis Overall 68.75% mothers found to have poor awareness regarding free entitlements of JSSK. Only 18.75% mothers were aware about free normal vaginal delivery and free drugs and consumables each. None of the respondents were aware about free caesarean section, free provision of blood for mother and sick infant. Each of 10.42% respondents was aware about free treatment for sick infant and free drugs and consumables for sick infants. Overall 58.33% mothers were aware about free diet during stay in the health facility.

A Kaushik et al. (2010) conducted a study regarding the awareness of JSY among antenatal women in a rural area of Varanasi which showed that, 76% of the women were aware about the fact that there is a provision for monetary benefit from the Government for those women who deliver in a public health facility.

A study conducted in a rural area of Dehradun by Sharma et al. (2012) showed that the awareness of JSY among women residing in rural areas was 79%.Age, educational status, occupation, socio- economic status and place of residence showed a significant statistical association with the level of awareness.

A hospital based study by Lokesh et al. (2013) in Hassan showed that the awareness about 108 ambulance services was 72.7%.

A cross sectional study was conducted by Mohapatra et al. (2008) on assessment of the functioning and impact of Janani Suraksha Yojana in Orissa, revealed that Health Worker Female and Accredited Social Health Activists were playing key roles in generating awareness regarding Janani Suraksha Yojana.

3 RATIONALES

JSSK ensure that each and every pregnant woman and sick neonates up to one month gets timely access to health care services free of cost and without any out of pocket expenses. However, the success of these schemes depends on their utilization by antenatal mothers and utilization depends on how aware are antenatal mothers of these schemes.

There is a need to study the awareness of all maternity benefit schemes like JSSK Schemes that have direct benefits during pregnancy, delivery and post natal period. Hence this study has been conducted with an aim at estimating the level of awareness about JSSK among pregnant mothers.

4 RESEARCH QUESTION:

What is the level of knowledge of pregnant women regarding jssk?

5 OBJECTIVES:

5.1 GENERAL OBJECTIVE

To assess the level knowledge of pregnant women regarding services of JSSK using semi structured pretested.

5.2 SPECIFIC OBJECTIVE

- i. Assess ANC mothers' knowledge on availability and entitlements under JSSK
- ii. Investigate whether ANC mothers' knowledge about JSSK is dependent on the socioeconomic status of the household

6. METHODOLOGY

Study Design: Descriptive cross-sectional study

Study Area: Palanpur Block, Banaskantha district, Gujarat, India

Study period: 15/2/2016 to 16/5/2016

Study Population: All ANC registered pregnant women of Palanpur block during the study period

Recruitment of respondents: From MCH record of U- PHC of palanpur block all ANC registered pregnant women were identified based on inclusion and exclusion criteria there were selected to participate in the study

Inclusion criteria: All ANC registered pregnant women given consent to participate in the study

Exclusion criteria: Pregnant women who were seriously ill, who were not present in the study

Sampling Size: 100 ANC registered pregnant women

Sampling technique: Convenience

Data collection method:

Technique: Interview

Study Tool: Semi structured questionnaire, Interview schedule

Procedure:

- House to house visit and face to face interview of mother was done using questionnaire
- During house visit local ASHA and FHW helped in locating the house.
- Available eligible respondents visited personally .they were explained the purpose of the study and all aspects of confidentiality reassured .informed consent was taken
- Beforehand,. In case a respondent feels tired or uncomfortable, she allowed to take a break, following which survey process can resume. The participants was free to terminate the survey at any time
- Interview was conducted in gujarati lasting for about 15-20 min.

Study variable:

Socio demographic variable: -Age, Caste, Education level, Family type, Gestation period, Parity index of ANC registered women

Knowledge assessment variable: - presence of knowledge about JSSK, source of information, knowledge of JSSK entitlements, service availability, payment mode.

Data analysis tool: Statistically and graphically using Microsoft excel 2007.

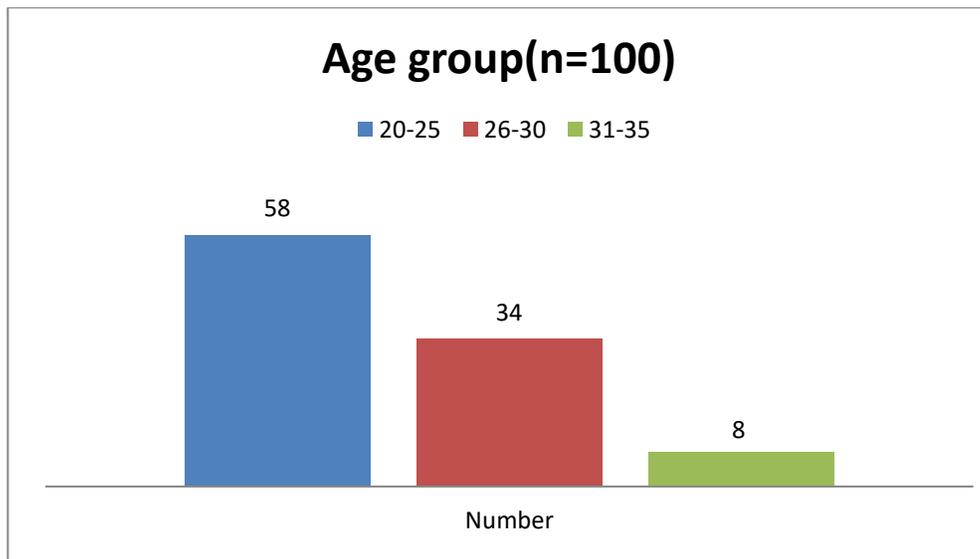
7. RESULTS

The results have been present based on the data collected through questionnaire and analyzed by MS-Excel.

7.1 Age-Group of pregnant women and age group wise knowledge

Age group	20-25	26-30	31-35
Numbers	58	34	8

Table(a) : Age-Group of pregnant women



Fig(a) : Age-Group of pregnant women

Age group	drugs and consumables	diagnostics	blood	diet	Transport for mother from home to facilities	Transport for mother between facilities	drop back from facility to home after delivery	Transport for sick neonates from home to facilities	Referel transport between facilities for child	drop back from health facilities to home.
20-25	26(44.8%)	26(44.8%)	6(10.3%)	29(50%)	41(70.6%)	10(17.2%)	13(22.4%)	11(19%)	9(15.5%)	5(8.6%)
26-30	7(20.5%)	8(23.5%)	2(5.8%)	18(53%)	13(38.2%)	3(8.8%)	4(11.7%)	4(11.7%)	1(2.9%)	3(8.8%)
31-35	2(25%)	2(25%)	2(25%)	5(62.5%)	5(62.5%)	0	1(12.5%)	2(25%)	3(37.5%)	1(2.5%)

Table(b): Age group wise knowledge

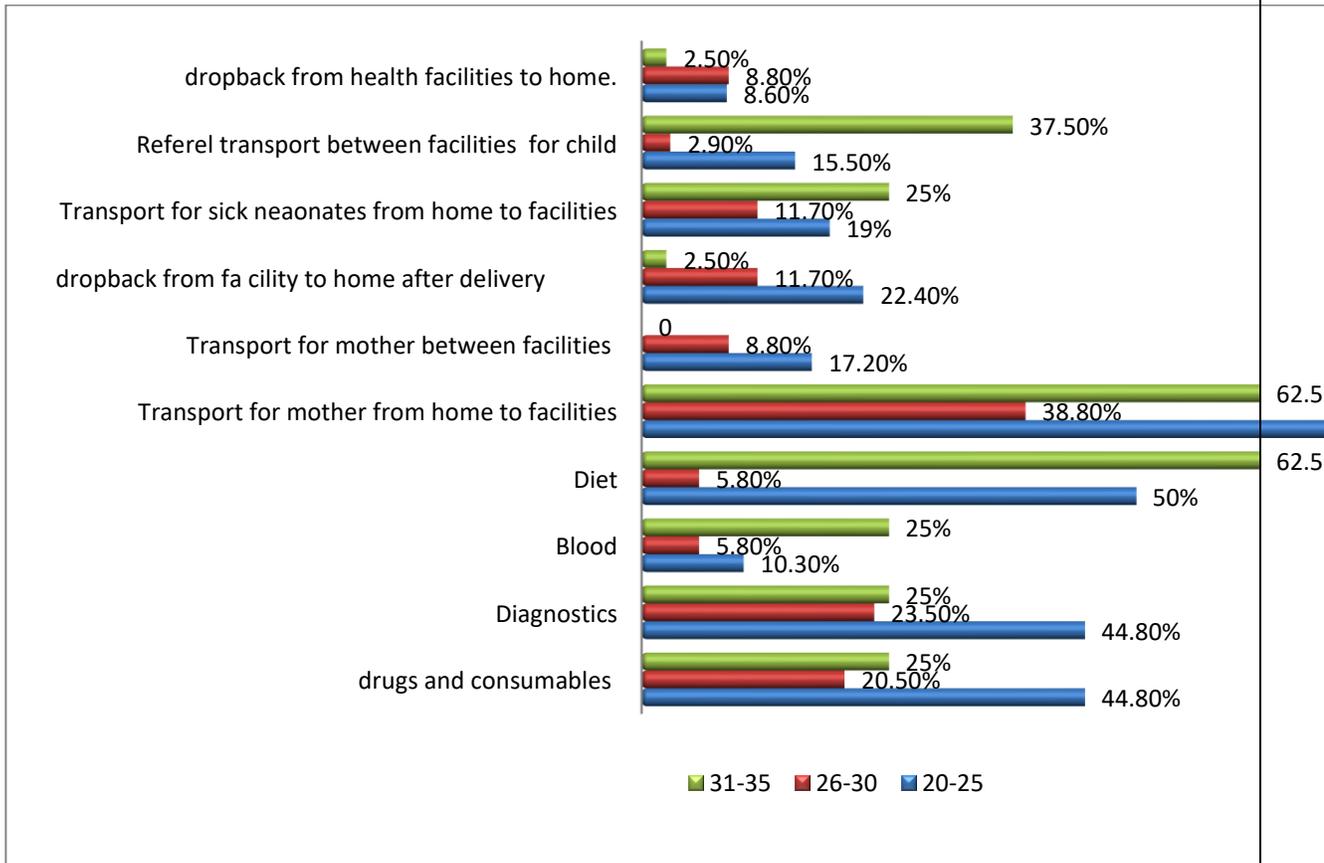


Fig: Age group wise knowledge

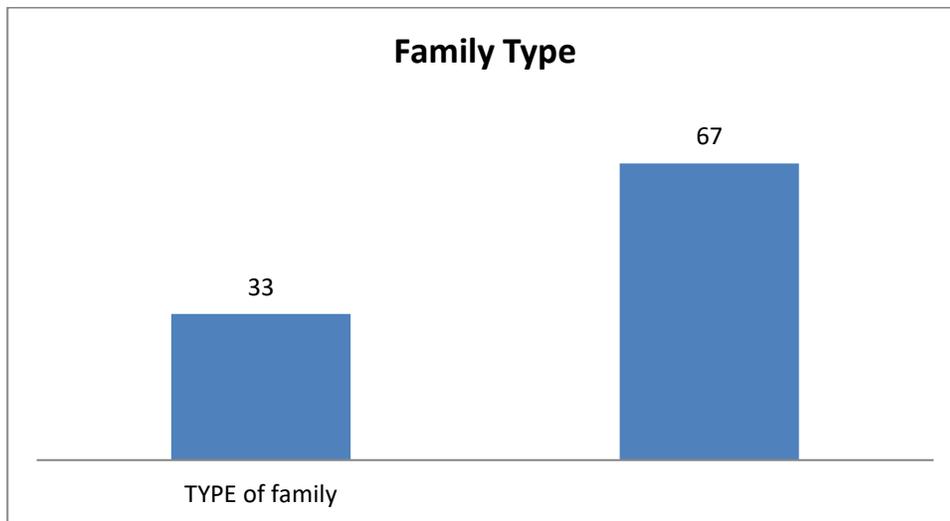
The above both figure show the age-group of pregnant women their knowledge according to age-group.

There was limited knowledge regarding JSSK entitlement such as drugs and consumables, diagnostics, blood, inter facility referral services, drop back facility, referral facility for child and sick neonates. Knowledge about diet and transport facility from home to healthcare centre was present but, however the coverage was average i.e. 52% and 58% respectively. Knowledge coverage was more in 20-25 years age group than other groups.

7.2 Family Type of pregnant women and knowledge a/c to family type

Family type	Nuclear	Joint
Number	33	67

Table(c): Family Type of pregnant women



Fig(c): Family Type of pregnant women

Family type	drugs and consumables	diagnostics	blood	diet	Transport for mother from home to facilities	Transport for mother between facilities	dropback from facility to home after delivery	Transport for sick neonates from home to facilities	Referral transport between facilities for child	dropback from health facilities to home.
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Nuclear	12	16	4	18	18	3	8	9	5	3
Joint	23	20	6	34	41	10	10	9	7	6

Table (d): knowledge a/c to family type

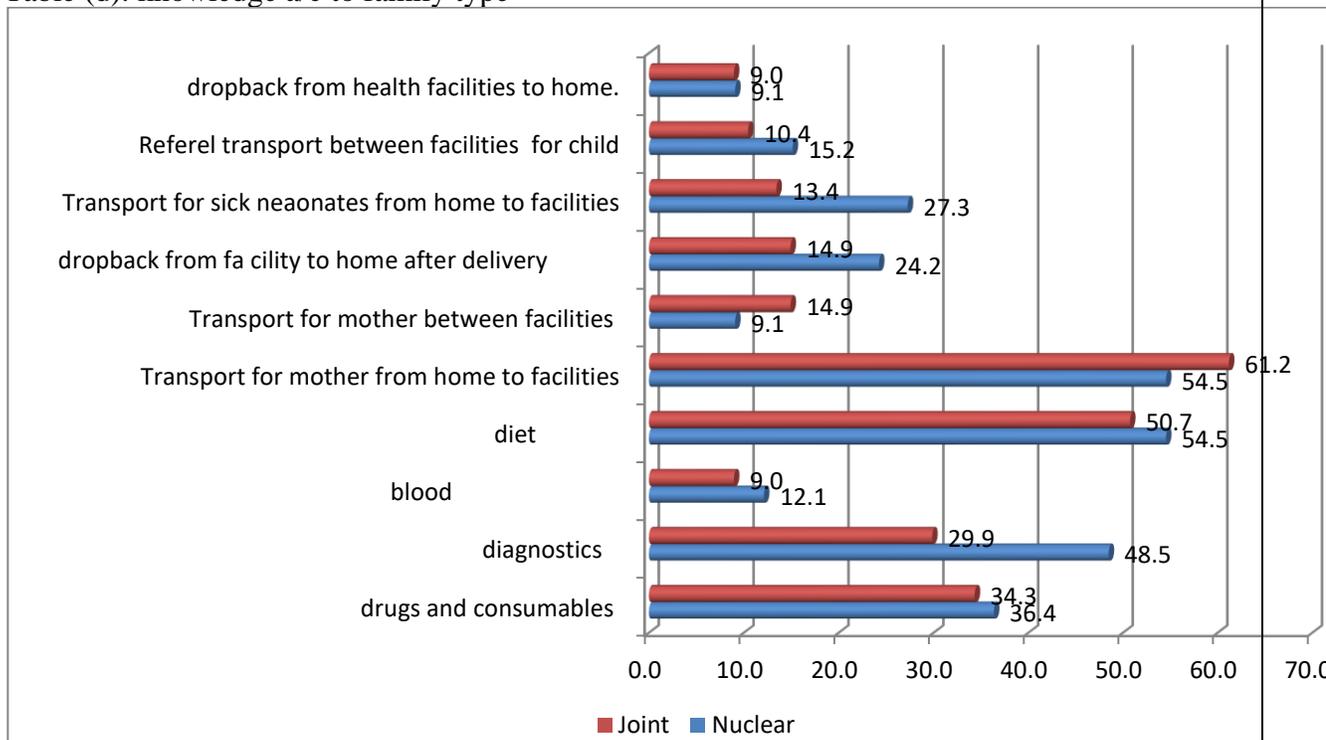


Fig (d): knowledge a/c to family type

The above both figure show the type of family of pregnant women their knowledge according to family type.

Knowledge of entitlement of JSSK were not dependent on type of family.

7.3 Gestation Period of pregnant women and knowledge a/c to gestation period

Gestation period	1 st trimester	2 nd trimester	3 rd trimester
Number	40	44	16

Table (e): Gestation Period of pregnant women

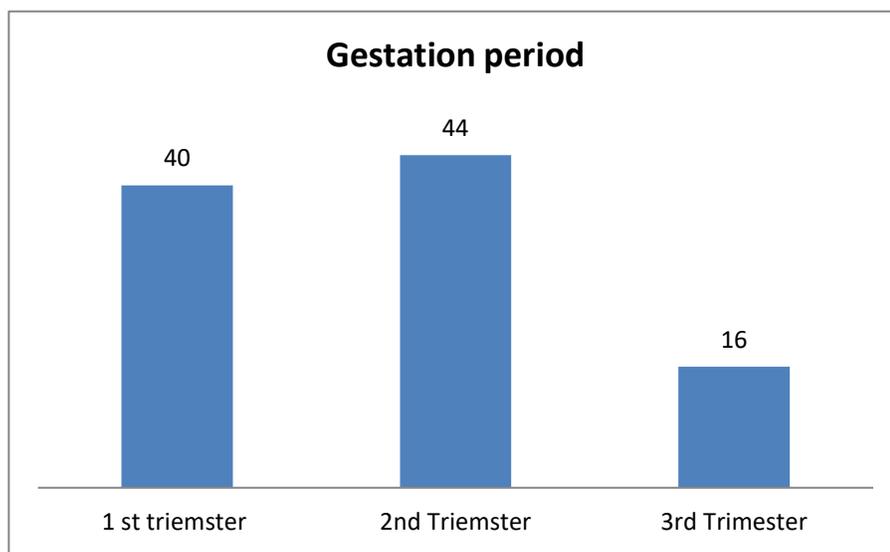


Fig (e): Gestation Period of pregnant women

Gestation period	drugs and consumables	diagnostics	blood	diet	Transport for mother from home to facilities	Transport for mother between facilities	drop back from facility to home after delivery	Transport for sick neonates from home to facilities	Referel transport between facilities for child	dropback from health facilities to home.
1st trimester	20	9	2	14	19	1	1	2	1	2
2nd trimester	12	13	2	25	29	3	4	5	4	15
3rd trimester	3	14	06	13	11	9	13	10	8	8

Table (f): knowledge assessment a/c to gestation period

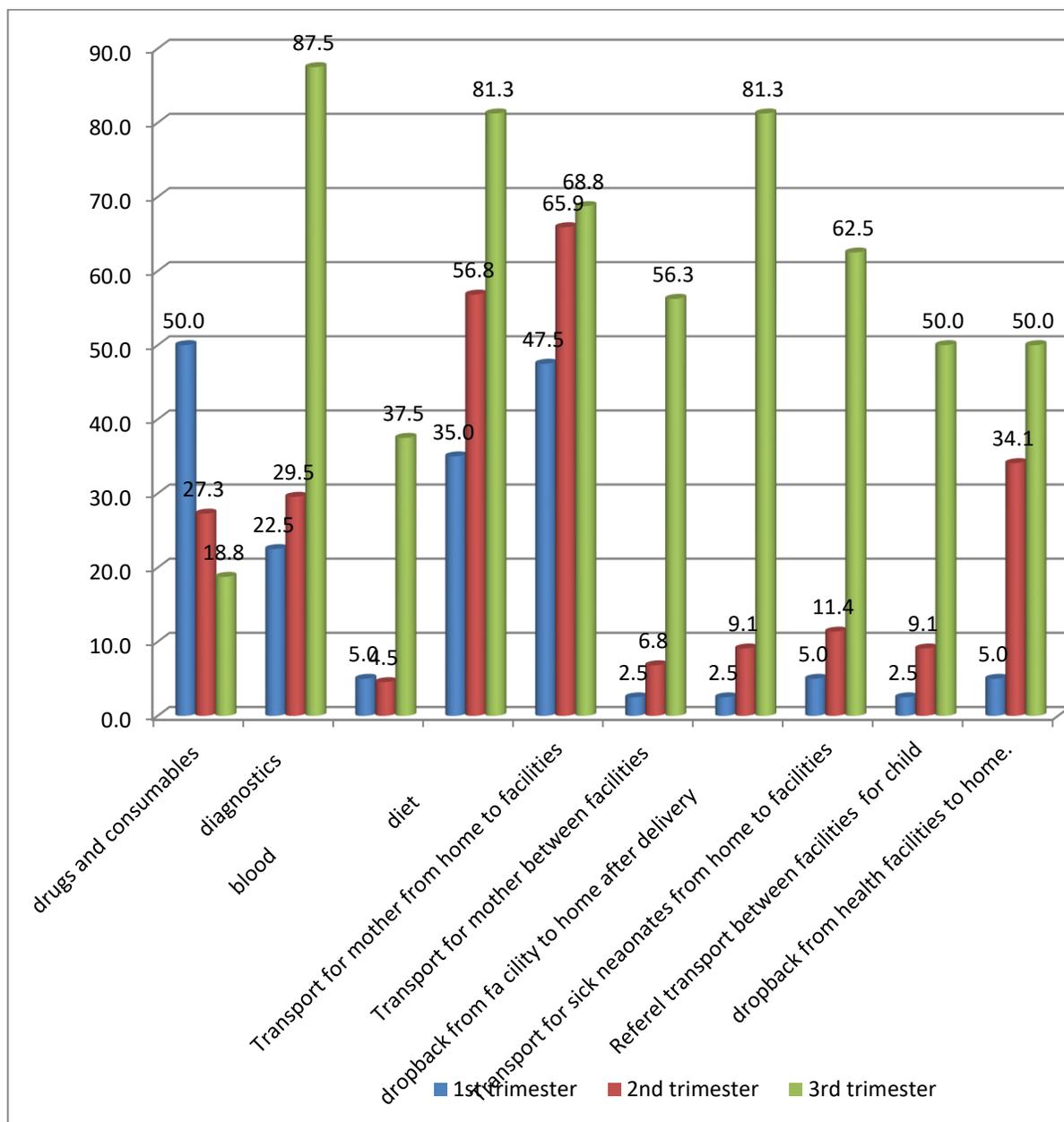


Fig (f): knowledge assessment a/c to gestation period

Awareness of JSSK entitlement were more in ANC in 3rd trimester followed by 2nd and least in 1st moreover knowledge coverage were more than 50% among 3rd trimester women.

7.4 Category of pregnant women and category wise knowledge

Category	General	OBC	SC/ST
Number	17	50	33

Table (g): Category of pregnant women

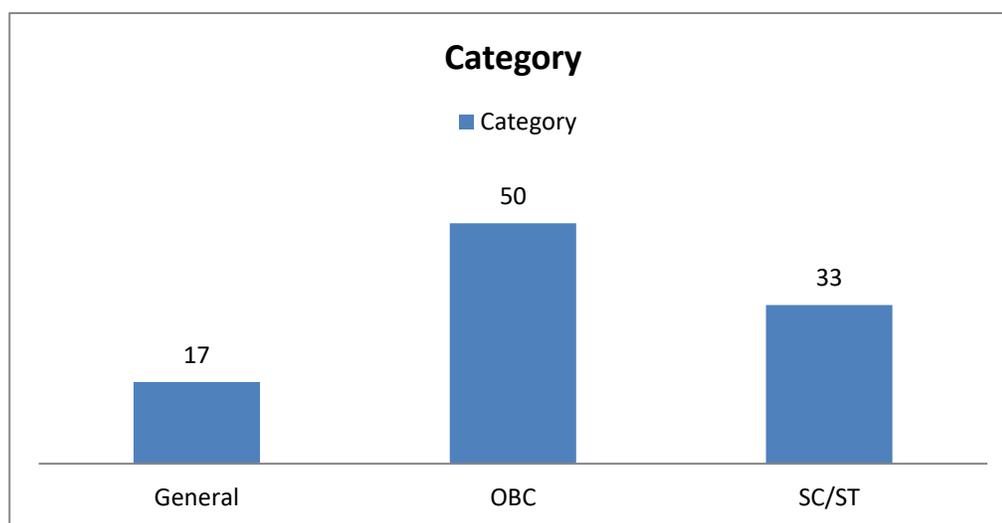


Fig (g): Category of pregnant women

Category	drugs and consumables	diagnostics	blood	diet	Transport for mother from home to facilities	Transport for mother between facilities	drop back from facility to home after delivery	Transport for sick neonates from home to facilities	Referel transport between facilities for child	drop back from health facilities to home.
General	9	10	6	11	12	7	10	9	7	5
OBC	20	8	3	8	31	5	6	6	4	1
SC/ST	6	8	1	11	16	1	2	2	4	3

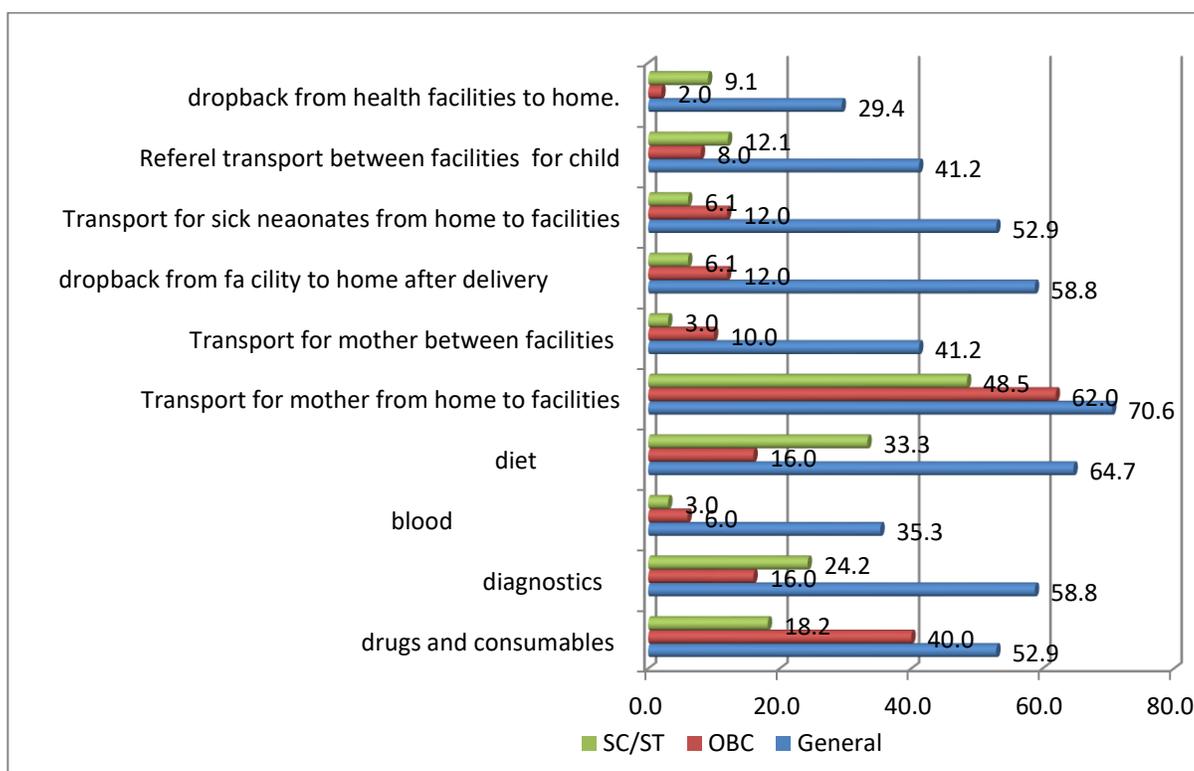


Fig (h): category wise knowledge assessment

The above both figure show the type of category of pregnant women and category wise their knowledge. Out of 100 sample size of pregnant women the maximum no. i.e, 50(50%) belong to OBC however ANC mothers belonging to general category were more aware of entitlements followed by OBC. Very low no. of mothers belonging to SC/ST category had the knowledge.

7.5 Awareness about various entitlements of JSSK

Various free entitlements	No. of pregnant women
Free normal vaginal delivery	35
Free caeserian section	0
Free treatment for sick infant	15
Free drugs and consumables for mothers	33
Free Drugs and consumables for sick infants	15
Free diagnostic for pregnant women	36
Free diagnostic for sick infants	15
Free diet for mother	30

free provision of blood for mother	10
free provision of blood for sick infants	0
Exemption from user charges for mc.	35

Table (i): Awareness about various entitlements of JSSK

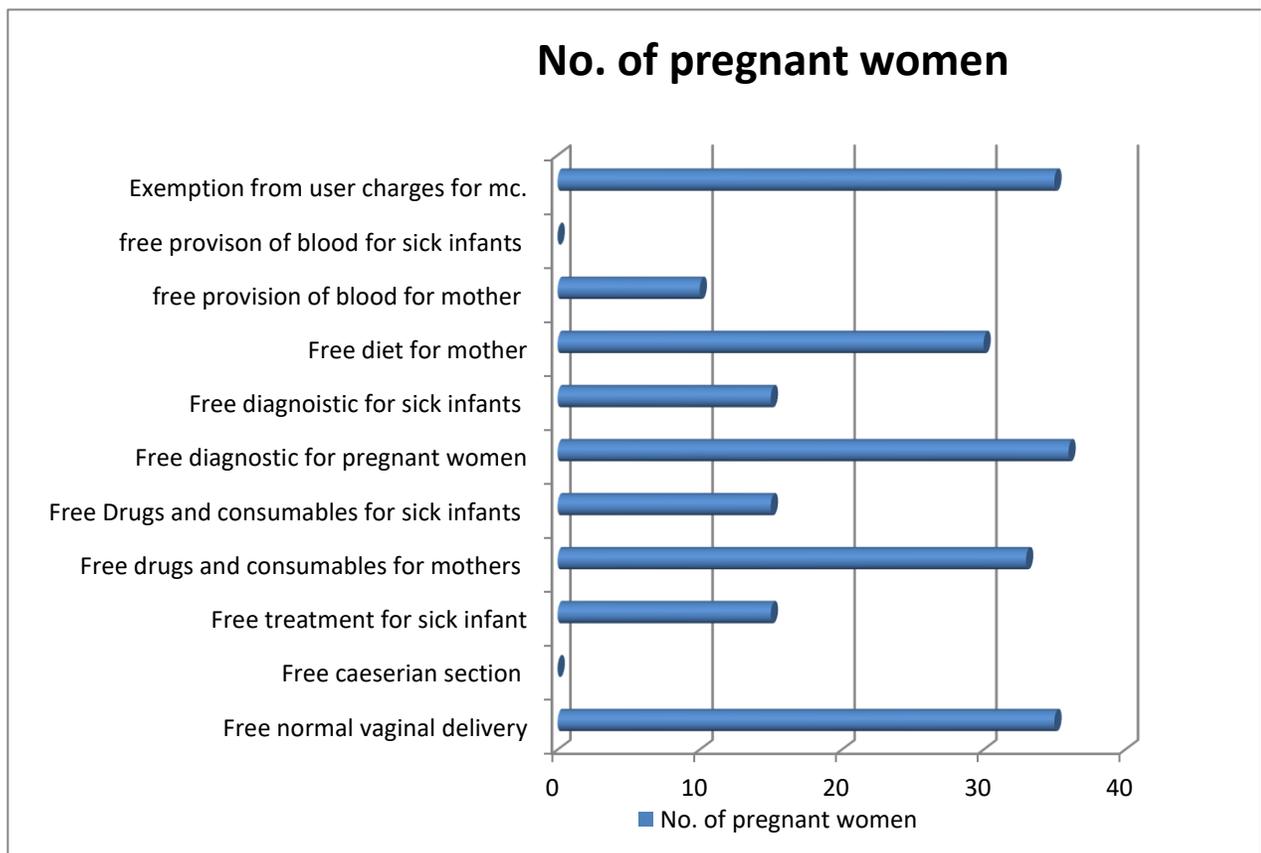


fig (i): Awareness about various entitlements of JSSK

Among all 100 women nearly half were aware about free diet service. Knowledge regarding free normal vaginal delivery, free drugs and consumables for mothers, free diagnostic for pregnant mothers, free diet for mother, exemption from user charges was present in 30 to 40% of respondents. None of the mothers were aware about free caeserian section and free provision of blood for sick infants.

7.6 Awareness about free transport under JSSK

Free transport services	Number of pregnant women
Free referrel transport for mother from home to health institutes	59
free referel transport for mother between health facilities	13
Free dropback from facilities to home after delievry	18
free transport for sick infant from home to health facility.	17
Free refferel transport for sick infant between health facilities	15
Free dropback from health facility to home	9

Table (j): Awareness about free transport under JSSK

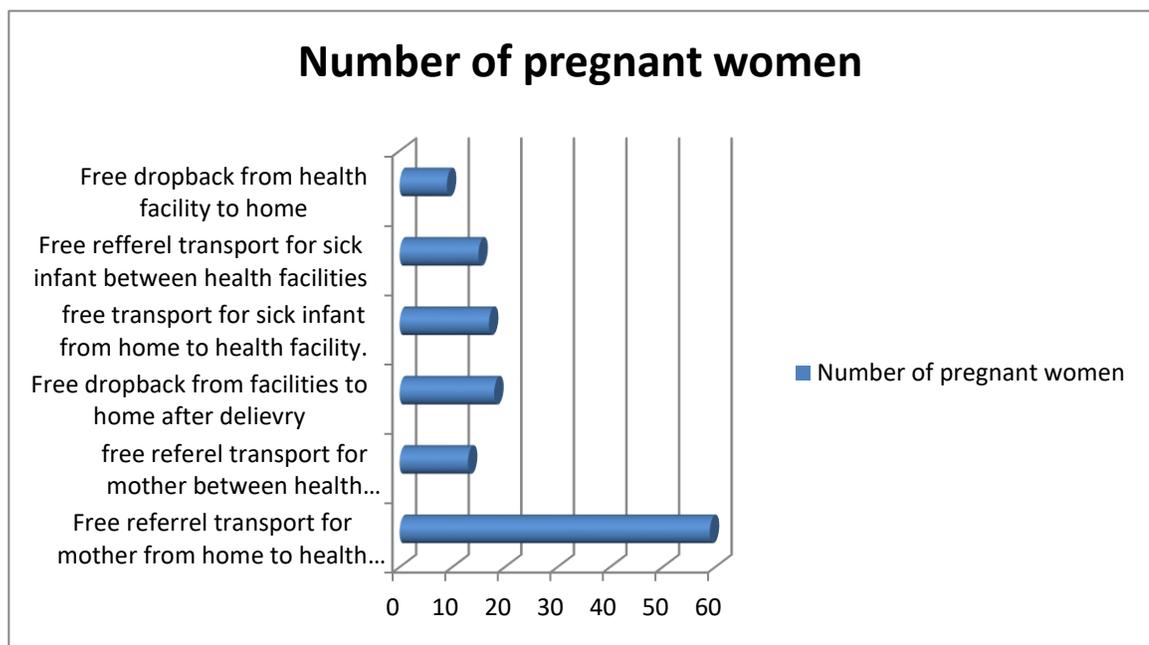


fig (j): Awareness about free transport under JSSK

59% of women were aware about Free referral transport for mother from home to health institutes however remaining transport services were known less than 50% female.

8. DISCUSSION

- Knowledge regarding jssk entitlements was below average among and registered pregnant women in block palanpur
- Those who had knowledge, majority knew about transportation service from home to facility
- There was variation in knowledge with age, gestation period and category.
- Those in age group 20-25, in 3rd trimester, belong to general category were more aware about JSSK entitlements than others.

9. RECOMMENDATION/SUGGESTION

- Awareness campaign for proper utilization of benefit of scheme.
- Counseling by health workers (ASHA, ANM) starting from the initial phase of pregnancy.
- Awareness through different IEC activity.
- Aware beneficiary about JSSK in GRAMSABHA and VHSNC.
- Adequate and proper availability of different entitlement and transport services of JSSK at every PHC and government hospital

10. LIMITATIONS OF THE STUDY:

- Study was limited to 1 province hence the finding could not be generalized to other area/ block
- Time was limited

11. REFERENCES

1. Ministry of Health and Family Welfare, Guidelines for Janani Shishu Suraksha Karyakram (JSSK), Maternal Health Division, Ministry of Health and Family Welfare, Government of India, <http://cghealth.nic.in/ehealth/2011/jssk/GuidelinesforJSSK1.pdf>.
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4. <http://www.ijph.in/article.asp?issn=0019557X;year=2015;volume=59;issue=4;spage=279;epage=285;aualast=Mondal>.
5. <http://www.iosrjournals.org/iosr-jdms/papers/Vol14-issue9/Version-4/A014940105.pdf>

SUPPLEMENTARY FORM

Informed Consent

Namaste! I am from District Health Society, conducting a survey to assess the knowledge of pregnant women about JSSK. My name is Smita Sharma. I would like to thank you for taking the time to meet me.

I would like to ask you some questions about JSSK & entitlements provide under this programme from government for mother & child. The interview will take about 5 minutes. The responses will be kept confidential. This means that the interview responses will be shared only with the research team. Remember, you don't have to talk about anything that you don't want to and you can end the interview at any. However we hope that you will take part in survey since your participation is important.

Do you have any questions about what I just explained?

Interviewer's signature:

Date:

QUESTIONNAIRE

Part A

1. Name:

2. Age:

3. Education: No () Till 5th () 6-8() 9-10() 11-12()
Graduate ()

4. Occupation: yes () no () If yes, mention the
occupation_____

5. Family Type: Nuclear () Joint ()

6. Caste: General () ST () SC () OBC ()

7. ANC visits: 1 () 2 () 3 () 4 ()

8. Gestation period: 1st Trimester () 2nd Trimester () 3rd Trimester ()

9. Address: -

10. Contact number:

PART B

1. Do you know about JSSK?

A:-Yes ()

B:-No ()

2. By whom you know about JSSK?

A: - Health Workers () B: - Friends () C: - Neighbors ()

D: - Relatives () E: - News Paper () F: - T.V G: - Radio ()

3. To whom JSSK services provide?

A: - Pregnant women () B: -Child ()

C: - Both () D: -None ()

4. Are you aware about free entitlements provides under JSSK?

A:-Yes ()

B:-No ()

If yes then

4.1. Which type of services?

A: -Free drugs and consumables () B: - Free diagnostics ()

C: - Free blood () D: - Free diet ()

E: - Free transportation () F: - All ()

5. Do you have any child?

A:-Yes ()

B:-No ()

If yes, then

5.1. How many till now?

A: - One () **B:** - Two ()

C: - Three () **D:** - > Three ()

6. Do you get services of JSSK?

A:-Yes ()

B:-No ()

If yes then

6.1. How many services did you get?

A: Free normal vaginal delivery () **B:** Free caesarean section ()

C: Free diagnostics [mother & child] () **D:** Free diet [mother & child] ()

E: -: Free drugs and consumables [mother & child] ()

F:-Free provision of blood [mother & child] ()

G: -Exemption from user charges [mother & child] ()

H: -Free transport from home to health institute [mother & child] ()

I: -Free referral transport between health facilities [mother & child] ()

J: -Free drop back from facility to home after delivery [mother & child] ()

If no then

6.2. Why not?

7. Earlier where you get services of JSSK?

A: - PHC () **B:** - CHC ()

C: - SC () **D:** - Govt. Hospital ()

8. Have you ever paid money for your delivery?

A:-Yes ()

B:-No ()

If yes then

8.1. Where did you paid?

A: - PHC ()

B: - CHC ()

C: - Govt. Hospital ()

D: - Private Hospital ()