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Role of ASHA to aware about antenatal care and post natal care services are utilized by women beneficiaries registered in JSY (Janani Suraksha yojana) in Samastipur district in Bihar

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Abstract

Mother and child constitute a priority group in a community. Maternal health is a key barometer of a sound and functional health system. Saving mothers benefits their children, their families, communities and countries. This Study was conducted in Samastipur district of Bihar to study analysis of role of ASHA (Accredited Social Health Activists) to aware about utilization of antenatal care and post natal care services by women beneficiaries registered in JSY scheme. The finding of study showed that 90 per cent of women beneficiaries utilize IFA tablets distributed by ASHA workers provided in JSY scheme followed by 55 per cent women beneficiaries have not aware about examine blood and urine during pregnancy, caste, age and knowledge about ASHA workers and knowledge about cash assistance and attitude there was corresponding influence to utilize service provided in JSY scheme during antenatal stage. 95 per cent JSY women beneficiaries utilize post natal services like BCG immunizes arranged by ASHA workers for new born baby followed by 61.7 per cent women beneficiaries have not aware regarding ASHA workers helps in immunization programmes and village health planning. Education, family annual income and knowledge about cash assistance there was corresponding influence to utilize service provided in JSY scheme during postnatal stagey.

Keywords: ASHA, ANC, PNC, JSY

Introduction

Quality of care received by the mother and baby depend upon the place of delivery. If proper care is not taken during this child bearing process, it affects the overall health, especially the reproductive health of the women as well as the health of the new born child. Recognizing the importance of health in the process of social and economic development of our country and improving the quality of life of pregnant mothers, Government of India launched National Rural Health Mission (NRHM) in 2005, with the mission to improve the availability of health care facility for pregnant mothers and also to improve their access to quality health care. Janani Suraksha Yojana (JSY) is a 100% centrally sponsored scheme under NRHM and is being implemented in all states and union territory. Under this scheme, there is provision for cash assistance at delivery and during the post delivery period. Under this scheme entitlements such as free of charge delivery, free transportation between homes and health institutions, free diets during stays at hospitals, free provision of blood, drugs and consumables were provided to pregnant women and sick-new born who chose to undertake institutional delivery under proper healthcare facilities It is a demand and supply side pay for programme for promoting safe delivery. JSY introduced a cadre of grass root workers, called ASHA (Accredited Social Health Activist) who serve as a link between the government and pregnant women. The scheme has ASHA as a key functionary for providing services and functioning as a link between healthcare delivery systems and the pregnant women. Each beneficiary registered under the scheme receives cash assistance for institutional delivery irrespective of parity and socioeconomic status. The ASHA also gets cash assistance for accompanying the pregnant women to the institution (referral transport) and cash incentive after postnatal visit and BCG immunization of the child. The scheme is specifically targeted at schedule caste and schedule tribe (SC/ST), urban slum and rural poor population.

Objective

1. Role of ASHA to aware about utilization of antenatal care and post natal care services by women beneficiaries registered in JSY scheme.

Methodology

There are 20 blocks in Samastipur district out of which two blocks viz. Pusa and Kalyanpur were selected purposively. Out of these two blocks four villages from each block were selected randomly for study. From Pusa Block, Harpur and Mahmadda were selected and from Kalyanpur block, saidpur and Malinagar were selected purposively. 30 beneficiaries from Pusa block and 30 beneficiaries from Kalyanpur block

were selected as sample for data Collection. The data were collected with the help of a personal interview scheduled. The selected respondents were interviewed personally with the help of a well structured and personal interview schedule in order to get relevant information and to draw conclusion.

Results and Discussion

Table 1: Antenatal service utilization pattern provided by JSY scheme

SI. NO	Categories	Respondents (n=60)	
		Yes (%)	No (%)
1	ASHA registers beneficiary name after pregnancy was confirmed	52 (86.7)	8 (13.4)
2	Create awareness on health	45 (75)	15 (25)
3	Provide ANC care / check up	39 (65)	21 (35)
4	IFA tablet distribution by ASHA workers	54 (90)	6 (10)
5	Weight measure	47 (78.3)	13 (21.7)
6	Provide information regarding hygiene	28 (46.7)	32 (53.4)
7	ANM gives TT injection according to schedule	53 (88.3)	7 (11.7)
8	ANM examine blood and urine of pregnant women	27 (45)	33 (55)
9	Counseling for take nutritional diet	31 (51.7)	29 (48.4)
10	ASHA helps to arranging the transport for institutional delivery	47 (78.4)	13 (21.7)

Table 1 showed that 90 per cent of women beneficiaries utilize IFA tablets distributed by ASHA workers provided in JSY scheme followed by 55 per cent women beneficiaries have not aware about examine blood and urine during pregnancy.

0.224*) were found to be negative and caste ($r = 0.230^*$) and knowledge about cash assistance ($r = 0.348^*$), Knowledge about ASHA ($r = 0.701^{**}$) and attitude ($r = 0.548^{**}$) found positive and significant correlation at 5 and 1 per cent respectively. The variables education ($r = -0.165$), Source of information utilized ($r = -0.142$) and were found to be negative and non-significant while all other variables were positive but non-significant. This indicated that with the caste, age and knowledge about ASHA workers and knowledge about cash assistance and attitude there was corresponding influence to utilize service provided in JSY scheme during antenatal stage.

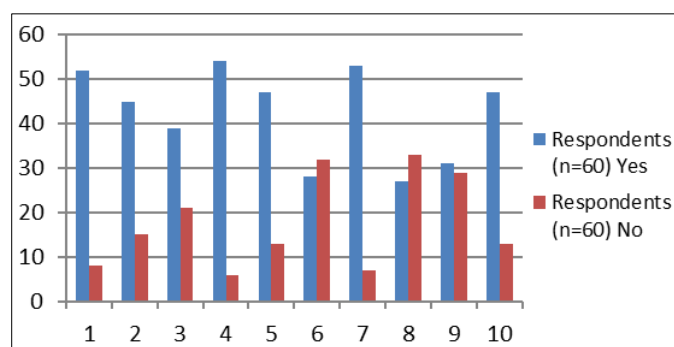


Fig 1: Antenatal service utilization by women beneficiaries.

Table 3: Post natal service utilization pattern provided by JSY scheme.

Table 2: Coefficient of correlation between natures of antenatal service utilization pattern of women beneficiaries in JSY scheme with selected socio-economic characteristics

Variables	Value of "r" Antenatal service utilization
Age	-0.224*
Caste	0.230*
Education	-0.165
Family annual income	0.263*
Source of information utilized (SIU)	-0.142
Knowledge about JSY scheme	0.078
Knowledge about cash assistance	0.348*
Knowledge about ASHA	0.701**
Knowledge about timing of registration	0.032
Attitude	0.548**

*= Significant at 5% level of probability. **= Significant at 1% level of probability.

SI. NO	Categories	Respondents (n=60)	
		Yes (%)	No (%)
1	Registration of child birth and death	35 (58.4)	25 (41.7)
2	Arranged BCG immunizes for newborn baby	57 (95)	3 (5)
3	Receive cash incentive money	42 (70)	18 (30)
4	Counseling regarding newborn baby care and oiling	47 (78.4)	13 (21.7)
5	Provides medicines simple illness like cold, cough, diarrhea, fever	27 (45)	33 (55)
6	ASHA gives ordinary bandage and ORS powder	31 (51.7)	29 (48.4)
7	Helps in immunization programmers and village health planning	23 (38.4)	37 (61.7)
8	Promote good health practices and basic sanitation and hygiene	45 (75)	15 (25)
9	Counseling for take nutritional diet and green vegetables	37 (61.7)	23 (38.4)
10	Counseling regarding family planning	53 (88.4)	7 (11.7)

Table 2 indicates the correlation coefficient between selected socio economic characteristics and personal profile with dependent variables i.e. Antenatal service utilized by women beneficiaries. Among different independent variables age ($r =$

Table 3 showed that 95 per cent JSY women beneficiaries utilize post natal services like BCG immunizes arranged by ASHA workers for new born baby followed by 61.7 per cent women beneficiaries have not aware regarding ASHA workers helps in immunization programmes and village health planning.

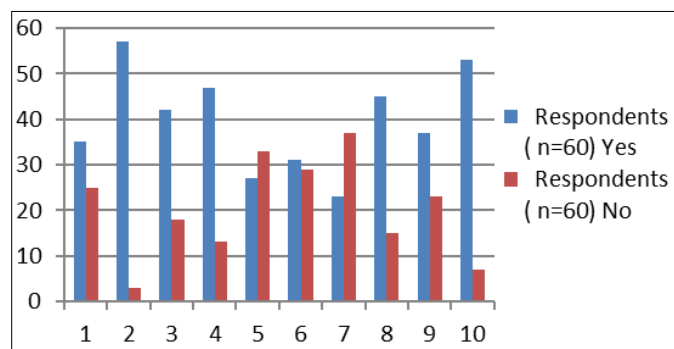


Fig 4: Post natal service utilization by women beneficiaries.

Table 4: Coefficient of correlation between natures of postnatal of service utilization pattern of women beneficiaries in JSY scheme with selected socio-economic characteristics

Variables	Value of "r postnatal service utilization"
Age	-0.064
Caste	-0.136
Education	0.645**
Family annual income	-0.227*
Social participation	-0.130
Knowledge about JSY scheme	-0.052
Knowledge about cash assistance	0.332*
Knowledge about ASHA	-0.067
Knowledge about timing of registration	0.098
Attitude	0.033

*= Significant at 5% level of probability **= Significant at 1% level of probability.

Table 4 indicates the correlation coefficient between selected socio economic characteristics and personal profile with dependent variables *i.e.* Postnatal service utilized by women beneficiaries. Among different independent variables education

($r = 0.645^{**}$) family annual income ($r = -0.227^{*}$) and knowledge about cash assistance ($r = 0.332^{*}$) were found to be significant correlation at 5 and 1 per cent respectively. The variables knowledge about timing of registration ($r = 0.098$) and attitude ($r = 0.033$) were found to be positive and non-significant while all other variables were negative but non-significant.

This indicated that with the education, family annual income and knowledge about cash assistance there was corresponding influence to utilize service provided in JSY scheme during postnatal stage.

Conclusion

For effective implementation of JSY scheme the frequency of visit by the medical supervisor and ANM should be increased. The ASHA and ANM need to be given training about motivates the family members and beneficiaries for promoting institutional delivery and helps them to well care during antenatal and postnatal stage. In Aaganwadi centres need to given basic medical kit facilities and easily available for respondents. The major constraint is required to overcome for effective services utilized by the women beneficiaries with the aims to decrease the neo-natal and maternal deaths happening in the country by promoting institutional delivery.

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