ORIGINAL RESEARCH ARTICLE

Effectiveness of information booklet regarding government health schemes among registered antenatal women, Haryana, India

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ABSTRACT

Background -The high number of maternal deaths in the poor and underdeveloped areas of the world shows the inadequate access to health services and brings to focus the ever widening gap between the rich and poor. Improving maternal health is one of the eight Millennium Development Goals adopted by the international community in 2000. Maternal morbidity and mortality can be reduced by giving proper education, awareness, preventative and promotive health care specially by promoting early registration, regular antenatal check-ups and institutional deliveries. **Aims:** To assess the effectiveness of information booklet on level of knowledge regarding government health schemes for mothers having less than five yea children among registered antenatal women. .**Methods and Methodology:** The study was conducted using convenient sampling. Total 60 registered antenatal women were taken from urban area ,Rohtak, Haryanaa. They were fulfilling inclusion and exclusion criteria. Semi structured self-made questionnaire regarding government health schemes related to mothers and less than five years children were used**.** Data was analysed using SPSS software version 20. **Results**: There were significant difference was found between pre and post assessment secession. **Conclusion** :The self-developed Semi Structured Questionnaire and information booklet can utilized as tool for enhancing awareness and improving maternal and child health and reducing mortality and morbidity of maternal and child.cts.

Keywords: UIP, JSSK, JSY, PMSMA, Maternity, Child health, Knowledge,Awareness.

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INTRODUCTION

Mother and child health status reflect upon a nation's economic and social standards. The high number of maternal deaths in the poor and underdeveloped areas of the world shows the inadequate access to health services and brings to focus the ever widening gap between the rich and poor. This is evident by the high maternal mortality ratio in developing countries in 2015, which was 239 per 100000 live births compared to 12 per 100000 live births in developed countries. But India has reduced the Maternal Mortality Ratio (MMR) from 301 per 100000 live births in 2001-03 to 254 in 2004-06 and further to 212 in 2007-09 and 178 in 2010-12.Pregnancy is a vital occurrence in the life of a woman. During pregnancy, it is essential for the woman to get optimum medical care and access to appropriate health services. The government has introduced fully funded maternal health benefit systems that encompass the complete well-being of

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the mother. Maternal health includes the well-being of women during pregnancy, labor, and the postpartum period. Access to sufficient healthcare (Park,2010 & Sharma,2007) can greatly enhance the gratifying nature of pregnancy . Safe parenting has the potential to avert a significant number of infant deaths. Maternal mortality can be prevented by implementing antenatal and community-based interventions, ensuring that women have easy access to high-quality critical obstetric care, and providing them with sufficient information about the available maternal health benefits (UNPD) programmes in the country.A study conducted by Kumar (2005) in rural areas of Andhra Pradesh, Gujarat, Bihar, and Rajasthan found that mothers who had two to five ANC visits were more likely to give birth in a medical institution compared to mothers who did not have any antenatal check-ups . Kumar et al. (1997) found that just 2.8% of moms were aware of at least one objective of prenatal care, although 98.2% of women had sought antenatal care from health workers. The delivery was carried out by traditional birth attendants in 76.1% of instances at the sub centre, 75.6% in villages without a health centre, and 49.8% (10) in the PHC village.

The World Health Organisation (WHO) in 2010 advised that a minimum of four prenatal visits should be made throughout each pregnancy. However, data from WHO between 2005 and 2010 reveals that only 53% of pregnant women globally, specifically in low-income countries, actually attended the recommended four antenatal visits. Approximately half of the women in low- and middle-income countries did not receive sufficient prenatal care (GLJSSY,2023).

“The child is god’s gift to the family. Each child is created in the special image and likeness of God for greater things; to love and to be loved.” Make every mother and child count” reflects the need for today. Government and international community make the health of women and children a higher priority. The wellbeing of societies is directly linked to health and survival of mother and children. When mothers survive and thrive their children survive and thrive. When both mothers and children survive and thrive the societies in which they live prosper. Mothers 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 case of women, growth, development and survival in case of infants and children. Where 50% of all death in developed world occur among people over 70, the same proportion of death are occur among children during first 5 years of life in developing world.(Priya et al,2016)

Some of the major health challenges that the Government of India (GOI) is addressing include the interlinked issues of poor maternal nutrition, low birth weight, and high child morbidity and mortality. Poor infant and young child feeding practices coupled with high rates of infection are the proximate causes of malnutrition in the first two years of life, and malnutrition is an underlying cause for up to 50 percent of all under-five deaths. 1 So the integrated child development scheme (ICDS) was initiated nearly 35 years ago, in October 1975, in response to the evident problems of persistent hunger and malnutrition especially among children under the age of 6 years. Since then, ICDS has grown to become the world's largest early child development programme which offers a package of health, nutrition and education services to the children below 6 years, pregnant and nursing.(Elayarani et al 2016)

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NRHM) being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women. In view of the difficulty being faced by the pregnant women and parents of sick new- born along-with high expenditure on delivery and treatment of sick- new-born, Ministry of health and Family Welfare (MoHFW) has taken a major initiative to ensure better facilities for women and child health services. It is an initiative to provide completely free and cashless services to pregnant women including normal deliveries and caesarean operations and sick new born(up to 30 days after birth) in Government health institutions in both rural & urban areas. Government of India has launched Janani Shishu Suraksha Karyakaram (JSSK) on 1st June, 2011.The scheme is estimated to benefit more than 12 million pregnant women who access Government health facilities for their delivery. It is an initiative with a hope that states would come forward and ensure that benefits under JSSK would reach every needy pregnant woman coming to government institutional facility. All the States and UTs have initiated implementation of the scheme.

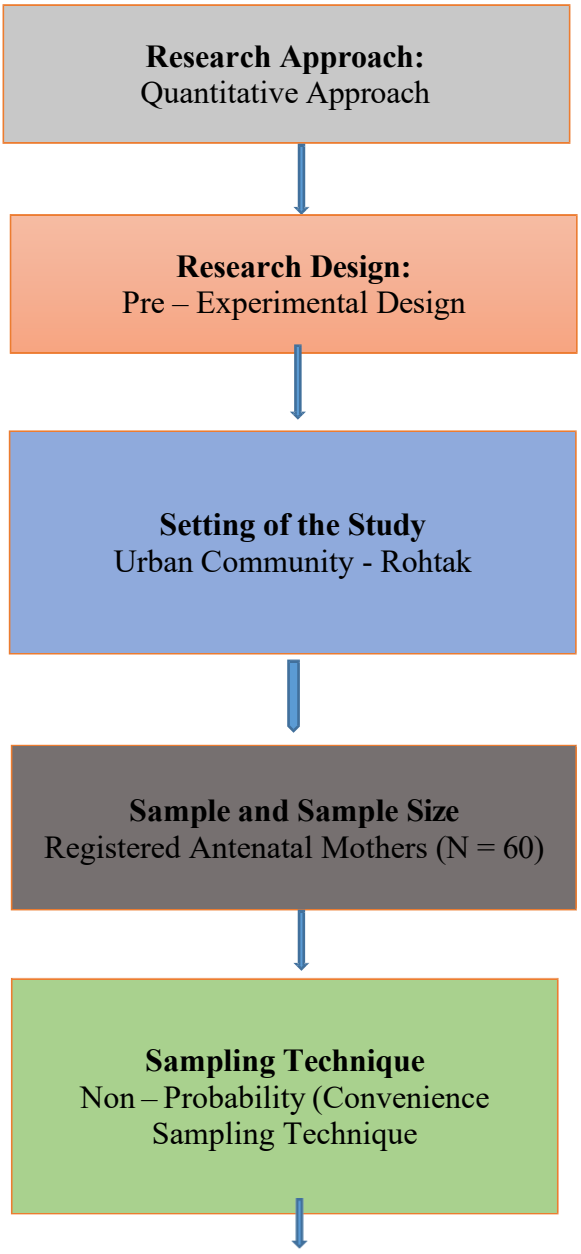
The Pradhan Mantri Surakshit Matritva Abhiyan has been launched by the Ministry of Health & Family Welfare (MoHFW), Government of India.The program aims to provide assured, comprehensive and quality antenatal care, free of cost, universally to all pregnant women on the 9th of every month. PMSMA guarantees a minimum package of antenatal care services to women in

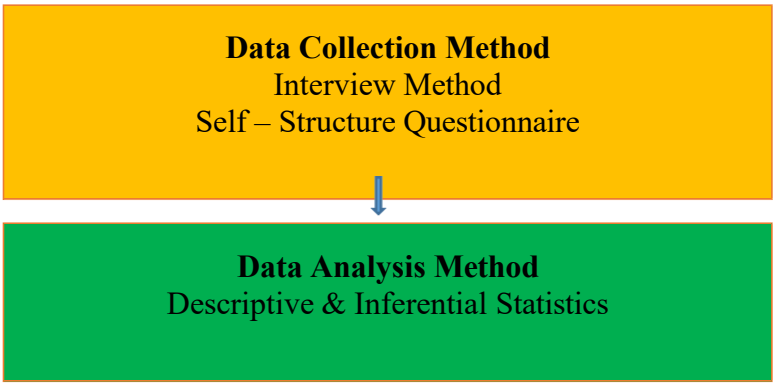
their 2nd / 3rd trimesters of pregnancy at designated government health facilities The programme follows a systematic approach for engagement with private sector which includes motivating private practitioners to volunteer for the campaign developing strategies for generating awareness and appealing to the private sector to participate in the Abhiyan at government health facilities.

AIMS: The main aim of the current study was to evaluate the effectiveness of information booklet on knowledge regarding various government health schemes for mothers and under five children among the registered antenatal women of urban community, Rohtak. Haryana, India.

OBJECTIVE(I) To find association between demographic characteristics and level of knowledge about government health schemes related to mothers and under five children among registered antenatal women.(a) Level of Association between Pre – Test Level of Knowledge about government health schemes related to mothers and under five children with selected Socio – Demographic Variables.(b) Level of Association between Post – Test Level of Knowledge about government health schemes related to mothers and under five children with selected Socio – Demographic Variables.

Research methodology





Research variable and design: (a) Independent variable: Information booklet regarding various government health schemes.(b) **Dependent variable:** level of knowledge regarding various government health schemes.
To evaluate the effectiveness of information booklet on knowledge regarding various government health schemes related to mothers and under five children among the registered antenatal women of urban community, the design adopted in this study was Pre – Experimental Research Design.

Pre – Test	**Information Booklet**	**Post - Test**
0_1	X	0_2

Inclusion and Exclusion criteria: (a) Registered antenatal women having less than five years children in urban community Rohtak.(b)Registered antenatal women who are available at the time of data collection. **Exclusion criteria:** Antenatal women who are not registered in urban community Rohtak

Data collection Tools for data collection: –

A: Demographic characteristics of the samples.(Age, Education, Occupation, Total Monthly Family Income, Gravida of the Mother, Family Type etc.

Section – B: Self Developed **Semi** Structured knowledge questionnaire regarding government health schemes related to mothers and under five children**.** Section B consists of 31 questions. In these questions first four questions were related to awareness regarding various government health schemes related to mothers and under five children. Question number 5 to question number 31 were about benefits of the government health schemes related to mothers and under five children.

SCORING AND INTERPRETATIONS OF THE TOOL:

Score	**Level of Knowledge**
0 – 9	**Inadequate Knowledge**
10 – 18	**Moderate Knowledge**

19 – 27	**Adequate Knowledge**

SCORING KEY: With one correct response, score one is given. The respondent was requested to tick mark against the correct responses. For wrong answer score zero was given. Total score was 27.

(C) Informational booklet: Informational booklet is prepared for registered antenatal women on knowledge regarding government health schemes for mothers and under five children and is given to the study samples after administration of knowledge questionnaire.

Procedure: Formal permission to conduct the study was obtained from the concerned authorities. The period of data collection was four weeks. In order to obtain a free and true response the subjects were explained about the confidentiality of their response that will be provided. The study was carried out on 60 registered antenatal women who fulfilled the inclusion criteria, the sample were selected by using non probability convenient sampling technique. Pre-test was conducted by structured knowledge questionnaire Information booklet was given to registered antenatal women followed by the pretest. After 8 days again post-test was taken, using the same structured questionnaire which was used for pretest The effectiveness of information booklet was assessed on the basis of their written answer of the knowledge questionnaire. During the data collecting period the researcher maintained good support with registered antenatal mothers. With their full co-operation the researcher will complete data collection successfully

VALIDITY: Content validity of the tool was obtained from seven experts (faculty and academician from the department of community medicine, Obstetric and gynaecological nursing, community health nursing of the Pt,BD SharmaPGIMS,Rohtak,Haryana) after approval of the tool from college faculty. Experts were requested to judge the items for clarity, relevance and appropriate and modified as per suggestion of the experts.

RELIABILITY: The test was done to establish the reliability and to determine the language clarity and using split-half method with accessed feasibility of the tool reliability of knowledge questionnaire used as a tool for the study.

PILOT STUDY: Permission for conducting pilot study was taken from municipal councilor of Gandhi camp and Ekta coloney, Rohtak,Haryana (permission letter no-No/CN/19/2014 & no-No/CN/19/2208). Written consent was taken from the samples prior to data collection. Interview method was used to obtain the data from the samples. It took 15-20 min for data collection from registered antenatal women
It was conducted on 1/10th of the total sample in other setting to assess the feasibility of the tool and technique. To test the feasibility of the study the pilot study was undertaken with 6 samples Data collection was done from 09.12.2019 to 15.12.2019. Permission for conducting pilot study was taken from municipal councilor of Gandhi camp, Rohtak. Purpose of the study was explained to registered antenatal women. Written consent was taken from the samples prior to data collection. Interview method was used to obtain the data from the samples. It took 15-20 min for data collection from registered antenatal women. After data collection, information booklet was provided to the subjects. Post- test was taken after 5 days of pre-test. Result of the pilot study shows the study was feasible,

Data collection **:**The study was carried out on 60 registered antenatal women who fulfilled the inclusion criteria, the sample were selected by using non probability convenient sampling technique.(a)Data was analyzed using SPSS software version 20.Analysis of data was done by using descriptive and inferential statistics, i.e. calculating percentage, mean, standard deviation (SD), chi square test. The level of significance was checked at p 0.05.

RESULTS

The first objective of the study was to assess the level of knowledge regarding various government health schemes related to mothers having less than five years of children among registered antenatal women. This section includes :

- Frequency and Percentage Distribution of Sample According to Pre – Test Level of Knowledge.
- Frequency and Percentage Distribution of Sample According to Post – Test Level of Knowledge.

Table – 1: Frequency and Percentage Distribution of knowledge of subjects according to Pre – Test Level of Knowledge.

(N = 60)

S. No	Level of Knowledge	Frequency (f)	Percentage (%)
1.	Inadequate Knowledge	37	61.7
2.	Moderate Knowledge	18	30
3.	Adequate Knowledge	5	8.3

The above table shows the pre – test level of knowledge regarding various government health schemes related to mothers and under five children among registered antenatal women.

Majority of the subjects 37 (61.7%) were with inadequate level of knowledge and those subjects with moderate level of knowledge were 18 (30%). Subjects with adequate knowledge were very less 5 (8.3%).

Table – 2: Frequency and Percentage Distribution of Subjects According to Post – Test Level of Knowledge.

(N = 60)

S. No	Level of Knowledge	Frequency (f)	Percentage (%)
1.	Inadequate Knowledge	0	0
2.	Moderate Knowledge	10	16.7
3.	Adequate Knowledge	50	83.3

The above table shows the post – test level of knowledge regarding various government health schemes related to mothers and under five children among registered antenatal women. Overwhelming Majority of the subjects 50 (83.3%) were with adequate level of knowledge and those subjects with moderate level of knowledge were 10 (16.7%). Non Subjects were with inadequate knowledge.

Table – 3: Level of Association between Pre – Test Level of Knowledge about government health schemes for mothers and under five children with selected Socio – Demographic Variables.

(n = 60)

S. No	Socio – Demographic Variables	Pre – Test Knowledge			$\chi 2$ Value	'P' Value
		Inadequate	Moderate	Adequate		
1	**Age (Years)** a. 18-30	34	17	5	0.516	0.772

	b. 31-40	3	1	0		
2	**Education**					
	a. Illiterate	10	3	1		
	b. Primary school	4	0	1		
	c. Middle school	11	2	0	13.03	0.367
	d. High school	4	3	1		
	e. Diploma	1	2	0		
	f. Graduation	5	7	2		
	g. Professional degree	2	1	0		
3	**Occupation**					
	a. Semi professional	2	2	0		
	b. Semiskilled worker	1	0	0	2.396	0.880
	c. Unskilled worker	3	2	0		
	d. Unemployed	31	14	5		
4	**Total Monthly Family Income (Rupees)**					
	a. >78,063	2	0	0		
	b. 39,033-78,062	11	6	2	12.17	0.274
	c. 29,200-39,032	14	6	0		
	d. 19,516-29,199		2	3		
	e. 11,708-19,515	4	2	0		
	f. 3,908-11,707	4	2	0		
		2				
5	**Gravida of the mother**					
	a. Primigravida	12	8	2	0.778	0.678
	b. Multigravida	25	10	3		
6	**Family type**					
	a. Nuclear	13	5	1	0.646	0.724
	b. Joint	24	13	4		
7	**Caste of Mother**					

	a. SC/ST	15	10	2	2.419	0.877
	b. OBC	11	5	1		
	c. General	11	3	2		

The above table depicts the level of association between Pre – test level of knowledge and selected socio demographic variables.

The above table shows the chi – square value for pre – test knowledge and age is 0.516 and the 'P' value is 0.772 which is not statistically significant.

The chi – square value for pre – test knowledge and education is 13.03 and the 'P' value is 0.367 which is not statistically significant.

The chi – square value for pre – test knowledge and occupation is 2.396 and the 'P' value is 0.880 which is not statistically significant.

The chi – square value for pre – test knowledge and total monthly family income is 12.17 and the 'P' value is 0.274 which is not statistically significant.

The above table shows the chi – square value for pre – test knowledge and gravida of the mother is 0.778 and the 'P' value is 0.678 which is not statistically significant.

The chi – square value for pre – test knowledge and family type is 0.646 and the 'P' value is 0.724 which is not statistically significant.

The chi – square value for pre – test knowledge and caste of the mother is 2.419 and the 'P' value is 0.877 which is not statistically significant.

Table – 4 : Level of Association between Post Test Level of Knowledge about government health schemes for mothers and under five children with selected Socio – Demographic Variables.

(n = 60)

S. No	Socio – Demographic Variables	Post – Test Knowledge		$\chi 2$ Value	'P' Value
		Moderate	Adequate		
1	**Age (Years)**				
	a. 18-30	9	47	0.214	0.528
	b. 31-40	1	3		
2	**Education**				
	a. Illiterate	2	12		
	b. Primary school	0	5		
	c. Middle school	3	10	3.099	0.796
	d. High school	2	6		

	e. Diploma	0	3		
	f. Graduation	2	12		
	g. Professional degree	1	2		
3	**Occupation**				
	a. Semi professional	1	3		
	b. Semiskilled worker	0	1		
	c. Unskilled worker	1	4	0.456	0.928
	d. Unemployed	8	42		
4	**Total Monthly Family Income (Rupees)**				
	a. >78,063	1	2		
	b. 39,033-78,062	1	5		
	c. 29,200-39,032	3	7	6.819	0.234
	d. 19,516-29,199				
	e. 11,708-19,515	2	17		
	f. 3,908-11,707	1	18		
		2	1		
5	**Gravida of the mother**				
	a. Primigravida	6	16	2.813	0.095
	b. Multigravida	4	34		
6	**Family type**				
	a. Nuclear	2	17	0.755	0.320
	b. Joint	8	33		
7	**Caste of Mother**				
	a. SC/ST	3	24		
	b. OBC	2	15	4.094	0.251
	c. General	5	11		

The above table depicts the level of association between Post-test level of knowledge and selected socio demographic variables.

The above table shows the chi – square value for Post- test knowledge and age is 0.214. and the 'P' value is

0.528 which is not statistically significant.

The chi – square value for post–test knowledge and education is 3.099 and the 'P' value is 0.796 which is not statistically significant.

The chi – square value for post-test knowledge and occupation is 0.456 and the 'P' value is 0.928 which is not statistically significant.

The chi – square value for post-test knowledge and total monthly family income is 6.819 and the 'P' value is 0.234 which is not statistically significant.

The chi – square value for post-test knowledge and gravida of the mother is 2.813 and the 'P' value is 0.095 which is not statistically significant.

The chi – square value for post- test knowledge and family type is 0.755 and the 'P' value is 0.320 which is not statistically significant.

The chi – square value for post- test knowledge and caste of the mother is 4.094 and the 'P' value is 0.251 which is not statistically significant.

Table – 5: Mean, Mean Difference, Standard Deviation and Paired 't' test values Showing the effectiveness of Information booklet on level of knowledge regarding government health schemes for mothers and under five children among registered antenatal women.

(n = 60)

S. No	Test	Mean	Mean Difference	Standard Deviation	Paired 't' test Value	'P' Level
1	Pre-Test	10.63	9.27	4.423	14.228	0.000
2	Post-Test	19.90		1.963		

The above table shows the effectiveness of information booklet on level of knowledge regarding government health schemes related to mothers and under five children among registered antenatal women.

To test the effectiveness of relationship between information booklet and level of knowledge, the null hypothesis can be stated as below.

H_0 – There will be no significant relationship between information booklet and level of knowledge.

The pre-test mean score was 10.63 and the post-test mean score was 19.90. The mean difference was 9.27. The standard deviation score for pre-test was 4.423 and post-test standard deviation score was 1.963. The paired't' test score was 14.228 which was statistically significant at the 'P' value of 0.000.

Hence there is a relationship between information booklet and level of knowledge among subjects so the null hypothesis was rejected and the alternate hypothesis was accepted.

Discussion: The aim of the study was to find the association between demographic characteristics and level of knowledge about government health schemes related to mothers having children less than five years of the age among registered antenatal women. Level of knowledge regarding various government health schemes for mother having children less than five years of the age were distributed during pre – test and post – test as follows in study. Majority of the subjects 37 (61.7%) were with inadequate level of knowledge and those

subjects with moderate level of knowledge were 18 (30%). Subjects with adequate knowledge were very less 5 (8.3%).

This study was more or less supported by Patel et al. (11) (2007) the research highlighted that 70% of the respondents were not aware of at least aim or vision of JSY, either one. Our results were also supported by, Sharma et al. (2010) with similar finding in assessing knowledge level regarding safe motherhood practices among pregnant mothers. Gupta et al. (2011) also revealed that only 23.11% population had adequate knowledge, 56.23% had moderate knowledge and 21.66% were having inadequate knowledge regarding JSY in the descriptive study conducted on 300 JSY beneficiaries in N.S.C.B. Medical College, Jabalpur (M.P. - India) during 2006-07. Studies conducted by Iyengar et al. (2011) , Vishwanath et al. (2011) and Sharma et al. (2011) have similar results in their studies.

During post-test Overwhelming Majority of the subjects 50 (83.3%) were with adequate level of knowledge and those subjects with moderate level of knowledge were 10 (16.7%). Non Subjects were with inadequate knowledge. These findings were similar to the previous findings which was indicated that the awareness of JSY was found to be high (85%) but knowledge regarding benefits covered under the scheme was only limited to cash incentive for institutional deliveries. Knowledge of 108 ambulance was also low (26.6%). They concluded there is an urgent need to strengthen IEC campaigns and monitoring strategies (Priya et al 2016). Chandrakar et al (2017) conducted study to find out the awareness level about the entitlements of JSSK among mothers with child less than one year Among 352 mothers, good awareness were found in only 207 mothers (58.80%). Maximum awareness (89.20%) regarding entitlements among mothers was seen for free transport services from home to health institution followed by the drop back transport facility from hospital to home (85.22%). None of the mothers know about free diagnostic services for mothers and for sick infants and for free provision of blood for sick infants. Vinish V (2016) carried out a study having determining the mothers' knowledge on the importance of immunization programme. Findings of the study showed that most of the samples were getting information about immunization from the Anganwadi workers. It was also found that 76% of the subjects had poor knowledge about the topic.

Another aim of this study was to assess the effectiveness of the information booklet on level of knowledge regarding government health schemes for mothers and under five children. The findings of the study shows that the pre-test mean score was 10.63 and the post-test mean score was 19.90. The mean difference was 9.27. The standard deviation score for pre-test was 4.423 and post-test standard deviation score was 1.963. The paired 't' test score was 14.228 which was statistically significant at the 'P' value of 0.000. Jayadeepa et al, (2018) assessed the effectiveness of structured Teaching Programme (STP) on Knowledge regarding Janani Suraksha Yojana among Pregnant women A Pre experimental research design.50 pregnant women at Primary health centre, Namakkal (Dt). STP with knowledge questionnaires was used to assess the knowledge on JSY. The post-test mean score for Knowledge was adequate knowledge 47(94%) and 3(6%) had moderate knowledge. Paired't' test score for knowledge on JSY was 7.084 showing the significant effectiveness of STP. Ingale et al (2019) conducted a study to assess the knowledge of Revised Immunization Schedule among mothers of under five children and found that out of 30 mothers in pre-test 18(60%) had average knowledge, and 12 (40%) of mothers had poor knowledge where as in post-test 25 (83%) had good and 5 (17%) mothers had average level of knowledge. Pre-test mean knowledge score and standard deviation was 17.4 ±3.54 which increased in post-test to 29.5 ± 2.77 and paired 't' test value was 26.404 and p value is < 0. 01.

The research findings concluded that the intervention significantly enhanced the knowledge of the mothers towards JSSY. There is a requirement for implementation of education package to enhance JSSY's awareness and benefit program regarding reproductive child health among antenatal mothers. Overall coverage in rendering total health care services to the mother and new born can be achieved by educating antenatal mothers only.

CONCLUSION: Pregnancy is a vital occurrence in the life of a woman. It requires specific care from the moment of conception till the period after birth. Strategies and interventions must be customised according to particular needs as well as circumstances and provide service under the Yojana in order to decline the Maternal Mortality Rate (MMR) as well as Infant Mortality Rate (IMR). The findings of the study have implication in various areas of preventions and interventions for the professionals, practitioners, Policy maker, researcher and academician, especially for the nursing practice, nursing education, nursing administration and nursing research, those who are working in the area of maternal health. It is universal truth that awareness towards JSSY as well as related government schemes will be helpful in reducing the maternal and neonatal morbidity and mortality.

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Appendices

(B)Semi-Structured Questionnaire for assessment of knowledge regarding government health schemes

Q.1 You are aware about which of the following government health schemes

1. Janani Suraksha Yojana (JSY)
2. Janani Shishu Suraksha Karyakaram (JSSK)
3. Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)
4. Pradhan Mantri Matru Vandana Yojana (PMMVY)
5. Home Based Post Natal Care (HBPNC)
6. Universal immunisation programme
7. National Ambulance Services
8. Mothers' Absolute Affection (MAA)
9. Population Stabilization Schemes.
10. Any other :

Q.2 What is source of information of government health schemes

a) ASHA worker
b) ANM
c) AWW
d) Mass media
e) Other registered antenatal women
f) Any other :

Q.3 Where would you get benefits of government health schemes

a) At home
b) At Anganwadi
c) At health centres
d) At Hospital : Govt./ Pvt
e) Any Other:

Q.4 Are you a High risk pregnancy case

a) Yes
b) No

c) Don't know

d) If yes, reason…….and who diagnose this……

Q.5 Who are the beneficiaries of JSY scheme

a) All Pregnant female of age group 18 to 22 years

b) Only OBC Pregnant women of age group 18 to 22 years

c) Only SC/ST and BPL Pregnant women >19 years

d) Don't know

Q.6 Beneficiaries can get benefits of JSY only upto

a) 1 live birth

b) 2 live births

c) 3 live births

d) Don't know

Q.7 What is the amount of cash incentive given under JSY scheme to the mothers in Haryana whose delivery is conducted at government institutions?

a) Rs. 500

b) Rs. 1000

c) Rs. 1500

d) Rs. 2000

Q.8. Janani Shishu Suraksha Karyakaram entitles to

a) All pregnant women and sick new born child

b) Only BPL pregnant women

c) Only For SC/ST, OBC pregnant women

d) All of the above

Q.9. Which of the following is not a free entitlement under JSSK scheme

a) Free drugs and free diet

b) Free transport

c) Free diagnostics and blood when required

d) Cash incentive

Q.10 Free diet under JSSK scheme is for minimum how many days in case of normal delivery

a) 2 Days
b) 5 Days
c) 4 Days
d) 7 Days

Q.11 Free diet under JSSK scheme is for how many days in case of caesarean section

a) 2 Days
b) 5 Days
c) 4 Days
d) 7 Days

Q.12 Free transport service under JSSK scheme is provided to whom

a) To pregnant women
b) To Adolescent women
c) To sick new born
d) Both a and c

Q.13 Pradhan Mantri Matru Vandana Yojana (PMMVY) provide benefits to whom

a) Adolescent Women
b) Geriatric Women
c) Pregnant and lactating Women
d) All of the above

Q.14 Pradhan Mantri Matrtav Vandana Yojana (PMMVY) provide benefits up to how many live birth

a) 2
b) 1
c) 3
d) 4

Q.15 Amount of cash incentive provided by PMMVY is

a) Rs. 5000
b) Rs.3000
c) Rs.7000
d) Rs.6000

Q.16 Cash is transferred in how many instalments

a) 2 instalments
b) 3 instalments
c) 5 instalments
d) 6 instalments

Q.17 Does vaccine prevents your children from disease conditions?

a) Yes
b) No
c) Up to some extent
d) Don't know

Q.18 Out of the following which vaccine preventable disease is not included in the Immunisation schedule of government

a) Tuberculosis
b) Measles
c) Hepatitis B
d) Typhoid

Q.19 Does child with common cold, fever and diarrhoea be vaccinated?

a) Yes
b) No
c) Depends on physician
d) Don't know

Q.20 BCG vaccine prevents child from

a) Typhoid
b) Tuberculosis
c) Hepatitis B
d) Diarrhoea

Q.21 OPV Vaccine prevents child from

a) Polio
b) Tuberculosis
c) Measles

d) Pneumonia

Q.22 Under PMSMA scheme the services are provided on

a) 7th of every month
b) 8th of every month
c) 9th of every month
d) 10th of every month

Q.23 On 9th of every month antenatal check-up is provided by whom

a) ASHA worker
b) ANM worker
c) Physician/Specialist
d) Any of the above

Q.24 Within 6 weeks after delivery services at home are provided by

a) ASHA
b) ANM
c) Medical officer
d) Both a and b

Q.25 Out of the following which service is not provided by ASHA during home visits

a) Examine the baby and mother
b) Motivate the mother for exclusive breast feeding and immunisation
c) Vaccinate the child
d) Counselling for family planning

Q.26 Mothers' Absolute Affection (MAA) scheme focuses on

a) Promotion, protection and support of breastfeeding
b) Promote for Family Planning Methods
c) Promote for Institutional Delivery
d) All of the above

Q.27 After delivery breastfeeding should be started in how many time

a) Within 1 hour
b) Within 2 hour
c) Within 3 hour
d) Within 4 hour

Q.28 For how many days exclusive breastfeeding should be continued

a) 3 months
b) 5 months
c) 6 months
d) 9 months

Q.29 Top feeding should be started after

a) 3 months
b) 4 months
c) 5 months
d) 6 months

Q.30 What is the contact Number for calling free ambulance service under national ambulance service scheme?

a) 100
b) 101
c) 102
d) 108

Q.31 What family planning benefits are provided by government?

a) Free Contraceptives like Condoms, oral contraceptive pills etc.
b) Cash incentive after Sterilization procedures
c) Free pregnancy test kit
d) All of the above

(C) **Informational booklet**

सूचना पुस्तिका

मातृत्व व 5 वर्ष से कम आयु के बच्चों के लिए सरकारी स्वास्थ्य योजनाएं

(सरकारी स्वास्थ्य योजनाओं की सूची)

1. जननी सुरक्षा योजना (JSY)
2. जननी शिशु सुरक्षा कार्यक्रम (JSSK)
3. प्रधानमंत्री मातृत्व वंदना योजना (PMMVY)
4. प्रधानमंत्री सुरक्षित मातृत्व अभियान (PMSMA)
5. होम आधारित पोस्ट नेटल केयर (HBPNC)
6. यूनिवर्सल टीकाकरण कार्यक्रम (UIP)
7. राष्ट्रीय एम्बुलेंस सेवा
8. माताओं का पूर्ण स्नेह (MAA)
9. जनसंख्या स्थिरीकरण योजनाएं।

जननी सुरक्षा योजना (JSY)

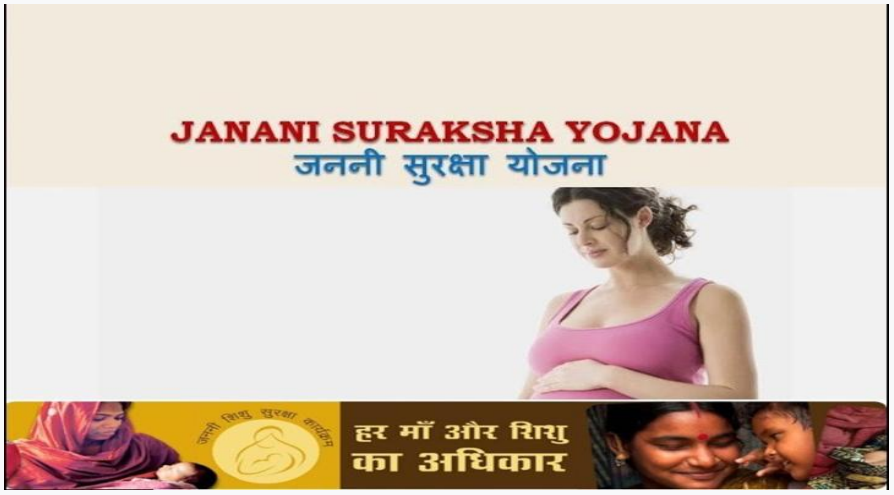
(भारत सरकार)

लाभार्थी:

- बीपीएल परिवारों और सभी एससी परिवारों की महिलाओं के लिए
- महिला की आयु 19 वर्ष से अधिक होनी चाहिए
- पहले दो जीवित बच्चों के लिए

प्रोत्साहन: वित्तीय सहायता

- ग्रामीण क्षेत्र में सरकारी या मान्यता प्राप्त निजी अस्पताल में प्रसव पर 700/-रुपये का प्रोत्साहन दिया जाता है।
- शहरी क्षेत्र में सरकारी या मान्यता प्राप्त निजी अस्पताल में प्रसव पर 600/- रुपये का प्रोत्साहन दिया जाता है।
- बीपीएल परिवारों से संबंध रखने वाली महिलाओं को घर में प्रसव पर 500/ - रुपये की प्रोत्साहन राशि दी जाती है।



जननी सुरक्षा योजना (JSY)

(राज्य)

लाभार्थी:

- प्रत्येक गर्भवती महिला जो एस सी जाति की है।

प्रोत्साहन:

❖ 1500/- रुपये तीन किश्तों में यानी-

1. **पहली किश्त**- **500/- रुपये** की प्रथम तिमाही में आँगनवाडी़ केंद्र/ स्वास्थ्य केंद्र पर गर्भावस्था का पंजीकरण करवाने पर ।
2. **दूसरी किश्त 500/- रुपये** की तीसरी तिमाही में चिकित्सा जांच करवाने पर ।
3. **तीसरी किश्त 500/- रुपये** प्रसव के दिन या संस्थागत प्रसव के बाद अधिकतम 5 कार्य दिवसों के भीतर ।

❖ यहां तक कि एक गर्भवती एस सी महिला बिना किसी प्रसवपूर्व जाँच के सीधे संस्थागत प्रसव करवाती है तो उसे पूरे 1500/-रुपये का प्रोत्साहन दिया जाता है।

जननी शिशु सुरक्षा कार्यक्रम (JSSK)

लाभार्थी:सभी गर्भवती महिलाएँ और 1 वर्ष की आयु तक के शिशु

लाभ :

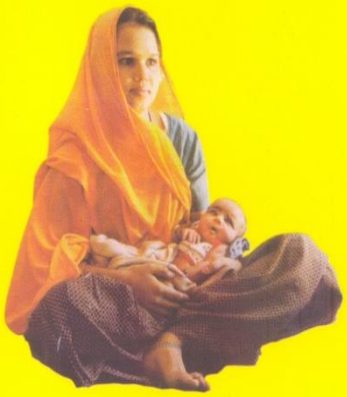
जननी-शिशु सुरक्षा कार्यक्रम

(एक अभिनव योजना)

राजकीय चिकित्सा संस्थानों पर प्रसूताओं एवं बीमार नवजात शिशुओं को निःशुल्क चिकित्सा सुविधायें

प्रसूताओं हेतु निःशुल्क प्रावधान

- निःशुल्क संस्थागत प्रसव।
- निःशुल्क सिजेरियन प्रसव।
- निःशुल्क दवाईयां व अन्य उपयोगी सामग्री।
- निःशुल्क जांच (रक्त, पेशाब, अल्ट्रा सोनोग्राफी इत्यादि)।
- निःशुल्क भोजन (अस्पताल में ठहरने पर सामान्य प्रसव में तीन दिवस व सिजेरियन प्रसव में सात दिवस)।
- निःशुल्क रक्त सुविधा।
- निःशुल्क परिवहन (घर से स्वास्थ्य संस्थान तक, रैफर किये जाने पर उच्च सन्दर्भ संस्थान तक व वापस घर तक)।
- सभी प्रकार के यूजर चार्जेज से मुक्त।



बीमार नवजात शिशुओं की 30 दिवस तक देखभाल हेतु निःशुल्क प्रावधान

- निःशुल्क उपचार।
- निःशुल्क दवाईयां व अन्य उपयोगी सामग्री।
- निःशुल्क जांच।
- निःशुल्क रक्त सुविधा।
- निःशुल्क परिवहन (घर से स्वास्थ्य संस्थान तक, रैफर किये जाने पर उच्च सन्दर्भ संस्थान तक व वापस घर तक)।
- सभी प्रकार के यूजर चार्जेज से मुक्त।

प्रधान मंत्री मातृत्व वंदना योजना (PMMVY)

प्रधान मंत्री सुरक्षित मातृत्व अभियान (PMSMA)

लाभार्थी:

- सभी गर्भवती महिलाएं।

लाभ:

- चिकित्सक / विशेषज्ञ द्वारा हर महीने की 9 तारीख को गर्भवती महिला की नि: शुल्क चिकित्सा जांच की जाती है।
- अल्ट्रा सोनोग्राफी सहित नि:शुल्क नैदानिक सुविधाएं ।
- मुक्त आयरन फोलिक एसिड और कैल्शियम की खुराक।
- उच्च जोखिम वाले गर्भावस्था के मामलों की पहचान।


प्रधानमंत्री सुरक्षित मातृत्व अभियान
के अंतर्गत
राष्ट्रीय स्वास्थ्य मिशन, यू.टी. चंडीगढ़


सुरक्षित जननी
स्वस्थ शिशु
प्रधानमंत्री सुरक्षित मातृत्व अभियान
हर महीने की 9 तारीख को गर्भवती महिलाओं की स्त्री रोग विशेषज्ञ या डॉक्टर द्वारा प्राथमिक/सामुदायिक स्वास्थ्य केन्द्र और उच्चतम चिकित्सा संस्थान पर होगी विशेष जांच
हाई रिस्क प्रेग्नेंसी पर दिया जाएगा विशेष ध्यान और देखभाल
सुनिश्चित किया जाएगा सुरक्षित और संस्थागत प्रसव

होम आधारित पोस्ट नेटल केयर (HBPNC)

लाभार्थी:

- सभी प्रसवोत्तर माताओं और नवजात शिशु

लाभ :

- आशा को प्रसव के 42 दिनों के भीतर 6 बार माता के घर जाना होता है
  - पहला दौरा (दिन 1 - जन्म का दिन)
  - दूसरा दौरा (जन्म के 2-3 दिन बाद)
  - तीसरा दौरा (जन्म के 5-7 दिन बाद)
  - 4 दौरा (जन्म के14 -17 दिन बाद)
  - 5 दौरा (जन्म के 23-28 दिन बाद)
  - 6 दौरा (जन्म के 42-45 दिन बाद)

इन यात्राओं के दौरान ASHA

- माताओं को माँ और बच्चों के खतरे के संकेतों के बारे में बताएगी।
- विशेष स्तनपान में मां की मदद करेगी।
- देखभाल करने वाले को बताएगी कि नवजात शिशु को हाइपोथर्मिया, सेप्सिस, श्वसन समस्याओं से कैसे बचाया जाए।
- माता-पिता को ऊपरी आहार, माँ को पर्याप्त संतुलित आहार उपलब्ध नहीं कराना नवजात शिशु को जल्दी नहलाना जैसे हानिकारक रीति-रिवाजों से बचने के लिए प्रेरित करेगी।
- माताओं को टीकाकरण अनुसूची और परिवार नियोजन के बारे में बताएगी

यूनिवर्सल टीकाकरण कार्यक्रम

सभी बच्चों को बीमारियों से बचाव के लिए नि:शुल्क टीकाकरण किया जाता है। ।

टीका	कब देना है	अधिकतम आयु	बीमारी से बचाव
बी.सी.जी.	जन्म पर	1 वर्ष की आयु तक	तपेदिक
हेपेटाइटिस-बी जन्म की खुराक	जन्म पर	24 घंटे के भीतर	हेपेटाइटिस-बी (पीलिया)
ओ.पी.वी. -0	जन्म पर	पहले 15 दिनों के भीतर	पोलियो
ओ.पी.वी. -1,2,3	6 सप्ताह, 10 सप्ताह, 14 सप्ताह पर	5 वर्ष की आयु तक	पोलियो
पेंटावैलेंट 1,2 और 3	6 सप्ताह , 10 सप्ताह, 14 सप्ताह पर	1 वर्ष की आयु तक	गलघोंटू, काली खांसी, टिटेनश, पीलिया निमोनिया व दिमागी बुखार
आंशिक आईपीवी (निष्क्रिय पोलियो वैक्सीन) 1,2	6 और 14 सप्ताह पर	1 वर्ष की आयु तक	पोलियो
रोटा वैक्सीन	6 सप्ताह, 10 सप्ताह, 14 सप्ताह पर	1 वर्ष की आयु तक	दस्त
न्यूमोकोकल कंजुगेट वैक्सीन	6 और 14 सप्ताह पर बूस्टर 9 महीने पर	1 वर्ष की आयु तक	निमोनिया
खसरा / रूबेला 1 खुराक	9-12 महीने पर	5 वर्ष की आयु तक	खसरा
जापानी मस्तिष्ककोप	9-12 महीने पर	15 वर्ष की आयु तक	जापानी मस्तिष्ककोप
विटामिन ए 1 खुराक	9 महीने पर	5 वर्ष की आयु तक	रतौंधी
डी.पी.टी. बूस्टर -1	16-24 महीने पर	7 वर्ष की आयु तक	गलघोंटू, काली खांसी व टिटेनश
खसरा 2 खुराक	16-24 महीने पर	5 वर्ष की आयु तक	खसरा

ओ.पी.वी. बूस्टर	16-24 महीने पर	5 वर्ष की आयु तक	पोलियो
जापानी मस्तिष्ककोप	16-24 महीने पर	15 वर्ष की आयु तक	जापानी मस्तिष्ककोप
विटामिन ए 2 से 9वीं खुराक	16 महीने बाद, एक खुराक हर 6 महीने में ।	5 वर्ष की आयु तक	रतौंधी
डी.पी.टी.-बूस्टर -2	5-6 साल	7 वर्ष की आयु तक	गलघोंटू, काली खांसी व टिटेनश
टी.टी.	10 साल और 16 साल	16 वर्ष की आयु तक	टिटेनश

राष्ट्रीय एम्बुलेंस सेवा
108 एम्बुलेंस

नि: शुल्क 24 * 7 एम्बुलेंस सेवाएं

1. गर्भवती महिलाओं के लिए इमरजेंसी के मामले में और सरकारी संस्थानों में डिलीवरी के लिए ।
2. सभी गर्भवती महिलाओं के लिए निम्न से उच्च केंद्र के लिए रेफरल के मामले में
3. आपातकाल के मामले में एक वर्ष से कम आयु के सभी बच्चों के लिए।
4. सड़क किनारे होने वाली दुर्घटनाओं के सभी पीड़ितों के लिए
5. सभी स्वतंत्रता सेनानियों और पूर्व सैनिकों के लिए।
6. सभी बीपीएल, गरीब लोग, और प्रवासी श्रमिकों के लिए।

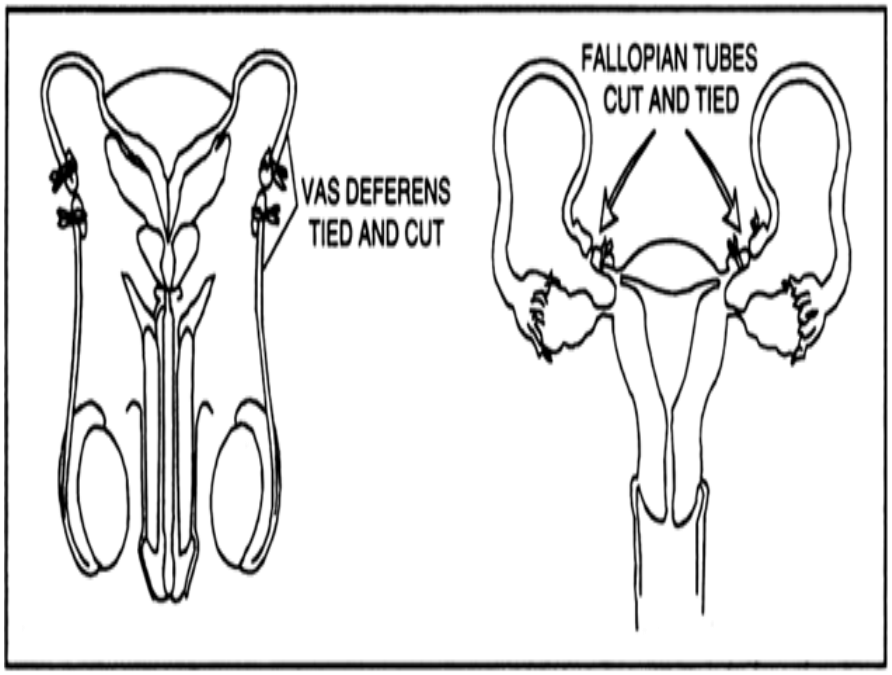
MAA (माताओं का पूर्ण स्नेह)

स्तनपान की सुरक्षा,स्तनपान की सहायता और स्तनपान को बढ़ावा देना।

जनसंख्या स्थिरीकरण योजनाएं

1. निःशुल्क परिवार कल्याण सेवाएँ

- ब्लॉक स्तर तक मुफ्त नसबंदी (ट्यूबेक्टॉमी और पुरुष नसबंदी) ।
- गैर बीपीएल (गरीबी रेखा से नीचे) को 250/- रुपये का नकद प्रोत्साहन।
- महिलाओं (बीपीएल और एससी परिवार) को 650/- रुपये का नकद प्रोत्साहन।
- पुरुष नसबंदी के लिए 1100/- रुपये का नकद प्रोत्साहन।



2. गर्भ निरोधकों की होम डिलीवरी

- आशा(ASHA) द्वारा घर पर कंडोम, मौखिक गर्भनिरोधक गोलियों, आपातकालीन गर्भनिरोधक गोलियों का मुफ्त वितरण किया जाता है।

3. गर्भावस्था परीक्षण किट (PTK) NISCHAY कार्ड

- मूत्र परीक्षण के लिए नि: शुल्क **गर्भावस्था परीक्षण किट**/ कार्ड।

4. परिवार नियोजन क्षतिपूर्ति योजना (FPIS)

सरकार नसबंदी ऑपरेशन के लिए किसी भी सरकारी अस्पताल या मान्यता प्राप्त अस्पताल में नसबंदी का विकल्प चुनने वाले सभी लाभार्थियों को नसबंदी की विफलता के बाद बीमा कवर प्रदान करती है।

लाभ:

- अस्पताल में नसबंदी ऑपरेशन की प्रक्रिया के दौरान या छुट्टी के 7 दिनों भीतर मृत्यु पर = 2 लाख रुपये।
- नसबंदी के बाद अगर छुट्टी की तारीख से 8-30 दिनों के भीतर मृत्यु हो जाती है तो = 50000 / - रुपये।
- नसबंदी की विफलता पर =30000/- रुपये।
- अस्पताल में उपचार की लागत और 60 दिन तक की छुट्टी के बाद नसबंदी के बाद जटिलता उत्पन्न होती है तो = वास्तविक खर्च
  (25000/-रुपये से अधिक नहीं)