

A Study to Assess the Satisfaction Level among the Beneficiaries of Janani Shishu Suraksha Karyakram in Rural Areas of Jabalpur District, India

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Abstract

Introduction: The satisfaction derived from utilizing JSSK services underscores its pivotal role in transforming the healthcare landscape for millions of women and children in India. At its core, the program embodies the fundamental principle that every individual has the right to access quality healthcare without facing financial hardship.

Objective: To find out the Satisfaction level among the beneficiaries of JSSK in Jabalpur district.

Methods: It was a descriptive Cross-sectional study done in the rural areas of Jabalpur district. A sample of 385 was acquired using the formula z^2pq/l^2 . Multistage random sampling was used for selection of study participants. House to house visit was conducted to collect data using predesigned, pretested semi-structured questionnaire regarding satisfaction on using services of JSSK and Behaviour among the support staff.

Results: The present study observed that out of total more than half of the study participants were satisfied with utilization of various JSSK entitlements whereas about one third of them expressed dissatisfaction with the services. About half of the study participants were satisfied regarding supporting services and behaviour of hospital staff.

Conclusion: A robust monitoring and feedback mechanisms should be enabled in order to track the continuous improvement and responsiveness to the evolving needs and preferences of beneficiaries, which will further enhance the satisfaction levels.

Keywords: JSSK, Beneficiaries, Utilization, Benefits, Satisfaction.

Introduction

In the vast tapestry of India's public health initiatives, the Janani Shishu Suraksha Karyakram

(JSSK) shines as a beacon of hope, ensuring that expectant mothers and newborns receive the care they deserve, regardless of their socioeconomic

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status.^[1] Launched by the Government of India in June 2011, the JSSK program is designed to provide a comprehensive range of free and cashless maternal and child healthcare services in public health facilities across the country. ^[1-2]

The satisfaction derived from utilizing JSSK services underscores its pivotal role in transforming the healthcare landscape for millions of women and children in India. At its core, the program embodies the fundamental principle that every individual has the right to access quality healthcare without facing financial hardship.^[1,3,4] By offering a gamut of services encompassing antenatal care, institutional delivery, postnatal care, and treatment for sick newborns, the JSSK program endeavors to address the multifaceted needs of expectant mothers and their infants, ensuring their well-being throughout the perinatal period.^[2,5]

The satisfaction derived from utilizing JSSK services extends beyond mere medical interventions to encompass broader socio-economic implications. Families are relieved of the stress of exorbitant healthcare expenses, enabling them to focus on nurturing their newborns' health and well-being, thereby fostering a sense of gratitude and contentment with the support provided by the government.^[6] Moreover, the success of the JSSK program in garnering satisfaction among beneficiaries can be attributed to its patient-centric approach and effective implementation strategies. Keeping this in view, the present study has been done with an aim to find out the Satisfaction level among the beneficiaries of JSSK in Jabalpur district.

Material and methods

Study design

It was a descriptive Cross-sectional study done in the rural areas of Jabalpur district.

Study duration

Study was conducted from March 2019 to Feb 2020.

Sample size

A sample of 385 was acquired using the formula z^2pq/l^2 . Where p was the prevalence of institutional

delivery in rural area of Jabalpur District that was 79%.^[6] 5 % was considered as allowable error. A total of 400 sample was taken to avoid the drop outs.

Study participants

The women who were permanent resident, had delivered live child in public health facility in the past 1 year or who had registered in Anganwadi centre as well as sub health centres of that area. were included in the study. Women who did not found at home or house was found locked on two repeated visits were excluded from the study.

Study setting

Multistage random sampling was used for selection of study participants. Out of the 7 blocks in Jabalpur district 2 blocks were purposively selected based on the past year performance, in terms of Institutional deliveries in public health facilities to total deliveries. One was best performing block- Sihora and other was low performing block - Panagar. Then from each block 2 sub health centre was selected, from each sub health centre 2 village were selected randomly. After the selection of village 20 eligible participants were selected using lottery method after getting the list from Anganwadi worker of the village.

Data Collection

House to house visit was conducted to collect data using predesigned, pretested semi-structured questionnaire regarding satisfaction on using services of JSSK and Behaviour among the support staff. Relevant records whichever available were reviewed during data collection. Data obtained was coded and entered using Microsoft office excel 2016. Collected data was checked for its completeness and correctness before analysis.

Statistical analysis

Data obtained was coded and entered using Microsoft office excel 2016. Collected data was checked for its completeness and correctness before analysis. Data was finally tabulated, analysed and interpreted by using IBM Statistical software for social sciences (SPSS 20). Chi-square test was applied to find out the association between different variables.

Ethical Permission

Ethical Permission was taken from the ethical committee of Institution on Aug 2018 with reference no. IEC/ 343/2018. Purpose of the study was clearly explained to the study participants before commencing interview and Informed Verbal Consent was obtained from study participants.

Results

A total of 400 participants were enrolled in the study based on the inclusion and exclusion criteria. Table.no.1. shows satisfaction level of study participants for various entitlements utilized during delivery out of which regarding transport 47% were highly satisfied while for diagnostic services 42% were highly satisfied. Regarding drugs and consumables 57% of study participants were satisfied. About 1/4th of the study participants was highly dissatisfied with their out-of-pocket expenditure incurred during delivery. Figure.1. depicts that 54% of the study participants were either satisfied and highly satisfied with utilization of various entitlements of JSSK during delivery. About 31% of the study participants were dissatisfied and highly dissatisfied with utilization of various entitlements of JSSK during delivery.

Table. no. 2. shows that 41% of the study participants were satisfied with immediate attention given after admission of which 22% were highly satisfied. Satisfaction level was low (15%) about

behaviour of labour room staff and 49% were dissatisfied with their behaviour. Similarly for nursing staff behaviour only 20% were highly satisfied while 50% were dissatisfied. Figure.2. depicts that equal proportion of study participants were satisfied (43%) and dissatisfied (39%) with behaviour of hospital staff and supporting services utilized during hospitalization while 20% were undecided about it.

As shown in table.no.3. study participants who were highly satisfied and satisfied with various entitlements utilized during delivery were >25 years of age (59%), educated up to middle school (60%) , unskilled worker (58%), belonged to ST category (84%), living in joint family (55%), in Lower class (61%) and had BPL card(59%). Association with education of the study participants was statistically significant (<0.05) and association with caste and socioeconomic status was statistically highly significant (<0.001). In table.no.4. it was observed that 59% study participants who underwent normal delivery were found to be either satisfied or highly satisfied with various JSSK entitlements. 71% of study participants who delivered in Civil hospital (SDH) were found to be satisfied and highly satisfied as compared to who delivered at tertiary centres and rural health centres. Association of satisfaction level for various entitlements of JSSK utilized with type and place of delivery was found to be statistically highly significant (<0.001).

Table 1: Distribution of study participants according to satisfaction level regarding various entitlements of JSSK.

S. No.	Entitlements under JSSK	Highly satisfied Frequency (%)	Satisfied Frequency (%)	Undecided Frequency (%)	Dissatisfied Frequency (%)	Highly Dissatisfied Frequency (%)
1.	Free diagnostic services	166 (42)	98 (24.5)	46(11.5)	29(7)	61(15)
2.	Free drugs and consumables	102(25.5)	128(32)	47(12)	77(19)	46(11.5)
3.	Free diet in the hospital	86(21.5)	114(28.5)	54(13.5)	78(19.5)	68(17)
4.	Availability of free transportation from home to hospital	189(47)	71(18)	41(10)	54(14)	45(11)
5.	Free transport facilities available at the time of discharge from hospital to home	154(39)	74(19)	45(11)	60(15)	67(17)
6.	Out of pocket Expenditure during hospitalization	46(12)	78(20)	112(28)	68(17)	96(24)

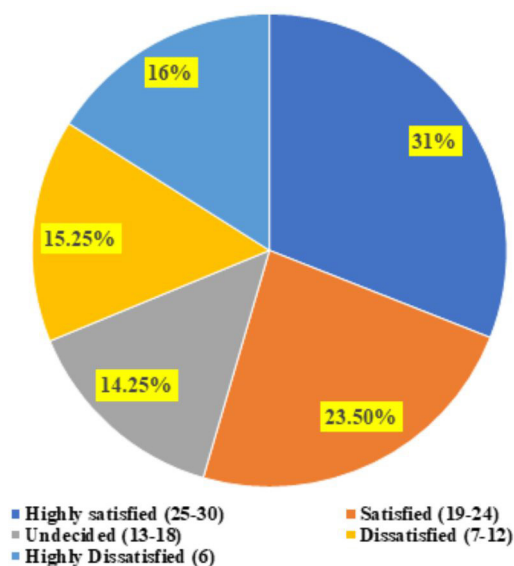


Figure 1: Proportion of study participants according to satisfaction level (score) for various entitlements of JSSK utilized during delivery.

Table 2: Distribution of study participants according to satisfaction level regarding hospital staff behaviour and Supportive service.

S. No.	Regarding hospital staff behaviour	Highly satisfied Frequency (%)	Satisfied Frequency (%)	Undecided Frequency (%)	Dissatisfied Frequency (%)	Highly Dissatisfied Frequency (%)
1.	Immediate attention given after admission by doctor and staff	89(22)	74(19)	93(23)	38(10)	106(26)
2.	Behaviour of Labor room Staff During Child birth	60(15)	115 (29)	29 (7)	122 (30)	74(19)
3.	Behaviour of nursing staff during stay in hospital	78(20)	96 (24)	24 (6)	89 (22)	113(28)
S. No.	Supporting services	Highly satisfied Frequency (%)	Satisfied Frequency (%)	Undecided Frequency (%)	Dissatisfied Frequency (%)	Highly Dissatisfied Frequency (%)
1.	Availability of stretcher /wheel chair during shifting to ward	47(12)	57 (14)	98 (25)	117 (29)	81(20)
2.	Signboards/Locating departments were available	64(16)	43(11)	178 (44)	54 (14)	61 (15)
3.	Provided bed, mattress, pillow, blankets and linen during stay	112(28)	148 (37)	81 (20)	32 (8)	27 (7)
4.	Frequent communication / counselling by Staff about patient condition and timing of discharge	96(24)	48 (12)	36 (9)	94 (24)	126 (31)
5.	Counselling about diet, care, medicine, immunization & follow-up at the time of discharge	112(28)	146 (37)	76 (19)	32 (8)	34 (8)

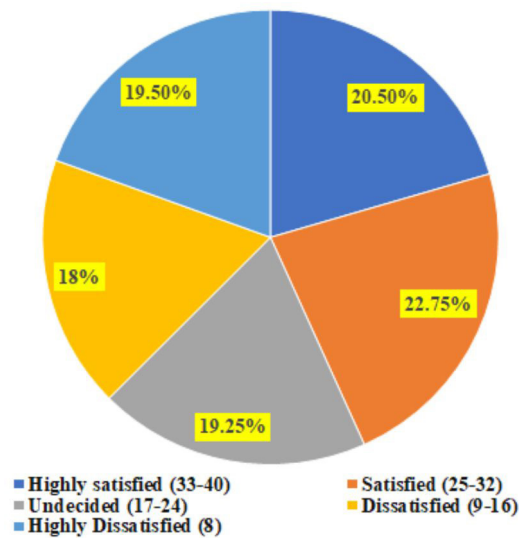


Figure 2: Proportion of study participant according to satisfaction level (score) regarding the behaviour of hospital staff and supporting services utilized during hospitalization

Table. No. 3. Association Between Socio-demographic Variables and satisfaction level for various entitlements utilized during delivery.

Socio demographic variables	Satisfaction status			Total N=400(%)
	Highly satisfied and satisfied N = 228 (%)	Neither satisfied and dissatisfied N=57 (%)	Dissatisfied and highly dissatisfied N=125 (%)	
Age (in years)	Frequency	Frequency	Frequency	
18-25	152 (53)	40 (14)	96(33)	288 (100)
>25	66 (59)	17(15)	29(26)	112 (100)
$\chi^2=2.08, df=2, P=0.354$				
Education of Study participant				
Upto Primary school	85 (52)	33 (20)	45 (28)	163 (100)
Middle school	97 (60)	15 (9)	50 (31)	162 (100)
High school and above	36 (48)	9 (12)	30 (40)	75 (100)
$\chi^2=11.36, df=4, P=0.023$				
Occupation				
Housewife	183 (54)	50 (15)	107 (31)	340 (100)
Unskilled worker	35 (58)	7 (12)	18 (30)	60 (100)
$\chi^2=0.56, df=2, P=0.758$				
Caste				
General and Other backward class	79 (37)	46 (21)	91 (42)	216 (100)
Scheduled caste	58 (67)	7 (8)	22 (25)	87 (100)
Scheduled tribe	81 (84)	4 (4)	12 (12)	97 (100)
$\chi^2=67.16, df=4, P^*=<0.001$				
Type of family				
Nuclear	104 (53)	25 (13)	66 (34)	195 (100)
Joint	114 (55)	32 (16)	59 (29)	205 (100)

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$\chi^2=1.46, df=2, P=0.482$				
Socioeconomic status				
Upper middle Class (II) & Middle Class (III)	29 (36)	13 (16)	39 (48)	81 (100)
Lower middle Class (IV)	110 (58)	17 (9)	62 (33)	189 (100)
Lower Class (V)	79 (61)	27 (21)	24 (18)	130 (100)
$\chi^2=28.68, df=4, P^* < 0.001$				
BPL card				
Yes	125 (59)	27 (13)	61 (28)	213(100)
No	93 (50)	30 (16)	64 (34)	187 (100)
$\chi^2=3.25, df=2, P=0.196$				

* Statistically significant

Table No. 4: Association between type and place of delivery with satisfaction level for various entitlements of JSSK utilized.

	Satisfaction status			Total N=400 (%)
	Highly satisfied and satisfied N =228 (%)	Neither satisfied and dissatisfied N=57 (%)	Dissatisfied and highly dissatisfied N=125 (%)	
Type of delivery	Frequency	Frequency	Frequency	Frequency
Normal	204 (59)	51 (15)	92 (26)	347 (100)
LSCS	14 (26)	6 (11)	33 (63)	53 (100)
$\chi^2=28, df=2, P^* < 0.001$				
Place of delivery				
SHC, PHC & CHC	62 (56)	20 (18)	29 (26)	111 (100)
SDH (Civil hospital)	98 (71)	15 (11)	26 (18)	139 (100)
DH & Medical college hospital	58 (39)	22 (15)	70 (46)	150 (100)
$\chi^2=35.10, df=4, P^* < 0.001$				

* Statistically significant

Discussion

54.5 % of the Study participant were surely Satisfied with the various entitlements of JSSK utilized during delivery. Dissatisfaction Proportion regarding the entitlements of JSSK was around 30%. More satisfaction was found in Free diagnostic and transport services available under JSSK. Similar finding was reported by Gupta M et al [7] that among pregnant mothers, all the respondents were satisfied with the availability of drugs and consumables. Similarly, 49 (98%) respondents were satisfied with the available investigation 24x7 (including laboratory services, ultra-sonography and electrocardiogram etc). Among pregnant mothers, 44 (88%) respondents were satisfied with

the transport service to and fro and referral services and 5 respondents were highly satisfied. 47 (94%) respondents were satisfied with the available free diet in the hospital. All the respondents i.e., 50 (100%) were happy and satisfied with the availability of free transport at the time of discharge. Another study done by Chauhan et al [8] observed that out of 64 beneficiaries who delivered at hospital, most 52 (81%) of them were satisfied and only 12 (18.75%) were found to be dissatisfied with the services received at place of delivery. A study carried out by Sharma P et. al. 67% of the women were satisfied with the benefits that they were getting through this program and about 33% participants in the study were not satisfied.[9]

A total of 43% of Participants in the present study were satisfied with behaviour of hospital staff and supporting services utilized during hospitalization. A study done by Gupta M et al [7] observed that among 50 pregnant mothers, 46 (92%) respondents were satisfied with the attention provided by them in indoor immediately. As far as nursing care and immediate attention, 46 (92%) and 48 (96%) respondents were satisfied respectively; only two to three respondents were highly satisfied with the nursing care and attention provided by the staff after admission respectively.

In present study Satisfaction level for supporting services was low out of which lowest for availability of stretcher /wheel chair during shifting toward (26%) and for signboards and locating departments (27%). Most of the study participants were satisfied with availability of bed, mattress, pillow, blankets and linen during stay (65%). Satisfaction level regarding counseling about diet, care, medicine, immunization & follow-up at the time of discharge was 65%.

Gupta M et al [7] found that majority of the respondent 's i.e. 45 (90%) had frequent communication about patient condition and about the discharge and were satisfied. At the time of discharge, a large majority of the respondents i.e. 47 (94%) were satisfied in relation to guidance about diet, medicine, care of the patients at home, immunization and further follow-up in the hospital. This difference in satisfaction level for various component in present study and study done by Gupta M et al may be due to different health facilities were involved in present study while Gupta M et al did his study in one tertiary care hospital. In tertiary care hospital there is better provision of care than rural health care delivery system. Association might be due to a study participant who belonged to General and OBC caste were more aware and knowledgeable about JSSK entitlement but because of underutilization of entitlements they were highly dissatisfied.

Similarly, association of socioeconomic status with satisfaction level for various entitlements utilized during delivery might be due to as socioeconomic status of the participants increases, they became more aware and knowledgeable about JSSK entitlement and because of underutilization of entitlements they were highly dissatisfied. Similarly

in present study the Association between type and place of delivery with satisfaction level was due to the reason that normal deliveries' study participants had low OOPE compared to LSCS and which in turn giving rise to more satisfaction among them.

Conclusion

The present study observed that out of total more than half of the study participants were satisfied with utilization of various JSSK entitlements whereas about one third of them expressed dissatisfaction with the services however most of the study participants (about 2/3rd) were satisfied regarding diagnostic services as well as with free transportation facility from home to hospital while highest dissatisfaction was observed for out-of-pocket expenditure incurred during hospitalization. About half of the study participants were satisfied regarding supporting services and behaviour of hospital staff. The association was found statistically significant between satisfaction level for utilization of various JSSK entitlements and education, caste, socioeconomic status of the study participants as well as for type and place of delivery. A robust monitoring and feedback mechanisms should be enabled in order to track the continuous improvement and responsiveness to the evolving needs and preferences of beneficiaries, which will further enhance the satisfaction levels.

Conflict of Interest: None

Source of Funding: Self

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