Effect of health education on SUMAN (Surakshit Matritva Aashwasan) Yojana among eligible couples at selected urban region, Maharashtra

Ms. Simmi Shankarrao Pande [1], Dr. Veda Vivek[2]
[1.] *MSC Nursing II-year Dr. Panjarao Deshmukh Nursing Institute, Shivaji Nagar, Amravati, Maharashtra*
[2.] *Principle of Panjabrao Deshmukh Nursing Institute, Shivaji Nagar, Amravati, Maharashtra*

***Abstract*—A pre-experimental design with one group pre-test post-test design was used to assess the Effect of health education on SUMAN (Surakshit Matritva Aashwasan) Yojana among eligible couples at selected urban region, Maharashtra. To collect data demographic variable & Effect of health education on SUMAN (Surakshit Matritva Aashwasan) Yojana among eligible couples at selected health center urban region, Maharashtra. before and after intervention after a pretest the health education was used among 120 eligible couple However, after one week, the post test was conducted among eligiblecouple to assess the Effect of health education on SUMAN (Surakshit Matritva Aashwasan) Yojana among eligible couples The findings revealed that before intervention, most participants had poor (46.67%) and average (33.33%) knowledge, with a mean score of 13.60 ± 4.31. After health education, knowledge significantly improved, with 59.17% having good and 34.17% having very good knowledge levels (mean score 22.81 ± 3.27). The mean difference was 9.20, and the calculated t-value (31.55) was highly significant at $p < 0.05$, indicating the effectiveness of the intervention.**

Significant associations were found between post-test knowledge and age ($p = 0.048$) and monthly family income ($p = 0.0001$). No significant association was observed with religion, type of family, type of diet, or source of information.

***Index Terms*— health education on SUMAN (Surakshit Matritva Aashwasan) Yojana among eligible couples at selected urban region, Maharashtra**

I. INTRODUCTION

The Union Government has started the SUMAN yojana, which aims to give expectant mothers, new moms, and babies access to high-quality healthcare for free. Regarding the plan: It seeks to give every mother and child who visits a public health institution with respectable, high-quality healthcare at no cost. In order to achieve optimal maternal and neonatal outcomes and lower the MMR to below 70 by 2030 in all states, safe pregnancy and the postpartum period are crucial milestone events. Systematic efforts must be undertaken to eliminate disparities in maternal health outcomes across the nation.[1] The program seeks to lower the nation's rates of maternity and infant mortality by offering every woman and child who visits a public health institution with dignified, high-quality care at no cost Additionally, the government will pay for free transportation from homes to medical facilities. In the event that issues arise, the expectant mothers will also have access to free C-sections and delivery at public health institutions[2]

People rejoice with the birth of a new baby all around the world. Women are respected for their position as mothers and are expected to bear children in their societies. The majority of the world views pregnancy and delivery as dangerous experiences. Every year, almost 500,000 women in developing nations pass away from illnesses connected to this life-giving event. If health systems could treat major and potentially fatal pregnancy and delivery issues as soon as they arise, women's lives could be spared and their suffering could be lessened. Because social economic progress and health are inextricably linked, neither can be accomplished without the other[3]

The Indian government launched Janani Shishu Suraksha Karyakram (JSSK) to reduce out-of-pocket expenses and increase the accessibility of health care services for sick newborns and pregnant mothers in public health facilities. Currently, JSSK offers benefits to both mothers and sick infants (Entitlements were extended to 1 year of birth subsequently).[4]

II.BACKGROUND OF STUDY

Government statistics show that India's rate of maternal death decreased from 0.25% of live births in 2004–2006 to 130 in 2014–2016. In addition, India's infant mortality rate decreased from 6.6% of live births in 2001 to 34 in 2016.The administration is concentrating on enhancing mental health facilities across the country in addition to giving priority to maternal and infant health.[5] The program is to encourage institutional deliveries among pregnant women who are below the poverty line throughout all of the states and Union Territories of the nation, with an emphasis on the states that perform poorly.

One of the main ideas put out to achieve the objectives was to assign a female Accredited Social Health Activist (ASHA) to each of the 1,000 villages. As a liaison between the community and the public health system, ASHA would be selected by and answerable to the panchayat. The Indian Ministry of Health and Family Welfare has initiated the SUMAN yojana, a statewide effort, to decrease out-of-pocket expenses and improve access to health care services for unwell newborns and pregnant women. Mothers and children make up a priority group; in underdeveloped nations, they make up roughly 71.4% of the population.[6]

III.OBJECTIVES

To Find Out the Effect of health education on SUMAN (Surakshit Matritva Aashwasan) Yojana among eligible couples at selected urban region, Maharashtra.

IV.MATERIALS AND METHODS

A quantitative research approach was adopted and one group pre-test posttest pre-experimental design was used for this study. The study was carried out in the selected at urban region of Maharashtra. The period of data collection was three weeks. has obtained formal permission from authorities concerned selected health centers of Maharashtra to conduct research study. Purposive sampling technique was used to select the eligible couples urban region Written consent was obtained from the samples and pretest has been assessed for all the 120 eligible couples urban region using demographic and Structured interview schedule for assessing knowledge. Then the health education was given for eligible couples urban region to whom the pre-test was conducted. After 7 days, the post test was taken and the data was analyzed.

Statistical Analysis The data was analyzed by descriptive and inferential statistics. Demographic data was analyzed using frequency and percentage, data from the questionnaire before and after health education administered was also analyzed using frequency, percentage and 't' test. The association between knowledge findings and demographic variables was found by using t test and one way ANOVA.

V-RESULTS

Table 1: Percentage wise distribution of Eligible Couples according to their demographic characteristics

n=120

Demographic Variables	No. of eligible couples	Percentage (%)
Age(yrs)	frequency	
19-24	26	21.7
25-30	27	22.5
31-36	36	30.0
≥37 years	31	25.8
Types of family	frequency	percentage (%)
Nuclear	57	47.5
Joint	63	52.5
Monthly family income(Rs)	frequency	Percentage (%)
Below Rs 10000	23	19.2
10001-15000 Rs	35	29.2
15001-20000 Rs	39	32.5
≥20001 Rs	23	19.2
Occupation Religion	Frequency	Percentage (%)

Hindu	30	25.0
Muslim	30	25.0
Buddhist	33	27.5
Christian	27	22.5
Type of diet	Frequency	Percentage (%)
Vegetarian	36	30.0
Non vegetarian	41	34.2
Both	43	35.8
Source of information	Frequency	Percentage (%)
Health care worker	50	41.7
Newspaper	40	33.3
Television	30	25.0

Assessment of effectiveness of Health Education on knowledge regarding SUMAN Yojana among eligible couples.

Table 2: Significance of difference between knowledge score in pre-test and post- test of Eligible Couple

n=120

Test	Mean	SD	Mean Difference	t-value	p-value
Pre Test	13.60	4.31	9.20±3.19	31.55	0.0001
Post Test	22.81	3.27			S,p<0.05

This table shows the comparison of pretest and post test knowledge scores of eligible couples regarding SUMAN (Surakshit Matritva Ashwasan) Yojana from selected areas. Mean, standard deviation and mean difference values are compared and student's paired 't' test is applied at 5% level of significance. The tabulated value for n=120-1 i.e. 119 degrees of freedom was 1.98. The calculated 't' value i.e. 31.55 are much higher than the tabulated value at 5% level of significance for overall knowledge score of eligible couples from selected area which is statistically acceptable level of significance. Hence it is statistically interpreted that the Health Education Programme on knowledge regarding SUMAN(Surakshit Matritva Ashwasan) Yojana among eligible couples from selected areas was effective. Thus the H1 is accepted.

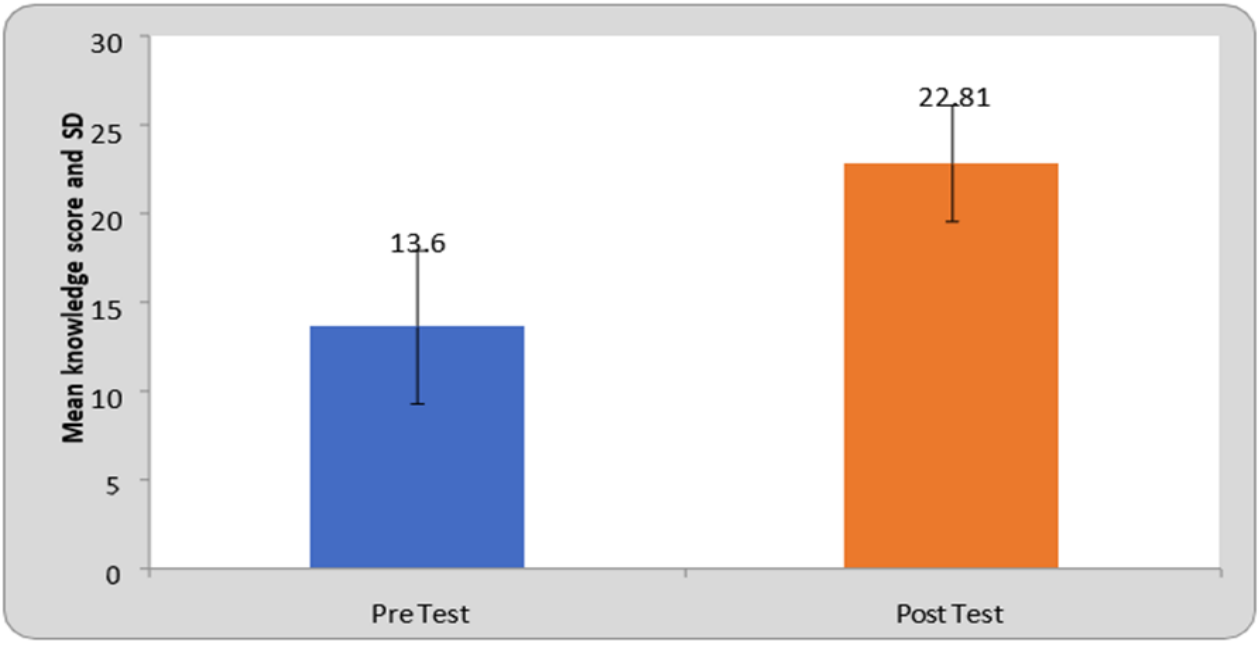

Fig:1.1 Significance of difference between knowledge score in pre and post test of Eligible Couples

IV.DISCUSSION

The present study evaluated the effectiveness of health education on knowledge regarding the Surakshit Matritva Aashwasan (SUMAN) Yojana among eligible couples. The findings revealed that most participants initially had poor knowledge (46.67%) with a mean pre-test score of 13.60±4.31 (45.36%). After the intervention, knowledge improved significantly, with 59.17% having good and 34.17% very good knowledge, and the mean post-test score increased to 22.81±3.27 (76.05%). The calculated t-value (31.55) was much higher than the table value (1.98), indicating a highly significant difference. A significant association was found between post-test knowledge and age (p=0.048) and monthly income (p=0.0001), while other variables showed no association. Overall, the study confirms that health education is highly effective in improving awareness and knowledge among eligible couples.

VI.CONCLUSION

From the findings of present study, it was concluded that the pre- intervention demographic variables of eligible couples were more or less similar revealing had similar characteristics. Percentage of knowledge and the mean scores of eligible couples were more or less similar before intervention. However ,after an intervention, the percentage of knowledge and the mean scores eligible couple on SUMAN Yojana were significantly increased. There was a significant difference between pretest and posttest knowledge scores.

Thus, it was concluded that the Health Education on SUMAN Yojana as a method of teaching was effective among eligible couples

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REFERENCES

[1] Sinhgad.edu. [cited 2023MarAvailablefrom: http://www.sinhgad.edu/SinhgadNursingCollegeeJournal/Volume_XI_Issue_L_June_2021/4.pdf

[2] ForumlAS. Surakshit Matritva Aashwasan (SUMAN) scheme[Internet]. ForumlAS Blog. 2019[cited 2023 Mar 1]. Available from: http://blog.forumias.com/surakshit-matritva-aashwasan- suman-scheme/

[3] Lpu.in.8080[cited 2023Mar1]. Available from:dspace.Ipu.in:8080/jspui/bitstream/123456789/2894/1/11505656

[4] International Research Journal of Modernization in Engineering Technology and Science (Peer-Reviewed, Open Access). International Research Journal of Modernization in Engineering Technology and Science (Peer- Reviewed, Open Access, Fully Refereed International Journal). 2022;

[5] Sinhgad.edu.[cited2023MarAvailablefrom:http://www.sinhgad.edu/SinhgadNursingCollegeeJournal/Volume_XI_Issue_L_June_2021/4.pdf

[6] International Journal of Research in Medical Sciences October 2017 | International Journal of Research inMedical Sciences. 2017;10.