

**“UTILIZATION OF SERVICES AND LEVEL OF
SATISFACTION AMONG BENEFICIARIES
UNDER JANANI SHISHU SURAKSHA
KARYAKRAM AT SELECTED URBAN AREA OF
JODHPUR.”**

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In partial fulfillment of the requirement for the degree

Master of Science in Nursing
(Community Health Nursing)

By

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[2021]**

DECLARATION BY THE CANDIDATE

I hereby declare that the thesis entitled “Utilization of services and level of satisfaction among beneficiaries under Janani Shishu Suraksha Karyakram at selected urban area of Jodhpur.” is a bonafide work carried out by me under the guidance of Mrs. Mamta, Assistant Professor, College of Nursing, All India Institute of Medical Sciences, Jodhpur & Mrs. Gomathi A., Associate Professor, College of Nursing, All India Institute of Medical Sciences, Jodhpur. No part of this thesis has formed the basis for the award of any degree previously.

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Date-

LIST OF ABBREVIATION USED

ANC= Antenatal Care

ANM= Auxiliary Nursing Midwife

df = Degree of freedom

IEC= Information Education & Communication

f = frequency

IMR= Infant Mortality Rate

JSSK= Janani Shishu Suraksha Karyakram

JSY= Janani Suraksha Yojana

MDG= Millennium Development Goals

MoHFW= Ministry of Health & Family Welfare

MMR=Maternal Mortality Rate

N= Number

NFHS= National Family Health Survey

NRHM= National Rural Health Mission

NSSO=National Sample Survey Office

OOP= Out of Pocket

SD= Standard Deviation

SRS= Sample Registration System

WHO= World Health Organization

X^2 = Chi square

ABSTRACT

Introduction: Improving the maternal and child health and their survival are central to the achievement of national health goals under the National Rural Health Mission. The Govt. is doing its best to provide services to mothers and newborns & focus on increasing no. of institutional deliveries. Despite of continuous efforts still the 100% rate of institutional deliveries has not been achieved. The present study was planned to assess the utilization and level of satisfaction among beneficiaries under Janani Shishu Suraksha Karyakram.

Methods: This study was conducted at Pratap Nagar, Distt.-Jodhpur, Rajasthan. 288 Women registered and delivered in Govt. and accredited health facilities of Jodhpur in last 6 months were recruited for study by convenient sampling technique. Data were collected through face to face and telephonic interview method. Self-structured JSSK service utilization checklist and satisfaction scale were used for data collection.

Results: Results of the study shows that mean age of the women was 24.13 ± 3.52 years. 85.1% of women didn't utilized free transport from home to healthcare facility. Only 13.5% of women fully utilized free transport services for referral and very scanty (1.7%) women received cash incentives for transport. More than half of women had fully utilized free food during hospitalization. Majority of women fully utilized free drugs (95.1%), consumables (92.4%), free test & diagnostics during ANC (97.9 %) and free test & diagnostics during hospitalization (94.4%). Out of 288 women only 61 mothers utilized JSSK services for their newborns during this period. More

than half (55.5%) newborn didn't utilize the free transport from healthcare facility to home and from home to health facility. Majority (91.8%) of newborn had fully utilized free drugs & consumables. About 83.6% of newborn utilized free blood test and diagnostics. 100% of participants exempted from user charges (both women and newborn). About 67.40% of women were satisfied with JSSK's services. Mean satisfaction score was 62.50 ± 10.06 which infers that majority of women were satisfied with various JSSK services. There was significant association of satisfaction level with Monthly Family Income (p value=0.044).

Conclusion: The study findings showed that majority of women didn't utilize free transport from home to healthcare facility. Most of the women fully utilized the other services like free food, free drugs, free test and diagnostics (both women and newborn). It has been found that in spite of availability of all services for women and children in Govt. health facility this group is not fully utilizing all the services due to one or more reasons. There is need to look upon various barriers for the non-utilization of JSSK services and accordingly strategies should be planned and implemented.

Keywords: Beneficiaries; JSSK; Satisfaction; Utilization; Newborn; Women

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CHAPTER I

INTRODUCTION

INTRODUCTION

“Maternal health remains a staggering challenge, particularly in the developing world. Globally, a woman dies from complications in childbirth every minute.”

(Jessica Capshaw)

BACKGROUND OF THE STUDY:

Over the few decades, maternal and child health has made progress due to advancement in conceptual approach, technology and social prioritization. In developing countries, in spite of these attempts, mother and child health issues pose a major concern which affects the community. The main reason for this problem in many countries may be women's disadvantaged position and lack of awareness about women's health & life.¹

As per WHO (2017) global estimates, everyday 810 women dies because of pregnancy and childbirth. Globally, 29 infants die out of 1000 live births.²

(Table1)

Table 1: Geographic region wise maternal deaths (WHO 2017)

Region	Maternal deaths
Lower-middle income country	94%
South East Asia	86%
India	19%

In India, around 67000 women die because of pregnancy and associated complications and about 13, 00000 infants die before their first birthday every year. About 9 lakhs of infants die within first 28 days of life, out of which around 75% die within first week of life. During infants life first 28 days are foremost and significant period of time to save the lives of infants. Maternal and child deaths can be prevented to some extent by timely access to essential and emergency quality care, in Govt. health centers without any out of pocket expenditure (OOP) on the family.³

In India, a significant amount of health expenditure is usually borne by households (61.8%) followed by the government health agencies and external flows (28.2%). Often, this health expenditure is a huge burden for the lower income households.⁴

Previous researches revealed that socio-demographic variables like household wealth, mother's educational status, marriage age, religion are vital factors affecting the institutional delivery. Various studies conducted across the nation tend to explore various contributory factors deciding choice of place of delivery. Awareness regarding pregnancy complications, various cultural beliefs, availability and access to health facilities, availability of drugs, social support, perceived health benefits and risks related to care of mother and child were some main contributory factors.⁴

National Rural Health Mission (NRHM) and Millennium Development Goals (MDG) major emphasis is on improving maternal and child health. ⁴ The Govt.

is doing its best to provide services to mothers and newborns & focus on increasing no. of institutional deliveries. Despite of continuous efforts still the 100% rate of institutional deliveries has not been achieved. According National Family Health Survey-IV (NFHS-IV) reports, hospital deliveries rate has been increased from 38.7% to 78.9% from 2005-06 to 2015-16. Various reasons for not achieving 100% institutional delivery rates have been cited in various studies, especially in the rural areas. Higher cost is reported as a major factor for not delivering in health care institution among women of rural areas compared to urban areas. Distance and lack of transportation were also reported as other prominent reasons.⁵

According to report of Sample registration system (SRS) bulletin 2019 the rate of institutional delivery is 84% in Rajasthan. Due to Janani Suraksha Yojna (JSY), hospital deliveries have been enhanced throughout the country but there are few limitations such as high OOP expenditure mainly for buying of drugs, and transport, incurred by families.⁶

The ministry of health & family welfare (MoHFW) initiated Janani Shishu Suraksha Karyakram (JSSK) in 2011 with purpose to tackle out of pocket expenditure (OOP) for expecting females for institutional delivery. The scheme has targeted to cover more than 12 million pregnant women. Under this scheme; free and cash less delivery service is provided for normal delivery, caesarian section, drugs and consumables, diagnostics, food during hospitalization, blood transfusion, and transport facility from home to health centre and vice versa. The cash less service benefits are also extended to the

newborn if they got hospitalized till 30 days after birth. The free and cash less services are provided under this scheme for newborn are free transport from home to healthcare facility and vice-versa, free transport for referral, free test and diagnostics, free blood transfusion facility , free availability of all consumables and exemption from all user charges during the period of hospital stay.⁷

Over the years, interest has heightened in determining factors on health care seeking behavior. According to "three delays" model, the three suppressors to health care service utilization are delayed decision in seeking care, delay in timely reach to an adequate health care facility and the delay in receiving quality care at specified healthcare agency.⁸

In previous years, it has been found from various statistics from wide range of studies that quality of services can improve the overall utilization of health care services. Greater utilization of health services can be enhanced through simply maximizing quality as well as access to that services and satisfaction of consumers. It has been observed that easy access helps to determine whether health consumer has made an attempt to contact health provider. Further the quality of healthcare also influences consumer's decision to accept or not to accept that service.⁹

Various research studies carried across the nation reported to have varied utilization of health services under JSSK. A study conducted by Mondal J et. al in the year 2015 revealed that 24% of women utilized free transport to and

from health facility to home.¹⁰ Another study conducted by Tyagi U et. al.¹¹ reported that 19% of beneficiaries fully utilized the free transport service. OOP on transport and investigation has been reported by a study conducted by Rupani MP et. al.¹² A study conducted by Tripathi N, Saini SK, and Prinja S reported that after JSSK program implementation out-of-pocket expenses have reduced, but the risk of unprecedented health expenses is still burdensome among the women under benefit of JSSK.¹³ National sample survey organization (NSSO) Survey report (75th round) reported that (July 2017 to June 2018) in rural area the institutional delivery has increased from 41% to 68%, the utilization of antenatal care services in Govt. health institution has been increased from 28% to 76% and Number of women who availed Post Natal Care services in Govt. health institution has been increased from 40% to 75% (from 2014 to 2017-18). On the other hand in urban area the institutional deliveries has been increased from 31% to 48%, the utilization of antenatal care services in Govt. health institution has been increased from 37% to 53%, the number of women who availed postnatal care services in Govt. health institution has been also increased from 31% to 51% (from 2014 to 2017-18). The reviews have highlighted that acknowledgement & information education & communication (IEC) on JSSK requires more advancement & the OOP need to be monitored by State and District authorities. OOP on drug, diagnostics and referral transport still exists. Further emphasis on entitlements for new born and infants requires further improvements.¹⁴ It has been found that there is wide scope to refine the services such as food, drugs and consumables, test & diagnostics and infrastructure.³

Satisfaction of beneficiaries availing health services is one of the most important components leading to usage of those services. Satisfaction is also affected by various factors like easy access to health care institution, better physical facilities, better health care services in terms of standards & behavior of care provider. One of the study revealed that the women were more satisfied with supporting services especially transport facility.

Various studies and statistics across the country suggest that there is a need of improvement in services provided by public healthcare facilities and implementation of national health programs for maternal & child health. There is also a need to find out the barriers which affects the utilization & satisfaction of people seeking healthcare services in public healthcare facilities.

NEED OF STUDY:

According to World Bank report (2018) the maternal mortality ratio is 211 per 100000 and infant mortality rate (IMR) is 28:1000 live births in world.¹⁵ In India, MMR is 130 per 1 lakh live births and IMR is 30 per 1000 live births.¹⁵ For Rajasthan, India the report of SRS bulletin 2019 shows IMR is 38 per thousand live births and MMR is 199 per 100000 live births. The rate of institutional delivery is 84% in Rajasthan.¹⁶

Government of India initiated several health programs and schemes to improve the institutional deliveries with the ultimate goal to reduce Maternal Mortality Ratio (MMR). Janani Suraksha Yojana (JSY) is a scheme initiated under National Rural Health Mission which offers the conditional cash

transfer. The JSY led to 8% (29.8% to 37.8%) increase in the institutional deliveries between 2004 to 2008. A national level survey analysis indicated 42% JSY beneficiaries prefer public sector deliveries. In the year 2011, further to enhance the MCH services utilization, Govt. of India launched the Janani Shishu Suraksha Karyakram. JSSK provides free and cashless delivery service in the Govt. sector health facilities.¹⁷

However, there are a lot of women who still hesitate to access Govt. health institution for delivery services. There are many factors which affect the access to health care facilities like higher OOP on Diagnostic tests, Blood transfusion, Medicines, Diet & Transport. OOP is causing major hindrance for utilizing the services in Govt. health facilities for them and their newborn. Thus these conditions are hindering the fulfillment of the goal of NRHM which is to provide the affordable and accessible health care facilities.¹⁸

It has been found that in spite of these programs for increasing the institutional deliveries 100% rate has not been achieved. No. of studies has been conducted across the nation which shows that there are still some factors which hampers the 100% utilization of JSSK services. There are no such studies have been conducted in western region of the India prominently Rajasthan previously. So the current study was planned to assess the utilization and level of satisfaction of services under JSSK scheme among women.

AIM OF STUDY:

The aim of this study was to determine the Utilization of services and level of satisfaction among beneficiaries under Janani Shishu Suraksha Karyakram.

PROBLEM STATEMENT:

“Utilization of services and level of satisfaction among beneficiaries under Janani Shishu Suraksha Karyakram at selected urban area of Jodhpur.”

OBJECTIVES:

1. To assess the utilization of services under Janani Shishu Suraksha Karyakram among beneficiaries at selected areas of Jodhpur.
2. To assess the level of satisfaction of beneficiaries with services provided under Janani Shishu Suraksha Karyakram at selected areas of Jodhpur.
3. To determine the association of level of satisfaction with selected socio-demographic variables.

OPERATIONAL DEFINITIONS:

Beneficiaries: The women registered and delivered in Govt. and Accredited private health facility of Jodhpur in last 6 months who received the services for herself and her newborn under Janani Shishu Suraksha Karyakram.

JSSK: The scheme is to benefit pregnant women and their newborn who access Government and Accredited health facilities for their delivery. The initiative entitles all pregnant women and newborn delivering in public health

institutions to absolutely free and no expense delivery, including caesarean section.

Utilization: It refers to the effective and practical use of JSSK services like free and cashless delivery including C-section, free transport, diet, drugs and investigations by women and her newborn who registered & delivered in Govt. and Accredited health facility and assessed with help of a self-structured utilization checklist.

Satisfaction: Fulfillment of expectations of the women who received the services under Janani Shishu Suraksha Karyakram and measured with a self-structured satisfaction scale.

ASSUMPTIONS:

1. The women would have utilized the services of JSSK who registered and delivered in Govt. and accredited private health facility in last 6 months.
2. The women would be satisfied with the services of JSSK.

DELIMITATION:

1. The study was delimited to the postnatal women who have registered & delivered in Govt. and accredited private health facility in last 6 months.

SUMMARY OF THE CHAPTER:

This chapter covered introduction and study background, need, problem statement, objectives, operational definitions, assumptions and delimitation of the study.

CHAPTER II

REVIEW OF

LITERATURE

REVIEW OF LITERATURE

Conducting a research study is very systematic and organized process. One of the most important step in the whole process is reviewing literature to collect baseline knowledge and evidence. A review is a description and analysis of the literature relevant to particular field. Review of literature was done to assess in-depth information regarding the Utilization of services and level of satisfaction among beneficiaries under Janani Shishu Suraksha Karyakram and in further exploring the research question & design the research methodology.

The review of literature has been categorized into 2 sections.

Section-1: Utilization of services of JSSK and factors affecting service utilization.

Section-2: Level of satisfaction related to services under JSSK.

SECTION-1: REVIEW RELATED TO UTILIZATION OF SERVICES

Mumbare SS, Rege R ¹⁹ carried a cross-sectional study to determine utilization of ANC services, delivery practices and factors affecting among mothers who delivered within last one year at two tribal blocks of Nashik District, Maharashtra, India in 2011. It was found that about 64.76% mothers utilized the ANC services. Study also revealed that about 34.29% of mothers had home deliveries and 15.24% of mothers had their home deliveries by untrained persons.

Chaudhry S, Rohilla R, Kumar V, Kumar S¹⁸ conducted a cross-sectional study to evaluate Janani Shishu Suraksha Karyakram scheme and out of pocket expenditure among 200 delivered mothers from July 2013 to Sep. 2014 in rural area of Haryana. A semi-structured interview schedule was used for data collection. Result showed that about 134 study subjects delivered in government institutions and were eligible for receiving the benefits of JSSK. About 30% of subjects delivered in private health facilities and 17% newborns were sick within 30 days of birth. About 83.5% subjects had OOP expenditure with median cost of Rs.1100. Most of the study subjects had given the suggestion for the availability of ultrasound facility, cooperative staff and crowd management in hospitals.

J Mondal, DK Mukhopadhyay, S Mukhopadhyay and Sinhababu A¹⁰ conducted a cross-sectional study to assess the awareness of recently delivered women regarding JSSK and estimate the cost of institutional delivery and its differentials in a rural community of Bankura, West Bengal, India among 210 women who delivered in last one year. Result showed that 12.9% of women were aware to all components of JSSK; highest awareness (77.1%) was for admission and lowest awareness (29.0%) was for blood transfusion. The Median cost of normal delivery was found to be 3.6 times more in private facility as compare to governmental health facility.

Mitra S, Saha S, Haldar D, Sarkar AP, Biswas D, Sarkar GN²⁰ conducted a cross-sectional evaluation study by using mixed method approach on Evaluation of Janani-Shishu Suraksha Karyakram in a Community

Development Block of District Bankura, West Bengal, India among 120 mothers and infants from its thirty sub-centers in 2015. Result showed that only 13.3% and 3.3% lots were acceptable for awareness regarding JSSK and 16.7% and 13.3% lots were acceptable for utilization for mothers and infants respectively. About 9.2% mothers and 7.5% attendants of infants were aware regarding JSSK and utilization of services was 20.5% & 10.75% for mothers and infants respectively. Whereas out of pocket expenditure was considered the estimated cost was INR 690,651 & 250, 545 (median, IQR) for mothers and infants respectively. The indirect costs were INR 540,618 and 300,460 for mothers and infants respectively.

Tyagi U, Pattabi K, and Kaur P¹¹ conducted a cross-sectional survey on utilization of services under JSSK for institutional deliveries in public health facilities among women in Public sector facilities of District Sirmaur, Himachal Pradesh, India. Structured questionnaires were used to collect data from mothers. Result showed that about 60% of mothers received the full benefits under JSSK during hospital stay and 19% of mothers received the full transport benefits. About 96% and 86% of mothers received the free diagnostics and free drugs respectively. The study revealed that the 40% of mothers had median out of pocket expenditure of Rs. 210 during hospitalization and about 81% of mothers had the out of pocket expenditure of Rs. 420 in transportation. Although JSSK benefitted the mothers who utilized the public health sectors but there is out of pocket expenditure on drugs, consumables and transport.

Issac A, Chatterjee S., Srivastava A & Bhattacharyya S²¹ conducted a cross-sectional analysis to assess the out of pocket expenditure for delivery in public health facilities among 558 recently delivered women at four public health facilities of Uttar Pradesh, India. The result revealed that the median out of pocket expenditure was INR 700. The significant predictors for high OOPE were caste, type of delivery, and presence of ASHA. About 76% women were dissatisfied due to OOPE during hospitalization for delivery.

Mir, M. Rafiq, Jan Rifat. & H Munshi²² conducted a cross-sectional study to assess the socio-demographic factors which influence the utilization of antenatal health care services under JSSK among mothers who delivered in last 6 months in district Ganderbal, Kashmir. Result revealed all of the pregnant women were registered at government health centre. All of them received Tetanus toxoid immunization. More than 2/3rd of the women regularly visited the health facility for routine health checkups. Overall utilization of antenatal services was good. Women preferred government health facility for antenatal health care services as compare to private health centres.

Barua K, Baruah R, Ojah J, Saikia AM²³ conducted a cross-sectional study to assess the factors influencing utilization of free delivery care under JSSK among 387 mothers with infants from August 2013 to July 2014 in rural areas of Kamrup district in Assam, India. Results showed that 83.2% of beneficiaries utilized the free delivery care. It is found that factors i.e. education, age, socioeconomic status, early registration and parity were significantly

associated with utilization of free delivery care services. Lower age, Poor socio economic status, Socio-economic class III and below, early registration and single parity were found to be predictors for utilization of the services

Revu S, Kodali V R, Dongabanti H D ²⁴ conducted an observational study to assess the impact of Janani Shishu Suraksha Scheme on institutional deliveries and maternal mortality rate among women whose deliveries occurred in Vishakhapatnam district from year 2014-2017. For a period of one month a point survey was done at Victoria Government Hospital. After that a comparative analysis was done to compare the MMR & IMR of Vishakhapatnam district and Andhra Pradesh state with India. Result showed that among all women who delivered in VGH about 87.8% of women were unaware of JSSK program. Socio-economic status, education and parity had significant role for bringing out the awareness among women. The most of women got aware through anganwadi workers, ANMs and advertisement in media. Majority (98.9%) of women were satisfied with the health services provided at VGH.

Salve HR, Charlette L, Kankaria A, Rai SK, Krishnan A, Kant S ¹⁵ done a record review to assess the impact of JSSK on institutional delivery at the Primary Health Care Facility in Haryana. Focus group discussions were conducted to explore various factors determining use and non-use of health facilities for delivery. Result showed that after launch of JSSK the institutional deliveries has increased by 2.7 times ($p < 0.001$). The ambulance service and family pressure has been identified as most important enablers as well as

barriers for institutional deliveries respectively.

Singh SK, Kaur R, Prabhakar P K, Gupta M, Kumar R²⁵ conducted a study to evaluate the impact of increased institutional deliveries in India on perinatal mortality. Sample registration system reported hospital delivery rate and perinatal mortality rate was used on representative sample in rural areas of India. It has been found that the hospital deliveries have increased from 24.4 % to 69.7% from 2005 to 2013 & perinatal mortality rate was also declined from 40 to 28 per 1000 live births. It had also been found that there was a significant correlation between the increase in hospital delivery rate and decline in perinatal mortality rate ($r=0.4, p=0.04$).

Chowdhury D, Chakraborty A, Minz S, Muliyl D, Lahiri A¹ conducted a cross-sectional study to assess the utilization of Janani Shishu Suraksha Karyakram among rural women of South 24-Pargans district of West Bengal. Interview method was used for data collection. Result revealed that the mean age of the mothers was 23.58 ± 4.36 years. During ante-natal period 74.6% of the respondents in delta regions did not undergo any diagnostic tests. In Kolkata-nearing non-delta regions, majority of the respondents 92.8% utilized exclusively government hospital for diagnostic tests. In delta regions most of the deliveries 78.8% happened at home. After delivery in government/accredited facility, majority of women did not get the free drop-back facility. While 18.4% of the respondents from delta region utilized free diagnostic services, 16.9% utilized the free delivery services. A marginally higher utilization of free transportation among the respondents of non-delta

region was observed for transport back to home.

Vora KS, Saiyed SL, Mavalankar DV ²⁶ conducted a community based survey to assess the quality of free delivery care and to examine the differences in the quality of care between public sector and accredited private health facilities among all pregnant women of the reproductive age at selected districts of Gujarat in 2018. Result showed that subjects perceived the good quality of care in both public health facility and accredited private health facilities. Private sector was perceived to have better quality of care in respect to free delivery service.

SECTION-2: REVIEW RELATED TO LEVEL OF SATISFACTION

Kumari R, Idris M Z, Bhushan V, Khanna A, Agarwal M, Singh SK ²⁷ conducted a cross-sectional study to assess causes of poor satisfaction and suggestive methods for improvement among the patients attending the outpatient department (OPD) of Public health institution of Lucknow. It has been found that in tertiary health care institution about half of the beneficiaries found difficulty to access the health care facility and more than half of the beneficiaries reported that it took more than half an hour for waiting. The study findings reported that more than half of women were least satisfied with the Outpatient department and presence of signboard. The study reported that at all the levels of health care institution women were more satisfied with the doctor-patient communication. It had also been found that at primary level the women were less satisfied with the investigation and consultation as compare to the other healthcare facility. It was found that the main reason for

attending the secondary and tertiary health care facilities was the faith in the care provider of those institutions.

Das P, Basu M, Tikadar T, Biswas G C, Mridha P, Pal R²⁸ conducted a descriptive case series to assess the satisfaction regarding maternal and child health services & to know the client's suggestion for improving the MCH services among the clients attending the maternal and child health clinics at Rural Health Unit and Training Centre, Singur, west Bengal . It has been found 54.31% client expressed satisfactory response, 23.5% responded good and 20% responded poor or very poor on maternal and child health services. About 74% women responded good and were satisfied with assessment of doctors and 73% women were satisfied with the quality of nursing staff's services. Whereas a little response given by women regarding suggestions for improving the satisfaction level.

Gupta AK, Gupta MB, Mazta SR³ conducted a study to assess the level of satisfaction among beneficiaries under Janani Shishu Suraksha Karyakaram (JSSK) at regional hospital Nahan (H.P.) Hospital data of 30 to 70 eligible beneficiaries in 2012. The study findings revealed that the beneficiaries were more satisfied with the supporting services provided in hospital especially the availability of transport facility i.e. National Ambulance services (108), specifically the attendant of infants were satisfied.

Gebre Eyesus FA, Assimamaw NT, GebreEgziabher NT, Shiferaw BZ²⁹ conducted a cross-sectional study to determine the satisfaction of mothers

regarding immunization service for their children and the factors associated with the satisfaction among mothers of infants in district Wadla, North wollo, Ethiopia. The study findings revealed that the overall maternal satisfaction was 68.2% regarding childhood immunization. It has been found that there are various factors which were significantly associated with level of satisfaction that were short waiting time, awareness about current vaccine and its dosage and next immunization schedule.

SUMMARY: This chapter dealt with the literature review regarding Utilization and Satisfaction regarding services of JSSK and maternal satisfaction regarding newborn care services. The review was done under two sections i.e. Utilization of JSSK services and Satisfaction of mothers regarding JSSK services.

CHAPTER III

METHODOLOGY

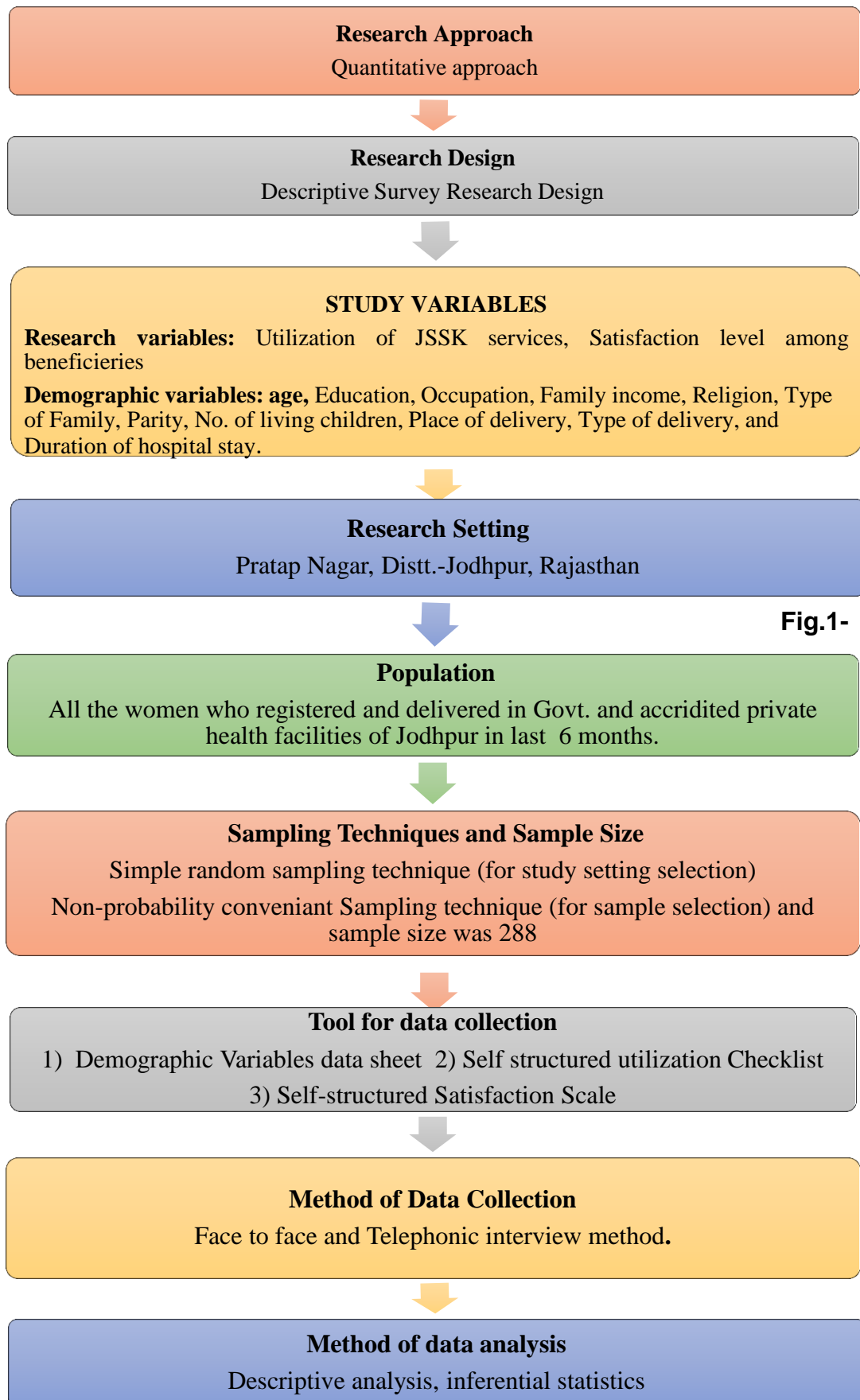


Fig.1-

Flow Chart of Methodology

METHODOLOGY

Research methodology is an organized schematic way to find solution to research query. Methodology includes the steps, procedure and strategies for gathering and analyzing the data related to research investigation. This chapter dealt with research methodology adopted for “Utilization of services and level of satisfaction among beneficiaries under Janani Shishu Suraksha Karyakram at selected area of Jodhpur” which gives detailed description about research design, research setting, population, sample, sampling technique, sampling criteria, data collection tools, tool validity, ethical consideration, pilot study, tool reliability, procedure for data collection, data analysis and interpretation.

RESEARCH APPROACH

Quantitative research approach was used in present study as it focused on assessing the utilization and satisfaction among beneficiaries under JSSK.

RESEARCH DESIGN

Non-experimental Descriptive Survey Research Design was used to assess the utilization and satisfaction among beneficiaries under JSSK.

STUDY SETTING

Study was conducted at Pratap Nagar, Distt.-Jodhpur, Rajasthan. This is an urban area under Sursagar Zone having 5 wards i.e. ward no.17, Ward no.18, ward no. 19, ward no.30 and ward no.31. According to ANM data (2019) at

present the total population of the area is 101054. For present study two wards were randomly selected from these 5 wards by lottery method and thereafter anganwadis in those selected wards were identified and approached.

STUDY VARIABLES

Research Variables

1. Utilization of JSSK services
2. Satisfaction level among Beneficiaries

Demographic Variables

Age, Education, Occupation, Family income, Religion, Type of Family, Parity, No. of living children, Place of delivery, Type of delivery, and Duration of hospital stay.

TARGET POPULATION

All the women who registered and delivered in Govt. and accredited private health institution of Jodhpur in last 6 months and received the services of Janani Shishu Suraksha Karyakram for self and her newborn.

ACCESSIBLE POPULATION

The women who registered and delivered in Govt. institution of Jodhpur in last 6 months and received the services of Janani Shishu Suraksha Karyakram residing at Pratap Nagar and were available during data collection.

SAMPLE

Women residing at Pratap Nagar of Jodhpur who registered and delivered in Govt. and accredited private health facilities of Jodhpur in last 6 months and received the services of Janani Shishu Suraksha Karyakram for herself and her newborn.

SAMPLE SIZE AND SAMPLING TECHNIQUE

Sampling technique:

a. Study setting:

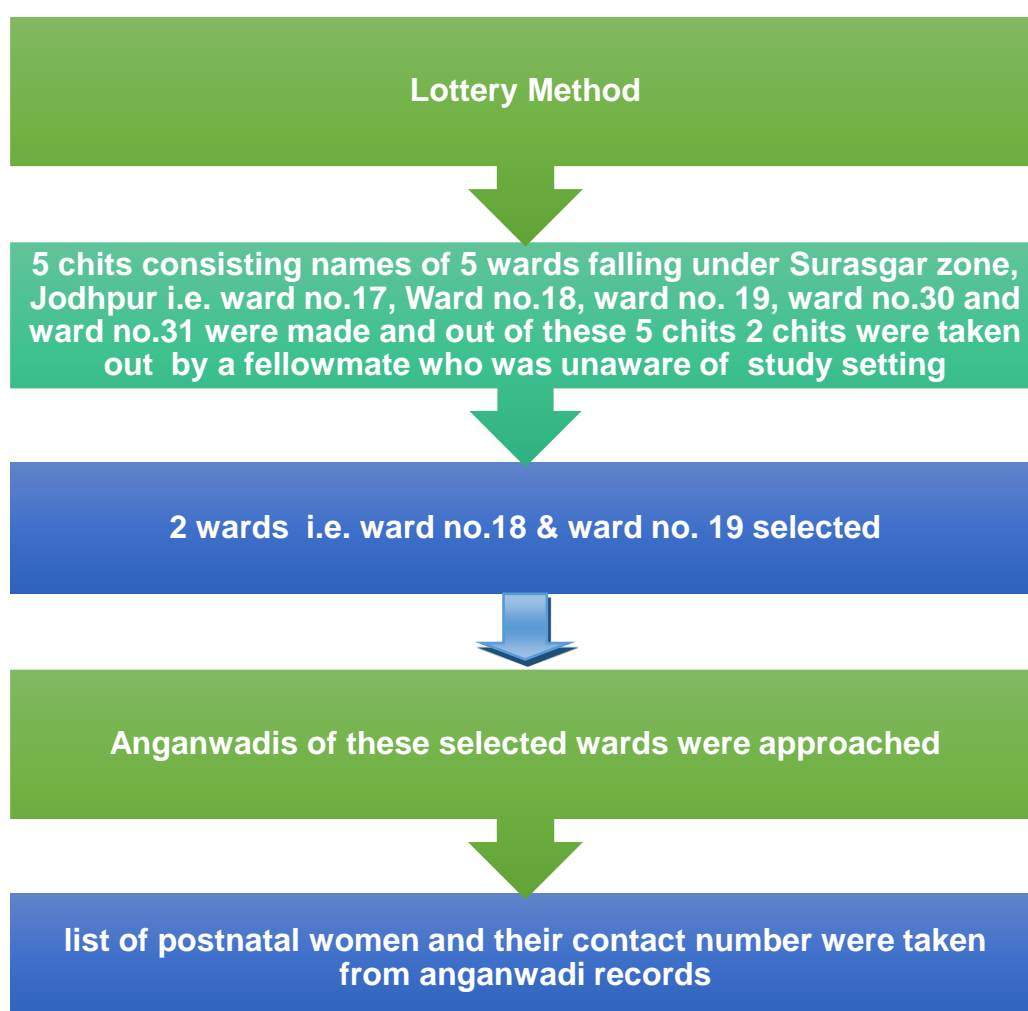


Fig.2- Flow chart of study setting selection (Simple Random Sampling Technique)

- b. **Study sample:** Study subjects were recruited through Non-probability convenient sampling technique.

Sample size: Sample size was calculated by Estimation of Proportion (Denial Formula).

A study conducted by Indian Institute of Health Management and Research (2012) reported that utilization of JSSK was 75% in Rajasthan.¹⁸

$$N = Z^2_{(1-\alpha/2)}(p \times q) / d^2$$

95% is CI then $Z_{(1-\alpha/2)} = 1.96$

$p = 75\%$

$d = 5\%$

$q = 1 - p$

$$N = (1.96)^2(0.75 \times 0.25) / (0.05)^2$$

$$N = 288$$

CRITERIA FOR SAMPLE SELECTION: The study sample included women who were

1. Registered and delivered in govt. and accredited private health facility in last 6 months.
2. Available during data collection.
3. Willing to participate in study.
4. Able to understand Hindi.

DATA COLLECTION TECHNIQUE: Face to face interview & telephonic interview (from those study subjects from whom data collection through face to face interview was not feasible) method was used for collecting data to assess the Utilization of services and level of satisfaction among beneficiaries under Janani Shishu Suraksha Karyakram.

DEVELOPMENT AND DESCRIPTION OF TOOL (APPENDIX-II)

Based on the objective of the study, the below mentioned tools had been prepared by reviewing literature, referencing books, journals, previous studies and guidance of guide & co-guide. It comprises of three sections:

SECTION 1: Demographic variables datasheet which includes Age, Qualification, Occupation, Monthly income, Type of family, Parity, Religion, Place of delivery, Duration of hospital stay, Number of living children, and Type of Delivery.

SECTION 2: It consists of three point utilization checklist to assess utilization of services among beneficiaries under Janani Shishu Suraksha Karyakram. This utilization checklist was prepared on the basis of components of JSSK given by MoHFW. Services were categorized under eight domains such as transport services, food, drug, consumables, test and diagnostics, blood transfusion, exemption of user charges and cash benefits. There was no right or wrong answer. The utilization of services had been marked under fully utilized, partially utilized and not utilized at all with respect to service utilized.

SECTION 3: It consists of JSSK service satisfaction scale to assess satisfaction of beneficiaries under Janani Shishu Suraksha Karyakram containing 18 items on 5 point likert scale i.e. Highly Satisfied (score 5), Satisfied (score 4), Neutral (score 3) ,Dis-satisfied (score 2) and Highly Dis-satisfied (score 1). The scale has been subdivided into three domains i.e. Infrastructure (5 items), Service Provider (7 items) and Supporting services (6 items). Total satisfaction score is 90 & minimum score is 18. Satisfaction level is determined by using the Demarcation Threshold formula²⁹: $[(\text{total highest score} - \text{total lowest score})/2] + \text{total lowest score}$ and categorized as Satisfied (score 55-90), and Not Satisfied (score ≤ 54).

ETHICAL CONSIDERATION

- Ethical clearance had been obtained from Institutional ethical committee AIIMS Jodhpur.
- Certificate reference number :AIIMS/IEC/2020-21/2095 Dated :01/06/2020
- Informed consent had been taken from the subjects and they were assured of confidentiality with autonomy to withdraw self from the study at any time of data collection.

VALIDITY

Tools were validated from 07 experts in the field of Nursing and Public health. Certain modifications were done in tool according to expert and guide suggestions. S-CVI/avg of utilization checklist was 1 and S-CVI/avg of Satisfaction Scale was 0.89.

PILOT STUDY

The pilot study was conducted on 10% of the total sample size of main study i.e. 30 postnatal women selected via convenient sampling technique. Pilot study was carried out at K.K colony, Basni Jodhpur. KK Colony was chosen due to similarity on the geographical characteristics with main study setting Pratap Nagar. Data was collected using self-structured tools through telephonic interview.

The main objectives of pilot study were

- To assess the feasibility of the study.
- To assess the practicability of the study.
- To assess the reliability of data collection tool.
- To determine the understanding and language clarity of tool.

Procedure for Data collection of Pilot Study

Duration of Pilot Study: 21/09/20 to 28/09/20

- Permission from M.O. of UPHC, KK colony, Basni Phase-I was taken & list of anganwadis of KK colony was taken from ANM.
- The list of name and Telephone No. of beneficiaries were taken from the Anganwadi worker's datasheet.
- Self -introduction was given to the beneficiaries by telephone and their consent was taken prior to the study

- Prior to pilot study women were assured of confidentiality of their data.
- Data were collected by telephonic interview.
- Approx. 8-10 min was taken to collect data from each participant.

RELIABILITY

Reliability of JSSK's Service Satisfaction scale was checked through Cronbach's alpha method which measures the internal consistency of tool.

Table 2: Reliability of Satisfaction Scale

S.N.	Tools	Reliability	Statistics	Value	Inference
a.	JSSK's Service Satisfaction Scale	Internal consistency	Cronbach's alpha	0.77	Acceptable

PROBLEM FACED DURING PILOT STUDY:

No problem faced during data collection.

RESULT OF PILOT STUDY:

After the pilot study it had been found that study was feasible & practical. The reliability of Satisfaction Scale was in acceptable range i.e.0.77. The language used in tool found to be clear and understandable to all study participants.

CHANGES AFTER PILOT STUDY:

- Re-arrangement of items was done in satisfaction scale & two items were deleted from satisfaction scale.

DATA COLLECTION PROCEDURE

After obtaining permission from institute ethics committee, principal, college of Nursing, AIIMS, Jodhpur and medical officer at satellite hospital, Pratap Nagar, Jodhpur, Rajasthan data collection was initiated. Data collection was done from October 2020 to December, 2020.

Steps of data collection were as follows:

- Anganwadi of the selected wards were approached.
- The list of name and Telephone No. of beneficiaries was taken from the Anganwadi worker's datasheet.
- Data was collected by face to face and telephonic interview method.
- Self -introduction was given to the beneficiaries by telephone and their consent was taken prior to the study.
- The study subjects who were not available over phone were in person contacted and face to face interview was conducted to collect the data.
- Prior to study subjects were assured of confidentiality of their responses.
- Approx. 8-10 min was taken to collect data from each woman.
- Thereafter collected data was coded and entered in the master sheet for analysis.

PLAN FOR DATA ANALYSIS

Data collected was coded and entered into master sheet and analyzed with the help of Statistical Package for Social Sciences Program-20 (SPSS-20). Descriptive and inferential statistics was used.

- **Descriptive statistics:** Frequency, Percentage, mean and standard deviation had been used to describe the Socio-demographic variables, utilization and level of satisfaction among beneficiaries under Janani Shishu Suraksha Karyakram at selected area of Jodhpur.
- **Inferential statistics:** Chi square, Fischer exact test, phi coefficient and Cramer's V coefficient were used to find out the association of level of satisfaction with selected socio-demographic variables.

The level of significance was set as $p < 0.05$.

Summary: This chapter dealt with Research Methodology. Quantitative research approach and Descriptive research design were used in this study. Study was conducted at Pratap Nagar, Jodhpur, Rajasthan. Data were collected by face to face and telephonic interview method. 288 beneficiaries of JSSK who registered and delivered in Govt. and accredited health facility of Jodhpur in last 6 months were selected by convenient sampling technique. Self-structured JSSK service utilization checklist and satisfaction scale were used for data collection. Collected data was entered into master sheet and SPSS 20 version was used for the descriptive and inferential statistical analysis.

CHAPTER-IV

ANALYSIS

&

INTERPRETATION

ANALYSIS & INTERPRETATION

Data analysis is a dynamic process that involves interaction between the researcher and his experience of the data, whether is communicated orally or in writing. During this process the researcher explores personal feelings and experiences that may influences the study and integrates this understanding into the study.

Analysis refers to the computation of the measures along with searching for patterns of relationships that exists among data groups.

Data was collected from 288 women registered and delivered in Govt. and accredited health facilities of Jodhpur in last 6 months. Data was collected through telephonic interview (240 women) and face-to-face interview (48 women). Collected information is entered into master sheet. Analysis was done and interpretations were made using descriptive and inferential statistics.

OBJECTIVES:

1. To assess the utilization of services under Janani Shishu Suraksha Karyakram among beneficiaries at selected areas of Jodhpur.
2. To assess the level of satisfaction of beneficiaries with services provided under Janani Shishu Suraksha Karyakram at selected areas of Jodhpur.
3. To determine the association of level of satisfaction with selected socio-demographic variables.

ORGANIZATION AND PRESENTATION OF DATA

The data and findings have been organized and presented under the following Sections:

Section-I: Description of socio-demographic & Obstetric details of women.

The socio-demographic and obstetric variables were described in terms of frequencies and percentages.

Section-II: Findings related to Utilization of JSSK services:

- a) Utilization among women
- b) Utilization among new born

These findings were described in the terms of frequency and percentage.

Section-III: Findings related to JSSK's Service satisfaction among beneficiaries described in terms of:

- a) Level of satisfaction
- b) Item wise mean satisfaction score.
- c) Mean, Mean Percentage and ranking of satisfaction scale domains

Section-IV: Findings related to association of level of satisfaction with selected socio-demographic and obstetric details of beneficiaries.

SECTION I: DESCRIPTION OF SOCIO-DEMOGRAPHIC VARIABLES OF WOMEN

Table 3: Frequency & Percentage distribution of socio-demographic variable of women (N=288)

DEMOGRAPHIC VARIABLES	f (%)
Age:(in completed years)	
18-25	201 (69.8)
≥26	87 (30.2)
Mean Age ± SD	24.13±3.5
Education:	
Illiterate	37(12.8)
Primary	90(31.3)
Secondary	113 (39.2)
Senior secondary	42 (14.6)
Graduation & above	06 (2.1)
Occupation:	
Home maker	263(91.3)
Private job	17 (5.9)
Self-employment	08 (2.8)
Monthly Family income (in Rs.)	
≤10000	96(33.3)
10001-20000	129(44.8)
20001-30000	61(21.2)
≥30001	02(0.7)
Religion	
Hindu	212(73.6)
Muslim	76(26.4)
Type of Family	
Nuclear	59(20.5)
Joint	229(79.5)

Table 3 depicts the socio-demographic details of the women under study. About 70% of women were within age group of 18-25 years and 30% of women were within age group of ≥ 26 years (**figure 3**). Mean age of the women was 24.13 ± 3.52 years. About 37 (12.8%) of women were illiterate, 113 (39.2%) of women had studied till secondary and very scanty number i.e. 06 (2.1%) women had their education up to graduation & above. 263 (91.3%) of women were homemaker whereas 08 (2.8%) women were self-employed. 212 (73.6%) of the women were Hindu & 76 (26.4%) of women were Muslim by religion. As per family income is concerned, 44.8% of women had the monthly family income between Rs. 10001-20000 and only 0.7% of women had the monthly family income of Rs. ≥ 30001 . About 79.5% of women belong to joint family.

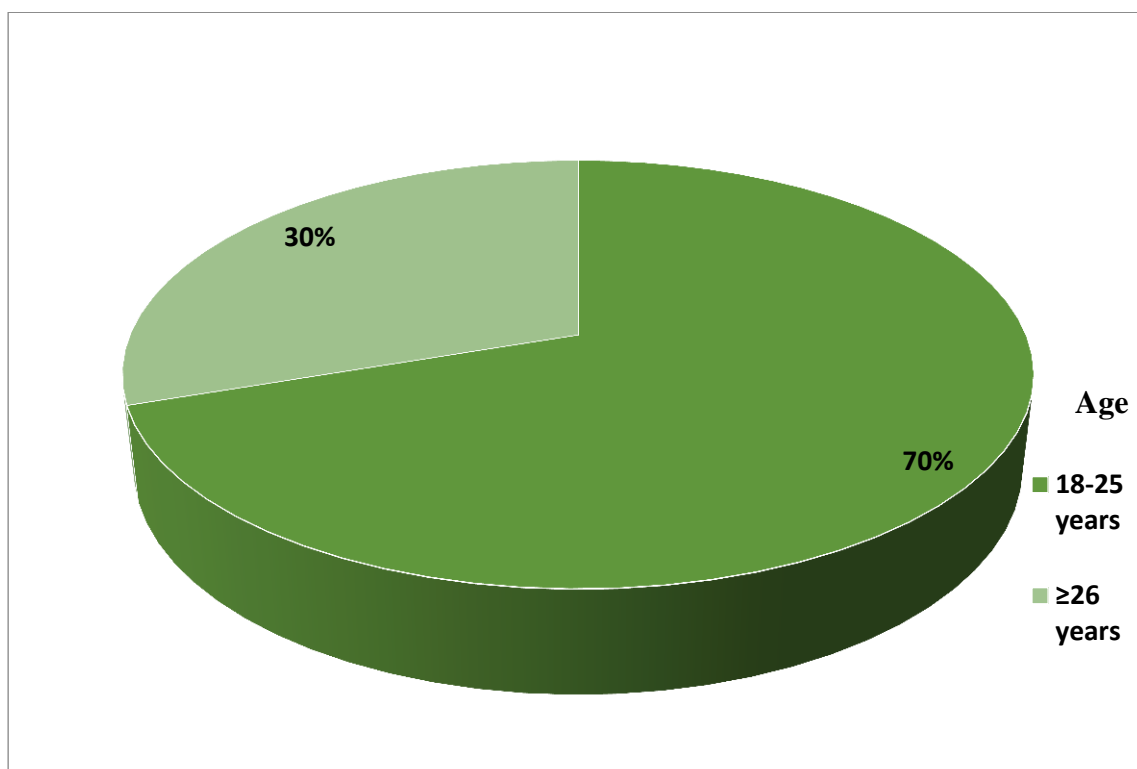


Figure 3: Pie diagram depicting Age wise % distribution of women (N=288)

Table 4: Frequency & Percentage distribution of Obstetric Characteristics of women

(N=288)

Obstetric details	f (%)
Parity	
Primiparous	162 (56.3)
Multiparous	126 (43.7)
No. of living children	
1	161 (55.9)
2	74 (25.7)
≥3	53 (18.4)
Place of delivery	
Govt. health facility	261 (90.6)
Accredited Private health Facility	27 (9.4)
Type of delivery:	
Normal vaginal delivery	203 (70.5)
C-Section	74 (25.7)
Instrumental Delivery	11 (3.8)
Duration of hospital stay	
2 days	199 (69.1)
≥3 days	89 (30.9)
Mothers who utilized JSSK services for their newborn	61

Table 4 depicts the obstetric details of women. Parity wise 162 (56.3%) women were primiparous and 126 (43.8%) were multiparous. 161 (55.9%) of women were having one living child whereas 53 (18.4%) women were having ≥3 living children. Majority of women (90.6%) had their delivery in Govt. health facility and 27 (9.4%) women had their delivery in accredited health facility (figure 4).

About 203 (70.5%) women had normal vaginal delivery and 11 (3.8%) women had instrumental delivery (figure 5). About 69.1% of women stayed in hospital for 2 days (figure 6). Only 61 women out of 288 women utilized JSSK services for their newborns.

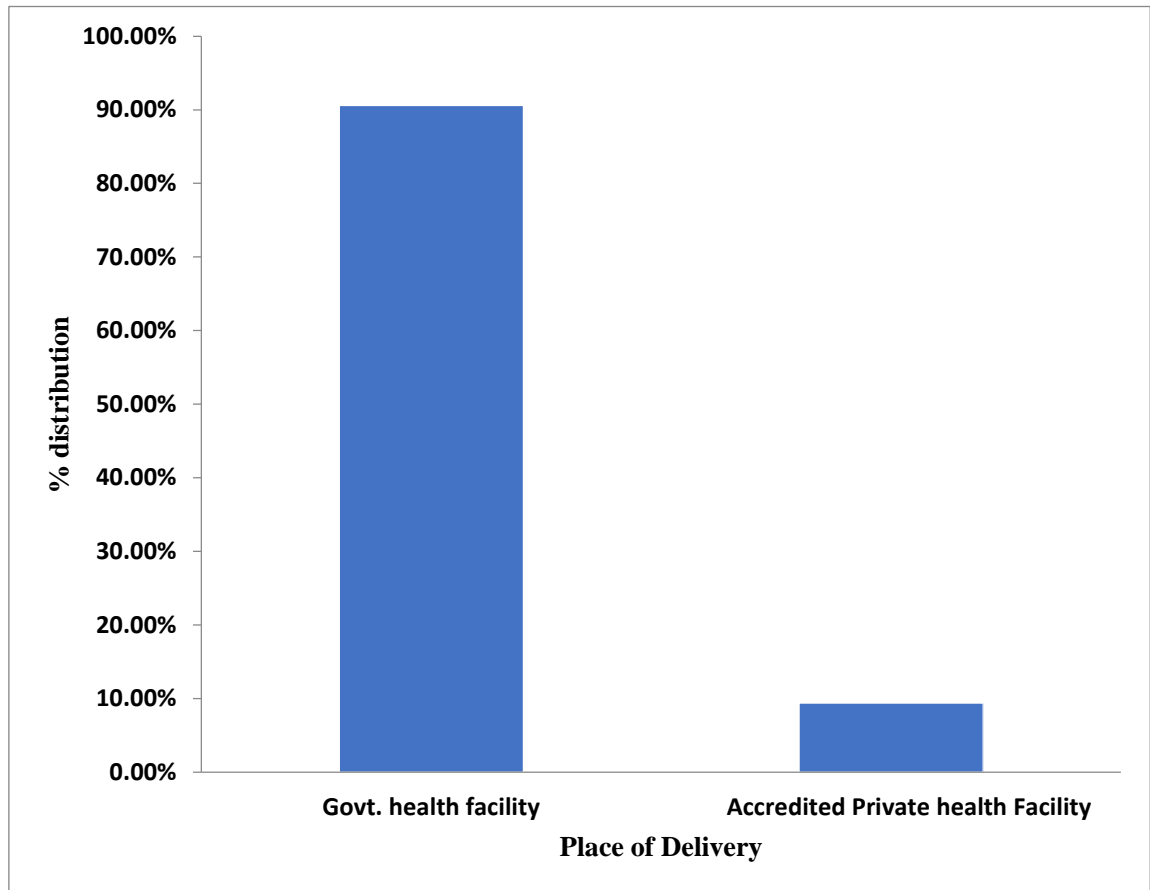


Figure 4: Bar diagram depicting % distribution of women as per place of delivery (N=288)

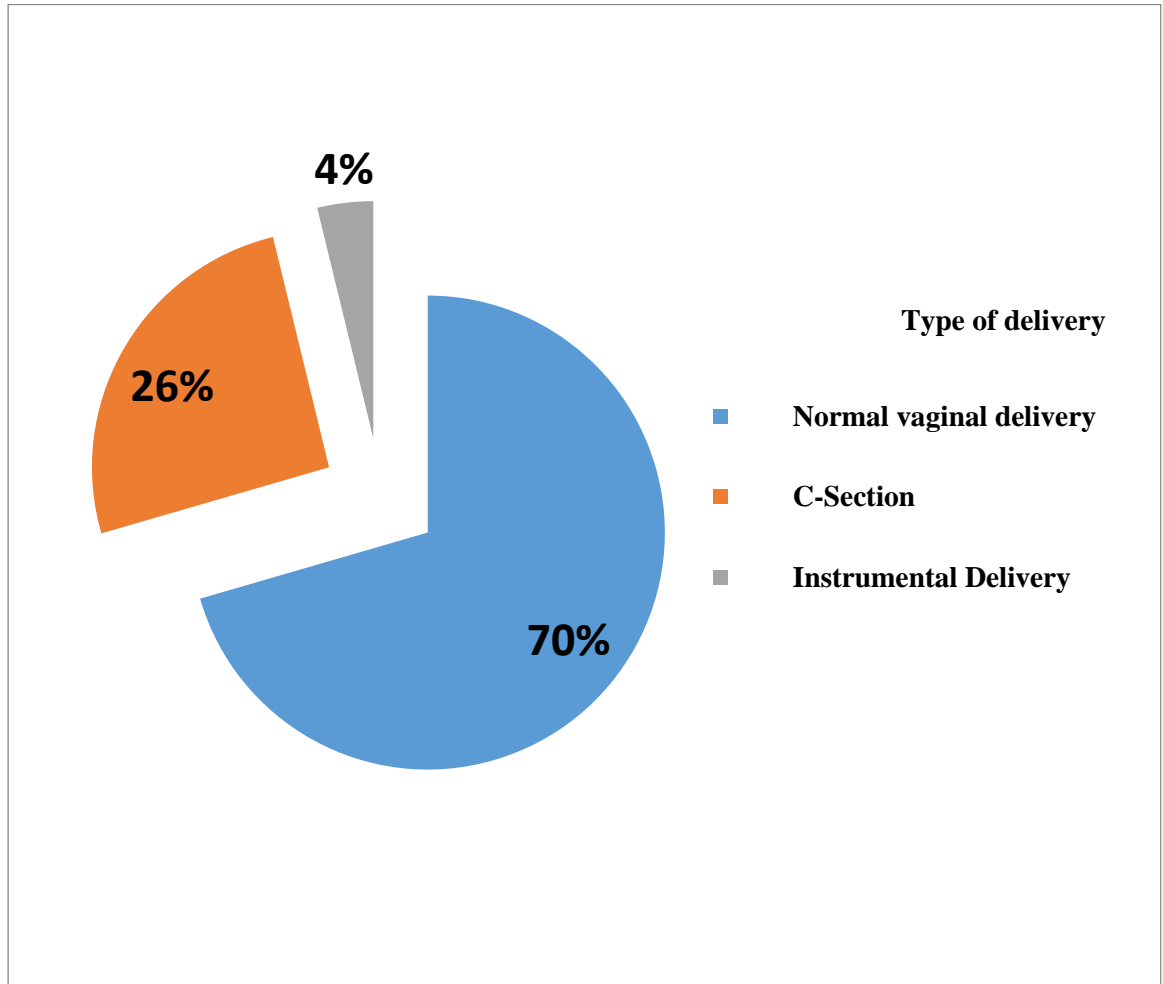


Figure 5: Pie diagram depicting % distribution of women as per type of Delivery (N=288)

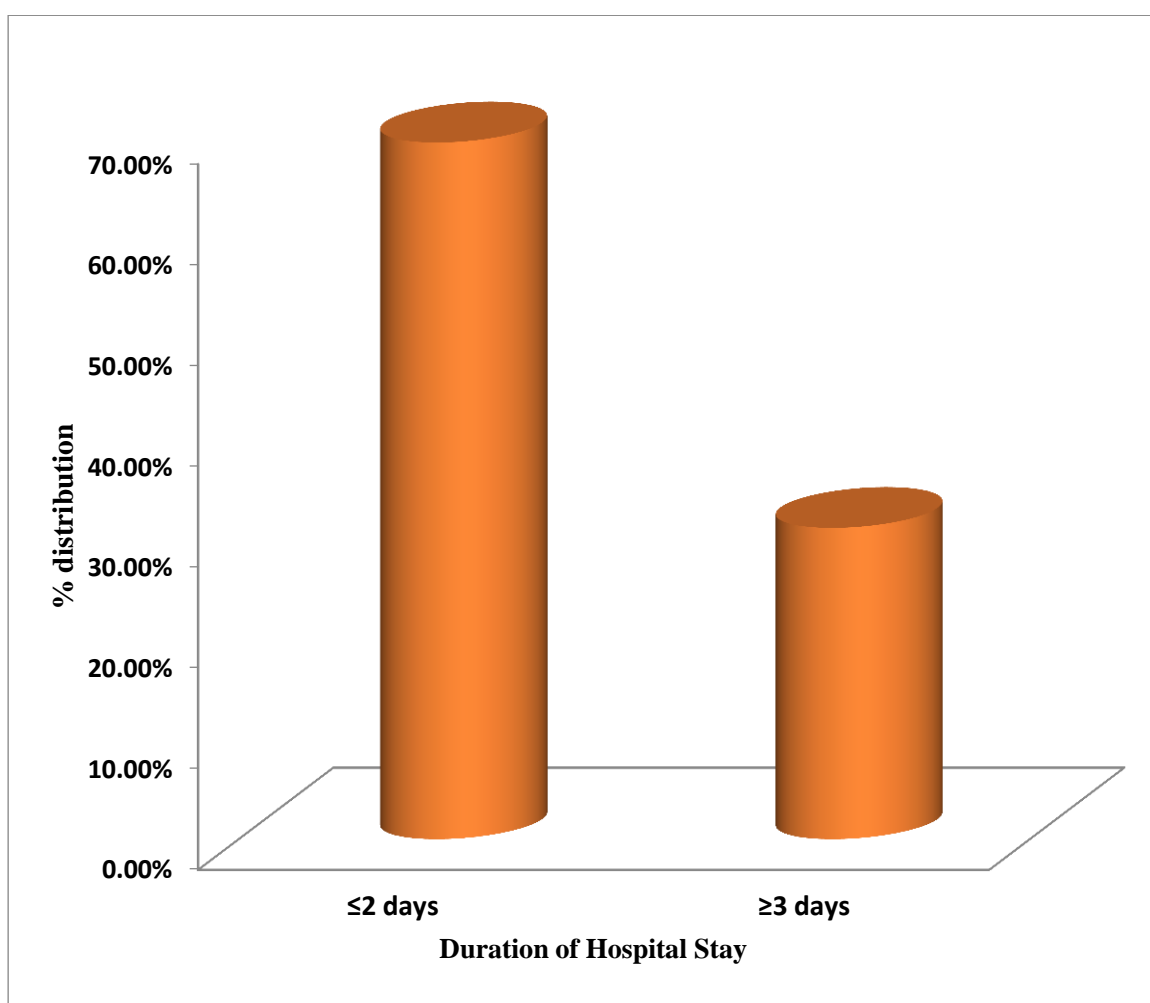


Figure 6: Bar diagram depicting % distribution of women as per duration of hospital (N=288)

SECTION-II: UTILIZATION OF JSSK SERVICES

**Table 5: Frequency & Percentage distribution of JSSK services
utilization among women**

(N=288)

JSSK SERVICES	Fully Utilized f (%)	Partially Utilized f (%)	Not utilized at all f (%)
1. Utilisation of transport facility:			
○ Free transport from home to healthcare facility.	43 (14.9)	00 (0.0)	245 (85.1)
○ Free transport from healthcare facility to home after delivery.	83 (28.8)	00 (0.0)	205 (71.2)
○ Free Transport for referral to other healthcare Facility.	39 (13.5)	00 (0.0)	249 (86.5)
○ If no then any cash incentives	05 (1.7)	00 (0.0)	283 (98.3)
2. Utilisation of Free food during Hospitalization.	154 (53.5)	30 (10.4)	104 (36.1)
3. Utilisation of Free Drugs during Hospitalization.	274 (95.1)	14 (4.9)	00 (0.0)
4. Utilisation of Free consumables such as syringes, needles, sutures, tubing, catheters, medical gloves, gowns, masks, during Hospitalization.	266 (92.4)	22 (7.6)	00 (0.0)
5. Utilisation of Free blood and urine test & USG during antenatal period.	282 (97.9)	06 (2.1)	00 (0.0)
6. Utilisation of Free blood and urine test & USG during hospitalization.	272 (94.4)	16 (5.6)	00 (0.0)
7. Exemption from user charges.	288 (100)	00 (0.0)	00 (0.0)
8. Utilisation of Free blood transfusion during hospitalization (if required).[#]	20 (100)	00 (0.0)	00 (0.0)

Out of 288 only 20 women required blood transfusion during hospitalization.

Table 5 depicts the utilization of JSSK services among women. Notable majority of women utilized various services being delivered under JSSK. About 14.9% and 85.1% of women utilized and didn't utilized free transport from home to healthcare facility respectively. 71.2% of women didn't utilized free transport from healthcare facility to home. Only 13.5% of women fully utilized free transport services for referral and only 1.7% of women received cash incentives for transport. About 53.5% of women had fully utilized free food during hospital stay & 10.4% had partially utilized free food during hospital stay. Only 20 women out of 288 required and fully utilized the free blood transfusion services during hospitalizations. Majority (95.1%) of the women fully utilized drugs free of cost, 92.4% of women fully utilized the consumables available in hospital, 97.9 % & 94.4% of women fully utilized free test & diagnostics during ANC and hospitalization respectively and 100% of women exempted from user charges.

Prominently services such as free food, free drugs, free consumables, free test and diagnostic during antenatal period and hospitalization and exemption from user charges were fully utilized by the women.

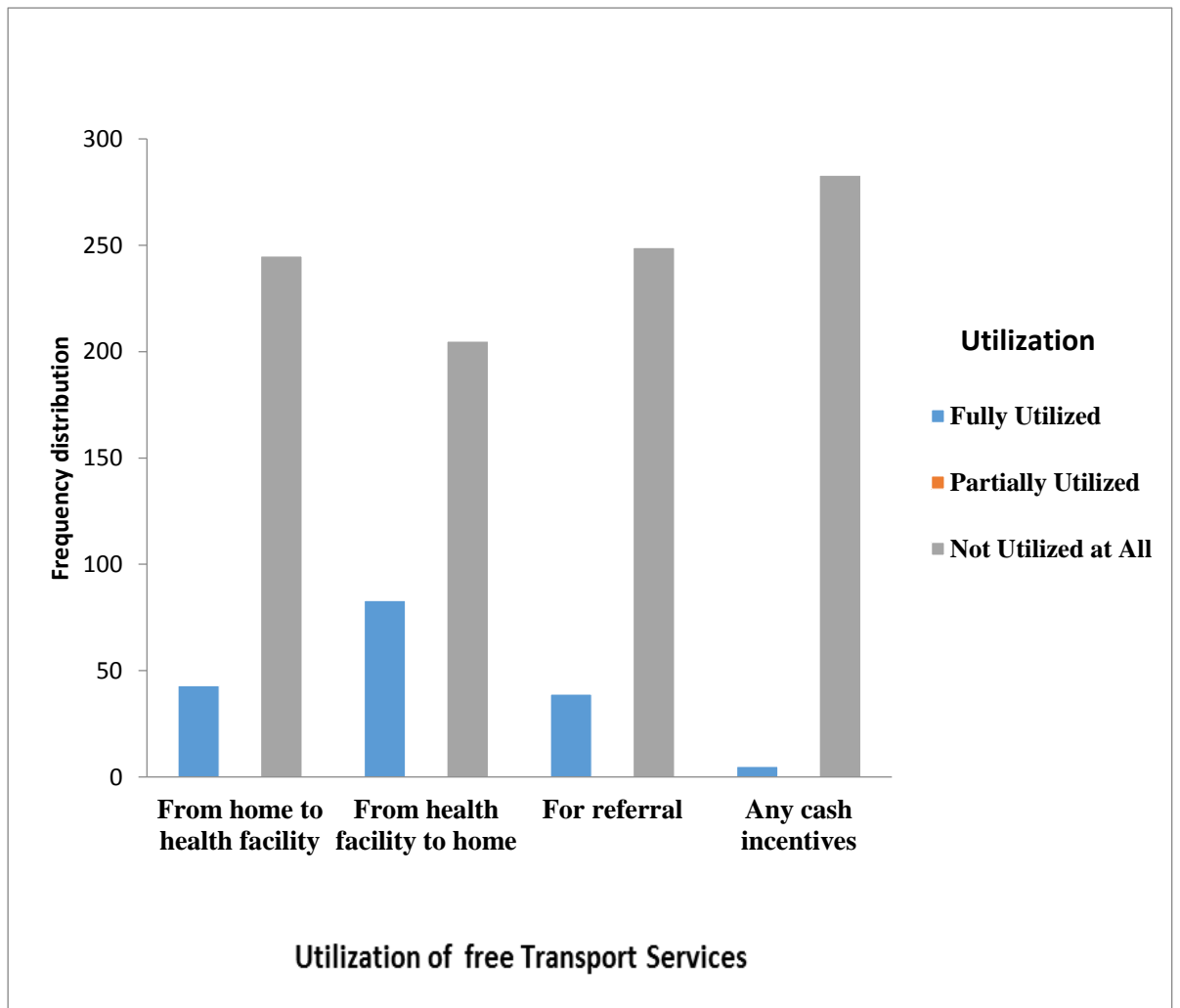


Figure 7: Bar diagram showing frequency distribution of Utilization of Transport services among women (N=288)

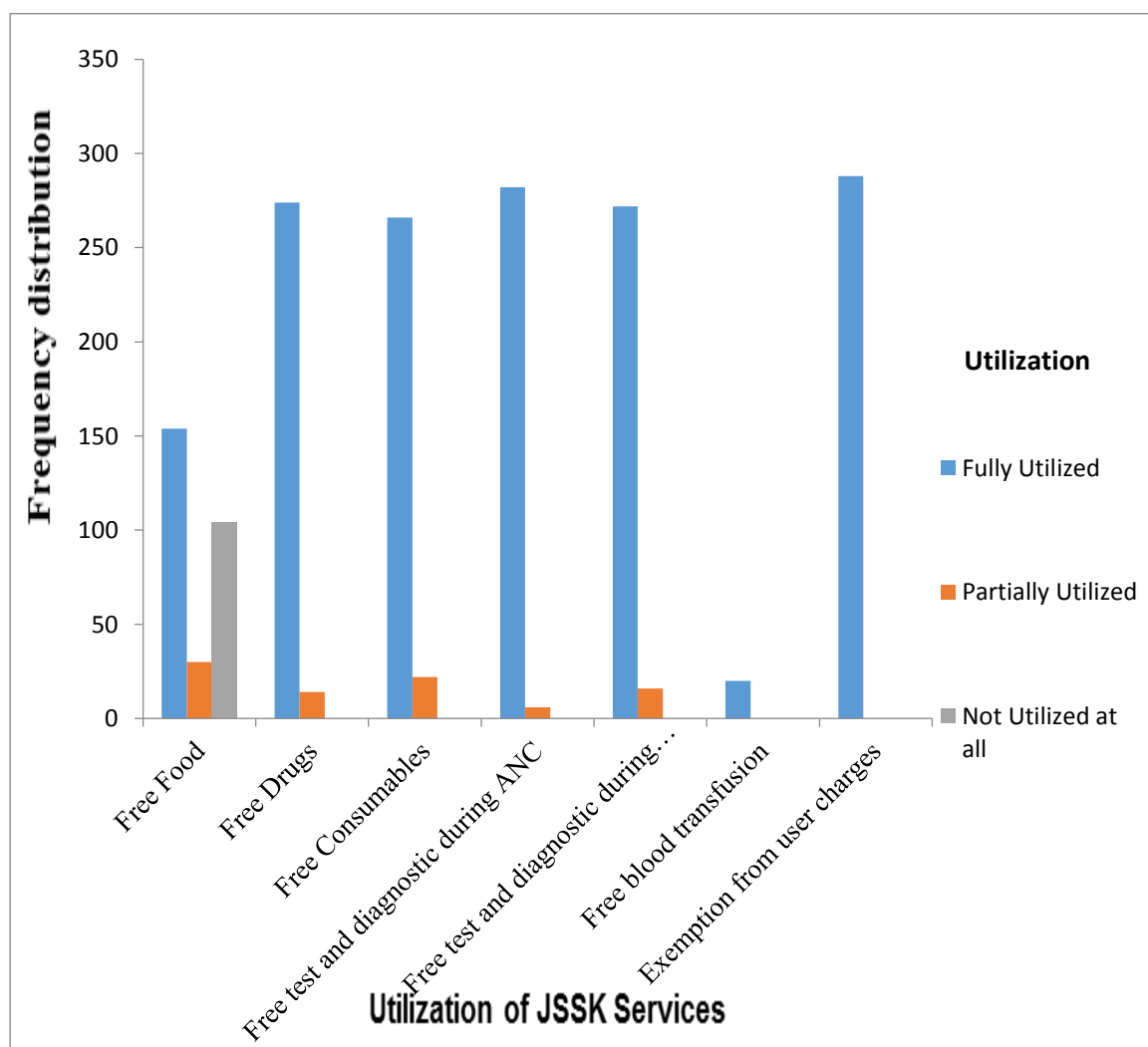


Figure 8: Bar diagram showing frequency distribution of Utilization of JSSK services (except transport services) among women (N=288)

**Table 6: Frequency & Percentage distribution of JSSK service utilization
among newborn**

(N=61)			
JSSK Services	Fully Utilized f (%)	Partially Utilized f (%)	Not utilized at all f (%)
1. Utilisation of transport facility:			
○ Free Transport of sick new born from home to healthcare facility.	06 (9.8)	00 (0.0)	55 (90.2)
○ Free Transport of sick new born after Discharge to home.	06 (9.8)	00 (0.0)	55 (90.2)
○ Free Transport for referral to other healthcare Facility.	00 (0.0)	00 (0.0)	61 (100)
○ If no then any cash incentives.	00 (0.0)	00 (0.0)	61 (100)
2. Utilisation of Free Drugs during Hospitalization.	56 (91.8)	05 (8.2)	00 (0.0)
3. Utilisation of Free consumables such as syringes, needles, sutures, tubing, catheters, medical gloves, gowns, masks, during Hospitalization.	56 (91.8)	05 (8.2)	00 (0.0)
4. Utilisation of Free blood test & Diagnostics during hospitalization.	51 (83.6)	10 (16.4)	00 (0.0)
5. Utilisation of Free blood transfusion during hospitalization (if required).	00 (0.0)	00 (0.0)	00 (0.0)
6. Exemption from user charges	61 (100)	00 (0.0)	00 (0.0)

Table 6 depicts the utilization of JSSK services among newborn. Only 61 mothers utilized JSSK services for their newborn that fall sick during the study period. About 06 (9.8%) and 55 (90.2%) newborns utilized and didn't utilize the free transport from healthcare facility to home and from home to health facility respectively. Majority (91.8%) of newborn had fully utilized free drugs & consumables. About 51 (83.6%) newborn utilized free blood test and diagnostics. All the newborns were exempted from user charges.

Evidently services such as free drugs, free consumables, free test and diagnostic during hospitalization and exemption from user charges were fully utilized by the newborns.

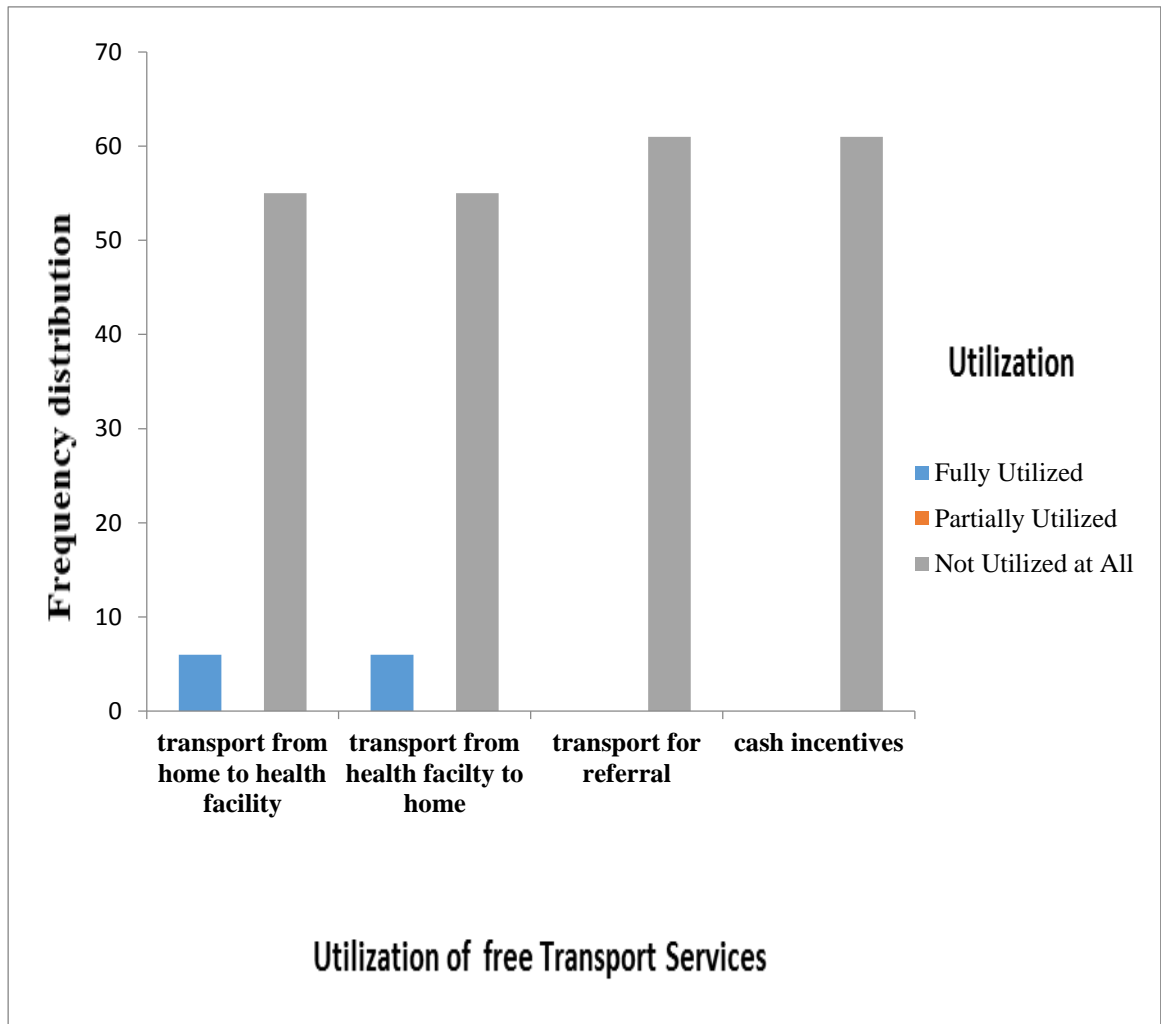


Figure 9: Bar diagram showing frequency distribution Utilization of Transport services among newborns (N=61)

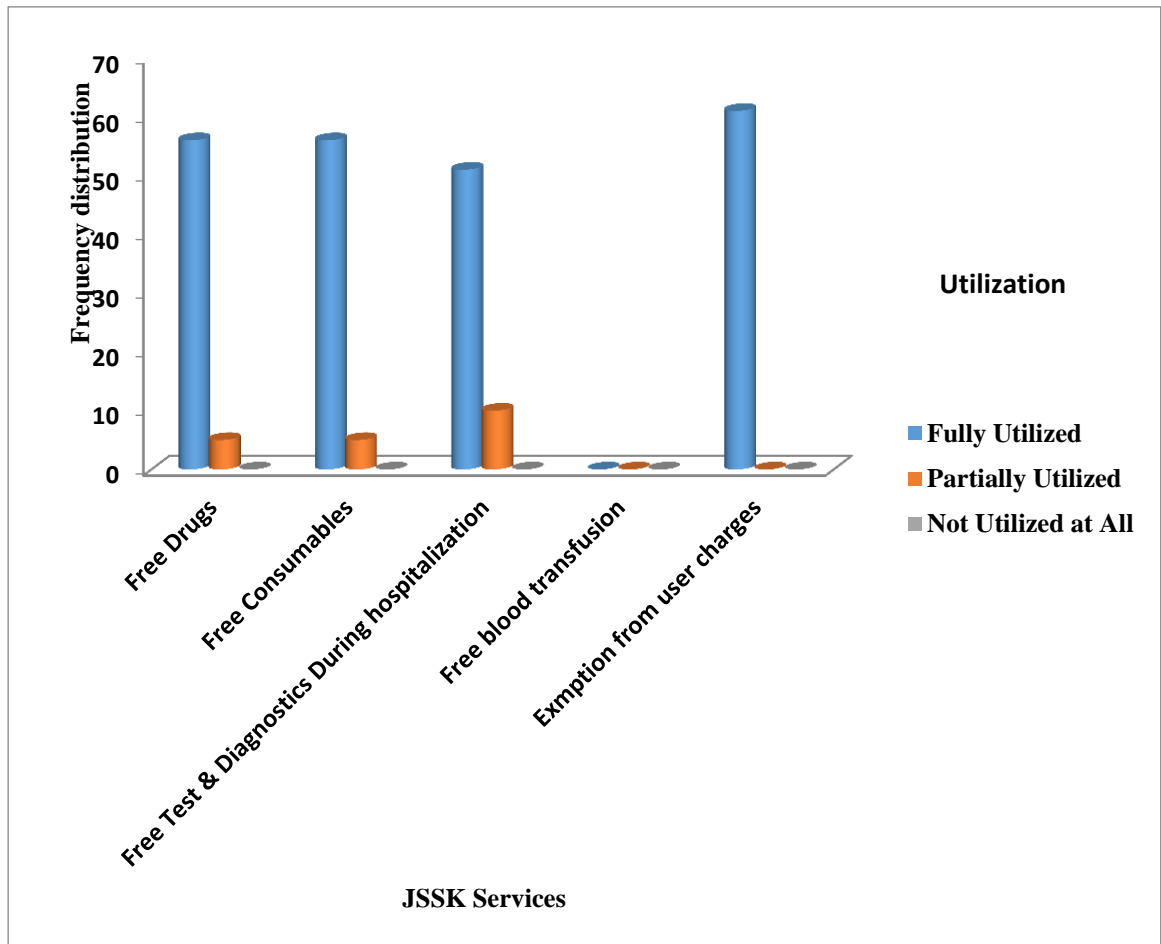


Figure 10: Bar diagram showing frequency distribution Utilization of JSSK services (except Transport services) among newborn (N=61)

SECTION-III: JSSK SERVICE SATISFACTION AMONG BENEFICIARIES

Table 7: Mean score, frequency & percentage distribution of women on satisfaction Scale

(N=288)		
Level of Satisfaction (Score)	f (%)	Mean score \pm SD
Satisfied (55-90)	194 (67.4)	
Not Satisfied (≤ 54)	94 (32.6)	62.50 \pm 10.06

Table 7 depict the frequency and percentage distribution of women on satisfaction Scale. 194 (67.4 %) women were satisfied with different JSSK's services and 94 (32.6%) women were not satisfied. Mean satisfaction score was 62.50 \pm 10.06 which infers that overall women were satisfied with various JSSK services they utilized for themselves or their newborns.

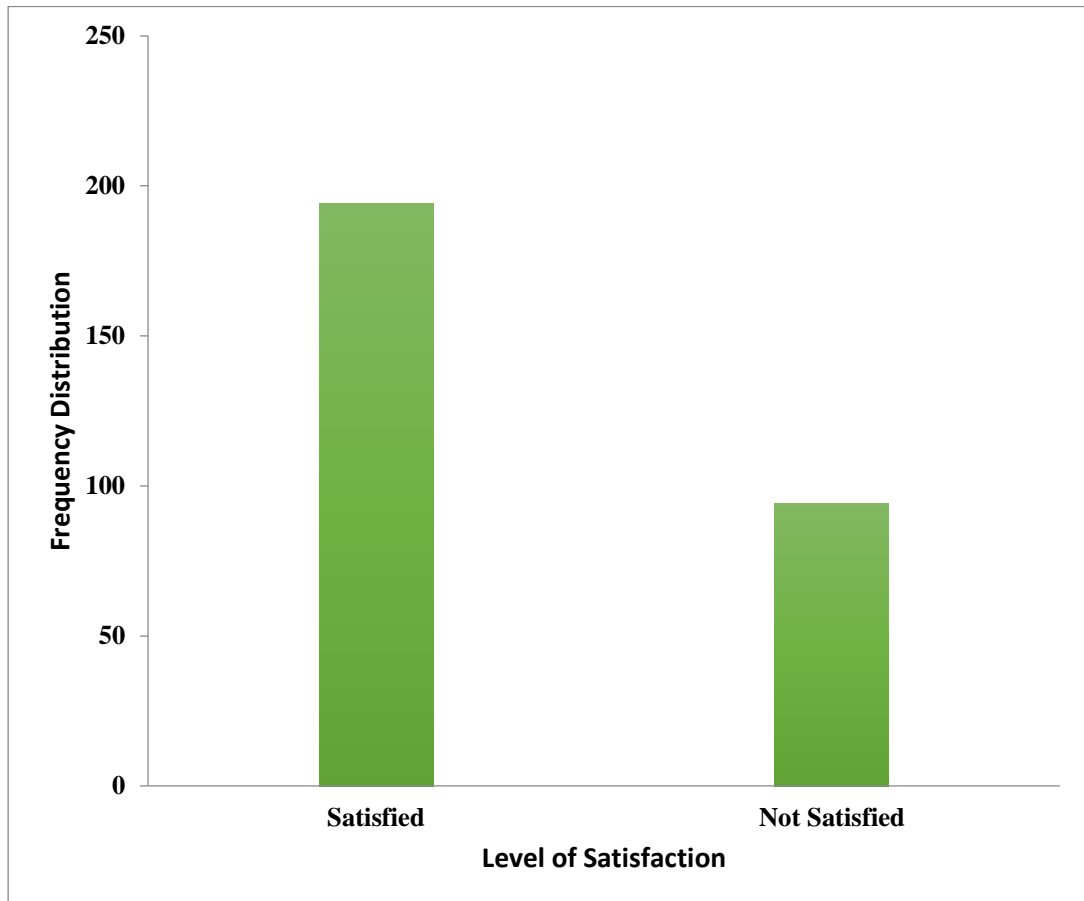


Figure 11: Bar diagram showing level of Satisfaction among women (N=288)

Table 8: Item wise mean satisfaction score among women

		(N=288)
Items	Mean score ± S.D	
1) Availability of Stretcher/ wheelchair & ancillary like IV stand /urine pot /bedpan/ screen etc.	4.36±0.65	
2) Condition of building (Ward/ Toilets).	4.32±0.64	
3) Provision of bed & beddings.	4.21±0.66	
4) Cleanliness of facility.	4.15±0.75	
5) Waiting area/Resting area for attendants.	3.35±1.11	
6) Courtesy and helpfulness of service provider.	3.29±1.17	
7) Behaviour & attitude of staff.	3.02±1.03	
8) Response of services provider to your queries.	2.93±1.08	
9) OPD Consultancy interaction with the Doctors.	3.01±1.10	
10) Immediate attention given after admission by staff.	2.88±1.09	
11) Nursing care provided by Nursing staff	2.90±1.08	
12) Follow-Up services in the outpatient department.	2.96±1.02	
13) Availability of Medicine and consumables.	3.86±0.81	
14) Availability of essential Medical equipment (like Oxygen supply, radiant warmer, catheter) in labour room/ Children ward	4.07±0.65	
15) Availability of Lab. Services like X-Ray, USG, ECG etc.	3.58±0.60	
16) Blood transfusion during hospitalization (if required)	3.31±0.52	
17) Diet Available in the Hospital.	3.10±0.36	
18) Availability of Transportation from home to hospital and vice-versa. (108/Ambulance/104)	3.12±0.96	

Table 8 depicts the item wise mean score of the items of satisfaction scale. Results shows that item no.1 i.e. “Availability of Stretcher/ wheelchair & ancillary like IV stand /urine pot /bedpan / screen etc.” had highest mean score (4.36±0.65) followed by item no. 2 and 3 i.e. “Condition of building

(Ward/ Toilets)"(4.32±0.64) and " Provision of bed & beddings"(4.21±0.66) respectively. Whereas item no.10 i.e." Immediate attention given after admission by staff" (2.88±1.09) had least mean score followed by item no. 11 and 8 i.e. "Nursing care provided by Nursing staff" (2.90±1.08) and "Response of services provider to your queries" (2.93±1.08) respectively.

This infers that overall women who utilized JSSK services for themselves and their newborn reported to be highly satisfied with the certain infrastructure components whereas the items related to service provider were the least satisfied items.

Table 9: Domain wise Ranking, Mean & Mean Percentage of satisfaction scale subdomains

(N=288)

S.No	Domains	No. of items	Maximum Score	Mean score ±S.D	Mean%	Rank
1.	Infrastructure	05	25	20.41±3.13	81.64%	I
2.	Service Provider	07	35	21.03±6.89	60.08%	III
3.	Supporting Services	06	30	21.06±2.23	70.2%	II

Table 9 shows the Mean, Mean Percentage and ranking of satisfaction scale domains. Notable infrastructure domain of satisfaction scale had highest mean % (81.64%) which means that the women who utilized various JSSK services were more satisfied with the infrastructure facilities. The supporting services domain had mean % of 70.2% followed by service provider domain (mean %= 60.08%).

SECTION-IV: FINDINGS RELATED TO ASSOCIATION OF LEVEL OF SATISFACTION WITH SELECTED DEMOGRAPHIC AND OBSTETRIC VARIABLE OF BENEFICIARIES.

Table 10: Association of level of satisfaction with Socio-demographical variable

(N=288)

Demographic Variables	Level Of Satisfaction				
	Satisfied (f)	Not Satisfied (f)	χ^2	df	p Value
Age (in completed Years)					
18-25	134	67	13.347	1	0.696
≥26	60	27			
Education[#]					
Illiterate	24	13	5.591	4	0.223
Primary	54	36			
Secondary	84	29			
Senior secondary	27	15			
Graduation & above	05	01			
Religion					
Hindu	141	71	0.265	1	0.670
Muslim	53	23			
Type of Family:					
Nuclear	42	17	0.494	1	0.536
Joint	152	77			
Occupation[#]					
Home maker	173	90	3.824	2	0.144
Private job	15	02			
Self-employment	06	02			
Monthly Family income (in Rs.)					
≤10000	55	41	7.774	3	0.04*
10001-20000	95	34			
20001-30000	42	19			
≥30001	02	00			

****significance at p level<0.05; # Fisher Exact test was used.***

Table 10 shows the association of level of Satisfaction with selected socio-demographic variable. The Chi-square value shows that there is significant association of satisfaction level with Monthly Family Income ($\chi^2=7.774$, $p=.044$). All the other socio-demographic variables such as age, education, religion, type of family and occupation did not have any statistical significant association with level of satisfaction as for all these variables p value is > 0.05.

Table 11: Association of level of satisfaction with Obstetric characteristics of women

(N=288)

Obstetric characteristics	Level Of Satisfaction				
	Satisfied (f)	Dissatisfied (f)	χ^2	df	p Value
Parity					
Primiparous	107	55	0.290	1	0.614
Multiparous	87	39			
No. of living children					
1	108	53	1.256	2	0.542
2	53	21			
≥3	33	20			
Type of Delivery:[#]					
Normal vaginal delivery	136	67	0.132	2	0.946
C-section	50	24			
Instrumental Delivery	08	03			
Place of delivery:					
Govt. Health Facility	85	176	0.007	1	1.00
Accredited Private Health Facility	09	18			
Duration of hospital stay:					
2 days	134	65	0.002	1	1.00
≥3 days	59	29			

****significance at p level<0.05; # Fisher Exact test was used.***

Table 11 shows the association of level of Satisfaction with different obstetric characteristics of women. None of the obstetric characteristics such as i.e. Parity (p value=0.614), No. of children (p value=0.542), Type of delivery (p

value= 0.946), Place of delivery (p value=1.00) and duration of hospital (p value=1.00) stay were found to have any statistical significant association with level of satisfaction which means that these variables did not have any effect on the satisfaction of women with utilization of JSSK services.

Table 12: Strength of association of level of satisfaction with Monthly Family Income

P Value	Cramer's V	Strength of association
.044	.164	Weak

Table 12 depicts the strength of association of level of satisfaction with Monthly Family Income. The value of Cramer's V is .164 which infers that there is weak association between satisfaction and monthly family income. Level of satisfaction is weakly affected by total monthly income of the family.

MAJOR FINDINGS:

- Mean age of women was 24.13 \pm 3.5 years.
- About 40% of women were educated up to secondary level.
- Majority (91.3%) of women were home maker and 79.5% of women belong to joint family.
- More than half (56.3%) of women were primiparous.
- 55.9% of women were having one living child whereas 18.4% of women were having ≥ 3 living children.
- Majority (90.6%) of women opted for Govt. health facility for child birth.

- About 70% of women had normal vaginal delivery and 25.7% of women had C-Section.
- Out of 288 women only 61 women utilized JSSK services for their new-born.
- Among 288 women about 85.1% of women didn't utilized free transport from home to healthcare facility.
- Services such as free food, free drugs, free consumables, free test and diagnostic during antenatal period and hospitalization and exemption from user charges were fully utilized by the women
- Among new born only 9.8% of new born utilized free transport from home to healthcare facility.
- 100% of study participant (both women and new born) exempted from user charges.
- Mean Satisfaction score was 62.50 ± 10.06 regarding level of satisfaction among beneficiaries of JSSK.
- Women who utilized various JSSK services were more satisfied with the infrastructure facilities.
- Women who utilized various JSSK services were least satisfied with service provider facilities.
- Satisfaction level of women was found to have significant association with monthly family income at $p \text{ value} = 0.044$.

DISCUSSION:

Over the few decades, maternal and child health has made progress due to advancement in conceptual approach, technology and social prioritization. In developing countries, in spite of these attempts, still mother and child health status is a most serious health problem which affects the community.¹ MoHFW and state governments are eyeing their attention to this concern. JSY and JSSK are the two important initiatives launched by ministry to enhance MCH care in country. It has been found that in spite of these programs for increasing the institutional deliveries 100% rate has not been achieved. No. of studies has been conducted all over the nation which shows that there are still some factors which hampers the 100% utilization of JSSK services. The present study was planned to assess the utilization and satisfaction of services under JSSK scheme by women at Pratap Nagar, Jodhpur among 288 Women registered and delivered in Govt. and accredited health facilities of Jodhpur in last 6 months.

The present study shows that mean age of women was 24.13 ± 3.52 years. Majority of women were homemaker, about $1/3^{\text{rd}}$ of women had educated up to primary level & 73.6% of women were Hindu by religion. These results nearly agrees with the findings of a study conducted by Chowdhury D, Chakraborty A, Minz S, Muliyl D, Lahiri A. in 2018 wherein the mothers under study had mean age of 23.58 ± 4.36 years.¹ Findings from another study conducted by Issac A, Chatterjee S, Srivastava A & Bhattacharyya A. in 2016 also showed the similar findings where mean age of women was 25 years & majority of them were housewives.²¹ Another study conducted in 2015 by

Mitra S. et al. also showed the similar results wherein 80.8% of women were homemakers and about 50% of women had studied upto 5th class. Also most of the women were Hindu, 73.3% were home maker & about 70% of women were from joint families.²⁰

Present study findings showed that more than half of women were primiparous, about 70.5% of women had normal vaginal delivery and majority of women had delivered at Govt. health facility. Similarly the study conducted in 2018 by Issac A, Chatterjee S, Srivastava A. & Bhattacharyya A. showed that majority (93%) of women under study had normal vaginal delivery & about 35% of women were primigravida.²¹ Contrary to these results, a study conducted in 2018 by Chowdhury D, Chakraborty A, Minz S, Muliyl D, Lahiri A. reported that nearly 78.8% of women had their delivery at home.¹

Out of 288 women only 61 women utilized JSSK services for their newborns. Similarly study conducted in 2014 by Chaudhary S. Rohilla R, Kumar V, Kumar S reported that 17% of newborn under study utilized various JSSK services.¹⁸

JSSK includes free and cash less delivery service for normal delivery, caesarian section, drugs and consumables, diagnostics, food during hospitalization, blood transfusion, and transport between home to health institution and vice versa.⁷ Findings of current study reported that few of the women utilized the transport service from home to health facility and about 29% women utilized transport service from health facility to home. Only 13.5%

of women fully utilized free transport services for referral. Similarly study conducted in 2016 by Tyagi U, Pattabi K, and Kaur P reported that 19% study participant received full transport benefits.¹¹ Another study conducted in 2015 by Mondal J, Mukhopadhyay DK, Mukhopadhyay S, Sinhababu revealed that 24% of women availed free transport to a health facility and back to home.¹⁰ A study conducted in 2019 by Rupani MP et. al. also reported the less utilization of transport facility where women had to spend OOP on transport services and investigation.¹²

More than half of the women had fully utilized free food during hospitalization & very scanty (10.4%) had partially utilized free food during hospitalization. Majority of participant fully utilized free of cost drugs (95.1%), consumables available in hospital (92.4%), free test & diagnostics during ANC (97.9%) & free test & diagnostics hospitalization (94.4%). The study results are supported by results of a study conducted in 2016 by Tyagi U, Pattabi K, and Kaur P where results shows that free diagnostics and drugs were utilized by 96% and 86% of study participant respectively.¹¹

The JSSK services also benefit the newborn who hospitalized till 30 days after birth. The free and cash less services are provided under this scheme for newborn are free transport from home to healthcare facility and vice-versa, free transport for referral, free test and diagnostics, free blood transfusion facility , free availability of all consumables and exemption from all user charges during the period of hospital stay. ⁷ Current study found that 9.83% newborn utilized transport facility and majority of newborn had fully utilized

free drugs & consumables. About 83.6% of newborn utilized free blood test and diagnostics. Whereas study conducted by Mitra S, et al. (2015) reported that infant beneficiaries fully utilized the JSSK service like free transport (18%), diet (63%), drugs (16%) and diagnostics (67%).²⁰

Present study shows 100% of participants exempted from user charges. Whereas a study conducted in 2014 by Chaudhry S, Rohilla R, Kumar V, Kumar S showed contradictory result where most of the (83.5%) participants had Out Of Pocket expenditure i.e. median amount Rs. 1100.¹⁸ Similarly another study conducted in 2015 by Mitra S, et. al revealed that median OOP was INR 690 and 651 by mother and infant beneficiaries respectively.²⁰

Different types of services were provided in the hospital, in outdoor patients department & after admission in the wards, i.e. immediate attention provided by the doctors, staff nurses and other paramedical staff, nursing care during the stay in hospital, emergencies services in the ward and after discharge follow-up services in the outdoor, it had been found that most of the women were satisfied with the services. Present study found that 67.40% women were satisfied with JSSK's services and 32.6% women were not satisfied. This finding was supported by Das P et.al (2010) where 54.31% client expressed satisfactory response, 23.5% responded good and 20% responded poor or very poor on maternal and child health services.²⁸ Another study by Sharma P, Gupta NL, Chauhan HS. In 2020 reported that about half of the study subjects were satisfied with the services provided under JSSK, and 1/3rd of subjects were not satisfied.³¹

Present study found that women were more satisfied with services like availability of Stretcher/wheelchair & ancillary like IV stand / urine pot/bedpan/ screen etc. with mean score (4.36 ± 0.64) followed by condition of building (wards/Toilets). Similar findings were reported by Kumari R. in 2009 where majority of study participants were satisfied with waiting area facility, 81.4% of women were satisfied with availability of seats and 31.3% were satisfied with cleanliness of toilets in tertiary level health care institution.²⁷

As far as service provider domain is considered women were least satisfied. Majority of women had dissatisfaction with services like immediate attention given after admission by staff with mean score (2.88 ± 1.09) followed by nursing care provided by nursing staff with mean score (2.90 ± 1.08). Whereas in another study by Barua K., Baruah R, Ojah J & Saikia AM in 2016 found the different results where 73.31% of subjects were satisfied with the quality of nursing care services.²³

Present study found that the satisfaction levels were significantly associated with monthly family income. Whereas another study conducted by Sharma P, Gupta NL & Chauhan HS (2020) reported that educational status and occupation of the women were significantly associated with the satisfaction with services of JSSK.³¹

CHAPTER V
SUMMARY,
CONCLUSION
&
RECOMMENDATION

SUMMARY, CONCLUSION AND RECOMMENDATIONS

The Govt. of India launched Janani Shishu Suraksha Karyakram (JSSK) with an intention to lower down burden of OOP with an emphasis on maternal and child health care. The scheme is targeted to benefit pregnant women who access Government health facilities for their delivery. It has been found that in spite of these programs for increasing the institutional deliveries 100% rate has not been achieved.

The objective of the study was to assess the utilization of services and level of satisfaction among beneficiaries under Janani Shishu Suraksha Karyakram. The study was conducted at Pratap Nagar, Jodhpur among 288 Women who registered and delivered in govt. and accredited health facility in last six months selected by convenient sampling technique. Data was collected through face to face and telephonic interview method. Self-structured utilization checklist and satisfaction scale were used for data collection. Data analysis was done by using SPSS 20 Version.

Results showed that mean age of the women was 24.13 ± 3.52 years. 85.1% of Subjects didn't utilized free transport from home to healthcare facility. About 53.5% had fully utilized free food during hospitalization. 95.1% participants fully utilized drugs free of cost, 92.4% of participant fully utilized the consumables available in hospital, 97.9 % & 94.4% of participants fully utilized free test & diagnostics during ANC and hospitalization respectively. Out of 288 only 61 women utilized JSSK services for their newborn. More than half (55.5%) newborn didn't utilize the free transport from healthcare facility to

home and from home to health facility. Most (91.8%) of newborn had fully utilized Free drugs & consumables. About 83.6% of newborn utilized free blood test and diagnostics. 100% of participants exempted from user charges (both women and newborn). About 67.40% of women were satisfied with JSSK's services. Mean satisfaction score was 62.50 ± 10.06 which infers that majority of women were satisfied with various JSSK services. There is significant association of satisfaction level with Monthly Family Income (p value=0.044).

Strengths of the Study:

- The study sample size was calculated by using Daniel formula.

Limitation of the Study:

Research findings cannot be generalized to whole India as only single setting Pratap Nagar, Jodhpur was selected to conduct the study.

Implications in Nursing:

Nursing is an art and science. It is based upon the current knowledge i.e. frequently changing with discoveries, ideas, techniques, methodologies and motivations. When nurses integrate the science and art of nursing in their practice, the quality of care provided to clients is at the level of excellence that benefits innumerable clients. The finding of the study has implications on nursing practices, nursing administrations and nursing research.

a) Nursing Education: The student nurses of today are the staff nurses,

educators, administrators, supervisors of future; this study has implications in nursing education as well: The nursing education should emphasis on the importance of health education regarding maternal and child health & institutional delivery by the student nurses. New innovative ways should be taught to them. Nursing education should emphasis more on preparing prospective nurse to impart the information on preventing mortality and morbidity of women and children & importance of institutional delivery.

b) Nursing practice: Nurses in the antenatal clinic and in community play a vital role in imparting knowledge to the pregnant women. Though home visits community health nurse make people about JSSK entitlements available in Govt. health care facilities. Hence the study recommends that the nurses in the health institution encourages individual conversation with the pregnant women as a part of the basic program, conducting pre-conceptual counseling, enhancement of the knowledge by providing health education on routine antenatal care & importance of institutional delivery by health professional in antenatal clinics. Such practices of involvement of the pregnant women can lead to the maternal outcome to have healthy mother and healthy baby.

c) Nursing Administration: Extended and expanded role of the nurse offers many opportunities for a nurse administrator to improve the quality of life of women and children. Coordinating work along with the promotive, preventive, curative and rehabilitative aspect of care further enhances the quality of care. The nurse administrator at various levels of health care delivery system should focus their attention to make public aware about various services

available under JSSK.

d) Nursing Research: One of the main focuses of nursing research is to contribute knowledge to the body of nursing so as to expand the horizons of nursing. According to the health statistics and various studies conducted by researchers the maternal mortality rate is high. At the same time facilities for maternal care have also increased to reduce maternal mortality. There is a need for extensive research for assessing implementation of various programs for mother and child health at grassroots level. This is only possible if nurses especially working at grass root level are taking initiative to conduct further research.

Recommendations:

On the basis of findings of study, it is recommended that:

- A study can be replicated on a large sample size so that findings can be generalized on large scale.
- A mixed method study can be planned to explore various factors hampering the utilization and satisfaction among beneficiaries of JSSK.
- A comparative study to assess utilization of JSSK among beneficiaries residing at rural and urban area can be planned and conducted.

Conclusion:

The aim of current study was to assess the utilization of services and level of satisfaction among beneficiaries under Janani Shishu Suraksha Karyakram. JSSK is a new approach that assures zero OOP in all Government Health Institutions. Every pregnant woman who wishes to avail services ranging from antenatal care to care of newborn shall be provided quality health services. The JSSK had been implemented to achieve 100% of institutional deliveries & to encourage all the pregnant to deliver in Govt. healthcare facilities, so as to reduce the MMR and IMR of the State. It stipulates out that all expenses related to delivery in public healthcare facilities would be done by the government and no user charges would be demanded. Present study found that although women avail various health services for themselves and their newborn, still 100% of utilization of JSSK services has not been achieved. Moreover on satisfaction part women were satisfied with the infrastructure facilities but not with the service providers. On larger scale there is need to explore the various facilitators and barriers so that better maternal and newborn care services can be delivered to every single mother and newborn of this country.

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APPENDICES

APPENDIX-I



अखिल भारतीय आयुर्विज्ञान संस्थान, जोधपुर
All India Institute of Medical Sciences, Jodhpur
संस्थागत नैतिकता समिति
Institutional Ethics Committee

No. AIIMS/IEC/2020/3076

Date: 01/06/2020

ETHICAL CLEARANCE CERTIFICATE

Certificate Reference Number: AIIMS/IEC/2020-21/2095

Project title: "Utilization of services and level of satisfaction among beneficiaries under Janani Shishu Suraksha Karyakram at selected urban area of Jodhpur"

Nature of Project: Research Project Submitted for Expedited Review
Submitted as: Student Research Project, as a part of Academic Programme
Investigator: Poonam Negi
Supervisor: Mrs. Mamta
Co-Supervisor: Mrs. Gomathi A

Institutional Ethics Committee after thorough consideration accorded its approval on above project.

The investigator may therefore commence the research from the date of this certificate, using the reference number indicated above.

Please note that the AIIMS IEC must be informed immediately of:

- Any material change in the conditions or undertakings mentioned in the document.
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research.

The Principal Investigator must report to the AIIMS IEC in the prescribed format, where applicable, bi-annually, and at the end of the project, in respect of ethical compliance.

AIIMS IEC retains the right to withdraw or amend this if:

- Any unethical principle or practices are revealed or suspected
- Relevant information has been withheld or misrepresented

AIIMS IEC shall have an access to any information or data at any time during the course or after completion of the project.

Please Note that this approval will be rectified whenever it is possible to hold a meeting in person of the Institutional Ethics Committee. It is possible that the PI may be asked to give more clarifications or the Institutional Ethics Committee may withhold the project. The Institutional Ethics Committee is adopting this procedure due to COVID-19 (Corona Virus) situation.

If the Institutional Ethics Committee does not get back to you, this means your project has been cleared by the IEC.

On behalf of Ethics Committee, I wish you success in your research.


Dr. Praveen Sharma
Member Secretary
Member secretary
Institutional Ethics Committee
AIIMS, Jodhpur

APPENDIX-II

Minor changes in the data collection

Roundcube Webmail :: Minor changes in the data collection

<https://aiimsjodhpur.edu.in:2096/cpsess6809046093/3rdparty/r...>

Minor changes in the data collection



From Ethics Committee <ethicscommitteeaiimsjd@gmail.com>
To Mamta <mamta@aiimsjodhpur.edu.in>
Cc <poonamnegl770@gmail.com>
Date 2020-10-13 13:37

To,
Mrs. Mamta
Lecturer
College of Nursing
AIIMS, Jodhpur

Ref: Your letter no. CON.AIIMS/Academic/2020/2329 dated 19/08/2020.

Dear Mrs. Mamta,

Reference to above cited letter with regard to M.Sc. Nursing research project titled "Utilization of services and level of satisfaction among beneficiaries under Janani Shishu Suraksha Karyakram at selected area of Jodhpur" your request to make minor changes in the data collection method is permitted by the Institutional Ethics Committee, AIIMS Jodhpur.

Dr. Praveen Sharma
Member Secretary
Institutional Ethics Committee
AIIMS, Jodhpur

APPENDIX-III
TOOLS FOR DATA COLLECTION
(SECTION-A)
SOCIO-DEMOGRAPHIC VARIABLES

INSTRUCTIONS: Please provide the following information. All the information will be kept confidential.

Date:

I.D. No.

1. Age (in completed years):

.....

2. Education:

.....

3. Occupation:

- a) Home maker
- b) Private job
- c) Govt. job
- d) Self-employment

4. Monthly Family income (in Rs.)

- a) ≤ 10000
- b) 10001-20000
- c) 20001-30000
- d) ≥ 30001

5. Religion

- a) Hindu
- b) Muslim
- c) Sikh
- d) Christian
- e) Any other (specify).....

6. Type of family

- a) Nuclear
- b) Joint

7. Obstetric details

7a. Parity

- a) Primiparous
- b) Multiparous

7b. No. of living children:

- a) 1
- b) 2
- c) ≥ 3

8. Place of delivery:

- a) Govt. facility
- b) Accredited Private facility
- c) Home

d) Others (specify)

9. Type of delivery

a) Normal vaginal delivery

b) C-section

c) Instrumental delivery

10. Duration of hospital stay

a) 2 day

b) ≥ 3 days

(SECTION-B)

Utilization Checklist to Assess JSSK Service Utilization among women

INSTRUCTIONS: Following scale consist of statements based on utilization of services under JSSK. Please provide the answer by giving degree of agreement in the term of fully utilized, partially utilized and not utilized at all. There is no right and wrong answer. All the information will be kept confidential.

S.N	Services	Fully Utilized	Partially Utilized	Not Utilized at all
1.	Utilization of transport facility: a) Free Transport from home to healthcare facility for delivery. b) Free transport from healthcare facility to home after delivery. c) Free Transport for referral to other healthcare Facility. d) If no then any cash incentives. If yes, specify.			
2.	Utilization of Free food during Hospitalization.			
3.	Utilization of Free Drugs during Hospitalization.			
4.	Utilization of Free consumables such as syringes, needles, sutures, tubing, catheters, medical gloves, gowns, masks, during Hospitalization.			

5.	Utilization of Free blood test & USG during antenatal period.			
6.	Utilization of Free blood test & USG during hospitalization.			
7.	Utilization of Free blood transfusion during hospitalization (if required).			
8.	Exemption from user charges (Eg. For registration, tests and admission to wards)			

Utilization Scale to Assess JSSK Service Utilization among New born

INSTRUCTIONS: Following scale consist of statements based on utilization of services under JSSK. Please provide the answer by giving degree of agreement in the term of fully utilized, partially utilized and not utilized at all. There is no right and wrong answer. All the information will be kept confidential.

S.N.	Services	Fully Utilized	Partially Utilized	Not Utilized at all
1.	Utilization of transport facility: a) Free Transport of sick new born from home to healthcare facility. b) Free Transport of sick new born after Discharge to home. c) Free Transport for referral to other healthcare facility. d) If no then any cash incentives. If yes, specify.			
2.	Utilization of Free Drugs during Hospitalization.			
3.	Utilization of Free consumables such as syringes, needles, sutures, tubing, catheters, medical gloves, gowns, masks, during Hospitalization.			
4.	Utilization of Free blood test & Diagnostics during hospitalization.			
5.	Utilization of Free blood transfusion during hospitalization (if required).			
6.	Exemption from user charges (Eg. For registration, tests and admission to wards)			

Evaluation Criteria: Frequency and percentage (%) calculation.

(SECTION-C)

JSSK SERVICES'S SATISFACTION SCALE

INSTRUCTIONS: Following scale consists of items related to satisfaction related to services under JSSK. You will be asked to rate the following items on the basis of degree of satisfaction. All the information will be kept confidential.

S. N.	STATEMENT	Highly Satisfied (5)	Satisfied (4)	Neutral (3)	Dis-Satisfied (2)	Highly Dis-satisfied (1)
	How satisfied are you with the services related to:					
1.	Infrastructure: a) Availability of Stretcher/ wheelchair & ancillary like IV stand /urine pot /bedpan / screen etc.					
	b) Condition of building (Ward/ Toilets).					
	c) Provision of bed & beddings.					
	d) Cleanliness of facility.					
	e) Waiting area/Resting area for attendants.					
2.	Service provider: a) Courtesy and helpfulness of service provider.					
	b) Behaviour & attitude of staff					
	c) Response of services provider to your queries.					
	d) OPD Consultancy interaction with the Doctors.					
	e) Immediate attention given after admission by staff.					
	f) Nursing care provided by Nursing staff					

S. N.	STATEMENT	Highly Satisfied (5)	Satisfied (4)	Neutral (3)	Dis-Satisfied (2)	Highly Dis-satisfied (1)
	g) Follow-Up services in the outpatient department					
3.	Supporting Services:					
	a) Availability of Medicine and consumables.					
	b) Availability of essential Medical equipment (like Oxygen supply, radiant warmer, catheter) in labour room/ Children ward.					
	c) Availability of Lab. Services like X-Ray, USG, ECG etc.					
	d) Blood transfusion during hospitalization (if required)					
	e) Diet Available in the Hospital.					
	f) Availability of Transportation from home to hospital and vice-versa. (108/Ambulance/104).					

Blue Print of Scale

S.N.	Domain	No. of Items	Max. Score	Min. Score
1.	Infrastructure	5	25	5
2.	Service Provider	7	35	7
3.	Supporting Services	6	30	6

SCORING CRITERIA: (By Demarcation Threshold Formula)

Max. Score= 90 Min. Score=18

Category	Scoring	% of Score
Satisfied	55-90	≥61%
Not Satisfied	≤54	≤60%

Tools in Hindi

(खंड क)

जनसांख्यिकीय डाटा

निर्देश: निम्नलिखित जानकारी प्रदान करें। सभी सूचनाओं को गोपनीय रखा जाएगा।

दिनांक:

आई.डी. संख्या:

1. आयु :

.....

2. शिक्षा:

.....

3. व्यवसाय:

क) गृहिणी

ख) निजी नौकरी

ग) सरकारी नौकरी

घ) स्व-रोजगार

4. मासिक पारिवारिक आय (रु में)

क) ≤ 10000

ख) 10,001-20,000

ग) 20,001-30,000

घ) ≥ 30001

5. धर्म

क) हिन्दू

ख) मुस्लिम

ग) सिख

घ) ईसाई

ई) कोई अन्य (निर्दिष्ट करें)

6. परिवार का प्रकार

क) एकल

ख) संयुक्त

7. प्रसूति-संबंधी विवरण:

7. a) समता (Parity)

क) प्रथम प्रसवा

ख) बहुप्रसवा

7. b) जीवित बच्चों की संख्या:

क) 1

ख) 2

ग) ≥ 3

8. प्रसव के स्थान:

क) सरकारी सुविधा

ख) मान्यता प्राप्त निजी सुविधा

ग) घर

घ) कोई अन्य (निर्दिष्ट करें)

9. डिलीवरी का प्रकार

क) सामान्य योनि प्रसव

ख) सी-सेक्शन

ग) उपकरण के माध्यम से प्रसव

10. अस्पताल में रहने की अवधि

क) 2 दिन

ख) ≥ 3 दिन

(खंड –ख)

महिलाओं के बीच **JSSK** सेवा उपयोग का आकलन करने के लिए उपयोगिता चेकलिस्ट

निर्देश: JSSK के तहत सेवाओं के उपयोग के आधार पर निम्नलिखित कथन शामिल हैं। कृपया विकल्पों का पूरी तरह से उपयोग, आंशिक रूप से उपयोग और उपयोग नहीं किया के आधार पर उत्तर प्रदान करें। इसका कोई सही और गलत जवाब नहीं है। सभी सूचनाओं को गोपनीय रखा जाएगा।

क्रमांक	सेवाएं	पूरी तरह से उपयोग	आंशिक रूप से उपयोग	उपयोग नहीं किया
1.	परिवहन सुविधा का उपयोग: क) प्रसव के लिए घर से सुविधा के लिए निः शुल्क परिवहन। ख) प्रसव के बाद छुट्टी पर सुविधा से घर के लिए मुफ्त परिवहन। ग) अन्य सुविधा के लिए रेफरल के लिए मुफ्त परिवहन । घ) यदि नहीं तो कोई नकद प्रोत्साहन			
2.	अस्पताल में भर्ती के दौरान मुफ्त भोजन का उपयोग।			
3.	अस्पताल में भर्ती के दौरान मुफ्त दवा का उपयोग।			
4.	अस्पताल में भर्ती के दौरान सीरिज, सुइयां, टांके, ट्यूबिंग, कैथेटर्स, मेडिकल दस्ताने, गाउन, मास्क का मुफ्त उपयोग।			
5.	प्रसवपूर्व अवधि के दौरान निशुल्क परीक्षण का उपयोग ।			

6.	अस्पताल में भर्ती के दौरान निशुल्क परीक्षण का उपयोग।			
7.	अस्पताल में भर्ती के दौरान खून चढ़ाने की सुविधा का मुफ्त में उपयोग (यदि आवश्यक हो)।			
8.	उपयोगकर्ता शुल्क से छूट (उदाहरण: पंजीकरण, परीक्षण और वार्डों में प्रवेश के लिए)			

नवजात शिशु के बीच JSSK सेवा उपयोग का आकलन करने के लिए उपयोगिता चेकलिस्ट

निर्देश: JSSK के तहत सेवाओं के उपयोग के आधार पर निम्नलिखित कथन शामिल हैं। कृपया विकल्पों का पूरी तरह से उपयोग, आंशिक रूप से उपयोग और उपयोग नहीं किया के आधार पर उत्तर प्रदान करें। इसका कोई सही और गलत जवाब नहीं है। सभी सूचनाओं को गोपनीय रखा जाएगा।

क्रमांक	सेवाएं	पूरी तरह से उपयोग	आंशिक रूप से उपयोग	उपयोग नहीं किया
1.	परिवहन सुविधा का उपयोग: क) घर से सुविधा के लिए नि: शुल्क परिवहन। ख) छुट्टी के बाद सुविधा से घर के लिए मुफ्त परिवहन। ग) अन्य सुविधा के लिए रेफरल के लिए मुफ्त परिवहन। घ) यदि नहीं तो कोई नकद प्रोत्साहन।			
2.	अस्पताल में भर्ती के दौरान मुफ्त दवा का उपयोग।			
3.	अस्पताल में भर्ती के दौरान सीरिंज, सुइयां, टांके, ट्यूबिंग, कैथेटर्स, मेडिकल दस्ताने, गाउन, मास्क का मुफ्त उपयोग।			
4.	अस्पताल में भर्ती के दौरान निशुल्क परीक्षण का उपयोग।			
5.	अस्पताल में भर्ती के दौरान खून चढ़ाने की सुविधा का मुफ्त में उपयोग (यदि आवश्यक हो)।			
6.	उपयोगकर्ता शुल्क से छूट (उदाहरण: पंजीकरण, परीक्षण और वार्डों में प्रवेश के लिए)			

(खंड - ग)

संतुष्टि पैमाना

निर्देश: निम्नलिखित पैमाने में JSSK के तहत सेवाओं से संबंधित संतुष्टि के आधार पर कथन शामिल हैं। आपको संतुष्टि की डिग्री के आधार पर निम्नलिखित बयान के उत्तर प्रदान करने के लिए कहा जाएगा। सभी सूचनाओं को गोपनीय रखा जाएगा।

क्र मां क	स्थिति	अत्यधि क संतुष्ट	संतुष्ट	सामान्य	असंतु ष्ट	अत्यधि क असंतुष्ट
1.	आप इससे जुड़ी सेवाओं से कितने संतुष्ट हैं: भूमिकारूप व्यवस्था: क) स्ट्रेचर / व्हीलचेयर की उपलब्धता, IV की उपलब्धता स्टैंड / मूत्र पॉट / शयनकक्ष / स्क्रीन आदि। ख) बिस्तर और बिस्तर उपलब्ध कराना। ग) भवन की स्थिति (वार्ड / शौचालय)। घ) सुविधा की स्वच्छता। ई) परिचारकों के लिए प्रतीक्षा क्षेत्र / विश्राम क्षेत्र।					
2.	सेवा प्रदाता: क) सेवा प्रदाता के सौजन्य से और सहायक। ख) कर्मचारियों का व्यवहार और रवैया ग) आपके प्रश्नों के लिए सेवा प्रदाता की प्रतिक्रिया। घ) डॉक्टरों के साथ ओपीडी परामर्श बातचीत। ई) कर्मचारियों द्वारा प्रवेश के बाद तत्काल ध्यान दिया जाना।					

क्र मां क	स्थिति	अत्यधि क संतुष्ट	संतुष्ट	सामान्य	असंतुष्ट	अत्यधि क असंतुष्ट
	<p>च) नर्सिंग स्टाफ द्वारा प्रदान की जाने वाली नर्सिंग देखभाल</p> <p>छ) बाह्य रोगी विभाग अनुवर्ती सेवाओं में</p>					
3.	<p>सहायक सेवाओं के संबंध में लाभार्थियों का संतुष्टि स्तर:</p> <p>क) चिकित्सा की उपलब्धता और उपभोग।</p> <p>ख) लेबर रूम / चिल्ड्रेन वार्ड में आवश्यक चिकित्सा उपकरणों की उपलब्धता।</p> <p>ग) लैब की उपलब्धता, एक्स-रे, यूएसजी, ईसीजी आदि सेवाएं।</p> <p>घ) अस्पताल में भर्ती के दौरान खून चढ़ाने की सुविधा। (यदि आवश्यक हो)</p> <p>ई) अस्पताल में उपलब्ध आहार।</p> <p>च) घर से अस्पताल तक and डिस्चार्ज के समय उपलब्ध परिवहन सुविधाएँ।(108 / एम्बुलेंस / 104)</p>					

APPENDIX-IV

PARTICIPANT INFORMATION SHEET

Principal Investigator: Ms. Poonam Negi

Title: “Utilization of services and level of satisfaction among beneficiaries under Janani Shishu Suraksha Karyakram at selected area of Jodhpur.”

Purpose: To determine the Utilization of services and level of satisfaction among beneficiaries under Janani Shishu Suraksha Karyakram.

Eligibility criteria for participation: You are eligible for the study as because you are -

1. Registered and delivered in govt. and accredited private health facility in last 6 months.
2. Willing to participate in study.
3. Able to understand Hindi.

Rights to participate and withdrawal: It is completely up to you whether to participate or not to participate. You may withdraw from the study at any time and for any reason or no reason. Information that has been collected about you, prior to your withdrawal, will continue to be used in the data analysis but no new information will be collected from you.

Risk in taking part in this study: The study involves no risk rather than benefiting to you.

Complaints and compensation: You will not face any complications due to this study, still if you have any complaints as a result of this study you should contact the study investigator.

Concerns about the conduct of this study: This study has been approved

by the Institutional Ethics Committee (IEC).

Measure to protect confidentiality: Only the researcher will know whether or not you are participating in this study. Any identifiable information that is collected about you in connection with this study will remain confidential and will be disclosed only with your permission, or except as required by law. Only the researcher will have access to your details and results.

Contact person for further enquiry: If you would like to know at any stage please do not hesitate to contact the study investigator.

Thank you for taking the time to consider this study.

If you wish to take part, please sign the attached consent form.

This information sheet is for you to keep.

प्रतिभागी सूचना पत्र

मुख्य जाँचकर्ता : सुश्री पूनम नेगी

शीर्षक: "यूटिलाइजेशन ऑफ़ सर्विसेज एंड लेवल ऑफ़ सटिस्फैक्शन अमंग बेनेफिशरीज अंडर जननी शिशु सुरक्षा कार्यक्रम अत सिलेक्टेड एरिया ऑफ़ जोधपुर"

उद्देश्य: जननी शिशु सुरक्षा अभियान के तहत लाभार्थियों के बीच सेवाओं के उपयोग और संतुष्टि के स्तर का निर्धारण करना।

भागीदारी के लिए योग्यता : - आप अध्ययन के लिए पात्र हैं क्योंकि आप हैं -

1. पिछले 6 महीनों में सरकारी और मान्यता प्राप्त निजी अस्पताल से प्रसव सुविधा ली है।
2. अध्ययन में भाग लेने के लिए तैयार।
3. हिंदी समझने में सक्षम।

भाग लेने या ना लेने के अधिकार: यह पूरी तरह से आप पर निर्भर है कि भाग लेना है या नहीं। आप किसी भी समय और किसी भी कारण या बिना किसी कारण के अध्ययन से हट सकते हैं। आपकी निकासी से पहले आपके बारे में जो जानकारी एकत्र की गई है, उसका डेटा विश्लेषण में उपयोग किया जाता रहेगा, लेकिन आपसे कोई नई जानकारी एकत्र नहीं की जाएगी। इस अध्ययन में भाग लेने में जोखिम: अध्ययन में आपके लिए लाभ उठाने के बजाय कोई जोखिम शामिल नहीं है।

शिकायतें और मुआवजा: इस अध्ययन के कारण आपको किसी भी जटिलता का सामना नहीं करना पड़ेगा, फिर भी यदि आपको इस अध्ययन के परिणामस्वरूप कोई शिकायत है तो आपको अध्ययन अन्वेषक से संपर्क करना चाहिए।

इस अध्ययन के संचालन के संबंध में अभिरुचि: इस अध्ययन को संस्थागत नैतिकता आयोग (IEC) द्वारा अनुमोदित किया गया है।

गोपनीयता: केवल शोधकर्ता को पता होगा कि आप इस अध्ययन में भाग ले रहे हैं या नहीं। इस

अध्ययन के सिलसिले में आपके बारे में एकत्र की गई कोई भी पहचान योग्य जानकारी गोपनीय रूप से समाप्त हो जाएगी और केवल आपकी अनुमति से, या कानून द्वारा आवश्यक को छोड़कर खुलासा किया जाएगा। केवल शोधकर्ता के पास आपके विवरण और परिणामों का आकलन होगा।

आगे की पूछताछ के लिए संपर्क व्यक्ति: यदि आप किसी भी स्तर पर जानना चाहते हैं तो कृपया अध्ययन अन्वेषक से संपर्क करने में संकोच न करें।

इस अध्ययन पर विचार करने के लिए समय निकालने के लिए धन्यवाद। यदि आप भाग लेना चाहते हैं, तो कृपया संलग्न सहमति पत्र पर हस्ताक्षर करें। यह सूचना पत्र आपके पास रखने के लिए है।

APPENDIX-V

Informed Consent Form

Title of the research study: Utilization of services and level of satisfaction among beneficiaries under Janani Shishu Suraksha Karyakram at selected area of Jodhpur.

Name of the Investigator: Ms. Poonam Negi (Pursuing M.Sc. Nursing)

Participant Identification No.:

I, _____ D/o or W/o _____ R/o _____

give my full, free, voluntary consent to be a part of this study, the procedure and nature of which has been explained to me in my own language to my full satisfaction. I confirm that I have had the opportunity to ask questions.

I understand that my participation is voluntary and I am aware of my right to drop out of the study at any time without giving any reason.

I understand that the information collected about me may be looked at by responsible individual from All India Institute of Medical Sciences Jodhpur, Rajasthan. I give permission for these individuals to have access to my records.

Date: _____

Place: _____

Signature/Left thumb impression

This is to certify that the above consent has been obtained in my presence.

Date: _____

Place: _____

Signature of Investigator

सूचित सहमति प्रपत्र

शोध अध्ययन का शीर्षक: "यूटिलाइजेशन ऑफ़ सर्विसेज एंड लेवल ऑफ़ सटिस्फैक्शन अमंग बेनेफिशरीज अंडर जननी शिशु सुरक्षा कार्यक्रम अत सिलेक्टेड एरिया ऑफ़ जोधपुर"

अन्वेषक का नाम: सुश्री पूनम नेगी (एम.एस.सी नर्सिंग)

प्रतिभागी की पहचान संख्या:

मैं, _____ पुत्री या पत्नी _____ निवासी _____ इस अध्ययन का हिस्सा बनने के लिए अपनी पूर्ण, निःशुल्क, स्वैच्छिक सहमति देता हूं, जिसकी प्रक्रिया और प्रकृति मुझे मेरी भाषा में मेरी पूर्ण संतुष्टि के लिए समझाई गई है। मैं पुष्टि करता हूं कि मुझे प्रश्न पूछने का अवसर मिला है।

मैं समझता हूं कि मेरी भागीदारी स्वैच्छिक है और मुझे बिना कोई कारण बताए किसी भी समय अध्ययन से बाहर होने के मेरे अधिकार के बारे में पता है।

मैं समझता हूं कि मेरे बारे में एकत्रित जानकारी को अखिल भारतीय आयुर्विज्ञान संस्थान जोधपुर, राजस्थान के जिम्मेदार व्यक्ति द्वारा देखा जा सकता है। मैं इन व्यक्तियों को अपने रिकॉर्ड तक पहुंचने की अनुमति देता हूं।

दिनांक: _____

स्थान: _____

हस्ताक्षर / बाएं अंगूठे का निशान

यह प्रमाणित किया जाता है कि मेरी उपस्थिति में उपरोक्त सहमति प्राप्त की गई है।

दिनांक: _____

स्थान _____

अन्वेषक के हस्ताक्षर

APPENDIX-VI

A LETTER REQUESTING EXPERTS FOR CONTENT VALIDITY

From:

Poonam Negi

M.Sc. (NURSING) 1st Year

College of Nursing, AIIMS, Jodhpur

To

Subject: Expert Opinion on Validity of self-structured tool.

Respected Ma'am/ Sir

I Poonam Negi student of M.Sc (Nursing) 1st year College of Nursing, AIIMS, Jodhpur, have selected the following topic for research project:

“Utilization of services and level of satisfaction among beneficiaries under Janani Shishu Suraksha Karyakram at selected area of Jodhpur.” Under the supervision of Mrs. Mamta (Assistant Professor), Mrs. Gomathi A. (Associate Professor), College of Nursing, AIIMS, Jodhpur.

The objectives of following study are:

1. To assess the utilization of services under Janani Shishu Suraksha Karyakram among beneficiaries at selected areas of Jodhpur.
2. To assess the level of satisfaction of beneficiaries with services provided under Janani Shishu Suraksha Karyakram at selected areas of Jodhpur.
3. To determine the association of level of satisfaction with selected socio-demographic variables.


I request you to kindly go through the tool and give your opinion for any modification and improvement needed. Your esteemed opinion and critical comments will provide the required direction and contribute immensely to the quality and content of my final research.

Looking forward to your expert guidance and suggestions.

Thanking you in anticipation.

Yours sincerely


Poonam Negi


Guide: Mrs. Mamta
Assistant Professor
CON, AIIMS Jodhpur

Co-Guide: Mrs. Gomathi A.
Associate Professor
CON, AIIMS Jodhpur

Enclosures:

- a) Brief Methodology
- b) Tools for data collection (English/ Hindi)
- c) Certificate for Validation


Principal
नर्सिंग महाविद्यालय
College of Nursing
आयुर्विज्ञान संस्थान, र

LIST OF EXPERTS FOR CONTENT VALIDITY

Dr. Srikant Shrinivasan

Associate Professor

Dept. of Community Medicine and Family Medicine

AIIMS, Jodhpur

Dr. Hardeep Kaur

Professor

UCON

Faridkot.

Ms. Jeeva Subramaniam

Lecturer

College of Nursing, NIMHANS

Bangalore-29

Dr. Kamlesh Kumari Sharma

Associate Professor

College of Nursing

All India Institute of Medical Sciences

New Delhi-110029

Mrs. K. Lakshmi Prasanna

Lecturer

College of Nursing

AIIMS, Patna

Mrs. Rajarajeswari

Assistant Professor

CON, AIIMS

Rishikesh

Mrs. Samta Soni

Lecturer

CON, SMS

Jaipur

APPENDIX-VII

COLLEGE OF NURSING
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, JODHPUR
RESEARCH PROJECT

CERTIFICATE OF CONTENT VALIDITY

I, Dr. / Mr./ Mrs.

hereby certify that the tool for data collection of the research project titled “Utilization of services and level of satisfaction among beneficiaries under Janani Shishu Suraksha Karyakram at selected area of Jodhpur.” prepared by Poonam Negi is found to be valid and up to date.

Place:

Date:

Signature & Seal of Validator

APPENDIX-VIII

LIST OF FORMULA USED FOR DATA ANALYSIS

FORMULA 1: Arithmetic mean

$$\bar{X} = \frac{\sum X}{n}$$

FORMULA 2: Standard Deviation

$$S = \sqrt{\frac{\sum (X - \bar{X})^2}{n-1}}$$

FORMULA 3: Chi Square Test

$$\chi^2 = \frac{\sum (O - E)^2}{E}$$

FORMULA 4: Daneils Formula

$$N = Z^2_{(1-\alpha/2)} (p \times q) / d^2$$

FORMULA 5: Fischer Exact Test

$$p = \frac{(a+b)(c+d)(a+c)(b+d)}{abcdn}$$

FORMULA 6: Cramer's V Formula

$$V = \sqrt{\frac{\chi^2/n}{\min(c-1, r-1)}}$$

APPENDIX-IX
CERTIFICATE FOR LANGUAGE VALIDITY OF THESIS (ENGLISH)

COLLEGE OF NURSING

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, JODHPUR

RESEARCH PROJECT

CERTIFICATE OF LANGUAGE VALIDITY OF THESIS (ENGLISH)

I, Dr./ ~~Mr.~~ Mrs. Rakhi Vyas.....hereby certify
that the thesis titled “Utilization of services and level of satisfaction among beneficiaries
under Janani Shishu Suraksha Karyakram at selected area of Jodhpur” prepared by
Poonam Negi is found to be valid and up to date.

Place: Jodhpur
Date: 1/4/21

Rakhi Vyas
1/4/21
DR. RAKHI VYAS
ASSISTANT PROFESSOR
DEPARTMENT OF ENGLISH
JAI NARAIN VYAS UNIVERSITY
JODHPUR (RAJ.)

Signature & Seal of Validator

APPENDIX: X
LANGUAGE VALIDITY OF RESEARCH TOOL (HINDI)

COLLEGE OF NURSING

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, JODHPUR

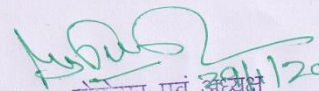
RESEARCH PROJECT

CERTIFICATE OF LANGUAGE VALIDITY OF RESEARCH TOOL

I, Dr./ Mr./ Mrs....Prof. (Dr.) NARENDRA MISHRA.....hereby certify
that the tool for data collection of the research project titled **“Utilization of services and
level of satisfaction among beneficiaries under Janani Shishu Suraksha Karyakram at
selected area of Jodhpur.”** Prepared by Poonam Negi is found to be valid and up to date.

Place: Jodhpur

Date: 29/01/2021


Signature & Seal of Validator
हिन्दी विभाग
जयनारायण व्यास विश्वविद्यालय
जोधपुर

APPENDIX-XI

Coding sheet for Socio-Demographic Variables

Sr No.	Demographic variables	Coding
1.	Education	
	a) Illiterate	0
	b) Primary	1
	c) Secondary	2
	d) Sen. Secondary	3
	e) Graduation & above	4
2.	Occupation	
	a) Home maker	0
	b) Private Job	1
	c) Govt. Job	2
	d) Self-employment	3
3.	Monthly income	
	a) ≤ 10000	0
	b) 10001-20000	1
	c) 20001-30000	2
	d) ≥ 30001	3
4.	Religion	
	a) Hindu	0
	b) Muslim	1
	c) Sikh	2
	d) Christian	3
	e) Any other	4
5.	Type of Family	
	a) Nuclear	0
	b) Joint	1
	Obstetric details:	
6.a)	Parity	
	a) Primiparous	0
	b) Multiparous	1
6.b)	No. of living Children	
	a) 1	0
	b) 2	1
	c) ≥ 3	2
7.	Place of delivery	
	a) Govt. Facility	0
	b) Accredited Private facility	1
	c) Home	2
	d) Others (specify)	3
8.	Type of delivery	
	a) Normal vaginal delivery	0
	b) C-section	1
	c) Instrumental delivery	2
9.	Duration of hospital stay	
	a) 2days	0
	b) ≥ 3 days	1

Demographic Data Sheet												
Study Subjects	Age(in completed years)	Education	Occupation	Monthly Family income	Religion	Type of family	Parity	No. of living children	Place of delivery	Type of delivery	Duration of hospital stay	
1	22	0	0	0	0	1	1	1	0	0	0	0
2	22	1	0	1	0	1	0	0	0	0	0	0
3	23	2	0	0	0	1	0	0	0	0	0	0
4	26	1	0	1	0	0	1	1	0	0	0	0
5	25	2	0	0	0	1	1	1	0	0	0	0
6	21	1	0	1	0	1	0	0	0	1	1	1
7	26	2	0	1	0	1	1	1	0	0	0	0
8	22	2	0	1	0	1	0	0	0	0	0	0
9	23	1	0	0	0	1	0	0	0	0	0	0
10	24	1	0	0	0	1	0	0	0	1	1	1
11	39	4	0	0	1	0	1	2	0	1	1	1
12	27	2	0	0	1	1	0	0	0	0	1	1
13	30	4	1	1	0	1	1	2	0	0	0	0
14	30	1	0	0	1	1	0	0	0	0	1	1
15	25	2	0	1	0	1	1	1	0	1	1	1
16	24	2	0	0	0	1	1	1	0	0	0	0
17	24	2	0	0	0	1	0	0	0	0	0	0
18	21	3	0	0	1	1	0	0	0	0	0	0
19	20	0	0	1	0	1	0	0	0	0	0	0
20	21	1	0	0	0	1	1	2	0	1	1	1
21	32	1	0	0	0	1	0	0	0	0	0	0
22	24	2	0	2	1	0	0	0	0	0	0	0
23	25	2	0	0	0	1	0	2	0	1	1	1
24	22	0	0	0	1	1	1	2	1	1	1	1
25	23	2	0	1	0	1	0	0	0	1	1	1
26	25	1	0	1	0	1	1	1	0	0	0	0
27	27	1	0	2	1	1	1	2	0	0	0	0
28	25	2	0	1	0	1	1	1	0	0	0	0
29	26	3	0	2	0	1	1	1	0	0	0	0
30	30	1	0	1	0	1	1	2	0	0	0	0
31	23	2	0	2	0	1	0	0	0	1	1	1
32	25	1	0	1	0	0	1	1	0	0	0	0
33	20	2	0	2	0	0	0	0	0	0	0	0
34	24	3	1	1	0	1	0	0	0	0	0	0
35	21	3	0	0	1	1	0	0	0	0	0	0
36	20	0	0	1	0	1	0	0	0	0	0	0
37	21	1	0	0	0	1	1	2	0	1	1	1
38	32	1	0	0	0	1	0	0	0	0	0	0
39	24	2	0	2	1	0	0	0	0	0	0	0
40	25	2	0	0	0	1	0	2	0	1	1	1
41	22	0	0	0	1	1	1	2	1	1	1	1
42	23	2	0	1	0	1	0	0	0	1	1	1
43	25	2	0	0	0	1	1	1	0	0	0	0
44	21	1	0	1	0	1	0	0	0	1	1	1
45	26	2	0	1	0	1	1	1	0	0	0	0
46	22	2	0	1	0	1	0	0	0	0	0	0
47	23	1	0	0	0	1	0	0	0	0	0	0
48	24	1	0	0	0	1	0	0	0	1	1	1
49	39	2	0	0	1	0	1	2	0	1	1	1
50	27	2	0	0	1	1	0	0	0	0	1	1
51	30	3	1	1	0	1	1	2	0	0	0	0
52	30	1	0	0	1	1	0	0	0	0	1	1
53	24	2	0	2	1	0	0	0	0	0	0	0
54	25	2	0	0	0	1	0	2	0	1	1	1
55	22	2	0	0	1	1	1	2	1	1	1	1
56	23	2	0	1	0	1	0	0	0	1	1	1
57	25	1	0	1	0	1	1	1	0	0	0	0
58	27	1	0	2	1	1	1	2	0	0	0	0
59	25	2	0	1	0	1	1	1	0	0	0	0
60	26	3	0	2	0	1	1	1	0	0	0	0
61	30	1	0	1	0	1	1	2	0	0	0	0
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63	23	2	0	1	0	1	0	0	0	1	1	1
64	25	2	0	0	0	1	1	1	0	0	0	0
65	21	1	0	1	0	1	0	0	0	1	1	1
66	26	2	0	1	0	1	1	1	0	0	0	0
67	22	2	0	1	0	1	0	0	0	0	0	0
68	21	3	0	0	1	1	0	0	0	0	0	0
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73	23	2	0	0	0	1	0	0	0	0	0	0
74	26	1	0	1	0	0	1	1	0	0	0	0
75	25	2	0	0	0	1	1	1	0	0	0	0
76	21	1	0	1	0	1	0	0	0	1	1	1
77	26	2	0	1	0	1	1	1	0	0	0	0
78	22	2	0	1	0	1	0	0	0	0	0	0
79	23	1	0	0	0	1	0	0	0	0	0	0
80	24	1	0	0	0	1	0	0	0	1	1	1
81	32	4	0	0	1	0	1	2	0	1	1	1
82	27	2	0	0	1	1	0	0	0	0	1	1
83	30	4	1	1	0	1	1	2	0	0	0	0
84	30	1	0	0	1	1	0	0	0	0	1	1
85	26	2	0	1	0	1	1	1	0	0	0	0
86	22	2	0	1	0	1	0	0	0	0	0	0
87	21	3	0	0	1	1	0	0	0	0	0	0
88	20	0	0	1	0	1	0	0	0	0	0	0
89	21	1	0	0	0	1	1	2	0	1	1	1
90	32	1	0	0	0	1	0	0	0	0	0	0
91	24	2	0	2	1	0	0	0	0	0	0	0
92	23	2	0	0	0	1	0	0	0	0	0	0
93	26	1	0	1	0	0	1	1	0	0	0	0
94	25	2	0	0	0	1	1	1	0	0	0	0
95	23	1	0	0	0	1	0	0	0	0	0	0
96	24	1	0	0	0	1	0	0	0	1	1	1
97	34	4	0	0	1	0	1	2	0	1	1	1
98	27	2	0	0	1	1	0	0	0	0	1	1
99	30	4	1	1	0	1	1	2	0	0	0	0

100	30	1	0	0	1	1	0	0	0	0	1
101	26	2	0	1	0	1	1	1	0	0	0
102	22	2	0	1	0	1	0	0	0	0	0
103	21	3	0	0	1	1	0	0	0	0	0
104	20	2	0	1	0	1	0	0	0	0	0
105	21	1	0	0	0	1	1	2	0	1	1
106	32	1	0	0	0	1	0	0	0	0	0
107	22	0	0	0	1	1	1	2	1	1	1
108	23	2	0	1	0	1	0	0	0	1	1
109	25	1	0	1	0	1	1	1	0	0	0
110	27	1	0	2	1	1	1	2	0	0	0
111	25	2	0	1	0	1	1	1	0	0	0
112	26	3	0	2	0	1	1	1	0	0	0
113	26	2	0	1	0	1	1	1	0	0	0
114	22	2	0	1	0	1	0	0	0	0	0
115	21	3	0	0	1	1	0	0	0	0	0
116	20	2	0	1	0	1	0	0	0	0	0
117	21	1	0	0	0	1	1	2	0	1	1
118	32	1	0	0	0	1	0	0	0	0	0
119	22	0	0	0	1	1	1	2	1	1	1
120	23	3	0	1	0	1	0	0	1	1	1
121	25	1	0	1	0	1	1	1	0	0	0
122	27	1	0	2	1	1	1	2	0	0	0
123	25	2	0	1	0	0	1	1	0	0	0
124	26	3	0	2	0	1	1	1	0	0	0
125	22	0	0	1	0	1	0	0	0	0	0
126	24	2	0	1	1	1	1	1	0	0	0
127	29	1	0	2	0	0	1	2	0	2	0
128	21	0	0	2	0	1	0	0	0	1	1
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132	21	2	3	2	1	1	0	0	1	1	1
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134	30	1	0	0	1	1	0	0	0	0	1
135	26	2	0	1	0	1	1	1	0	0	0
136	22	2	0	1	0	1	0	0	0	0	0
137	21	3	0	0	1	1	0	0	0	0	0
138	20	0	0	1	0	0	0	0	0	0	0
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142	23	2	0	1	0	1	0	0	0	1	1
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145	23	2	1	1	0	1	0	0	1	1	1
146	24	1	0	1	0	0	0	0	0	0	0
147	20	3	0	2	0	0	0	0	0	0	0
148	21	2	3	2	1	1	0	0	1	1	1
149	28	1	0	1	0	0	1	1	0	2	1
150	30	1	0	0	1	1	0	0	0	0	0
151	26	2	0	1	0	1	1	1	0	0	0
152	26	0	0	0	0	0	0	0	0	0	0
153	22	1	0	1	0	0	1	1	0	0	0
154	19	2	0	1	1	1	0	0	0	0	0
155	24	3	0	2	1	1	1	1	0	0	0
156	20	2	0	0	1	1	0	0	0	0	0
157	19	1	0	1	0	1	0	0	0	0	0
158	21	3	0	2	0	1	0	0	0	0	0
159	23	1	0	1	0	1	1	1	0	0	0
160	25	2	0	2	0	1	1	1	0	1	1
161	27	2	3	3	0	1	1	2	0	0	0
162	23	3	0	1	0	1	0	0	0	0	0
163	22	3	0	1	0	1	0	0	0	0	0
164	21	1	0	1	0	1	0	0	0	0	0
165	28	2	0	0	0	1	1	2	0	0	0
166	23	2	0	0	0	1	1	1	0	0	0
167	21	2	0	1	0	1	0	0	0	0	0
168	21	2	0	1	1	1	0	0	0	2	0
169	20	3	0	2	0	1	0	0	0	0	0
170	22	3	1	1	1	0	1	1	0	0	0
171	21	2	0	2	0	1	0	0	0	1	1
172	20	0	0	0	0	0	1	0	0	0	0
173	23	2	1	2	0	1	0	0	0	0	0
174	21	1	0	1	0	0	0	0	0	0	0
175	23	0	1	2	1	1	1	1	0	0	0
176	22	0	0	0	1	1	1	2	1	1	1
177	23	2	0	1	0	1	0	0	0	1	1
178	25	1	0	1	0	1	1	1	0	0	0
179	27	1	0	2	1	1	1	2	0	0	0
180	25	2	0	1	0	1	1	1	0	0	0
181	26	3	0	2	0	1	1	1	0	0	0
182	26	2	0	1	0	1	1	1	0	0	0
183	22	3	0	1	0	1	0	0	0	0	0
184	21	3	0	0	1	1	0	0	0	0	0
185	20	0	0	1	0	1	0	0	0	0	0
186	21	1	0	0	0	1	1	2	0	1	1
187	32	1	0	0	0	1	0	0	0	0	0
188	22	0	0	0	1	1	1	2	1	1	1
189	23	2	0	1	0	1	0	0	1	1	1
190	25	1	0	1	0	1	1	1	0	0	0
191	27	1	0	2	1	1	1	2	0	0	0
192	25	2	0	1	0	0	1	1	0	0	0
193	26	3	0	2	0	1	1	1	0	0	0
194	22	0	0	1	0	1	0	0	0	0	0
195	24	2	0	1	1	1	1	1	0	0	0
196	29	1	0	2	0	0	1	2	0	2	0
197	21	0	0	2	0	1	0	0	0	1	1
198	23	2	1	1	0	1	0	0	1	1	1
199	24	3	0	1	0	0	0	0	0	0	0
200	20	3	0	2	0	0	0	0	0	0	0

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202	28	1	0	1	0	0	1	1	0	2	0
203	30	1	0	0	1	1	0	0	0	0	1
204	26	2	0	1	0	1	1	1	0	0	0
205	22	2	0	1	0	1	0	0	0	0	0
206	21	3	0	0	1	1	0	0	0	0	0
207	20	0	0	1	0	0	0	0	0	0	0
208	21	1	0	0	0	1	1	2	0	1	1
209	32	1	0	0	0	0	0	0	0	0	0
210	22	0	0	0	1	1	1	2	1	1	1
211	23	2	0	1	0	1	0	0	0	1	1
212	29	1	0	2	0	0	1	2	0	0	0
213	21	0	0	2	0	1	0	0	0	1	1
214	23	2	1	1	0	1	0	0	1	1	1
215	24	1	0	1	0	0	0	0	0	0	0
216	20	3	0	2	0	0	0	0	0	0	0
217	21	2	3	2	1	1	0	0	1	1	1
218	28	2	0	1	0	0	1	1	0	2	1
219	30	1	0	0	1	1	0	0	0	0	0
220	26	2	0	1	0	1	1	1	0	0	0
221	26	0	0	0	0	0	0	0	0	0	0
222	22	1	0	1	0	0	1	1	0	0	0
223	19	2	0	1	1	1	0	0	0	0	0
224	24	3	0	2	1	1	1	1	0	0	0
225	26	3	0	2	0	1	1	1	0	0	0
226	26	2	0	1	0	1	1	1	0	0	0
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228	21	3	0	0	1	1	0	0	0	0	0
229	20	0	0	1	0	1	0	0	0	0	0
230	21	1	0	0	0	1	1	2	0	1	1
231	32	1	0	0	0	1	0	0	0	0	0
232	22	0	0	0	1	1	1	2	1	1	1
233	23	2	0	1	0	1	0	0	1	1	1
234	25	2	0	1	0	1	1	1	0	0	0
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239	24	2	0	1	1	1	1	1	0	0	0
240	29	1	0	2	0	0	1	2	0	2	0
241	21	0	0	2	0	1	0	0	0	1	1
242	23	2	1	1	0	1	0	0	1	1	1
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244	20	3	0	2	0	0	0	0	0	0	0
245	21	2	3	2	1	1	0	0	1	1	1
246	28	1	0	1	0	0	1	1	0	2	0
247	30	1	0	0	1	1	0	0	0	0	1
248	26	2	0	1	0	1	1	1	0	0	0
249	22	2	0	1	0	1	0	0	0	0	0
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252	21	2	0	0	0	1	1	2	0	1	1
253	32	1	0	0	0	0	0	0	0	0	0
254	22	0	0	0	1	1	1	2	1	1	1
255	23	2	0	1	0	1	0	0	0	1	1
256	29	1	0	2	0	0	1	2	0	0	0
257	21	0	0	2	0	1	0	0	0	1	1
258	23	2	1	1	0	1	0	0	1	1	1
259	24	1	0	1	0	0	0	0	0	0	0
260	20	3	0	2	0	0	0	0	0	0	0
261	21	2	3	2	1	1	0	0	1	1	1
262	28	1	0	1	0	0	1	1	0	2	1
263	30	1	0	0	1	1	0	0	0	0	0
264	26	2	0	1	0	1	1	1	0	0	0
265	26	0	0	0	0	0	0	0	0	0	0
266	22	1	0	1	0	0	1	1	0	0	0
267	19	3	0	1	1	1	0	0	0	0	0
268	24	3	0	2	1	1	1	1	0	0	0
269	20	2	0	0	1	1	0	0	0	0	0
270	19	1	0	1	0	1	0	0	0	0	0
271	22	2	0	2	0	1	0	0	0	0	0
272	23	1	0	1	0	1	1	1	0	0	0
273	25	2	0	2	0	1	1	1	0	1	1
274	27	2	3	3	0	1	1	2	0	0	0
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276	22	3	0	1	0	1	0	0	0	0	0
277	21	1	0	1	0	1	0	0	0	0	0
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279	23	2	0	0	0	1	1	1	0	0	0
280	21	2	0	1	0	1	0	0	0	0	0
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283	23	3	1	1	1	0	1	1	0	0	0
284	21	2	0	2	0	1	0	0	0	1	1
285	20	0	0	0	0	0	1	0	0	0	0
286	23	2	1	2	0	1	0	0	0	0	0
287	21	1	0	1	0	0	0	0	0	0	0
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Subjects	Utilization Checklist of Women										7	8
	1a	1b	1c	1d	2	3	4	5	6			
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2	0	0	0	0	1	2	2	2	2		2	
3	0	0	0	0	0	2	2	2	2		2	
4	0	0	0	0	0	2	2	2	2		2	
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6	0	0	0	0	1	2	2	2	2		2	
7	0	2	0	0	1	2	2	2	2		2	
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18	0	0	0	0	1	2	2	2	2		2	
19	0	2	0	0	0	1	1	2	1		2	
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21	0	0	0	0	2	2	1	2	2		2	
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24	0	0	0	0	0	2	2	2	2		2	
25	0	2	0	0	2	2	2	2	2		2	
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27	0	2	0	0	1	2	2	2	2		2	
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286								
287	0	0	0	0	2	2	1	2
288								

Subjects	SATISFACTION SCALE																	
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