RESEARCH PAPER

Effectiveness Of Structured Teaching Programme On Knowledge Regarding Janani Shishu Surakshakaryakram (Jssk) Among Women Residing In Selected Areas: A Quasi Experimental Study

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ABSTRACT

Introduction: Maternal and child healthcare services play a crucial role in reducing maternal and neonatal morbidity and mortality. The Government of India introduced the Janani Shishu Suraksha Karyakram (JSSK) to provide free and cashless healthcare services to pregnant women and sick newborns, including delivery services, medicines, diagnostics, blood, diet, and transportation. However, inadequate awareness may limit the utilization of these benefits. Therefore, structured health education is essential to improve women's knowledge regarding JSSK.

Aim: To evaluate the effectiveness of a structured teaching programme on knowledge regarding JSSK among women residing in selected areas.

Methods: A quantitative research approach with a quasi-experimental one-group pre-test–post-test design was adopted. The study included 70 women selected through non-probability convenience sampling. Data were collected using a semi-structured demographic questionnaire and a structured knowledge questionnaire comprising 26 multiple-choice questions. A pre-test was conducted, followed by a structured teaching programme, and a post-test was administered after seven days. Data were analyzed using descriptive and inferential statistics.

Results: In the pre-test, 43 (61.43%) women had poor knowledge, while 27 (38.57%) had average knowledge. The mean pre-test score was 5.08 ± 2.18 (19.56%). Following the intervention, 51 (72.86%) women demonstrated very good knowledge and 18 (25.71%) demonstrated excellent knowledge. The mean post-test score increased to 20.37 ± 1.59 (78.35%). The improvement was statistically significant (paired $t = 48.88$, $p = 0.0001$). Post-test knowledge was significantly associated with age, educational qualification, area of residence, and previous knowledge regarding JSSK.

Conclusion: The structured teaching programme was effective in improving women's knowledge regarding JSSK. Regular health education by healthcare professionals may strengthen awareness and encourage appropriate utilization of maternal and child healthcare services.

Key words: Janani Shishu Suraksha Karyakram, structured teaching programme, knowledge, women, maternal healthcare services.

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INTRODUCTION

Maternal and child health is a fundamental component of public health and an important indicator of a nation's healthcare development. Pregnancy, childbirth, and the neonatal period require timely access to skilled, affordable, and quality healthcare to prevent avoidable maternal and infant morbidity and mortality. Although India has made considerable progress in maternal healthcare, ensuring equitable access to services and reducing financial barriers remain important priorities. According to the Ministry of Health and Family Welfare (MoHFW, 2026), India's Maternal Mortality Ratio declined from 130 maternal deaths per 100,000 live births during 2014–2016 to 87 during 2022–2024. Improvements in institutional deliveries also reflect progress in the utilization of facility-based maternal healthcare.

To reduce financial barriers, the Government of India launched the Janani Shishu Suraksha Karyakram

(JSSK) on 1 June 2011 under the National Health Mission. The scheme aims to provide free and cashless healthcare services to pregnant women accessing public health institutions. Its entitlements include free normal and caesarean delivery, medicines, consumables, diagnostic investigations, blood, diet during hospitalization, exemption from user charges, and transportation from home to health institutions, between institutions during referrals, and back home. The programme was subsequently extended to cover antenatal and postnatal complications and sick newborns and infants up to one year of age (National Health Mission [NHM], 2026).

The public health significance of JSSK is reflected in its wide implementation. During the financial year 2024–2025, approximately 1.99 crore pregnant women and 16.85 lakh sick infants benefited from the scheme (MoHFW, 2026). However, the availability of services does not automatically guarantee their utilization. Women need adequate knowledge regarding the scheme's objectives, eligibility criteria, entitlements, and procedures for accessing free healthcare.

Structured health education can improve awareness, support informed healthcare decisions, and encourage appropriate utilization of JSSK benefits. Therefore, the present study was undertaken to evaluate the effectiveness of a structured teaching programme on knowledge regarding Janani Shishu Suraksha Karyakram among women residing in selected areas.

NEED FOR THE STUDY

Despite the implementation of Janani Shishu Suraksha Karyakram (JSSK), inadequate awareness regarding its entitlements may limit the utilization of free maternal and newborn healthcare services. According to NFHS-5, the average out-of-pocket expenditure for delivery in a public health facility was ₹2,916 (IIPS & ICF, 2021). Such expenditure highlights the importance of improving awareness regarding free medicines, diagnostic investigations, blood, diet, and transportation facilities available under JSSK.

Previous studies have identified substantial gaps in women's knowledge regarding the scheme. Deshpande et al. (2017) reported that only 47.2% of pregnant women had good awareness of JSSK entitlements, while knowledge regarding free caesarean delivery and transportation facilities was particularly low. Similarly, Chandrakar et al. (2017) found that 58.8% of mothers in rural Chhattisgarh had good awareness, with inadequate knowledge of free diagnostic services and blood provision. Sreelatha et al. (2021) also reported that 60.5% of mothers incurred out-of-pocket transportation expenditure, despite transportation being covered under JSSK.

These findings highlight the gap between the availability of government healthcare benefits and women's awareness of their entitlements. A structured teaching programme can provide systematic information about JSSK services and help women make informed healthcare decisions. Therefore, the present study was undertaken to evaluate the effectiveness of a structured teaching programme on knowledge regarding JSSK among women residing in selected areas. Assessing associations between post-test knowledge and demographic variables may also help identify groups requiring additional educational support.

SCHOLAR'S VIEW

From the researcher's perspective, awareness of JSSK is essential for ensuring that women can access the free maternal and newborn healthcare services intended for their benefit. Limited knowledge may contribute to missed entitlements and unnecessary healthcare expenditure. A structured teaching programme can improve understanding of the scheme's benefits, eligibility, and available services. Evaluating its effectiveness can help determine whether planned health education strengthens women's knowledge and supports better utilization of maternal and child healthcare services.

AIM OF THE STUDY

To evaluate the effectiveness of a structured teaching programme on knowledge regarding Janani Shishu Suraksha Karyakram (JSSK) among women residing in selected areas.

HYPOTHESIS

H0: There is no significant difference between pre-test and post-test knowledge regarding Janani Shishu Suraksha Karyakram (JSSK) among women residing in selected areas.

H1: There is a significant difference between pre-test and post-test knowledge regarding Janani Shishu Suraksha Karyakram (JSSK) among women residing in selected areas.

The hypothesis was tested at the 0.05 level of significance.

RESEARCH METHODOLOGY

OBJECTIVES

 Primary objective: To assess the effectiveness of the Structured Teaching Programme on knowledge regarding Janani Shishu Suraksha Karyakram (JSSK) among women residing in selected areas.

 Secondary objective: To determine the association between post-test knowledge scores regarding JSSK and selected demographic variables among women residing in selected areas.

1. To assess the pre-test knowledge regarding JSSK among women residing in selected areas.
2. To evaluate the effectiveness of a structured teaching programme by comparing pre-test and post-test knowledge scores.
3. To determine the association between post-test knowledge scores and selected demographic variables.

Research Type: Quantitative research approach.

Research Design: Quasi-experimental one-group pre-test–post-test design.

Sample and Sample Size: A total of 70 women aged 18 years and above residing in selected areas were included in the study.

Sampling Technique: Non-probability convenience sampling technique.

Tool Description: Data were collected using a semi-structured demographic questionnaire covering age, education, occupation, religion, family type, monthly family income, area of residence, previous knowledge, and source of information. A self-administered structured knowledge questionnaire consisting of 26 multiple-choice questions was used to assess knowledge regarding JSSK.

Validity and Reliability: Content validity was established by 22 experts, including nursing experts, an obstetrician and gynaecologist, and a statistician. The tool demonstrated high reliability, with a Karl Pearson correlation coefficient of (r = 0.9795).

Pilot Study: The information provided does not specify whether a pilot study was conducted; therefore, its status needs to be confirmed.

Data Collection and Analysis: Data were collected from 3 November to 30 November 2025. The pre-test was followed by the structured teaching programme, and the post-test was conducted after seven days. Data were analysed using frequency, percentage, mean, standard deviation, paired Student's *t*-test, and chi-square test, *t*-test, or ANOVA as appropriate. Statistical significance was set at $p < 0.05$.

RESULTS

The findings of the study evaluating the effectiveness of a structured teaching programme on knowledge regarding Janani Shishu Suraksha Karyakram (JSSK) among 70 women residing in selected areas are presented below.

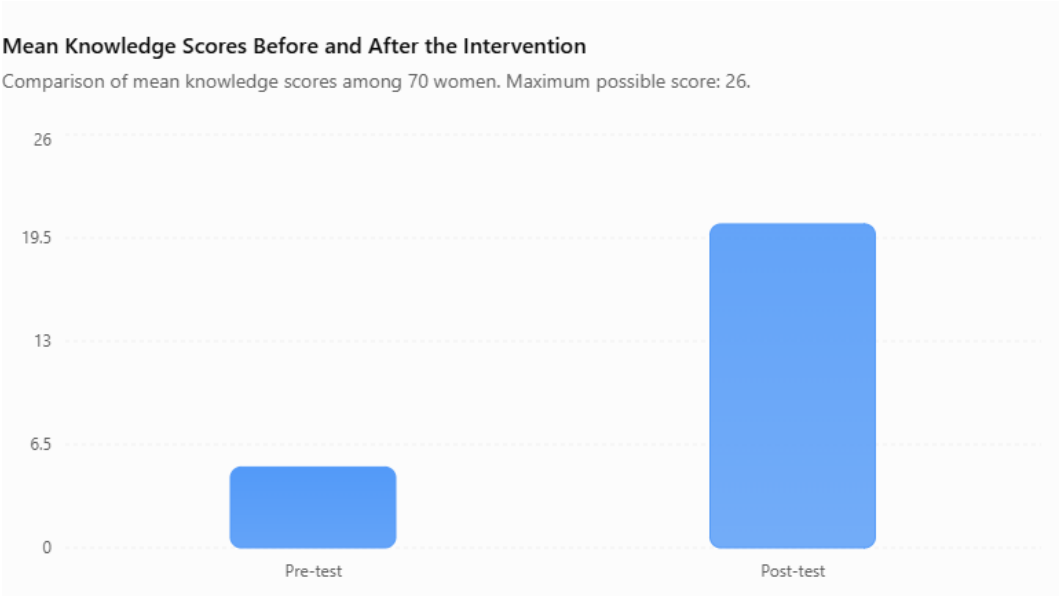


Figure 1. Comparison of Mean Pre-test and Post-test Knowledge Scores

Mean Knowledge Scores Before and After the InterventionComparison of mean knowledge scores among 70 women. Maximum possible score: 1 shows a considerable increase in the mean knowledge score following the structured teaching programme. The mean score increased from 5.08 ± 2.18 in the pre-test to 20.37 ± 1.59 in the post-test, indicating an improvement of 15.29 points.

TABLE 1. DISTRIBUTION AND COMPARISON OF PRE-TEST AND POST-TEST KNOWLEDGE LEVELS REGARDING JSSK

N = 70

Level of knowledge	Score range	Pre-test, n (%)	Post-test, n (%)
Poor	0–5	43 (61.43%)	0 (0%)
Average	6–11	27 (38.57%)	0 (0%)
Good	12–16	0 (0%)	1 (1.43%)
Very good	17–21	0 (0%)	51 (72.86%)
Excellent	22–26	0 (0%)	18 (25.71%)
Total	—	70 (100%)	70 (100%)

Interpretation: Table 1 reveals that during the pre-test, the majority of women, 43 (61.43%), had poor knowledge, while 27 (38.57%) had average knowledge. None had good, very good, or excellent knowledge. Following the structured teaching programme, 51 (72.86%) achieved very good knowledge, 18 (25.71%) achieved excellent knowledge, and one (1.43%) achieved good knowledge. No participant remained in the poor or average knowledge categories. These findings indicate a substantial improvement in knowledge regarding JSSK after the intervention.

N = 70; degrees of freedom = 69

Assessment	Mean ± SD	Mean percentage ± SD		
Pre-test	5.08 ± 2.18	19.56 ± 8.40%		
Post-test	20.37 ± 1.59	78.35 ± 6.14%		
Mean improvement	15.29 ± 2.61	—		
Statistical test	**Calculated value**	**df**	**p-value**	**Result**
Paired t-test	48.88	69	0.0001	Significant

TABLE 2. EFFECTIVENESS OF THE STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING JSSK

Interpretation: Table 2 demonstrates that the mean knowledge score increased from 5.08 ± 2.18 before the intervention to 20.37 ± 1.59 after the intervention. The mean improvement was 15.29 points. The calculated paired t-value of 48.88 was statistically significant at the 0.05 level ($p = 0.0001$). Therefore, the findings provide evidence that the structured teaching programme was effective in improving women's knowledge regarding JSSK.

Overall result: The findings demonstrate a marked improvement in knowledge following the structured teaching programme, supporting its effectiveness in enhancing awareness regarding JSSK services and entitlements among women residing in selected areas.

Important statistical note: The mean difference calculated from the displayed pre-test and post-test means is 15.29 (20.37 − 5.08), rather than 15.28. The reported t-value and p-value have been retained from your data; verify them against the original statistical output before final submission. Hypothesis: Both the null hypothesis (H0) and research hypothesis (H1), tested at the 0.05 level of significance. Ethical Considerations: Institutional Ethics Committee acceptance, permission from concerned authorities, informed consent in participants' own language, and confidentiality maintained through code numbers.

DISCUSSION

The present study was conducted to evaluate the effectiveness of a structured teaching programme on knowledge regarding Janani Shishu Suraksha Karyakram (JSSK) among women residing in selected areas. The pre-test findings revealed that 61.43% of women had poor knowledge and 38.57% had average knowledge. The mean pre-test knowledge score was 5.08 ± 2.18 (19.56%), indicating inadequate awareness regarding JSSK services and entitlements.

Following the structured teaching programme, considerable improvement was observed in participants' knowledge. In the post-test, 72.86% of women achieved very good knowledge, while 25.71% achieved excellent knowledge. The mean post-test knowledge score increased to 20.37 ± 1.59 (78.35%). The calculated paired t-value of 48.88 ($p = 0.0001$) demonstrated a statistically significant improvement, indicating the effectiveness of the educational intervention in enhancing knowledge regarding JSSK.

The findings highlight the importance of structured health education in improving awareness of government-supported maternal healthcare schemes. Information regarding free delivery services, medicines, diagnostic investigations, blood, diet, and transportation may help women understand their entitlements and access available healthcare services. Previous studies by Deshpande et al. (2017) and Chandrakar et al. (2017), as cited in the study background, also reported gaps in awareness

regarding JSSK benefits, particularly transportation, diagnostic services, and delivery-related entitlements. These observations support the need for educational interventions to address knowledge deficiencies.

The improvement in the present study may be attributed to the systematic presentation of information concerning the objectives, eligibility criteria, benefits, and services provided under JSSK. Health education can empower women to make informed decisions and potentially reduce unnecessary expenditure on maternal and newborn healthcare.

Regarding demographic variables, post-test knowledge scores were significantly associated with age, educational qualification, area of residence, and previous knowledge regarding JSSK. However, occupation, religion, type of family, monthly family income, and source of information showed no significant association.

Overall, the findings indicate that a structured teaching programme can significantly improve women's knowledge regarding JSSK. Regular health education by healthcare professionals may strengthen awareness, encourage utilization of available entitlements, and contribute to improved maternal and newborn healthcare outcomes.

CONCLUSION

The present study was conducted to evaluate the effectiveness of a structured teaching programme on knowledge regarding Janani Shishu Suraksha Karyakram (JSSK) among women residing in selected areas. The findings revealed that women had inadequate knowledge regarding JSSK before the intervention, with the majority having poor and average knowledge levels. After implementation of the structured teaching programme, a significant improvement was observed in their knowledge level, with most participants achieving very good and excellent knowledge scores.

The statistical analysis demonstrated a significant difference between pre-test and post-test knowledge scores, confirming the effectiveness of the structured teaching programme in enhancing awareness regarding JSSK services, benefits, and entitlements. The study also revealed that demographic variables such as age, educational qualification, area of residence, and previous knowledge regarding JSSK had a significant association with post-test knowledge scores, whereas other demographic variables did not show significant association.

The findings emphasize that structured health education is an effective strategy for improving awareness among women regarding government maternal and child healthcare initiatives. Improved knowledge regarding JSSK can encourage better utilization of free maternal and newborn healthcare services, reduce financial barriers, and contribute to improved maternal and child health outcomes.

Conflict of Interest: The authors certify that they have no involvement in any organization or entity with any financial or non-financial interest in the subject matter or materials discussed in this paper.

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