A study to assess the knowledge regarding recent health schemes by Indian Government among final year students in NNI, Nellore

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Abstract

Background: Adequate provision for health schemes is essential for strengthening health care, while the government is committed to providing health for all, adequate health scheme is critical to ensure it. The government has decided to increase its health spending to increase demand for health care and ensure equity in access to health spending is a challenging task. This in turn requires alternative security measures for those who cannot pay for health care.

Aim: The aim of the study was to assess the knowledge regarding recent health schemes by Indian Government among final year students in NNI, Nellore.

Objectives: 1. To assess the level of knowledge regarding recent health schemes by Indian Government among final year students. 2. To find out the association between the level of knowledge of final year students regarding recent health schemes with selected socio demographic variables.

Methods: 100 final year students at Narayana Nursing Institutions, Nellore was selected by using convenience sampling technique.

Results: Regard to level of knowledge among final year nursing students, 24(24%) had A+ grade, 18(18%) had A grade, 21(21%) had B+ grade, 19(19%) had B grade, 10(10%) had C grade, and 8(8%) had D grade knowledge regarding recent health schemes.

Keywords: Knowledge, health schemes, Indian government, nursing students

1. Introduction

Adequate provision for health schemes is essential for strengthening health care, while the government is committed to providing health for all, adequate health scheme is critical to ensure it. The government has decided to increase its health spending to increase demand for health care and ensure equity in access to health spending is a challenging task. This in turn requires alternative security measures for those who cannot pay for health care [1].

Recently announced pradhan mantrai ujjwala yojana scheme, free LPG connections will be provided to women who belong to BPL households. It has estimated nearly 5 core families will benefit from this. Prime minister Narendra modi has chosen ballia, a district in Uttar Pradesh, to launch this scheme. This scheme was launched by March 10, 2016. According to this scheme, each beneficiary will receive monetary support of Rs 1,600 to get a cooking gas connection but the poor in India, especially those in rural areas, have limited access to LPG [2].

The Indira Gandhi Matritva Sahyoj Yojana is a maternity benefits scheme implemented by the ministry of women and child development, government of India. This scheme is for the pregnant and lactating women of 19 years of age or above for first two live births to contribute to a better enabling environment by providing conditional cash transfer for improved health and nutrition and to also promote health and nutrition seeking behavior in them. Indira Gandhi Matritva Sahyoj Yojana during 2010 up to November, 2013 [3].

The Atal Pension scheme was launched on 9 may 2015. Prime Minister Narendra modi launched the scheme from Kolkata. According to a statement by the finance ministry of India, as many as 30 lakh subscribers have registered themselves under APY as on June 30, 2016 and nearly 5,000 new subscribers are added every day [4].

Rajiv Gandhi Scheme for empowerment of adolescent girls or SABLA has been implemented by government which aims at empowering adolescent girls between 11-18 years through nutrition, health care and life skills education. The scheme will cover 205 districts selected from all the states [5].

Need for the study

According to National Family Health Survey-3, the private medical sector remains the primary source of health care for 70% of households in urban areas and 63% of households in rural areas. Reliance on public and private health care sector varies significantly between states. Several reasons are cited for relying on private rather than

public sector; the main reason at the national level is poor quality of care in the public sector, with more than 57% of households pointing to this as the reason for a preference for private health care [6].

Most of the public healthcare caters to the rural areas; and the poor quality arises from the reluctance of experienced health care providers to visit the rural areas. Consequently, the majority of the public healthcare system catering to the rural and remote areas relies on inexperienced and unmotivated interns who are mandated to spend time in public healthcare clinics as part of their curricular requirement. Other major reasons are distance of the public sector facility, long wait times, and inconvenient hours of operation. The study conducted by IMS Institute for Healthcare Informatics in 2013, across 12 states in over 14,000 households indicated a steady increase in the usage of private healthcare facilities over the last 25 years for both Out Patient and In Patient services, across rural and urban areas [7].

In India in the year of 2015 the appropriate measurement of food security is critical for targeting food and economic aid and evaluating nutrition and health the direct causes of inadequate food access are poverty, these account for 50% of the identified indirect drives of food insecurity [8].

Acc. to the findings of Indian government, to evaluate the effects of a government health scheme covering tertiary care for the people. 31476 households, 22796 below poverty line and 8680 above poverty line in 300voillages where the scheme was implemented and (28633 households 21767 below poverty line and 6866 above poverty line) in 272 begin boring matched villages ineligible for the scheme [9].

Balmet Axilia (2015) conducted a study In an immensely populated country like India, as the year pass by the population is showing an increasing trend, and also the number of aged persons has been increasing at a faster pace. Therefore this backdrop leads to the prominence of the social security pension schemes, and the magnitude of the fund invested to reform the India's pension system. Thus this paper tries to create a meta-analysis of the reasons and probable aspects behind the effectiveness of the pension scheme [10].

Problem statement
A study to assess the knowledge regarding recent health schemes by Indian Government among final year students in NNI, Nellore.

Objectives
- To assess the level of knowledge regarding recent health schemes by Indian Government among final year students.
- To find out the association between the level of knowledge of final year students regarding recent health schemes with selected socio demographic variables.

Delimitations
The study is delimited to;
▪ The final year students who are working in NNI Nellore.

▪ One week of data collection duration only.

Materials and Methods
Research Approach: Quantitative Research Approach

Research Design: Descriptive research design.

Setting of the Study
The study was conducted in Narayana Nursing Institutions, Nellore.

Population
Target population
The target populations in the present study include all final year students.

Accessible population
The accessible population of the study comprised of final year students who are studying in Narayana Nursing Institutions, Nellore.

Sample
The sample for the present study includes final year students in Narayana Nursing Institutions, Nellore.

Sample size
The sample size for the present study was 100 final year students at Narayana Nursing Institutions, Nellore.

Sampling technique
Non probability convenience sampling technique was adapted based on inclusion criteria.

Criteria for sample collection
Inclusion criteria
- Available at the time of data collection.
- Final year students at NNI, Nellore.

Exclusion criteria
- Students who are not willing to participate in the study
- Students who are not available during data collection.

Variables of the study
Research variable: Knowledge level regarding recent health schemes.

Demographic variable: Age, source of information, and attended any CNE programme.

Description of tool: The tools consist of two parts:
Part I: Deals with demographic variables it consist of demographic data which includes the age, source of information, and attend any CNE programme.

Part II: Consists of structured questionnaire to determine the knowledge regarding recent health schemes.
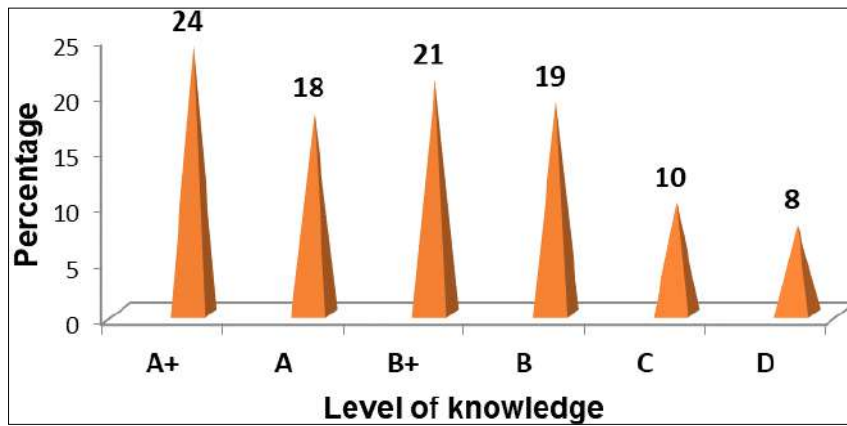
Results & discussion

Table 1: Level of knowledge regarding recent health schemes among final year students. (N=100)

S. No	Level of knowledge	Frequency (F)	Percentage (%)
1.	A+	24	24
2.	A	18	18
3.	B+	21	21
4.	B	19	19
5.	C	10	10
6.	D	8	8
	Total	100	100

Table No-1:- Shows that, with regard to level of knowledge, 24(24%) had A+ grade, 18(18%) had A grade, 21(21%) had B+ grade, 19(19%) had B grade, 10(10%) had C grade, and 8(8%) had D grade regarding recent health schemes.

Fig 1: Percentage distribution of level of knowledge regarding recent health schemes among final year students.

Table 2: Mean and Standard Deviation of level of knowledge among final year students (N=100)

Sample Category	Level of knowledge	
	Mean	SD
Students	9.71	3.516

Table no-3: Shows that students men knowledge score was 9.71 and standard deviation was 3.51.

Table 3: Association between the level of knowledge with socio demographic variables of nursing students. (N=100)

S. No	Demographic Variables	A+		A		B+		B		C		D		Chi-Square (X^2)
		F	%	F	%	F	%	F	%	F	%	F	%	
1.	Age a) 19-20 b) 21-22 c) 22-23 d) 23-24	 - 24 - -	 - 24 - -	 - 16 2 -	 - 16 2 -	 - 20 1 -	 - 20 1 -	 1 18 - -	 1 18 - -	 2 8 - -	 2 8 - -	 1 5 - 2	 1 5 - 2	C=49.67 T=24.99 Df=15 *P*<0.05 S*
2.	Source of information a) Curriculum b) Community programme c) Books, journals d) All the above	 3 - 2 19	 3 - 2 19	 3 3 3 9	 3 3 3 9	 2 1 5 13	 2 1 5 13	 - 6 4 9	 - 6 4 9	 1 4 2 3	 1 4 2 3	 2 1 3 2	 2 1 3 2	C=40.39 T=24.99 Df=15 *P*<0.05 S*
3.	Attended any CNE programme a) Yes b) No	 24 -	 24 -	 12 6	 12 6	 18 3	 18 3	 14 5	 14 5	 6 4	 6 4	 3 5	 3 5	C=17.87 T=11.07 Df=5 *P*<0.05 S*

Major findings of the study

- Regard to level of knowledge among final year nursing students, 24(24%) had A+ grade, 18(18%) had A grade, 21(21%) had B+ grade, 19(19%) had B grade, 10(10%) had C grade, and 8(8%) had D grade knowledge regarding recent health schemes.

- Students mean knowledge score was 9.71 and standard deviation was 3.51.

- Regarding association between level of knowledge and demographic variables, age, source of information and attended CNE program had significant association at *P*<0.05 level.

Conclusion

The study concluded that, average number of students had adequate knowledge regarding recent health schemes of Indian government. Students need to upgrade their knowledge regarding various health schemes in order to educate the people in the community settings.

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