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A Study on Awareness of Janani Suraksha Yojana (JSY) among ANC registered women in Karimganj District

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Abstract

Background and objectives : Janani Suraksha Yojana has been a safe motherhood intervention and modified alternative of the National Maternity Benefit Scheme (NMBS). It ensures quality maternal care during pregnancy, delivery and in the immediate post delivery period along with appropriate referral and transport assistance. It provides three pregnancy related benefits i.e. antenatal care , institutional delivery and post natal care to prevent maternal deaths and pregnancy related complications in women and at the same time ensure the well -being of the mother and the new born . The present study was carried out in Karimganj district to assess the awareness about Janani Suraksha Yojana (JSY) among ANC registered women.

Setting & design: It was a descriptive study.

Methods: Multi Stage Sampling was employed in the selection of the samples. The number of JSY beneficiaries who received at least 1 ANC checkup in each block was considered as 'strata' and proportionately the samples were selected from each Block of 7 Blocks of the district. Thus, the total number of samples collected were 373 from 36 villages. However, the representation of the samples was emphasized on the Blocks.

Results: Of the 373 mothers interviewed, (29.22%) were aware about the Janani Suraksha Yojana to some extent. Most respondents (53.6%) have received ANC more than 3 times. A vast majority of the respondents (95.2%) have learnt about the JSY through ASHA. More than half of the respondents have awareness about maternal health. Half of the respondents knew that there exists a programme for pregnant women for safe institutional selivery. A vast majority of the respondents (85.3%) have delivery of the last children at institutions. A majority of the respondents have received financial assistance under JSY. A larger majority of the respondents (84.2%) are advised by ASHA about child immunization. Of the 373 respondents, 231 (61.9%) of them are aware about the postnatal care. Many respondents (51.5%) have consumed 50-100 iron and folic tablets during the last pregnancy.

Conclusion : JSY have a positive outcome for the improvement of reproductive health because it integrates three pregnancy related benefits i.e. antenatal care, institutionalized delivery, and postpartum care. JSY services are significantly increasing the use of antenatal care services and institutional delivery which is one of the main objective of JSY.

Keywords : JSY , ANC , Maternal Health

Introduction

In the past two decades, India has made significant progress in social and economic development, as improvement in life expectancy, reduction of infant mortality and literacy (The World Bank, 2011; Agrawal & Unisa, 2013). However, India continues to contribute about a quarter of all global maternal deaths (Sinoj & Mishra, 2012). Developing countries, including India, bear 99 per cent of global maternal mortality (Human Rights Watch, 2009). Maternal health continues to be an important indicator of the well-being in a country. The necessary healthcare facilities provided to mothers around the world in order to ensure their good health is central to qualitative development and a high number of maternal deaths indicate the lack of accessibility to proper medical facilities and a wide gap between the rich and poor (Ministry of Health and Family Welfare, 2015). During the early 21st century, India has witnessed high rates of maternal deaths. In order to reduce the maternal mortality ratio, the Government of India launched the National Rural Health Mission on 12th April 2005. Through this mission it was planned to provide effective healthcare facilities to the rural population and promote quality infrastructure, especially among backward regions, keeping the main focus on improving infant, child and maternal health conditions. Under the auspices of National Rural Health Mission (NRHM), Janani Suraksha Yojana (JSY) was introduced that aimed at reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. The scheme focuses on the poor pregnant woman with special dispensation for states having low institutional delivery rates namely the states of Uttar Pradesh, Uttaranchal, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam, Rajasthan, Orissa and Jammu and Kashmir. While these states havebeen named as Low Performing States (LPS), the remaining states have been named as High performing States (HPS). The main objectives of JSY scheme were reducing Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) by encouraging institutional

deliveries, particularly among BPL women above age 19 for only two live births. JSY is one of the largest conditional cash transfer programs in the world, it has resulted in a huge increase in institutional deliveries within four years - the number of beneficiaries rising from 7.39 lakhs per year in 2005-06 to about 1.13 crore in 2010-11 and an increase in the institutional deliveries from 47% to 73.1% as reported by the Sample Registration System, 2012.

Antenatal care (ANC) is a pivotal factor for the safe motherhood, but its utilization varies across the immensely varied Indian society, which by and large reside in urban slums and rural areas (Sharma, Mohan, Das, & Awasthi, 2012). Antenatal care can also play a critical role in preparing a woman and her family for birth by establishing confidence between the woman and her health care provider and by individualizing promotional health messages (World Health Organization, 1996). Since up to 50% of the maternal deaths occur after delivery. The support of the health providers for the lactating mothers on early and exclusive breastfeeding is indispensable (Kumar & Kumar, 2009). The utilization of PNC was extremely limited in India and was particularly unequal. The utilization of postnatal care (PNC) was also unequal in case of institutional births raising important questions about the functioning of public health care system in India. (Singh, Padmadas, Mishra, Pallikadavath, Johnson, & Mathews, 2009)

Karimganj District is one of the most backward districts in Assam in the spheres of education, health care, road communication, socio-economic condition, etc. The sex ratio of the Karimganj district was 963 according to the Census 2011. The sex ratio of the child population in the age group of 0 – 6 years was 969. To what level the JSY have improved the health status of the pregnant mothers and promoted institutional and safe deliveries is the primary quest of this study. On this context, this study analyses the impact of the JSY on pregnant women in the Karimganj district. This research is significant because it will disclose the level of JSY programme being implemented in the district of Karimganj and determines the health status of the women who underwent pregnancy and safely delivered children.

Objectives of the study

1. To assess the level of awareness about Janani Suraksha Yojana (JSY) among ANC registered women.
2. Analysis of the socio-economic conditions of the JSY beneficiaries in Karimganj district.
3. Impact of JSY on antenatal and postnatal care coverage .

Study Area

The study has been carried out in the Karimganj district of Assam. Karimganj district is the southernmost district of Assam located in the valley of Barak. The topography of the district includes floodplains, wetlands, hills and forests. It is surrounded by Bangladesh and Cachar district of Assam in the north, Mizoram in the south, Bangladesh and Tripura in the west and Hailakandi district of Assam in the east. (Ministry of Minority Affairs, 2006). Karimganj district is 338 km away from Guwahati, the capital of Assam. The district has a land area of 1,809 square kilometres. Geographically, it is located in the north latitude between 24°15' and 25°55' and in the east latitude between 92°15' and 92°35'. (District Collectorate Karimganj, 2016)

1. Research Design

This study employed descriptive research design to garner empirical information on the impacts of the Janani Suraksha Yojana programme on the pregnant women. This study ascribes the socio-economic conditions of the pregnant women, the level of antenatal and postnatal care received by the JSY beneficiaries and the level of awareness about the health and JSY programmes. The views of the women respondents are described in detail.

Sample size and sampling:

In the month of June 2016, as per the available health record, the number of pregnant mothers who had registered under JSY in Karimganj district was 12458 (one year record). This datum has been considered as the universe of this study. As the universe of this study was 12458 mothers, it was decided to select 373 samples from the study population based on the computation of the margin of the error (fixed at 5%), the confidence level (95%), the population size (12458) and the response distribution (50%). **Multi Stage Sampling method** was employed in the selection of the samples**.** The number of JSY beneficiaries who received at least 1 ANC checkup in each block was considered as 'strata' and proportionately the samples were selected from each Block of 7 Blocks of the district. Thus, the total number of samples collected were 373 from 36 villages. However, the representation of the samples was emphasized on the Blocks.

Sources of Data

Primary and secondary data sources were used for collection of data.

2. Analysis and Interpretation Data

The collected and collated data were codified, fed into the computer and analysed. The Statistical Package for Social Sciences was used for data feeding and analysis. The analysed tables and statistical tests were presented with suitable interpretation.

Results

The major findings of this study are:

Socioeconomic Background of the Respondents

The mean age of the respondents at the time of interview is 26.4 years. A majority of the respondents are in the age category of less than 30 years. The mean age of the respondents at the first pregnancy is 20.2 years. The mean age of the respondents at the time of the marriage is 18.7 years (Table 1). A substantial proportion of the respondents had their first pregnancy at the age of 18. Around three-fifth of the respondents had married during the secondary school education and immediately after secondary school completion. Of the 373 respondents, 57.9% of them are Muslims. Around seven-tenth of the respondents are dwelling in joint family system. The average number of children of the respondents is 2.41. More than three-fifth of the respondents have family members of 6 and above. Of the 373 respondents, 34% of them have 2 children, 42.6% of them have 3 children and above and 23.3% of them have 1 child. More than three-fifth of the respondents have monthly income of their spouses in the ranges of Rs.5000 to Rs.10000 (Table 2).

Level of Antenatal and Postnatal Care Coverage

More than 35% of the respondents had no knowledge about the promotion of institutional delivery, reduction of maternal death and reduction of infant death. More than half of the respondents had knowledge about the promotion of safe delivery to some degree (Table – 3). Most respondents (53.6%) have received ANC more than 3 times (Table- 4). About three-fifth of the respondents have awareness about antenatal care to a better extent. Around three-fourth of the respondents have their first ANC in the last pregnancy at the third month. More than half of the respondents have received 2 doses of tetanus toxoid injection during the last pregnancy (Table - 5). . Of the 373 respondents, 231 (61.9%) of them are aware about the postnatal care. Of the 231 respondents, 122 of them have awareness about the postnatal care to some degree. More than half of the respondents have availed postnatal care (Table – 6).

Level of awareness of JSY

A considerable proportion of the respondents (29.22%) were aware about the Janani Suraksha Yojana to some extent (Table – 7). The mean years of knowing JSY by the respondents is 3.17 years. A vast majority of the respondents (95.2%) have learnt about the JSY through ASHA

(Table – 8) . A considerable proportion of the respondents (48.5%) are unaware about National Rural Health Mission. A substantial proportion of the respondents (45.3%) are very satisfied with the performance of ASHA. A vast majority of the respondents (85.3%) have delivery of the last children at institutions (Table – 9). A majority of the respondents have received financial assistance under JSY. A larger majority of the respondents (84.2%) are advised by ASHA about child immunization. Most respondents (43.7%) have rated the performance of ASHA has well (good). More than four-fifth of the respondents received advice on breastfeeding. Around four-fifth of the respondents had received advice on diet (Table – 10). Of the 373 respondents, 85.3% of them each state that they received micro-birth plan information about the place of next check up and expected date of delivery (Table – 11). Many respondents (51.5%) have consumed 50-100 iron and folic tablets during the last pregnancy.

Extent of ANC and PNC Coverage

A majority of the respondents (64.6%) have received moderate levels of ANC and PNC coverage (Table – 12).

Table 1

Respondents' Ages at the time of the Marriage corresponding to Respondents' Ages at the time of the first pregnancy

		Age at the time of the marriage						Total
		17	18	19	20	21	25	
Mothers age at first pregnancy	18	31	0	0	0	0	0	31
		100.0%	.0%	.0%	.0%	.0%	.0%	100.0%
		40.8%	.0%	.0%	.0%	.0%	.0%	8.3%

	19	21	98	0	0	0	0	119
		17.6%	82.4%	.0%	.0%	.0%	.0%	100.0%
		27.6%	65.3%	.0%	.0%	.0%	.0%	31.9%
	20	24	15	52	0	0	0	91
		26.4%	16.5%	57.1%	.0%	.0%	.0%	100.0%
		31.6%	10.0%	74.3%	.0%	.0%	.0%	24.4%
	21	0	37	18	15	0	0	70
		.0%	52.9%	25.7%	21.4%	.0%	.0%	100.0%
		.0%	24.7%	25.7%	44.1%	.0%	.0%	18.8%
	22	0	0	0	19	28	0	47
		.0%	.0%	.0%	40.4%	59.6%	.0%	100.0%
		.0%	.0%	.0%	55.9%	100.0%	.0%	12.6%
	26	0	0	0	0	0	15	15
		.0%	.0%	.0%	.0%	.0%	100.0%	100.0%
		.0%	.0%	.0%	.0%	.0%	100.0%	4.0%
Total		76	150	70	34	28	15	373
		20.4%	40.2%	18.8%	9.1%	7.5%	4.0%	100.0%
		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Pearson Correlation = 0.899, $p = 0.000$

The mean age of the respondents at the first pregnancy was 20.2 years. The mean age of the respondents at the time of the marriage was 18.7 years.

A substantial proportion of the respondents had their first pregnancy at the age of 18. Around three-fifth of the respondents had married during the secondary school education and immediately after secondary school completion.

Table -2 Number of Children of the Respondents verses Monthly Income of the Husbands of the Respondents

		Monthly income of the husbands of the respondents				Total
		Below Rs.3000	Rs.3001 - Rs.5000	Rs.5001 - Rs.7000	Rs.7001 - Rs.10000	
Number of children of the respondents	1	15	0	72	0	87
		17.2%	.0%	82.8%	.0%	100.0%
		14.0%	.0%	34.3%	.0%	23.3%
	2	41	0	86	0	127
		32.3%	.0%	67.7%	.0%	100.0%
		38.3%	.0%	41.0%	.0%	34.0%
	3	30	25	37	0	92
		32.6%	27.2%	40.2%	.0%	100.0%
		28.0%	62.5%	17.6%	.0%	24.7%
	4	21	0	15	16	52
		40.4%	.0%	28.8%	30.8%	100.0%
		19.6%	.0%	7.1%	100.0%	13.9%

5	0	15	0	0	15
	.0%	100.0%	.0%	.0%	100.0%
	.0%	37.5%	.0%	.0%	4.0%
Total	107	40	210	16	373
	28.7%	10.7%	56.3%	4.3%	100.0%
	100.0%	100.0%	100.0%	100.0%	100.0%

Pearson Correlation = - 0.138, $p = 0.008$

More than three-fifth of the respondents had monthly income of their spouses in the ranges of Rs.5000 to Rs.10000.

Table -3 Knowledge of the Respondents about the Objectives of JSY

S.No.	Statement	Not at all	To some extent	To better extent	To great extent	Total
1	Promote Institutional Delivery	144 (38.6%)	129 (34.6%)	63 (16.9%)	37 (6.6%)	373 (100%)
2	Promote Safe Delivery	58 (15.5%)	214 (57.4%)	67 (18.0%)	34 (9.1%)	373 (100%)
3	Reduce Maternal Death	174 (46.6%)	89 (23.9%)	61 (16.4%)	49 (13.1%)	373 (100%)
4	Reduce Infant Death	168 (45.0%)	82 (22.0%)	49 (13.1%)	74 (19.8%)	373 (100%)

More than 35% of the respondents had no knowledge about the promotion of institutional delivery, reduction of maternal death and reduction of infant death.

More than half of the respondents had knowledge about the promotion of safe delivery to some degree

Table - 4 Number of ANC received by the Respondents from Qualified Practitioners

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 time	19	5.1	5.1	5.1
	2 times	15	4.0	4.0	9.1
	3 times	139	37.3	37.3	46.4
	More than 3 times	200	53.6	53.6	100.0
	Total	373	100.0	100.0	

Most respondents (53.6%) received ANC more than 3 times.

Table – 5 Number TT injection doses taken by the Respondents during the last pregnancy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	52	13.9	13.9	13.9
	1	81	21.7	21.7	35.7
	2	197	52.8	52.8	88.5
	3 or more	43	11.5	11.5	100.0
	Total	373	100.0	100.0	

More than half of the respondents had received 2 doses of tetanus toxoid injection during the last pregnancy.

Table -6. Number of Postnatal checkups by the respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 time	118	31.6	31.6	31.6
	2 times	51	13.7	13.7	45.3
	3 times	85	22.8	22.8	68.1
	More than 3 times	119	31.9	31.9	100.0
	Total	373	100.0	100.0	

More than half of the respondents had availed postnatal care.

Table -7 Extent of Awareness among the Respondents about Janani Suraksha Yojana

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	To less extent	90	24.12	24.12	24.12
	To some extent	109	29.22.	29.22	53.34
	To better extent	95	25.46	25.46	78.8
	To great extent	79	21.2	21.2	100.0
	Total	373	100.0	100.0	

A considerable proportion of the respondents (29.22%) were aware about the Janani Suraksha Yojana to some extent.

Table -8 Source of Knowing JSY

S.No.	Facility	Yes	No	Total
1	At the place of ANC	97 (26.0%)	276 (74.0%)	373 (100%)
2	ASHA	355 (95.2%)	18 (4.8%)	373 (100%)
3	Family member	45 (12.1%)	328 (87.9%)	373 (100%)
4	Neighbour	50 (13.4%)	323 (86.6%)	373 (100%)

A vast majority of the respondents (95.2%) had learnt about the JSY through ASHA.

Table -9 Delivery of the last children of the respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Home	55	14.7	14.7	14.7
	Institution	318	85.3	85.3	100.0
	Total	373	100.0	100.0	

A vast majority of the respondents (85.3%) had delivery of the last children at institutions. Around two-third of them had delivery at Government Hospitals.

Table -10 Advices received by the Respondents

S.No.	Advice on	Yes	No	Total
1	Diet	299 (80.2%)	74 (19.8%)	373 (100%)
2	Danger signs during pregnancy	244 (65.4%)	129 (34.6%)	373 (100%)
3	Delivery care	281 (75.3%)	92 (24.7%)	373 (100%)
4	Breastfeeding	302 (81.0%)	71 (19.0%)	373 (100%)
5	Newborn care	185 (49.6%)	188 (50.4%)	373 (100%)
6	Family planning	249 (66.8%)	124 (33.2%)	373 (100%)

More than four-fifth of the respondents received advice on breastfeeding. Around four-fifth of the respondents had received advice on diet.

Table -11 Micro-birth Plan Information received by the Respondents

S.No.	Micro-birth Plan	Yes	No	Total
1	Date of next check up	174 (46.6%)	199 (53.4%)	373 (100%)
2	Place of next check up	318 (85.3%)	55 (14.7%)	373 (100%)
3	Expected date of delivery	318 (85.3%)	55 (14.7%)	373 (100%)
4	Place of delivery	275 (73.7%)	98 (26.3%)	373 (100%)
5	Place of referral	15 (4.0%)	358 (96.0%)	373 (100%)

Of the 373 respondents, 85.3% of them each responded that they received micro-birth plan information about the place of next check up and expected date of delivery.

Table -12 Significant Mean Difference between the Extent of ANC and PNC Coverage and Socioeconomic Variables of the Respondents

Variable	Item	N	Mean	Std. Dev	Df	T / ANOVA	Significance
Present Age Group	Less than 22 years	72	1.83	.411	2	ANOVA	*
	22- 30 years	246	2.12	.634			
	More than 30 years	55	1.71	.458			
Religion	Hindu	157	1.82	.608	371	T	*
	Muslim	216	2.14	.548			
Family Size	2–4 members	18	2.00	.000	3	ANOVA	*
	4-6 members	71	1.59	.495			
	6-8 members	176	1.93	.582			
	8 & above	108	2.40	.492			
No. of children	1 child	87	1.74	.469	4	ANOVA	*
	2 children	127	2.25	.701			
	3 children	92	1.99	.584			
	4 children	52	1.88	.323			
	5 children	15	2.00	.000			
Monthly income	Below Rs. 3000	107	1.78	.441	3	ANOVA	*

Variable	Item	N	Mean	Std. Dev	Df	T / ANOVA	Significance
of the husbands	Rs.3001-Rs. 5000	40	1.60	.496			
	Rs. 5001-Rs. 7000	210	2.20	.625			
	Rs. 7001 – 10000	16	2.00	.000			

* 0.05 level of significance NS – Not significant

There were significant mean differences between the extent of ANC and PNC coverage and the socioeconomic variables (present age, religion, family size, the number of children, monthly income of the husbands) at 5% level. The respondents in the present age group of 22-30 years (Mean = 2.12) had moderate levels of ANC and PNC coverage. The respondents who were Muslims (Mean = 2.14) had experienced moderate levels of ANC and PNC coverage. The respondents who had 8 family members and above (Mean = 2.40) had received the moderate levels of ANC and PNC coverage. The respondents who had 2 children had availed moderate levels of ANC and PNC coverage. The respondents who had their husbands' monthly income in the range of Rs.5001-Rs.7000 had experienced moderate levels of ANC and PNC coverage.

Discussion

Maternal mortality and infant mortality are among the key health indicators of any civilized society. They are the touchstone for a public health delivery system. The Indian Constitution explicitly mentions that providing health care to all citizens is the responsibility of the state. The act of giving birth is the only moment when both pain and pleasure converge at a moment of time. Janani Suraksha Yojana was launched under National Rural Health Mission in the district Karimganj in 2005 with the target to reduce maternal mortality rate, infant mortality rate and improve the health delivery mechanism and improve health status of people. Under this scheme, more than 1100 ASHAs have been identified at the village levels to facilitate early registration of antenatal women, provide ante-natal care, and ensure timely transportation of women for institutional delivery. Both the women and the ASHAs are given cash assistance for ensuring a safe institutional delivery.

This study disclosed that ***the majority of the respondents (64.6%) have received moderate levels of ANC and PNC coverage.*** This resembles the findings of the study conducted by Mangal and Ladha (2012) that showed 49.52% women took proper antenatal care. However, their observations contradiction with the datum of this study that many respondents (51.5%) have consumed 50-100 iron and folic tablets during the last pregnancy, that is, they have not consumed the required iron and folic tablets.

This research shows that a vast majority of the respondents (95.2%) have learnt about the JSY through ASHA. This is in conformity with the study conducted by Khan, et al. (2010) found that most women (88 percent) were aware of the JSY and the incentive it offers for institutional delivery.

Suggestions

Based on the study observations, the following suggestions are made.

For Government:

The Central and State Governments need to act in proper coordination and cooperation on planning and implementation of appropriate maternal health service delivery programmes that enhance the health and well-being of both mother and child. Mothers' involvement in the JSY programme is essential to ensure better health mothers and children. Information, Education and Communication materials have to be intensively used to for effective education on maternal and child health. The supportive amount for the pregnant mothers might be raised to ensure more enrollments and ensured to reduce maternal and infant mortality rates.

For Non-Profit Organisations (NPOs) and Community Based Organisations (CBOs):

The NPOs and CBOs might narrow the gaps by avoiding the socio-cultural barriers and misconceptions existing in the community and by promoting and protecting health Mother and Child Health care practices.

Conclusion

Despite its technological progression, India ranks high in maternal mortality rate. The poor and marginalised often affected in this scenario. In 2005, with the rightful intention, the Government of India launched the National Rural

Health Mission and under which the Janani Suraksha Yojana for safe motherhood intervention was rolled out in districts like Assam. This state has ranked the highest in maternal mortality rate in India. Considering the socioeconomic condition of Karimganj district, one of the southernmost districts of Assam, this study attempted to observe the impact of JSY on the JSY beneficiaries of this district. In order to fill up the research in analysing the impact of JSY in minority dominated as well as backward areas of Karimganj district, this study was undertaken. This research shows that a vast majority of the respondents have learnt about the JYC through ASHA. The majority of the respondents have received moderate levels of ANC and PNC coverage. The JSY when managed with ample resources and qualified personnel, the programme would be one of the best problem solving models in the reduction of maternal and infant mortality rates.

References

Bhatia J. C (1993), "Levels and causes of Maternal Mortality in Southern India" *Jstor :Studies in Family Planning* , Vol – 24 (5), September – October, pp , 310 – 318

Dongre, A (2010), *"Effect of Mortality Incentives on Institutional Deliveries: Evidence the Janani Suraksha Yojana in India*", SSRN Publication, 1-27, New Delhi.

Das, S (2012): "ASHA-the lady health activists and health status of rural women –A case study of Karimganj district*", Journal of Humanities & Social Science*, Vol. I, Issue I, pp57-67.

Florez , C. E & D. P. Hogan , (1990), " *Women's Status and Infant Mortality in Rural Colombia , Social Biology* , 37 (3-4) : 188 – 203

Gopalan , C . ,(1994) , '*Some Aspects of Nutrition in India '. In population in India's development* 1947 – 2000 , edited by Ashis Bose , A. Mitra , P. Desai and J. Sharma , New Delhi : *Vikash Publishing House* , pp. 101 – 08

Gupta.K. S & Pal Dinesh (2011) Assessment of JananiSuraksha Yojana (JSY) in Jabalpur, Madhya Pradesh: knowledge, attitude and utilization pattern of beneficiaries: a descriptive study. *International Journal of Current Biological and Medical Science 2011; 1(2): 06 - 11.*

Gour Neeraj, et al.,(2012) **, "**A Desk Review to Assess the Impact of Janani Suraksha Yojna on Various MCH Indicators in District Gwalior,India " , *International Journal of Collaborative Research on Internal Medicine & Public Health* , Vol. 4 No. 8

Government of India (2005 -2012), Ministry of Health and Family Welfare, (2005-2012) "*National Rural Health Mission, Meeting People's health needs in rural areas, Framework for Implementation*."

Government of India (2007) Ministry of Health and Family Welfare, 2007, *"Indian Public Health Standard (IPHS) for Community Health Centre* ".

Govt. of India (2011), Annual report to the people on health (2011), ,Ministry of Health and Family Welfare.

Khan M.E, et al., (2010)" Impact of Janani Suraksha Yojana on Selected Family Health Behaviors in Rural Uttarpradesh", *Journal of Family Welfare,* Vol. 56, New Delhi, 9-21

Kumari et al., (2009) "Advantages as Perceived by the Beneficiaries of Janani Suraksha Yojana (JSY) in Bikaner District", *Journal of Dairying food and Home Scinces,Vol,28 issues 3and 4*

MangalS,LadhaN (2012) on Evaluation of safe motherhood practices in relation to Janani Suraksha Yojna, *IJRRMS | VOL-2 | No.-3*

UNFPA and Center for Operations Research and Training, 2009 (CORT). *Assessment of ASHA and Janani Suraksha Yojana in Rajasthan.*

UNFPA, New Delhi, (2009),*Concurrent Assessment of Janani Suraksha Yojna (JSY) in Selected States of India,"*

" *Women Status In Assam*" , *Journal of Business Management & Social Sciences Research (JBM&SSR)* Volume 2, No.1

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Assesment Of Janani Suraksha Yojana In Karimganj District: A Descriptive Study

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Abstract: ***Maternal mortality and infant mortality are among the key health indicators of any civilized society. They are the touchstone for a public health delivery system. Jananai Suraksha Yojana (JSY) scheme was launched in India in 2005 with the objective of reducing maternal mortality by promoting institutional deliveries.***

Aims and Objectives: The study analyses the relevance of the JSY in accomplishing the planned objectives, the effectiveness of the JSY in the actualization of the programme objectives, the impacts of the JSY on the mothers and the efficiency of the JSY to bring out significant changes. To what level the JSY have improved the health status of the pregnant mothers and promoted institutional and safe deliveries is the primary quest of this study. On this context, this study analyses the impact of the JSY on pregnant women in the Karimganj district. This research is significant because it will disclose the level of JSY programme being implemented in the district of Karimganj and determines the health status of the women who underwent pregnancy and safely delivered children.

Method: This study employed descriptive research design to garner empirical information on the impacts of the Janani Suraksha Yojana programme on the pregnant women. The total number of samples collected were 373 from 36 villages of Karimganj district. However, the representation of the samples was emphasized on the seven developmental Blocks.

Results and Conclusion: JSY services is mainly focusing on covering both rural and urban areas of Karimganj district. JSY has identified ASHA, the accredited social health activist as an effective link between the Government and the poor pregnant women. Both the women and the ASHAs are given cash assistance for ensuring a safe institutional delivery. The result of the study shows that out of 373 respondents. Vast majority of the respondents (85.3%) have delivery of the last children at institutions. Around two-third of them have delivery at Government Hospital. Most respondents (43.7%) have rated the performance of ASHA has well (good).A vast majority of the respondents (59%) are satisfied with the health facilities of JSY. A majority of the respondents (64.6%) have received moderate levels of ANC and PNC coverage. Around two-third of them have delivery at Government Hospital.

Keywords: JSY, ASHA, ANC, PNC, Maternal Mortality

I. INTRODUCTION

India has made impressive economic growth over past few years still some indicators need to be improved like maternal mortality and neonatal mortality ratio. Every year, more than 500,000 women die from causes related to pregnancy and child-birth (UNICEF (2008)). More than 99% of these deaths take place in developing countries. India alone has 22% of the global total. The pattern is quite similar for infant mortality. Most maternal deaths are related to obstetric complications - including post-partum haemorrhage, infections, eclampsia and prolonged or obstructed labor. Some 86% of the newborn deaths are the direct results of the three main causes- severe infections, asphyxia and preterm births. Infections include sepsis/ pneumonia, tetanus and diarrhea. The above facts suggest that delivering a baby in a medical facility, under the supervision of a skilled medical professional

can make a significant dent in the instances of maternal and neo-natal mortality.

Around 77,000 maternal deaths occur every year because of various complications like haemorrhage, sepsis, abortion, obstructed labour etc. India's MMR at 254 (SRS 2004-06) has improved significantly from 301 (SRS 2001-03). Though the current level of MMR indicates towards the progress made by the country maternal mortality rate has been considerable over the years, it does not seem possible to achieve the goals regarding reduction of MMR as envisaged in RCH II, National Population Policy and Millennium Development Goals within the given framework of time. Attempts have been made to upgrade block level Primary Health Centres (PHCs) and operationalizing First Referral Units (FRUs) to address issues of maternal deaths and early neonatal mortality.

JSY is a demand driven intervention for promoting institutional delivery. In 2005, the Government of India's Ministry of Health and Family Welfare (MOHFW) launched the National Rural Health Mission (NRHM) with a strong commitment to reduce maternal and infant mortality, provide universal access to public health services, prevent and control communicable and non communicable diseases, ensure population stabilization, maintain gender balance and revitalize local health traditions. A core feature of the NRHM is Janani Suraksha Yojana (JSY), a program which provides financial assistance to poor pregnant women for institutional delivery and post delivery care. Another important component of the NRHM is to provide improved access to health care at the community level through female village health workers known as Accredited Social Health Activists (ASHAs). JSY was a product that replaced then existing centrally financed maternal health and nutritional support initiatives which provided cash payments to poor pregnant women. Together with considerable financing from other donors (DFID and UNFPA), the World Bank, supports the RCH II through an IDA credit. The RCH II program is the key vehicle under the umbrella of the flagship NRHM to address maternal and child health challenges in India. One of the key interventions under the RCH II program is the JSY, along with other evidence-based interventions on the demand and supply-side to address maternal and child mortality.

II. BACKGROUND OF THE STUDY

The field of study is Karimganj district in Assam. Karimganj district is the southernmost district of Assam located in the valley of Barak. The topography of the district includes floodplains, wetlands, hills and forests. It is surrounded by Bangladesh and Cachar district of Assam in the north, Mizoram in the south, Bangladesh and Tripura in the west and Hailakandi district of Assam in the east. (Ministry of Minority Affairs, 2006) Karimganj district is 338 km away from Guwahati, the capital of Assam. The district has a land area of 1,809 square kilometres. Geographically, it is located in the north latitude between 24°15' and 25°55' and in the east latitude between 92°15' and 92°35'. (District Collectorate Karimganj, 2016).

The major rivers such as Kushiara, Longai, Singla and Barak flow into the district. Karimganj City is the headquarters of the district. It has one sub-division. There are 5 Tehsils viz., Karimganj, Badarpur, Nilambazar, Patharkandi and Ramkrishna Nagar. There are two urban areas (Karimganj and Badarpur), 3 towns (Karimganj, Badarpur and Badarpur Railway town), 7 community development blocks (Badarpur, Dullav Cherra, Lowairpoa, North Karimganj, Patherkandi, Ramkrishna Nagar and South Karimganj) and 96 gram panchayats. Totally, there are 1130 villages. (District Collectorate Karimganj, 2016) The average literacy rate of the district in 2011 was 78.22 compared to 66.24 of 2001. The male literacy rate is 84.12% and the female literacy rate is 72.09%. Concerning to Sex Ratio in Karimganj district, it stands at 963 females per 1000 males. The child sex ratio is 969 girls per 1000 boys. (Census 2011, 2015).

Karimganj district has 217 Sub-Centres of Primary Health Centres, 27 Primary Health Centres, 6 Community Health Centres and 1 District Headquarters Hospital. As per the records of the Joint Director of Health Services of Karimganj, the total number of Auxilliary Nurse Midwives (ANM) is 347 and the number of Accredited Social Health Activists (ASHA) is 1195.Janani Suraksha Yojana was launched under National Rural Health Mission in the district Karimganj in 2005 with the target to reduce maternal mortality rate, infant mortality rate and improve the health delivery mechanism and improve health status of people.

OBJECTIVES OF THE STUDY

- ✓ To observe the impact of Janani Suraksha Yojana on the health development of the pregnant women in the district of Karimganj.
- ✓ To study the antenatal and postnatal care received by the JSY beneficiaries.
- ✓ Observation of the level of effectiveness and efficiency of the JSY on the reduction of maternal mortality ratio and infant mortality rate through comparative analysis.

III. METHODOLOGY

The study is based on both primary and secondary data. The data are collected from JSY beneficiaries of Karimganj district as well as different sources like official publications of governments both at the centre and states. Interview schedule was constructed based upon the objectives and hypothesis to collect field level data. The mothers who were beneficiaries of JSY programme are the primary respondents of this study.

A. SAMPLING TECHNIQUES

Karimganj is one of the highest maternal mortality districts in India. The researcher obtained data from the Joint Director of Health Services of Karimganj about the number of pregnant women registered under JSY and Mother and Child Tracking System (MCTS). In the month of June 2016, as per the available health record, the number of pregnant mothers who had ANC check-up in Karimganj district was 12458 (one year record). This datum has been considered as the universe of this study. As the universe of this study was 12458 mothers, it was decided to select 373 samples from the study population

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based on the computation of the margin of the error (fixed at 5%), the confidence level (95%), the population size (12458) and the response distribution (50%). Multi Stage Sampling method was employed in the selection of the samples**.** Thus, the total number of samples collected were 373 from 36 villages. However, the representation of the samples was emphasized on the Blocks.

B. ANALYSIS AND INTERPRETATION DATA

The Statistical Package for Social Sciences was used for data feeding and analysis. The analysed tables and statistical tests were presented with suitable interpretation.

IV. FINDINGS OF THE STUDY

Of the 373 respondents Most respondents (66.8%) belong to the general communities. Of the 373 respondents, 57.9% of them are Muslims. A vast majority of the respondents (87.7%) express that they have sub-centres of Primary Health Centres in their villages. Of the 373 respondents, 84.2% of them have ICDS anganwadi in their localities. There is a significant positive correlation between the weight of the respondents and the weight of the babies delivered in the last pregnancy. A vast majority of the respondents (89.3%) state that their villages have Village Health Sanitation and Nutrition Committees. Of the 373 respondents, 85.3% of them each state that they received micro-birth plan information about the place of next check up and expected date of delivery. Most respondents (53.6%) have received ANC more than 3 times. More than half of the respondents have availed postnatal care. A vast majority of the respondents (95.2%) have learnt about the JSY through ASHA. More than half of the respondents have awareness about maternal health. Half of the respondents are aware about pregnancy related complications to some extent. A considerable proportion of the respondents (29.22%) were aware about the Janani Suraksha Yojana to some extent. A vast majority of the respondents (85.3%) have delivery of the last children at institutions. Around two-third of them have delivery at Government Hospital. A majority of the respondents have received financial assistance under JSY. A vast majority of the respondents (95.2%) had learnt about the JSY through ASHA. A larger majority of the respondents (84.2%) are advised by ASHA about child immunization. Most respondents (67%) had experienced pregnancy related complication during the last pregnancies. Most respondents (43.7%) have rated the performance of ASHA has well (good). A majority of the respondents (64.6%) have received moderate levels of ANC and PNC coverage. A vast majority of the respondents (59.5%) had awareness about institutional delivery to an enhanced degree.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SC	71	19.0	19.0	19.0
	ST	15	4.0	4.0	23.1
	OBC	38	10.2	10.2	33.2
	General	249	66.8	66.8	100.0
	Total	373	100.0	100.0	

Table 1: Caste Distribution of the Respondents

Most respondents (66.8%) belonged to the general communities.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Hindu	157	42.1	42.1	42.1
	Muslim	216	57.9	57.9	100.0
	Total	373	100.0	100.0	

Table 2: Religious Distribution

Of the 373 respondents, 57.9% of them were Muslims.

S.No.	Facility	Yes	No	Total
1	Sub centre	327 (87.7%)	46 (13.3%)	373 (100%)
2	Primary Health Centre	80 (21.4%)	293 (78.6%)	373 (100%)
3	Rural Hospital	19 (5.1%)	354 (94.9%)	373 (100%)
4	ICDS Anganwadi	314 (84.2%)	59 (15.8%)	373 (100%)

Table 3: Health facilities available in the Villages

A vast majority of the respondents (87.7%) had expressed that they had sub-centres of Primary Health Centres in their villages.

Of the 373 respondents, 84.2% of them had ICDS anganwadi in their localities.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	333	89.3	89.3	89.3
	Do not know	40	10.7	10.7	100.0
	Total	373	100.0	100.0	

Table 4: Existence of Village Health Sanitation and Nutrition Committees in the Villages

A vast majority of the respondents (89.3%) stated that their villages had Village Health Sanitation and Nutrition Committees.

		Weight of the Babies			Total
		Below 2 kg	2 - 3 kg	3 - 4 kg	
Weight of the Respondents	35 - 40 kg	21 100.0% 45.7%	0 .0% .0%	0 .0% .0%	21 100.0% 5.6%
	40 - 45 kg	25 13.5% 54.3%	127 68.6% 55.9%	33 17.8% 33.0%	185 100.0% 49.6%
	45 - 50 kg	0 .0% .0%	100 67.6% 44.1%	48 32.4% 48.0%	148 100.0% 39.7%
	55 - 60 kg	0 .0% .0%	0 .0% .0%	19 100.0% 19.0%	19 100.0% 5.1%
Total		46 12.3% 100.0%	227 60.9% 100.0%	100 26.8% 100.0%	373 100.0% 100.0%

Pearson Correlation = 0.535, p = 0.000

Table 5: Weight of the Respondents verses Weight of the last delivered Babies of the Respondents

There is a significant positive correlation between the weight of the respondents and the weight of the babies delivered in the last pregnancy.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 time	19	5.1	5.1	5.1
	2 times	15	4.0	4.0	9.1
	3 times	139	37.3	37.3	46.4
	More than 3 times	200	53.6	53.6	100.0
	Total	373	100.0	100.0	

Table 6: Number of ANC received by the Respondents from Qualified Practitioners

Most respondents (53.6%) received ANC more than 3 times.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 time	118	31.6	31.6	31.6
	2 times	51	13.7	13.7	45.3
	3 times	85	22.8	22.8	68.1
	More than 3 times	119	31.9	31.9	100.0
	Total	373	100.0	100.0	

Table 7: Number of Postnatal checkups by the respondents

More than half of the respondents had availed postnatal care.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	To less extent	90	24.12	24.12	24.12
	To some extent	109	29.22.	29.22	53.34
	To better extent	95	25.46	25.46	78.8
	To great extent	79	21.2	21.2	100.0
	Total	373	100.0	100.0	

Table 8: Extent of Awareness among the Respondents about Janani Suraksha Yojana

A considerable proportion of the respondents (29.22%) were aware about the Janani Suraksha Yojana to some extent.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NA	318	85.3	85.3	85.3
	No transportation	15	4.0	4.0	89.3
	Sudden delivery	40	10.7	10.7	100.0
	Total	373	100.0	100.0	

Table 9: Reason for home delivery

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	37	9.9	9.9	9.9
	To some extent	114	30.6	30.6	40.5
	To better extent	91	24.4	24.4	64.9
	To great extent	131	35.1	35.1	100.0
	Total	373	100.0	100.0	

Table 10: Awareness about institutional delivery

A vast majority of the respondents (59.5%) had awareness about institutional delivery to an enhanced degree.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	275	73.7	73.7	73.7
	No	98	26.3	26.3	100.0
	Total	373	100.0	100.0	

Table 11: Amount received under JSY

A majority of the respondents had received financial assistance under JSY.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Home	55	14.7	14.7	14.7
	Institution	318	85.3	85.3	100.0
	Total	373	100.0	100.0	

Table 12: Delivery of the last children of the respondents

A vast majority of the respondents (85.3%) had delivery of the last children at institutions. Around two-third of them had delivery at Government Hospitals. Around 15% of the respondents had delivery at homes.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Low	65	17.4	17.4	17.4
	Moderate	241	64.6	64.6	82.0
	High	67	18.0	18.0	100.0
	Total	373	100.0	100.0	

Table 13: Extent of ANC and PNC Coverage

A majority of the respondents (64.6%) had received moderate levels of ANC and PNC coverage.

Health indicators	AHS 2010-11		AHS 2011-12		AHS 2012-13	
	Karimganj	Assam	Karimganj	Assam	Karimganj	Assam
Crude Birth rate(CBR)	**25.8**	**21.9**	**25.5**	**21.3**	**22.8**	**20.8**
Crude Death rate (CDR)	**6.6**	**7.2**	**6.7**	**7.1**	**5.8**	**6.9**
Natural Growth rate	**19.3**	**14.7**	**18.8**	**14.2**	**18.7**	**14.1**
Infant Mortality rate	**69**	**60**	**68**	**57**	**65**	**55**
Neonatal Mortality Rate	**46**	**39**	**46**	**38**	**44**	**37**
Post neo natal mortality rate	**23**	**20**	**22**	**19**	**21**	**18**
Under 5 Mortality rate	**83**	**78**	**80**	**75**	**77**	**71**
Sex ratio at birth	**913**	**925**	**922**	**937**	**925**	**947**
Maternal Mortality ratio	**342**	**381**	**288**	**347**	**281**	**301**

Source: Annual Health Survey

Table 14: Comparative situation analysis of the district in terms of health indicators

V. DISCUSSION

Amongst the different strategies to achieve the target is to build strong and sound primary health care delivery mechanism and provision for community participation is worth mentioning. The health infrastructures of the district though not to the norms but still have provided opportunity to the rural masses to have health care services at their nearest door step. There are 5 BPHC, 27 PHC, 2 SHC, 6 CHC, and 217 SC covering health services to nearly 90% of the rural population of the district.

The health and income index of the district is 0.207 and 0.078 compared to 0.343 and 0.286 respectively of the state level (source: Assam Human Development Report, 2003).This data clearly indicates that since the health status is low it is one of the reasons of low income of the people which can be termed as lack of human capabilities and thus the HDI rank is low implying low level of human development. The existing manpower is an important prerequisite for the efficient functioning of the Rural Health Infrastructure. Even the community based ASHAs play an equally important role for successful implementation of the JSY. Lack of adequate number of female attendants and ANMs is a major bottleneck in ensuring good quality delivery services in the institutions. As the management staff are over-burdened with multitude of activities and assignments relating to JSY.

Inadequate facilities for institutional delivery of healthcare were found at all levels. Delivery tables, instruments, and equipments were not sufficient to meet the increased delivery load. Regular sensitization and capacity building are the two main components which will ensure effective implementation of the programme. Transport facilities must be made available at the sub-centres and block levels. Awareness generation activities in the community need to be strengthened. There is a need for repeated training and sensitization of the MOs, the HW(F), and the ASHAs. There is a need for clear policy on monitoring and supervision. The monitoring and supervision diary at district and block level must be made mandatory.

VI. CONCLUSION

The JSY aims at ensuring more and more institutional deliveries by skilled birth attendants in order to reduce maternal and neo-natal morbidity and mortality, through an incentives-based approach. At the same time it focuses on immunization of mothers and children. For appropriate and timely delivery of quality ante -natal, intra-natal and postnatal services, there is a need for well coordinated and synergistic effort of the key field level functionaries like the HW(F), the AWWs, the ASHAs as well as district and block level stakeholders. After implementation of JSY in 2005 in Karimganj district, this scheme is successfully working for increasing institutional delivery and in reduction of MMR and child mortality. Cuurent Status of MMR in Karimganj district is 281 per 100,000 live birth and 65 is the infant mortality ratio. JSY services including the use of antenatal care, post natal care, family planning, child immunization, institutional delivery etc. services are significantly increasing in Karimganj district which is one of the main objective of JSY. JSY is successfully operating in karimganj District of Assam for the improvement of maternal health status and promoting institutional delivery services in remote villages. Role of mass media playing a great role in JSY through creating awarness in rural villages of Karimganj District. Block Programme Management Unit as well as District Programme Management Unit timely monitoring the programme and organizing monthly meeting for assessing the effectiveness of the implementation of JSY.

REFERENCES

[1] Dongre, A (2010), "Effect of Mortality Incentives on Institutional Deliveries: Evidence the Janani Suraksha Yojana in India", SSRN Publication, 1-27, New Delhi.

[2] Das, S (2012): "ASHA-the lady health activists and health status of rural women – A case study of Karimganj district", Journal of Humanities & Social Science, Vol. I, Issue I, pp57-67.

[3] Gupta.K. S & Pal Dinesh (2011) Assessment of JananiSuraksha Yojana (JSY) in Jabalpur, Madhya Pradesh: knowledge, attitude and utilization pattern of beneficiaries: a descriptive study. International Journal of Current Biological and Medical Science 2011; 1(2): 06 - 11.

[4] Gour Neeraj, et al., (2012), "A Desk Review to Assess the Impact of Janani Suraksha Yojna on Various MCH Indicators in District Gwalior, India", International Journal of Collaborative Research on Internal Medicine & Public Health, Vol. 4 No. 8

[5] Government of India (2005 -2012), Ministry of Health and Family Welfare, (2005-2012) "National Rural Health Mission, Meeting People's health needs in rural areas, Framework for Implementation."

[6] Government of India (2007) Ministry of Health and Family Welfare, 2007, "Indian Public Health Standard (IPHS) for Community Health Centre".

[7] Govt. of India (2011), Annual report to the people on health (2011), Ministry of Health and Family Welfare.

[8] Hiren R. (2013) on "Assessment of Janani Suraksha Yojana in Jamnagar district" Int J Res Med. 2013; 2(2);99-102

[9] Ministry of Health and Family Welfare: Janani Suraksha Yojana. Guidelines for implementation: Government of India. (Cited on 2011 Nov 1st) available at URL: http://mohfm.nic.in/nrhm/rchgidelines.Jsy guidelines 09-06.pdf.

[10] Naik P (2011), 'Safe Motherhood', 89 Health Journal, 89 (1): 33 – 5.

[11] Nandan, D, & Elias, A.M (2008), "A Conditional Cash Assistant Programme for Promoting Institutional deliveries among the Poor in India: Process Evaluation Results," International Journal of Commerce, Economics and Management, Vol. (2).

[12] National Rural Health Mission. Janani Surkshya Yojana – A Great Leap Forward. NRHM newsletter, Government of India. Vol 4:3, July-Sep 2008. Available from

IJIRAS

http://www.mohfw.nic.in/NRHM/Newsletter/July_Sep.pdf (As assessed on 13th Nov, 2009)

[13] Nandan (2008), "A Rapid Appraisal on Functioning of Janani Suraksha Yojana in South Orissa," Indian journal of Community Medicine, Oct-Dec 35(4), 453-454.

[14] Sharma R. (2007-2008) Janani Suraksha Yojana: a study of the implementation status in selected districts of Rajasthan. 2007-08.

[15] UNFPA and Center for Operations Research and Training, 2009 (CORT). Assessment of ASHA and Janani Suraksha Yojana in Rajasthan.

[16] UNFPA, New Delhi, (2009),Concurrent Assessment of Janani Suraksha Yojna (JSY) in Selected States of India,"

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