CHAPTER IV Analysis and Interpretation

This chapter presents the analysed data in tables and the interpretations for each table. The socioeconomic conditions of the JSY beneficiaries, health and educational facilities available in the villages, knowledge of the JSY beneficiaries about pregnancy, micro-birth plan and JSY, perspectives of the JSY beneficiaries about early marriage, family responsibility and family planning, levels of antenatal and postnatal care coverage, extent of awareness among the JSY beneficiaries about health and JSY and the performance of ASHA and ANM, causes of maternal mortality and the status of maternal death in Karimganj district are analysed in this chapter.

Age Category Vs Dwelling Blocks

In this study, age is one of the important parameters to analyse the level of JSY benefits reached which age brackets of pregnant women. In this section, the age distribution of the respondents is cross-tabulated with the dwelling blocks of the respondents. The data would help to observe the blocks that have women in particular age groups. Table 4.1 shows the present age category of the respondents corresponding to the dwelling blocks of the respondents. The present age category signifies the time of the delivery the women were at.

Table -4.1. Present Age Category of the Respondents Corresponding to Dwelling Blocks of the Respondents

Block	Present Age Category of the Respondents			Total
	Less than 22 years	22 years to 30 years	More than 30 years	
Badarpur	10	31	7	48
	(20.8%)	(64.6%)	(14.6%)	(100.0%)
	13.9%	12.6%	12.7%	12.9%
Dullav Cherra	11	35	8	54
	(20.4%)	(64.8%)	(14.8%)	(100.0%)
	15.3%	14.2%	14.5%	14.5%
Lowairpoa	8	22	5	35
	(22.9%)	(62.9%)	(14.3%)	(100.0%)
	11.1%	8.9%	9.1%	9.4%
North Karimganj	9	30	7	46
	(19.6%)	(65.2%)	(15.2%)	(100.0%)
	12.5%	12.2%	12.7%	12.3%
Patherkandi	12	34	8	54
	(22.2%)	(63.0%)	(14.8%)	(100.0%)
	16.7%	13.8%	14.5%	14.5%
Ramkrishna Nagar	10	35	9	54
	(18.5%)	(64.8%)	(16.7%)	(100.0%)
	13.9%	14.2%	16.4%	14.5%
South Karimganj	12	59	11	82
	(14.6%)	(72.0%)	(13.4%)	(100.0%)
	16.7%	24.0%	20.0%	22.0%
Total	72	246	55	373
	(19.3%)	(66.0%)	(14.7%)	(100.0%)
	100.0%	100.0%	100.0%	100.0%

Note: Percentage within parenthesis shows row percentage & without parenthesis displays column percentage

$\chi^2 = 2.356$, df = 12, $p = 0.999$

The mean age of the respondents at the time of interview was 26.4 years. A majority of the respondents (85.3%) were in the age category of less than 30 years.

Most of the respondents (72%) in the age group of 22 – 30 years were from South Karimganj Block.

The respondents who were pregnant at less than 22 years were higher in Patherkandi (16.7%) and South Karimganj (16.7%) than the other blocks. The respondents who were pregnant at the age of more than 30 years were higher in South Karimganj (20%) than the other blocks.

To observe the association between the present age category of the respondents and the dwelling areas of the respondents, the chi-square test was administered. The result showed that the level of significance was more than 0.05 ($\chi 2$ = 2.356, Degrees of freedom = 12, P =0.999), the null hypothesis was accepted. Thus, there was no significant association the present age category of the respondents and the dwelling areas of the respondents.

Ages at the Time of Marriage Vs Ages at the Time of the First Pregnancy

Normally, there might be one or more deliveries for any pregnant woman. In order to find out the ages of the JSY beneficiaries at the time marriage and relating this data to the ages of the JSY beneficiaries at the time of the first pregnancy, a cross-tabulation was done and presented in the succeeding table 4.2.

Table -4.2. Respondents' Ages at the time of the Marriage corresponding to Respondents' Ages at the time of the first pregnancy

Mothers age at first pregnancy	Age at the time of the marriage						Total
	17 years	18 years	19 years	20 years	21 years	25 years	
18 years	31 (100.0)% 40.8%	0 (.0%) .0%	0 (.0%) .0%	0 (.0%) .0%	0 (.0%) .0%	0 (.0%) .0%	31 (100.0%) 8.3%
19 years	21 (17.6%) 27.6%	98 (82.4%) 65.3%	0 (.0%) .0%	0 (.0%) .0%	0 (.0%) .0%	0 (.0%) .0%	119 (100.0%) 31.9%
20 years	24 (26.4%) 31.6%	15 (16.5%) 10.0%	52 (57. 1%) 74.3%	0 (.0%) .0%	0 (.0%) .0%	0 (.0%) .0%	91 (100.0%) 24.4%
21 years	0 (.0%) .0%	37 (52.9%) 24.7%	18 (25.7%) 25.7%	15 (21.4%) 44.1%	0 (.0%) .0%	0 (.0%) .0%	70 (100.0%) 18.8%
22 years	0 (.0%) .0%	0 (.0%) .0%	0 (.0%) .0%	19 (40.4%) 55.9%	28 (59.6%) 100.0%	0 (.0%) .0%	47 (100.0%) 12.6%
26 years	0 (.0%) .0%	0 (.0%) .0%	0 (.0%) .0%	0 (.0%) .0%	0 (.0%) .0%	15 (100.0%) 100.0%	15 (100.0%) 4.0%
Total	76 (20.4%) 100.0%	150 (40.2%) 100.0%	70 (18.8%) 100.0%	34 (9.1%) 100.0%	28 (7.5%) 100.0%	15 (4.0%) 100.0%	373 (100.0%) 100.0%

Note: Percentage within parenthesis shows row percentage & without parenthesis displays column percentage

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 (40.2%) were married at the age of 18 years. Just 4% has their marriage at the age of 26 years. Of the 373 respondents, 31.9% of them had their first pregnancy at the age of 19 years. Around four-fifth of the respondents had their first pregnancy below the ages of 20 years. Just 4% had their first pregnancy at the age of 25 years.

It could be inferred that around three-fifth of the respondents had married during the secondary school education and immediately after secondary school completion.

To find out the relationship between the ages of the respondents at the time marriage and the ages of the respondents at the time of the first pregnancy, Pearson correlation test was done. Since the level of significance was more than 0.05, the null hypothesis was rejected. **Thus, there was a significant positive correlation between the ages of the respondents at the time marriage and the ages of the respondents at the time of the first pregnancy.**

Community Distribution

Caste, a social stratification in Indian society, also has a significant role in the reproduction of the women. In this study, the caste community of the respondents is analysed to understand which community benefits from the JSY. Table 4.3 illustrates the community distribution of the respondents.

Table -4.3. Community Distribution of the Respondents

S.No.	Community	Frequency	Percent
1	Scheduled Caste	71	19.0
2	Scheduled Tribe	15	4.0
3	Other Backward Castes	38	10.2
4	General	249	66.8
	Total	**373**	**100.0**

Most respondents (66.8%) belonged to the general communities. Just 4 percent of the respondents were from the scheduled tribe communities. A considerable proportion of the respondents were from the scheduled caste communities.

From the analysed data it could be deduced that most beneficiaries of the JSY at Karimganj district are from general communities. It is suggested that the JSY needs to reach out many individuals who belong to other backward castes and scheduled castes and tribes.

Religious Distribution

Religion is one of the cultural aspects of the Indian tradition. Procreation, to a good extent, is associated with the religious sentiments. In this study, the religion of the respondents is analysed and depicted in table 4.4.

Table -4.4. Religious Distribution

S.No.	Community	Frequency	Percent
1	Hindu	157	42.1
2	Muslim	216	57.9
	Total	**373**	**100.0**

Of the 373 respondents, 57.9% of them were Muslims and 42.1% of them are Hindus. Since the Karimganj district is a Muslim dominated area, it is obvious that proportionately most of the sampled respondents are Muslims. However, when compared with the State and National populations, the Muslims are religious minorities. In many packets of India, many Muslims are relatively backward. Massive awareness campaigns need to be administered among the poor communities of both the religions in order to sufficiently avail the JSY benefits and to evade maternal deaths.

Family Type

Corresponding to the status of the living, the type of family they were in, was observed. The following table 4.5 demonstrates the family type of the respondents.

Table -4.5. Family Type of the Respondents

S.No.	Type	Frequency	Percent
1	Joint Family	260	69.7
2	Nuclear Family	113	30.3
	Total	**373**	**100.0**

Around seven-tenth of the respondents were dwelling in a joint family system and about three-tenth of the respondents were living in a nuclear family system. It is astonishing to found that most JSY beneficiaries are living in the joint family system. Since the Karimganj district is predominantly dwelled by the Muslims, it could be insinuated that the religious practice and related customs might have induced for the joint family system in the region.

Number of Children Vs Number of Family Members

The family size of the respondents is cross-tabulated with the number of children in a family and the data presented in table 4.6. In the latter part of this section, the family size is measured against the extent of ante-natal care and post-natal care coverage in order to find out any significant relationship.

The average number of children of the respondents was 2.41. More than three-fifth of the respondents had family members of 6 and above. Just 4.8% of the respondents had a family size between 2 and 4 members. A substantial proportion of the respondents (47.2%) lived in a family size between 6 and 8 members. Of the 373 respondents, 34% of them had 2 children, 42.6% of them had 3 children and above and 23.3% of them had 1 child.

Table -4.6. Number of Children for the Respondents verses Number of Family Members of the Respondents

Number of children of the respondents	Number of Family Members				Total
	2 - 4	4 – 6	6 - 8	8 & above	
1 child	18 (20.7%) 100.0%	15 (17.2%) 21.1%	30 (34.5%) 17.0%	24 (27.6%) 22.2%	87 (100.0%) 23.3%
2 children	0 (.0%) .0%	0 (.0%) .0%	77 (60.6%) 43.8%	50 (39.4%) 46.3%	127 (100.0%) 34.0%
3 children	0 (.0%) .0%	40 (43.5%) 56.3%	33 (35.9%) 18.8%	19 (20.7%) 17.6%	92 (100.0%) 24.7%
4 children	0 (.0%) .0%	16 (30.8%) 22.5%	21 (40.4%) 11.9%	15 (28.8%) 13.9%	52 (100.0%) 13.9%
5 children	0 (.0%) .0%	0 (.0%) .0%	15 (100.0%) 8.5%	0 (.0%) .0%	15 (100.0%) 4.0%
Total	18 (4.8%) 100.0%	71 (19.0%) 100.0%	176 (47.2%) 100.0%	108 (29.0%) 100.0%	373 (100.0%) 100.0%

Among the respondents with the family size of 6-8 members, 43.8% (n = 77) of them had 2 children. It was in this family size that a higher proportion of respondents had 4 children (n = 21) and 5 children (n = 15) than the other respondents in other family size categories.

It could be inferred that since most respondents were living in the joint family system, the number of family size was more than 6 children. Through the JSY, awareness campaigns need to be conducted extensively to raise awareness about the purpose of birth restriction without disturbing the religious or the cultural sentiments.

Infant Mortality during Pregnancy

India is one of the highly ranked nations with higher infant mortalities. In this section, the JSY beneficiaries are questioned about the infant mortality during their pregnancy. Table 4.7 presents the infant mortality during pregnancy of the respondents.

Table -4.7. Infant Mortality during Pregnancy

S.No.	Attribute	Frequency	Percent
1	Died	48	12.9
2	Not died	325	87.1
	Total	**373**	**100.0**

Out of 373 respondents, 12.9% of them had reported that earlier their children had died during pregnancy. Of the reported respondents on the death of the children, 4.8% of them believed that due to the failure of institutional delivery their children had died.

It could be inferred from the above-analysed data that the infants of the most respondents had not died during the pregnancy time. However, 12.9% (n = 48) respondents had lost their infants during the pregnancy period. The reason for the

death of the infants was enquired and the data is disclosed in the subsequent table 4.7.1.

Table -4.7.1. Reason for the Death of the Infants

S.No.	Attribute	Frequency	Percent
1	Not applicable	325	87.1
2	Failed to make institutional delivery	18	4.8
3	Lack of knowledge in caring	15	4.0
4	No proper health care	15	4.0
	Total	**373**	**100.0**

Around 18 respondents (4.8%) reported that failure of attending the hospital for delivery is the major cause of the death of the infants. Around 4% of the respondents believed that lack of knowledge in caring the infants during pregnancy. An equivalent proportion of the respondents expressed that improper health care is the main factor for the death of their infants.

Hitherto, there are many women who have lost their infants during pregnancy. The Government has to take up stringent measures to ensure that 100% of the delivery is made at hospitals. In order to accomplish this, they have to increase the accessibility and affordability of health care for the poor and marginalised women.

Weight Measures

Table -4.8. Weight of the Respondents verses Weight of the last delivered Babies of the Respondents

Weight of the Respondents	Weight of the Babies			Total
	Below 2 kg	2 - 3 kg	3 - 4 kg	
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, $p = 0.000$

Weight, one of the health parameters, determines the delivery status of the infants. In this portion, the weight of the JSY beneficiaries is measured against the weight of their last born babies. The calculated data furnished in table 4.8.

A vast majority of the respondents (89.7%) had weight in the range of 40 to 50 kg while the delivered their last born babies. Around three-fifth of the respondents had babies that had weight in the range of 2 to 3 kg at the time of birth.

It could be inferred from the above-specified data that most respondents were in the moderate weight which was neither less nor more. Further, most respondents had delivered babies that were in normal weight.

To find the association between the weight of the respondents and the weight of the babies delivered in the last pregnancy, the Pearson correlation test was conducted. The result showed that the level of significance was less than 0.05, hence the null hypothesis was accepted. **Thus, there was a significant positive correlation between the weight of the respondents and the weight of the babies delivered in the last pregnancy.**

Education

Education is an emancipation tool for any individual and appreciating asset that fetches knowledge and skills at any point in time. The educational status of the respondents is assessed and presented in table 4.9, which shows the education of the respondents.

Table -4.9. Education of the Respondents

S.No.	Education	Frequency	Percent
1	Upto 5th std	141	37.8
2	6-8th std	83	22.3
3	9-10th std	103	27.6
4	11th - 12th std	46	12.3
	Total	**373**	**100.0**

Of the 373 respondents, none of them had crossed higher secondary school education and around three-fifth of them had not crossed middle school education. Only 12.3% (n = 46) had reached higher secondary school education. From this analysed data it could be insinuated that most women of the Karimganj district lack access to school education. There might be multiple factors including customs and norms that retard the women to obtain school and higher education.

Occupation

Occupation is a crucial economic indicator that can be weighed to gauge the family status of the respondents. In this research, the type of occupations and which occupation has serious effects on the pregnancy is analysed. The preceding table 4.10 shows the current occupation of the respondents.

Table -4.10. Occupation of the Respondents

S.No.	Occupation	Frequency	Percent
1	Homemaker	215	57.6
2	Daily Labour	142	38.1
3	Business	16	4.3
	Total	**373**	**100.0**

Of the 373 respondents, more than half of them (57.6%) were homemakers, followed by 38.1% of them were daily labourers and just 4.3% of them were engaged in business activities. The analysed data revealed that most respondents are homemakers.

Monthly Income of the Husbands

The income of the respondents is not considered in measuring the level of the economic status of the families. In lieu of the income of the respondents, the earning of the husbands is considered. In most families, the income of their husbands is the major source of income for expending for food, cloth, education, entertainment and other family expenses. Table 4.11 shows the number of children of the respondents corresponding to the monthly income of the respondents.

Table -4.11. Number of Children of the Respondents verses Monthly Income of the Husbands of the Respondents

Number of children for 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	
1 child	15 (17.2%) 14.0%	0 (.0%) .0%	72 (82.8%) 34.3%	0 (.0%) .0%	87 (100.0%) 23.3%
2 children	41 (32.3%) 38.3%	0 (.0%) .0%	86 (67.7%) 41.0%	0 (.0%) .0%	127 (100.0%) 34.0%
3 children	30 (32.6%) 28.0%	25 (27. 2%) 62.5%	37 (40.2%) 17.6%	0 (.0%) .0%	92 (100.0%) 24.7%
4 children	21 (40.4%) 19.6%	0 (.0%) .0%	15 (28.8%) 7.1%	16 (30. 8%) 100.0%	52 (100.0%) 13.9%
5 children	0 (.0%) .0%	15 (100.0%) 37.5%	0 (.0%) .0%	0 (.0%) .0%	15 (100.0%) 4.0%
Total	107 (28.7%) 100.0%	40 (10. 7%) 100.0%	210 (56.3%) 100.0%	16 (4.3%) 100.0%	373 (100.0%) 100.0%

More than three-fifth of the respondents had monthly income of their spouses in the range of Rs.5001 to Rs.10000. Around 39.4% of the respondents' husbands had the monthly income of Rs.5000 and less.

Among the respondents who had 2 children, 67.7% of them had monthly incomes of their spouses in the range of Rs.5001 to Rs.7000 and 32.3% of them had the monthly income of their husbands less than Rs.3000. Among the respondents who 5 children, absolutely, 100% of them fell in the monthly income category of Rs.3001 to Rs.5000 (husbands' salaries). It could be inferred from the above-analysed data the monthly income of the husbands of the majority respondents are above Rs.5000 and less than Rs.10001. Most of the respondents had monthly income in the range of Rs.5000 and less, which in the present cost of living is not adequate to manage a family.

Living Houses

Housing is the basic safety needs for any families. The living house of the respondents is gauged and furnished in table 4.12.

Table -4.12. Living House of the Respondents

S.No.	Attribute	Frequency	Percent
1	Own house	349	93.6
2	Rental house	24	6.4
	Total	**373**	**100.0**

A preponderance of the respondents (93.6%) had own houses. Only 6.4% of the respondents dwelled in rental houses. Owning a house is a social security for the families. The data disclosed a positive beacon that most JSY beneficiaries live in owned houses.

Type of Houses

The type of residences is analysed in this section and presented in table 4.13. Here, three different types of houses are discussed – katcha, pucca and mixed. Katcha houses are built with mud, thatch and other low quality materials and Pucca houses are raised with proper concrete roof, floor and walls. Mixed houses signify those houses that are neither pucca nor katcha.

Table -4.13. Type of Houses the Respondents Dwelling

S.No.	Type	Frequency	Percent
1	Katcha	218	58.4
2	Pucca	58	15.5
3	Mixed	97	26.0
	Total	**373**	**100.0**

Of the 300 respondents, most of them (58.4%) lived in katcha houses, 26% of them lived in the mixed type of houses and 15.5% of them dwelled in pucca houses.

It could be stated that the Government has to take initiative to promote massive Green House programme that most families have unconstrained space and privacy houses with attached toilets and bathrooms.

Electrification and Sanitary Latrines

In the modern era, electricity connection and sanitary facility are most essential. Pregnant women going for open defecation at early dawn and late dusk complicates their health. Table 4.14 depicts the availability of electrification and sanitary latrines.

Table -4.14. Availability of Electrification and Sanitary Latrines

S.No.	Item	Yes	No	Total
1	Electrification	212 (56.8%)	161 (43.2%)	373 (100%)
2	Availability of Sanitary latrine	146 (39.1%)	227 (60.9%)	373 (100%)

A significant proportion of the respondents (56.8%) had electricity connection in their houses. However, a considerable proportion of the respondents (43.2%) had no electricity connections. Then, around three-fifth of the respondents did not have sanitary latrines in their houses. Around 39.1% of the respondents had sanitary facilities in their houses.

It is a startling figure that around two-fifth of the respondents do not have electricity connections in their houses and three-fifth of the respondents do have

sanitation facilities. With electricity and sanitation facilities in a house, a pregnant woman had to undergo difficult physical tasks as well as suppressing of the natural calls might upset them which could ultimately lead to health repercussion. The Central and the State Government jointly have to take initiative to provide electricity connections and sanitation facilities to all the households.

Source of Drinking Water

Most women have the pressure of collecting water for washing, cooking and bathing. Table 4.15 demonstrates the source of drinking water for the families of the respondents.

Table – 4.15. Source of Drinking Water for the Families of the Respondents

S.No.	Facility	Yes	No	Total
1	Hand pump	30 (8.0%)	343 (92.0%)	373 (100%)
2	Pond	116 (31.1%)	257 (68.9%)	373 (100%)
3	Tube well	88 (23.6%)	285 (76.5%)	373 (100%)
4	Well	151 (40.5%)	222 (59.5%)	373 (100%)
5	Other sources	60 (16.1%)	313 (83.9%)	373 (100%)

A considerable proportion of the respondents (40.5%) expressed that well water is the major source of drinking water. Around 31.1% of the respondents

collected water from ponds. Just 8% of the respondents got water from the hand pump.

The local administration of Karimganj district has to ensure that most families receive potable water from common taps or household taps.

Distance of the Nearest Towns from the villages

Due to inaccessibility to transportation facilities, some pregnant women fail to reach the hospital at the time of their delivery. Table 4.16 illustrates the distance of the nearest towns from the villages. This table shows how many respondents have the easy accessibility to the nearest towns that might help them to reach the hospital at the time during the labour pains.

Table -4.16. Distance of the Nearest Towns from the villages

S.No.	Distance	Frequency	Percent
1	Less than 4 km	18	4.8
2	4 - 35 km	258	69.2
3	More than 35 km	97	26.0
	Total	**373**	**100.0**

The mean distance of the nearest towns for the respondents was 19.8 km. A majority of the respondents (69.2%) had to travel to the nearest towns from 4 to 35 km. A meagre 4.8% of the respondents had the opportunities to reach the towns by

less than 4 km. Moreover, 26% (n = 97) of the respondents had to travel more than 35 km to reach the towns.

It could be inferred that a sizeable proportion of the respondents had to travel a quiet number of kilometres to reach the town. This conveys that pregnant women from the areas of the respondents have to travel a certain extent of kilometres to reach the towns for availing vehicles.

Health Facilities available in the Villages

The availability of health facilities such as sub health centres, primary health centres, community health centres, rural hospitals, district hospitals and ICDS Anganwadi centres in the villages was analysed. Table 4.17 shows the health facilities available in the villages.

Table -4.17. Health Facilities available in the Villages

S.No.	Facility	Yes	No	Total
1	Sub Health 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%)

A vast majority of the respondents (87.7%) had expressed that they had sub health centres of Primary Health Centres in their villages. Of the 373 respondents,

84.2% of them had ICDS anganwadi in their localities. A large majority of the respondents (78.7) did not have Primary Health Centres in the localities. Just 5.1% of the respondents stated that their villages had rural hospitals. Availability of sub health centres is a positive beacon but however these centres lack essential structure and equipment to overcome maternal deaths.

Educational Institutions

Lack of educational institutions retards the educational status of the families who live in a particular domain. Table 4.18 displays the educational institutions located within the living vicinities of the respondents.

Table -4.18. Educational Institutions located within the living vicinities of the Respondents

S.No.	Institution	Yes	No	Total
1	Elementary school	128 (34.3%)	245 (65.7%)	373 (100%)
2	Primary School	355 (95.2%)	18 (4.8%)	373 (100%)
3	Middle School	154 (41.3%)	219 (58.7%)	373 (100%)
4	Secondary School	113 (30.3%)	260 (69.7%)	373 (100%)
5	Higher Secondary School	18 (4.8%)	355 (95.2%)	373 (100%)
6	College	18 (4.8%)	355 (95.2%)	373 (100%)
7	Madrassa	18 (4.8%)	355 (95.2%)	373 (100%)

A larger majority of the respondents (95.2%) opined that primary schools are located in their vicinities. Just 4.8% of the respondents expressed that there is no primary school in their vicinities. A vast majority of the respondents (95.2%) responded that there is no college in their vicinities.

Of the 373 respondents, more than half of the respondents (<50%) had no middle school, secondary school and higher secondary school in their living vicinities. It could be inferred that the most respondents had the opportunities avail their school education at primary level but had the difficult to obtain middle and higher secondary school education. The government has to emphasise for free education up to middle school education and even up to high school education. Further, the government middle, high and higher secondary schools have to be started off in more localities in Karimganj district.

Availability of the Healthcare Providers

The role of the village healthcare providers is crucial in determining the safety of the mother during pregnancy. Table 4.19 shows the availability of the healthcare providers in the villages.

All the respondents opined that ASHA as the chief health providers in their villages. More than three-fifth of the respondents had Anganwadi workers in their villages. Around half of the respondents had auxiliary midwife nurses in their villages. However, nearly another half of the respondents had no auxiliary midwife nurses in their villages.

Table -4.19. Availability of the Healthcare Providers in the Villages

S.No.	Health Provider	Yes	No	Total
1	Anganwadi Worker	285 (76.4%)	88 (23.6%)	373 (100%)
2	Accredited Social Health Activist (ASHA)	373 (100%)	0 (0%)	373 (100%)
3	Trained Birth Attendant (TBA)	45 (12.1%)	328 (87.9%)	373 (100%)
4	Auxiliary Nurse Midwife (ANM)	190 (50.9%)	183 (49.1%)	373 (100%)
5	Ayurvedic Doctor	42 (11.3%)	331 (88.7%)	373 (100%)

Only 12.1% of the respondents expressed that trained birth attendants are available in their villages. Just 11.3% of the respondents had Ayurvedic doctors in their villages. The role of anganwadi workers and auxiliary nurse midwives are crucial in evading the maternal deaths. The absence of the latter in some villages needs to be earnestly addressed.

Availability of ultrasound facility

Ultrasound scan helps to observe a baby's body and the position of the placenta, the umbilical cord, the amniotic fluid around the baby as well as uterus and cervix in the mother's womb. This scan helps to reduce the maternal mortality. Table 4.20 shows the availability of ultrasound facility in the living vicinities of the respondents.

Table -4.20. Availability of ultrasound facility in the Living Vicinities of the Respondents

S.No.	Attribute	Frequency	Percent
1	Available	18	4.8
2	Not available	355	95.2
	Total	**373**	**100.0**

A vast majority of the respondents (95.2%) lacked accessibility and availability of ultrasound facilities in their villages. Just 4.8% of the respondents had availability of the ultrasound scans in their vicinities. The Government might provide ultrasound scans in the Primary Health Centres and appoint sonographers as well.

Frequency of Mobile Health Clinic

In order to travel to remote villages to cover the people who have difficulty to get access to health care institutions, mobile health clinic is an instrument to overcome inaccessibility to health care issues. Table 4.21 presents the frequency of mobile health clinics visiting the villages.

Table -4.21. Frequency of Mobile Health Clinic

S.No.	Attribute	Frequency	Percent
1	Never	156	41.8
2	Occasional	163	43.7
3	Regular	54	14.5
	Total	**373**	**100.0**

A majority of the respondents (85.5%) articulated that the mobile health clinic service was irregular. Just 14.5% of the respondents expressed that the mobile health clinic service was regular. The road infrastructure has to be strengthened in order to frequently conduct mobile health clinics. Furthermore, the mobile health clinic service has to be stringently monitored.

Village Health Sanitation and Nutrition Committees

In the villages where the National Rural Health Mission is implemented, the Village Health Sanitation and Nutrition Committees (VHSNCs) are initiated. This committee collectively addresses issues related to health and its social determinants at village levels. It acts as a sub-committee of the Gram Panchayat. Table 4.22 illustrates the existence of village health sanitation and nutrition committees in the villages.

Table -4.22. Existence of Village Health Sanitation and Nutrition Committees in the Villages

S.No.	Attribute	Frequency	Percent
1	Yes	333	89.3
2	Do not know	40	10.7
	Total	**373**	**100.0**

A vast majority of the respondents (89.3%) stated that their villages had Village Health Sanitation and Nutrition Committees. Around one-tenth of the respondents were uncertain that whether the VHSNC exists. Karimganj district is one of the JSY focus districts and thus it should be ensured that VHSNC formed and

activated in all the villages and moreover the existence of such committee needs to be known to the locales. VHSNC might play a significant role in the reduction of maternal deaths by arranging required means and tools for the pregnant women to ensure institutional deliveries.

The subsequent table 4.22a projects the extent of VHNSC functioning for improving health services in the villages. A considerable proportion of the respondents (36.7%) believed that the Village Health Sanitation and Nutrition Committees were functioning to some extent.

Just 4% of them responded that the VHNSCs function to great extent. However, 18.6% of the respondents accentuated that the VHNSCs had not functioned at all.

Table -4.22a. Extent of VHNSC functioning for improving Health Services in the Villages

S.No.	Attributes	Frequency	Percent
1	No idea	35	9.4
2	Not at all	69	18.5
3	To some extent	137	36.7
4	To better extent	77	20.6
5	To great extent	15	4.0
6	Not applicable	40	10.7
	Total	**373**	**100.0**

Advice received

Education is one of the inbuilt components of any health programme. Table 4.23 shows the advice received by the respondents.

More than four-fifth of the respondents had received advice on breastfeeding. Around four-fifth of the respondents had received advice on diet. More than half of the respondents had obtained guidance on danger signs during pregnancy, delivery care and family planning.

More than half of the respondents had not received any counsel concerning newborn care.

Table -4.23. Advice 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%)

It could be inferred from the above analysis that the education of the JSY programmes focused highly on breastfeeding and diet aspects.

Micro-birth Plan Information

One of the roles of ANW/ASHA/AWW is to prepare micro-birth plan for JSY beneficiaries. The micro-birth plan for each beneficiary includes – identifying and registering the beneficiary, filling up of maternal and child card, inform dates of 3 ANC and TT injections, referring to health centre, informing expected date of delivery, collecting proofs for BPL status. Table 4.24 indicates the micro-birth plan information received by the respondents.

Table -4.24. 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. Around 73.7% of the respondents had been informed about the place of delivery through the micro-birth plan. A meagre 4 percent of the respondents received information about the place of referral for delivery. This means, a large proportion of the respondents (96%) had not been informed about the place of referral. It could be

inferred that the ANWs or the ASHAs or the AWWs have not provided the complete micro-birth plan information to the JSY beneficiaries.

Knowledge of the Respondents about the Objectives of JSY

How far the respondents have knowledge about the objectives of JSY was analysed and presented table 4.25.

Table -4.25. 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 of the promotion of safe delivery to some degree.

The ANWs/ASHAs/AWWs have significantly failed to educate the beneficiaries about the objectives of JSY. It could be reiterated a stringent monitoring mechanism as well as coupled with incentives need to be in place.

Opinion about Early Marriage

In the Indian sub-continent, most parents who are conventionally influenced by culture and norms force their children, particularly their daughters for early marriages. The respondents were questioned about their opinion about early marriage and analysed responses are presented in the following table 4.26.

Table -4.26. Opinion about Early Marriage

S.No.	Opinion	Frequency	Percent
1	Desirable	171	45.8
2	Undesirable	202	54.2
	Total	**373**	**100.0**

Most respondents (54.2%) believed that the early marriage was undesirable. However, a considerable proportion of the respondents (45.8%) opined that the early marriage was desirable. The freedom of thought and decision making is still a farther vision for the young women in this society.

Family Responsibility Shared by both Men and Women

The family responsibility is often shouldered by a woman in the Indian society. The amount of work she does and its value are not been properly estimated. In this section, whether the spouses share the family responsibility apart from just giving their earned income is analysed and presented in table 4.27.

Table -4.27. Family Responsibility Shared by the Husbands

S.No.	Attribute	Frequency	Percent
1	Shared	257	68.9
2	Not shared	116	31.1
	Total	**373**	**100.0**

A majority of the respondents (68.9%) agreed upon that their spouses share the family responsibilities and 31.1% of the respondents denied that this assertion.

From the analysed data it could be inferred that the modern day husbands have shared the family responsibility which is a positive beacon.

Awareness about Different Methods of Family Planning

Table 4.28 illustrates the respondents' awareness about different methods of family planning. More than three-fifth of the respondents had no knowledge about the different methods of family planning. Just 8.8% of the respondents had awareness about the different methods of family planning to a better extent.

Table -4.28. Awareness about Different Methods of Family Planning

S.No.	Level of Awareness	Frequency	Percent
1	Not at all	233	62.5
2	To some extent	61	16.4
3	To better extent	33	8.8
4	To great extent	46	12.3
	Total	**373**	**100.0**

From the analysed data it could be deduced that the education about the methods of family planning might be massively promoted to sensitise the women at reproductive age to plan their family size.

Opinion about Limiting Family Size

Table 4.29 shows the opinion of the respondents about limiting the family size. A greater majority of the respondents (90.9%) agreed to limit the family sizes. Only 9.1 percent of the respondents had opposed limiting the family size.

Table -4.29. Opinion of the Respondents about Limiting Family Size

S.No.	Opinion	Frequency	Percent
1	Yes	339	90.9
2	No	34	9.1
	Total	**373**	**100.0**

Since most of the respondents belong to Muslim faith, it is a positive beacon that they prefer to limit their family size. This data is against the prejudice and branding view that Muslims are against family planning.

Level of Awareness about Antenatal Care

Antenatal care is a most essential one for the women during their pregnancies. Table 4.30 demonstrates the level of awareness among the respondents about antenatal care.

Table -4.30. Level of Awareness among the Respondents about Antenatal care

S.No.	Opinion	Frequency	Percent
1	Not at all	19	5.1
2	To some extent	94	25.2
3	To better extent	226	60.6
4	To great extent	34	9.1
	Total	**373**	**100.0**

About three-fifth of the respondents had awareness about antenatal care to a better extent. Just 5.1 percent of the respondents had no awareness at all about antenatal care. Thus, through the JSY, the pregnant women have been significantly educated about antenatal care either by experience or dissemination of information.

First ANC Received in the Last Pregnancy

During the first antenatal consultation, the doctor examines comprehensively about the medical and gynecological history and appropriately determines the due date. Table 4.31 describes the first ANC received by the respondents in the last pregnancy.

Table -4.31. First ANC received by the Respondents in the last pregnancy

S.No.	Month	Frequency	Percent
1	Three & half month	16	4.3
2	3rd month	280	75.1
3	4th month	34	9.1
4	one & half months	43	11.5
	Total	**373**	**100.0**

Around three-fourth of the respondents had their first ANC in the last pregnancy at the third month. A few respondents (4.3%) had their first ANC in their last pregnancies at three and half month. Absolutely, all the respondents had their first ANC within 4 months. Through the JSY programme, most beneficiaries had rightly made their first ANC check-ups. It could be stated that making first ANC check-up within the expected month of pregnancy largely paved way for safe motherhood and childcare.

Number of ANC received from Qualified Practitioners

As per the recommendation of the World Health Organization at least 4 ANC check-ups are needed. Table 4.32 demonstrates the number of ANC received by the respondents from qualified practitioners.

Table -4.32. Number of ANC received by the Respondents from Qualified Practitioners

S.No.	Times	Frequency	Percent
1	1 time	19	5.1
2	2 times	15	4.0
3	3 times	139	37.3
4	More than 3 times	200	53.6
	Total	**373**	**100.0**

Most respondents (53.6%) received ANC check-ups more than 3 times. Around 37.3% of the respondents had ANC check-ups for 3 times. However, 9.1 percent of the respondents had received ANC tests for 2 times or less.

It could be inferred that the majority of the respondents had made ANC check-ups for 3 times and above. This is a positive cue that the JSY scheme has made special efforts to enable the pregnant women for ANC check-ups for 3 times and above.

Extent of Awareness about Tetanus Toxoid Vaccine

Tetanus toxoid (TT) vaccine maximises the maternal antibody response and passive antibody transfer to the infant. Table 4.33 displays the extent of awareness among the respondents about tetanus toxoid vaccine.

Table -4.33. Extent of Awareness among the Respondents about Tetanus Toxoid Vaccine

S.No.	Extent of Awareness	Frequency	Percent
1	Not at all	71	19.0
2	To some extent	146	39.1
3	To better extent	88	23.6
4	To great extent	68	18.2
	Total	**373**	**100.0**

A sizeable proportion of the respondents (39.1%) had consciousness of the essentiality of tetanus toxoid vaccine during pregnancy to some extent. 18.2% of the respondents had greater levels of awareness of the need for tetanus toxoid vaccine to pregnant women. However, 19% of the respondents were unaware about TT vaccine.

It could be accentuated that the JSY scheme has played a significant role in educating the pregnant women about TT vaccine. However, the scheme has to ensure 100% of awareness to the pregnant women to any degrees.

Number of TT injection Doses taken during the Last Pregnancy

The national immunization schedule in India recommends the 2 doses of TT vaccine for pregnant women. Table 4.34 depicts the number of TT injection doses taken by the respondents during the last pregnancy.

Table -4.34. Number of TT injection Doses taken by the Respondents during the Last Pregnancy

S.No.	No. of Doses	Frequency	Percent
1	None	52	13.9
2	1 dose	81	21.7
3	2 doses	197	52.8
4	3 or more doses	43	11.5
	Total	**373**	**100.0**

More than half of the respondents had received 2 doses of tetanus toxoid injection during the last pregnancy. Conversely, 35.6% of the respondents had dosed TT vaccine for 2 times during the last pregnancy. This sizeable populace has been left out by JSY scheme in Karimganj district.

Number of Iron and Folic Tablets Consumed during the Last Pregnancy

In order to avoid iron deficiency anaemic in pregnant women and prevent infants from neural tube defects, iron tablets and folic acid (B vitamin) are administered for the pregnant women respectively.

Table 4.35 shows the number of iron and folic tablets (IFA) consumed by the respondents during the last pregnancy.

Table -4.35. Number of Iron and Folic Tablets consumed by the Respondents during the Last Pregnancy

S.No.	No. of Tablets	Frequency	Percent
1	Below 50 tablets	18	4.8
2	50 - 100 tablets	192	51.5
3	100 - 150 tablets	129	34.6
4	150 - 200 tablets	34	9.1
	Total	**373**	**100.0**

Many respondents (51.5%) had consumed 50-100 iron and folic tablets during the last pregnancy. Just 4.8% of the respondents had consumed less than 50 IFA tablets. The data reveal that the consumption of IFA tablets is less among most respondents.

Level of Awareness about Postnatal Care

Like antenatal care, postnatal care is also a vital need for the lactating mothers to look after the both mother and child. Table 4.36 demonstrates the level of awareness among the respondents about postnatal care.

Table -4.36. Level of Awareness among the Respondents about Postnatal Care

S.No.	Level of Awareness	Frequency	Percent
1	Not at all	142	38.1
2	To some extent	122	32.7
3	To better extent	66	17.7
4	To great extent	43	11.5
	Total	**373**	**100.0**

Of the 373 respondents, 231 (61.9%) of them were aware of the postnatal care. Of the 231 respondents, 122 of them had awareness about the postnatal care to some degree. A few respondents (11.5%) had greater levels of understanding about postnatal care.

It could be stated that most respondents had raised the levels of awareness about postnatal care through the JSY scheme, however, the scheme has to ensure 100% of awareness to the pregnant women to any degrees.

Number of Postnatal checkups

There is often skipping of postnatal check-ups by rural women. Postnatal care after the delivery promptly avoids maternal and infant mortality to a probable extent. Table 4.37 displays the number of postnatal checkups done by the respondents.

Table -4.37. Number of Postnatal checkups done by the Respondents

S.No.	No. of Checkups	Frequency	Percent
1	1 time	118	31.6
2	2 times	51	13.7
3	3 times	85	22.8
4	More than 3 times	119	31.9
	Total	**373**	**100.0**

More than half of the respondents had availed postnatal care for 3 times and above. A considerable proportion of the respondents (45.3%) had postnatal checkups for 2 times and less. When analysing the latter figure, it could be inferred that there is conscious or unconscious avoidance of periodic postnatal checkups by the lactating mothers.

Participation in Family Welfare Campaign

Through JSY scheme family welfare, health and awareness campaigns are conducted. Whether the respondents had participated in these campaigns was questioned and presented in the following table 4.38.

A larger majority of the respondents (80.4%) had not participated in the family welfare campaigns. Around one-fifth of the respondents participated in the campaigns.

Table -4.38. Participation of the Respondents in the Family Welfare Campaign

S.No.	Attribute	Frequency	Percent
1	Participated	73	19.6
2	Not participated	300	80.4
	Total	**373**	**100.0**

Most respondents had not participated in the JSY campaigns. This might be either the respondents were ignorant about such campaigns or the JSY campaigns were not effectively promoted.

Listening Radio Programme on Maternal and Child Health

Concerning maternal and child health, education programmes are broadcasted in the radios. To what level the respondents listen to radio programme on maternal and child health was analysed. The responses are tabulated in table 4.39.

Table -4.39. Frequency of Listening Radio programme on Maternal and Child Health by the Respondents

S.No.	Regularity	Frequency	Percent
1	Never	147	39.4
2	Occasional	177	47.5
3	Regular	49	13.1
	Total	**373**	**100.0**

A substantial proportion of the respondents (47.5%) had occasionally listened to radio programme on maternal and child health. Just a few respondents (13.1%) had regularly listened to the radio programme on maternal and child health.

Watching Television Programme on Maternal and Child Health

Television has become a vibrant communication tool whether entertainment or news or education or other aspects. Table 4.40 illustrates the frequency of watching television programme on maternal and child health by the respondents.

Table -4.40. Frequency of Watching Television programme on Maternal and Child Health by the Respondents

S.No.	Regularity	Frequency	Percent
1	Never	135	36.2
2	Occasional	180	48.3
3	Regular	58	15.5
	Total	**373**	**100.0**

A considerable proportion of the respondents (48.3%) had occasionally watched television programmes on maternal and child health. About 36.2% of the respondents had never watched television broadcast on maternal and child health. Only 15.5% had regularly watched the television programme on the said aspects.

Awareness about Pregnancy Complications

Table 4.41 shows the awareness among the respondents about pregnancy complications.

Table -4.41. Awareness among the Respondents about Pregnancy Complications

S.No.	Facility	Aware	Unaware	Total
1	Excessive fatigue	25 (6.7%)	348 (93.3%)	373 (100%)
2	Eclampsia	25 (6.7%)	348 (93.3%)	373 (100%)
3	Obstructed labour	40 (10.7%)	333 (89.3%)	373 (100%)
4	Severe anaemia	314 (84.2%)	59 (15.8%)	373 (100%)
5	Excessive Vomiting	268 (71.8%)	105 (28.2%)	373 (100%)
6	Swelling of hand, feet and face	142 (38.1%)	231 (61.9%)	373 (100%)
7	Bleeding	40 (10.7%)	333 (89.3%)	373 (100%)
8	Premature labour	91 (24.4%)	282 (75.6%)	373 (100%)
9	Hypertension	33 (8.8%)	340 (91.2%)	373 (100%)

A large majority of the respondents (84.2%) had awareness about the severe anaemia that affects safe delivery. About 71.8% of the respondents were aware of that excessive vomiting is a pregnancy complication. Less than 11 percent of the respondents expressed that excessive fatigue, eclampsia, obstructed labour, bleeding and hypertension as the pregnancy complications. Excluding severe anaemia and

excessive vomiting, most respondents are unaware of various pregnancy complications.

Degree of Awareness about Untied Fund of Government

Untied fund is earmarked by the government to pay for ANM/AWW/ASHA for per delivery. It is dispersed through the Primary Health Centre and Community Health Centre. Table 4.42 displays the degree of awareness among the respondents about untied fund of government.

Table -4.42. Degree of Awareness among the Respondents about Untied Fund of Government

S.No.	Attribute	Frequency	Percent
1	Not at all	154	41.3
2	To some extent	110	29.5
3	To better extent	63	16.9
4	To great extent	46	12.3
	Total	**373**	**100.0**

Around three-fifth of the respondents were aware of the untied fund of the Government. More than two-fifth of the respondents had not aware about the untied

fund of the Government. The analysed data shows that most respondents would have learned about the untied fund through the interactions with ANWs/ASHAs/AWWs.

Level of Improvement in the Health Facilities in the Last One Year

Table 4.43 illustrates the level of improvement in the health facilities in the last on year.

Table -4.43. Level of Improvement in the Health Facilities in the Last One Year

S.No.	Attribute	Frequency	Percent
1	Not at all	246	66.0
2	To some extent	66	17.7
3	To better extent	61	16.4
4	To great extent	0	0
	Total	**373**	**100.0**

A significant proportion of the respondents (66%) expressed that the health facilities had not improved in the last one year. 34.1 percent of the respondents felt that the health facilities had improved to some or better extent in the last one year. None of the respondents expressed that the health facilities had improved to a great degree. This is a startling figure that the infrastructure and equipment have to be considerably improved in the health institutions in Karimganj district.

Round the Clock Services of the Primary Health Centres

Table 4.44 helps to know through the eyes of the respondents about the round the clock services of the primary health centres.

Table -4.44. View of the Respondents about round the clock services of the Primary Health Centres

S.No.	Attribute	Frequency	Percent
1	Not at all	88	23.6
2	To some extent	168	45.0
3	To better extent	117	31.4
4	To great extent	0	0
	Total	**373**	**100.0**

Around four-ninth of the respondents opined that the Primary Health Centres are providing services round the clock to some extent. Around three-tenth of the respondents stated that the Primary Health Centres are working round the clock to a better extent. 23.6 percent of the respondents believed that the Primary Health Centres are not functioning round the clock. None of the respondents had graded the Primary Health centre services round the clock to great extent.

Extent of Awareness about Janani Suraksha Yojana

Table 4.45 discloses the extent of awareness among respondents about Janani Suraksha Yojana, the core quest of this study.

Table -4.45. Extent of Awareness among the Respondents about Janani Suraksha Yojana

S.No.	Attribute	Frequency	Percent
1	To less extent	180	48.3
2	To some extent	64	17.2
3	To better extent	50	13.4
4	To great extent	79	21.2
	Total	**373**	**100.0**

A considerable proportion of the respondents (48.3%) were aware of the Janani Suraksha Yojana to less extent, next, 21.2% of the respondents were aware of JSY to great extent, 17.2% of the respondents were aware of JSY to some extent, and 13.4% of the respondents were aware of JSY to better extent. Overall, all the respondents were aware of the JSY programme at varying degrees. The respondents who were JSY beneficiaries had understood the facets of JSY programme. This programme had reached Karimganj district to an extent.

Years of Knowing JSY Programme

Table 4.46 illustrates the years of knowing JSY programme by the respondents.

Table -4.46. Years of knowing JSY Programme

S.No.	Attribute	Frequency	Percent
1	1 year	77	20.6
2	2 years	92	24.7
3	3 years	52	13.9
4	4 years	61	16.4
5	5 years	40	10.7
6	6 years	36	9.7
7	7 years	15	4.0
	Total	**373**	**100.0**

The mean years of knowing JSY by the respondents was 3.17 years. Around 59.2% of the respondents had come to know about JSY scheme from 1 to 3 years. Around two-fifth of the respondents had understood about JSY scheme from 4 to 7 years. It could be reiterated the JSY scheme had a wider reach out in Karimganj district.

Source of Knowing JSY

Table 4.47 demonstrates the source knowing JSY programme by the JSY beneficiaries.

Table -4.47. 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. Around one-fourth of the respondents learned about the JSY scheme during the ANC checkups. Less than 14% of the respondents had internalised the JSY scheme through their family members and neighbours. ASHA personnel had made efforts to educate the JSY beneficiaries about the JSY scheme.

Awareness about NRHM

The purpose of National Rural Health Mission (NRHM) is to provide accessible, affordable and quality health care to the rural population, especially the

vulnerable groups. Table 4.48 projects the awareness of the respondents about National Rural Health Mission (NRHM).

Table -4.48. Awareness about NRHM

S.No.	Attribute	Frequency	Percent
1	Not at all	181	48.5
2	To some extent	56	15.0
3	To better extent	86	23.1
4	To great extent	50	13.4
	Total	**373**	**100.0**

Of the 373 respondents, a considerable proportion of them (48.5%) were unaware of the National Rural Health Mission (NRHM), 23.1% of them were aware of NRHM to better degrees, 15% of them had awareness of NRHM to some extent and 13.4% of them had awareness to greater degrees. However, a significant proportion of the respondents were aware of NRHM to varying degrees.

JSY, a safe motherhood intervention, is carried out under NRHM. Hence, while educating about JSY, the role of NRHM has to be explained to the JSY beneficiaries by ANWs/ASHA/AWWs.

Awareness about ASHA

Accredited Social Health Activist (ASHA) is a trained female community health activist placed in a village. She acts as an interface between the community and

the public health system. Table 4.49 describes the awareness of the respondents about ASHA.

Table -4.49. Awareness about activities of ASHA

S.No.	Attribute	Frequency	Percent
1	To less extent	126	33.8
2	To some extent	79	21.2
3	To better extent	58	15.5
4	To great extent	110	29.5
	Total	**373**	**100.0**

Of the 373 respondents, more than three-tenth of them had low levels of awareness about the activities of ASHA, 29.5% of them had greater levels of awareness about the roles of ASHA, 21.2% of them were aware of ASHA's roles to some extent and 15.5% of them had better levels of awareness about the activities of ASHA.

It could be inferred that all the respondents were conscious of the activities of ASHA to varying degrees. However, more than half of the respondents had below the average of understanding of ASHA.

Awareness about Maternal Health

The level of awareness among the respondents about maternal health was and analysed and presented in table 4.50.

Table -4.50. Awareness about Maternal Health

S.No.	Attribute	Frequency	Percent
1	Not at all	175	46.9
2	To some extent	116	31.1
3	To better extent	40	10.7
4	To great extent	42	11.3
	Total	**373**	**100.0**

More than half of the respondents had awareness about maternal health to some or better or great degrees. Around 46.9% of the respondents were unaware of maternal health. This startling figure reveals that JSY has failed in certain areas of educating the beneficiaries. Understanding of maternal health is essential one for every JSY beneficiary. The level of awareness would enable the JSY beneficiaries to take up precautionary measures to avoid maternal death.

Awareness about safe delivery

Table 4.51 shows the level of awareness among the respondents about safe delivery.

Table -4.51. Awareness about Safe Delivery

S.No.	Attribute	Frequency	Percent
1	Not at all	142	38.1
2	To some extent	164	44.0
3	To better extent	49	13.1
4	To great extent	18	4.8
	Total	**373**	**100.0**

More than three-fifth of the respondents were aware of safe delivery to varying degrees. Around 38% of the respondents were unaware about safe delivery. The pregnant women need to understand the safe delivery. The knowledge of safe delivery also enables them to prevent maternal death. Through JSY scheme, it would ensure 100% of the beneficiaries know about safe delivery.

Awareness about Pregnancy related Complications

There are certain pregnancy related complications such as miscarriage, premature labour and birth, preeclampsia, low amniotic fluid, gestational diabetes, ectopic pregnancy, etc. Table 4.52 shows the level of awareness among the respondents about pregnancy related complications.

Table -4.52. Awareness about Pregnancy related Complications

S.No.	Attribute	Frequency	Percent
1	Not at all	130	34.9
2	To some extent	186	49.9
3	To better extent	24	6.4
4	To great extent	33	8.8
	Total	**373**	**100.0**

Half of the respondents were aware of pregnancy related complications to some extent. Only a few respondents (6.4%) were aware of pregnancy related complications to better degrees. However, 34.9% of the respondents were unaware of pregnancy related complications.

It could be deduced that in some areas, the education on pregnancy related complications was effectively carried out, but in some areas, the education was poorly executed.

Awareness about Different Causes of Maternal Mortality

There are direct and indirect causes of maternal death such as abortion, embolism, obstetric haemorrhage, hypertensive disorders, pregnancy-related sepsis, etc. Table 4.53 illustrates the degree of awareness among the respondents about different causes of maternal mortality.

Table -4.53. Awareness about Different Causes of Maternal Mortality

S.No.	Attribute	Frequency	Percent
1	Not at all	107	28.7
2	To some extent	177	47.5
3	To better extent	31	8.3
4	To great extent	58	15.5
	Total	**373**	**100.0**

A distinct proportion of the respondents (71.3%) were conscious of different causes of maternal mortality to some or better or great degrees. 28.7% of the respondents were unaware of different causes of maternal mortality.

Awareness about Institutional Delivery

The prime aim of Janani Suraksha Yojana (JSY) is to promote institutional deliveries with an aim to reduce maternal mortality ratio (MMR). Table 4.54 demonstrates the extent of awareness among the respondents about institutional delivery.

A vast majority of the respondents (59.5%) had awareness about institutional delivery to an enhanced degree. Around three-tenth of the respondents were aware of institutional delivery to some degree. Just 9.9% of the respondents were unaware of institutional delivery.

Table -4.54. Awareness about Institutional Delivery

S.No.	Attribute	Frequency	Percent
1	Not at all	37	9.9
2	To some extent	114	30.6
3	To better extent	91	24.4
4	To great extent	131	35.1
	Total	**373**	**100.0**

It is a positive beacon that most JSY beneficiaries had the understanding of institutional delivery.

Awareness about Village Health Sanitation and Nutrition Committee

Table 4.55 presents the level of awareness among the respondents about Village Health Sanitation and Nutrition Committee (VHSNC).

Table -4.55. Awareness about Village Health Sanitation and Nutrition Committee

S.No.	Attribute	Frequency	Percent
1	To less extent	189	50.7
2	To some extent	85	22.8
3	To better extent	56	15.0
4	To great extent	43	11.5
	Total	**373**	**100.0**

Around half of the respondents were aware of the functioning of Village Health Sanitation and Nutrition Committees to a lesser extent. 22.8% of the respondents had awareness about the functioning of VHSNC to some levels and 15% of the respondents had better levels of awareness about the functioning of VHSNC. A few respondents (11.5%) had greater levels of awareness about the VHSNC's functions.

Awareness about Services of Health Centres

Table 4.56 displays the extent of awareness among the respondents about services of health centres.

Table -4.56. Awareness about Services of Health Centres

S.No.	Attribute	Frequency	Percent
1	Not at all	110	29.5
2	To some extent	116	31.1
3	To better extent	107	28.7
4	To great extent	40	10.7
	Total	**373**	**100.0**

A distinct proportion of the respondents (70.5%) were aware of the services of health centres at different degrees. Around three-tenth of the respondents were unaware of the services of health centres.

Awareness about 108 Mrityunjoy Ambulance for Emergency Services

Owing to non-affordability to travel services, many patients or accident met persons lost their lives. In order to remove the barriers of affordability that prevent the poorer sections of the state from accessing ambulance services, 106 Emergency ambulance services has been introduced across various states of India including Assam. Table 4.57 shows the degree of awareness among the respondents about 108 Mrityunjoy ambulance for emergency services.

Table -4.57. Awareness about 108 Mrityunjoy Ambulance for Emergency Services

S.No.	Attribute	Frequency	Percent
1	Not at all	144	38.6
2	To some extent	86	23.1
3	To better extent	55	14.7
4	To great extent	88	23.6
	Total	**373**	**100.0**

Around three-fifth of the respondents had awareness about 108 emergency ambulance services to some or better or great degrees. Around 38.6% of the respondents were unaware of 108 emergency ambulance services. Through JSY scheme, it would ensure 100% of the beneficiaries know about 108 emergency ambulance services and its necessity.

Awareness about Cash Incentive of JSY for Mothers

In order to ensure institutional delivery, ANC mothers are provided cash incentive under JSY. Table 4.58 shows the level of awareness among the respondents about cash incentive of JSY for mothers.

Table -4.58. Awareness about Cash Incentive of JSY for Mothers

S.No.	Attribute	Frequency	Percent
1	Not at all	153	41.0
2	To some extent	61	16.4
3	To better extent	120	32.2
4	To great extent	39	10.5
	Total	**373**	**100.0**

Around three-fifth of the respondents were aware of the cash incentive provided under JSY scheme and about two-fifth of the respondents were unaware of the cash incentive for JSY beneficiaries. It could be inferred that comprehensive education has not been rendered to the JSY beneficiaries in Karimganj district.

Awareness about Village Health and Nutrition Day (VHND) Session

Normally, Village Health and Nutrition Day (VHND) is conducted once every month at the AWC in the village. The level of awareness among the respondents about VHND is analysed and displayed in table 4.59.

Table -4.59. Awareness about Village Health and Nutrition Day (VHND) Session

S.No.	Attribute	Frequency	Percent
1	Not at all	181	48.5
2	To some extent	84	22.5
3	To better extent	68	18.2
4	To great extent	40	10.7
	Total	**373**	**100.0**

A considerable proportion of the respondents (48.5%) were unaware of the observation of VHND. Around 22.5% of the respondents were aware of VHND session to some extent, 18.2% of the respondents were aware of it to better degrees and 10.7% of the respondents were conscious of it to great degrees.

Awareness about the Importance of Breastfeeding for Health of the Child

It is recommended to provide exclusively breastfeeding to the infants for the first 6 months. The breast milk provides ideal nutrition for infants. Table 4.60 demonstrates the degree of awareness among the respondents about the importance of breastfeeding for health of the children.

Most respondents (66.8%) were unaware of the importance of breastfeeding for the health of children.

Table -4.60. Awareness about the Importance of Breastfeeding for the Health of Children

S.No.	Attribute	Frequency	Percent
1	Not at all	249	66.8
2	To some extent	60	16.1
3	To better extent	42	11.3
4	To great extent	22	5.9
	Total	**373**	**100.0**

Around 33.3 percent of the respondents were aware of the significance of breastfeeding for infants to some or better or great levels. However, a large section of the respondents were not recognised the importance of breastfeeding for the better health of the child. The health department has to earnestly address this issue and promote massive campaigns about the significance of breastfeeding for the infants' health.

Awareness about Essential Care of Newborn

Under the supervision of nursing personnel, the healthy neonates can be best provided by the mothers. It is proposed that the mothers should take care of their newborn babies. Table 4.61 demonstrates the extent of awareness among the respondents about essential care of newborn babies.

Table -4.61. Awareness about Essential Care of Newborn

S.No.	Attribute	Frequency	Percent
1	Not at all	152	40.8
2	To some extent	145	38.9
3	To better extent	33	8.8
4	To great extent	43	11.5
	Total	**373**	**100.0**

Around two fifth of the respondents were unaware of the essence of newborn care. About 59.2% of the respondents had awareness about the essential care of newborn to some or better or great levels. Overall, the level of awareness about the essential care of newborn babies is low. The health personnel of JSY scheme has to ensure that the JSY beneficiaries have better knowledge of caring their newborn babies.

Faced Pregnancy related Complications

Table 4.62 reveals the pregnancy-related complications faced by the respondents. Most respondents (67%) had experienced pregnancy-related complication during their last pregnancies. Around 33 percent of the respondents disclosed that they had not experienced pregnancy-related problems.

Table -4.62. Pregnancy related Complications faced by the Respondents

S.No.	Attribute	Frequency	Percent
1	Experienced	250	67.0
2	Not experienced	123	33.0
	Total	**373**	**100.0**

It could be inferred that a significant proportion of the respondents faced pregnancy-related health problems. The medical personnel of Karimganj district have to address this issue and bring out effective methods to tackle such health issues in order to enable the pregnant women to have ease deliveries.

Pregnancy Complications experienced during the Last Pregnancy

The pregnancy problems faced by the respondents during their last pregnancy was questioned and the responses are tabulated in the succeeding table 4.63.

Three-tenth of the respondents had swelling of hands, feet and face in their last pregnancies. Around one-fifth of the respondents had anaemia in their last pregnancies. Less than 16 percent of the respondents had excessive fatigue, vomiting, hypertension, vaginal discharge and bleeding during their last pregnancies.

Table -4.63. Pregnancy Complications experienced by the Respondents during the Last Pregnancy

S.No.	Facility	Yes	No	Total
1	Anaemia	73 (19.6%)	300 (80.4%)	373 (100%)
2	Excessive fatigue	40 (10.7%)	333 (89.3%)	373 (100%)
3	Vomiting	34 (9.1%)	339 (90.9%)	373 (100%)
4	Hypertension	59 (15.8%)	314 (84.2%)	373 (100%)
5	Swelling of hands, feet and face	112 (30.0%)	261 (70.0%)	373 (100%)
6	Vaginal discharge	15 (4.0%)	358 (96.0%)	373 (100%)
7	Bleeding	15 (4.0%)	358 (96.0%)	373 (100%)

Many respondents had not undergone pregnant complications in their last pregnancies, however, the less number of incidences have to be earnestly and promptly addressed.

Number of Times ASHA Visited the Respondents

The role of ASHA is crucial in the maternal health. Table 4.64 presents the number of times ASHA visited the respondents.

Table -4.64. Number of times ASHA visited the respondents

S.No.	Attribute	Frequency	Percent
1	2 times	49	13.1
2	3 times	58	15.5
3	More than 3 times	266	71.3
	Total	**373**	**100.0**

Most respondents (86.8%) had accepted that ASHA has visited them 3 times and more. 13.1 percent of the respondents stated that ASHA has visited them 2 times. The role of ASHA is significant in improving the maternal and child health.

Satisfaction with the Performance of ASHA

Table 4.65 represents the level of satisfaction among the respondents with the performance of ASHA.

Around three-fifth of the respondents were very dissatisfied or dissatisfied with the performance of ASHA. Around 35.4% of the respondents were satisfied or very satisfied with the performance of ASHA. Just 4.8% of the respondents were uncertain about the performance of ASHA.

Table -4.65. Satisfaction with the Performance of ASHA

S.No.	Attribute	Frequency	Percent
1	Very dissatisfied	169	45.3
2	Dissatisfied	54	14.5
3	Neither satisfied nor dissatisfied	18	4.8
4	Satisfied	104	27.9
5	Very satisfied	28	7.5
	Total	**373**	**100.0**

The District Health Directorate of Karimganj district has to ensure the ASHA performance their duties to better degrees.

Satisfaction with the Performance of ANM

Table 4.66 represents the level of satisfaction among the respondents with the performance of ANM.

A sizeable proportion of the respondents (51.2%) were very dissatisfied or dissatisfied with the performance of ANM. Around 31.3% of the respondents were satisfied or very satisfied with the performance of ANM. 17.4% of the respondents were uncertain about the performance of ANM.

Table -4.66. Satisfaction with the Performance of ANM

S.No.	Attribute	Frequency	Percent
1	Very dissatisfied	176	47.2
2	Dissatisfied	15	4.0
3	Neither satisfied nor dissatisfied	65	17.4
4	Satisfied	102	27.3
5	Very satisfied	15	4.0
	Total	**373**	**100.0**

It could be reiterated that the District Health Directorate of Karimganj district has to ensure the ANM performance their duties to better degrees.

Delivery of the Last Children of the Respondents

The respondents were enquired about the place of delivery of their last children. The analysed data is displayed in table 4.67

Table -4.67. Delivery of the Last Children of the Respondents

S.No.	Attribute	Frequency	Percent
1	Home	55	14.7
2	Institution	318	85.3
	Total	**373**	**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 Hospital. Around 15% of the respondents had delivery at homes. The health official has to ensure 100% of the delivery is made at the hospital. The pregnant women and their families have to be raised awareness for the need for institutional delivery and its safe mother and child health.

Type of Institutions the Last Child Delivered

Of the 373 respondents, 55 of them had delivery at home and 318 of them had delivered their infants at hospitals. Table 4.68 illustrates the type of institutions the respondents delivered their last child.

Table -4.68. Type of institutions the Respondents delivered the Last Child

S.No.	Attribute	Frequency	Percent
1	Government	276	74.0
2	Private	42	11.3
3	Not applicable	55	14.7
	Total	**373**	**100.0**

A majority of the respondents (74%) had delivered their last children at government hospitals. Just 11.3% of the respondents had the last deliveries at private hospitals.

Mode of Transport to Reach the Hospitals for Delivery

Table 4.69 discloses the mode of transport for the respondents to reach the hospitals for their last deliveries.

Table -4.69. Mode of Transport to Reach the Hospitals for Last Delivery

S.No.	Attribute	Frequency	Percent
1	Hired four-wheeler	135	36.2
2	Auto Rickshaw	102	27.3
3	108 ambulance	34	9.1
4	On foot	47	12.6
5	Not applicable	55	14.7
	Total	**373**	**100.0**

A considerable proportion of the respondents (36.2%) had hired four-wheelers to reach the hospitals for their deliveries. 27.3% of the respondents had rented auto rickshaws to reach the hospitals, 12.6% of them reached the hospitals on foot and just 9.1% availed 108 emergency ambulance services.

Time Taken for Reaching the Hospitals for Delivery

Table 4.70 projects the time taken for reaching the hospitals for the respondents' last deliveries.

Table -4.70. Time Taken for Reaching the Hospitals for Delivery

S.No.	Attribute	Frequency	Percent
1	Less than 30 minutes	98	26.3
2	30 minutes - 60 minutes	201	53.9
3	More than 60 minutes	19	5.1
4	Not applicable	55	14.7
	Total	**373**	**100.0**

More than half of the respondents had travelled from 30 minutes to 60 minutes to reach the hospitals for delivery. 26.3% of the respondents had reached the hospitals by less than 30 minutes.

Amount spent for arranging Private Vehicles

Table 4.71 shows the amount spent by the respondents for taking up private vehicles to reach hospitals.

Table -4.71. Amount Spent for arranging Private Vehicles

S.No.	Attribute	Frequency	Percent
1	Less than Rs.100	18	4.8
2	Rs.101 - Rs.200	75	20.1
3	Rs.201 - Rs.300	74	19.8
4	Rs.401 - Rs.500	51	13.7
5	More than Rs.500	19	5.1
6	Not applicable	136	36.5
	Total	**373**	**100.0**

A significant proportion of the respondents (58.4%) had spent less than Rs.500 for the private vehicles to reach hospitals. 41.6% of the respondents had spent more than Rs.500 for the private vehicles to reach the hospitals.

Accompaniment of ASHA to the Place of Delivery

Table 4.72 reveals whether the ASHA has accompanied the respondents to the place of delivery. Nearly half of the respondents accepted that ASHA accompanied them to reach the hospitals during labour pains. A sizeable proportion of the respondents (35.9%) rejected the statement that ASHA accompanied them to reach the hospitals.

Table -4.72. Accompaniment of ASHA to the Place of Delivery

S.No.	Attribute	Frequency	Percent
1	Yes	184	49.3
2	No	134	35.9
3	Not applicable	55	14.7
	Total	**373**	**100.0**

Transport arranged by ASHA for Institutional Delivery

Table 4.73 discloses the fact that whether ASHA arranged transport facilities for the respondents for institutional delivery.

Table -4.73. Transport arranged by ASHA for Institutional Delivery

S.No.	Attribute	Frequency	Percent
1	Yes	34	9.1
2	No	284	76.1
3	Not applicable	55	14.7
	Total	**373**	**100.0**

More than three-fifth of the respondents had not been facilitated for transportation by ASHA. Just 9.1% of the respondents were facilitated for transportation by ASHA.

Length of Stay in the Health Institutions

During the delivery time, normally, the mothers use to stay for a while evening after giving birth. Table 4.74 measures the length of stay by the respondents in the health institutions.

Table -4.74. Length of stay by the Respondents in the Health Institutions

S.No.	Attribute	Frequency	Percent
1	1 day	71	19.0
2	2 days	140	37.5
3	3 days	83	22.3
4	4 days	24	6.4
5	Not applicable	55	14.7
	Total	**373**	**100.0**

Many respondents (37.5%) had stayed in the hospital for 2 days after giving deliveries. 22.3% of the respondents accommodated in the hospital for 3 days. 19% of the respondents had stayed just 1 day after their deliveries. Only 6.4% of the respondents had treatment in the hospital for 4 days. A large majority of the respondents (78.8%) had taken treatment in the hospital by staying 1 or 2 or 3 days. This could be insinuated that the mothers from rural areas have the capacity to immediately recoup their health status.

Amount received under JSY

Table 4.75 reveals whether the respondents had received incentive amount under JSY.

Table -4.75. Amount received under JSY

S.No.	Attribute	Frequency	Percent
1	Yes	275	73.7
2	No	98	26.3
	Total	**373**	**100.0**

A majority of the respondents (73.7%) had received the financial assistances under JSY. 26.3% of the respondents had not obtained the financial assistance under JSY.

ASHA bribed Money from the Respondents

Table 4.76 demonstrates whether ASHA bribed money from the respondents. Many respondents (61.4%) denied the assertion that ASHA bribed money from them for doing their health services. However, 17.4% of the respondents accepted that ASHA bribed money from them.

Table -4.76. ASHA bribed Money from the Respondents

S.No.	Attribute	Frequency	Percent
1	Yes	65	17.4
2	No	229	61.4
3	Not applicable	79	21.2
	Total	**373**	**100.0**

Reason for Home Delivery

Of the 373 respondents, 55 of them had their last deliveries at home. The reason for delivery at home was question and the responses are tabulated in table 4.77.

Table -4.77. Reason for Home Delivery

S.No.	Attribute	Frequency	Percent
1	Not applicable	318	85.3
2	No transportation	15	4.0
3	Sudden delivery	40	10.7
	Total	**373**	**100.0**

Forty respondents (10.7%) had sudden deliveries and they were not in a situation to rush to hospital. Fifteen respondents (4%) had no transportation facilities to reach the hospital.

ASHA visit after Delivery

Table 4.78 shows the respondents' opinion about the visit of ASHA after delivery.

Table -4.78. ASHA visit after Delivery

S.No.	Attribute	Frequency	Percent
1	Yes	314	84.2
2	No	59	15.8
	Total	**373**	**100.0**

A vast majority of the respondents (84.2%) were met by ASHA after their deliveries and 15.8% of the respondents (15.8%) were not seen by ASHA after their deliveries.

Advice of ASHA about Child Immunization

Table 4.79 shows the views of the respondents about the advice of ASHA about child immunisation.

Table -4.79. Advice of ASHA about Child Immunization

S.No.	Attribute	Frequency	Percent
1	Yes	314	84.2
2	No	59	15.8
	Total	**373**	**100.0**

A large majority of the respondents (84.2%) were advised by ASHA about child immunization. Since 15.8% of the respondents were not met by ASHA and thus they had not received advice from them.

Opinion about Delivery for the Next Pregnancy

Table 4.80 presents the opinion of the respondents about the delivery concerning next pregnancy.

Table -4.80. Opinion of the Respondents about the Delivery for the next pregnancy

S.No.	Attribute	Frequency	Percent
1	Institution	336	90.1
2	Not decided	37	9.9
	Total	**373**	**100.0**

A great majority of the respondents (90.1%) had decided to deliver their next babies in hospitals. 9.9% of the respondents were uncertain.

Performance rating of ASHA

The performance of ASHA was rated by the respondents and the score is tabulated in table 4.81.

Table -4.81. Performance rating of ASHA by the Respondents

S.No.	Attribute	Frequency	Percent
1	Very Poor	40	10.7
2	Poor	75	20.1
3	Neither good nor poor	43	11.5
4	Good	163	43.7
5	Very good	52	13.9
	Total	**373**	**100.0**

Most respondents (43.7%) had rated the performance of ASHA as well (good). One-fifth of the respondents rated the performance of ASHA as poor. 13.9% of the respondents stated that ASHA rendered very good performance. 11.5% of the respondents were uncertain and 10.7% of the respondents had graded the ASHA's performances as very poor.

Satisfaction with the facilities of JSY

Table 4.82 analyses whether the respondents were satisfied with the facilities of JSY.

Table -4.82. Satisfaction with the facilities of JSY

S.No.	Attribute	Frequency	Percent
1	Very dissatisfied	85	22.8
2	Dissatisfied	135	36.2
3	Neither satisfied nor dissatisfied	34	9.1
4	Satisfied	71	19.0
5	Very satisfied	48	12.9
	Total	**373**	**100.0**

A majority of the respondents (59%) were dissatisfied or very dissatisfied with the health facilities of JSY. About 31.9% of the respondents were satisfied or very satisfied with the facilities of JSY. Around 9.1% of the respondents were uncertain.

Extent of ANC and PNC Coverage

Of the 373 JSY beneficiaries, how far ANC and PNC coverage has been reached is analysed in this section. The ANC and PNC responses were computed. Based on the average score, the mean (18.21) and standard deviation (3.42) were calculated. The value obtained from subtracting the mean and the standard deviation was assigned as low (14.8). The value resulted from adding the mean and the standard deviation was scaled as high (21.6). The score between the two ranges was fixed as moderate.

The following table 4.83 shows the extent of ANC and PNC coverage.

Table -4.83. Extent of ANC and PNC Coverage

S.No.	Attribute	Frequency	Percent
1	Low	65	17.4
2	Moderate	241	64.6
3	High	67	18.0
	Total	**373**	**100.0**

A majority of the respondents (64.6%) had received moderate levels of ANC and PNC coverage. 18 percent of the respondents had high levels of ANC and PNC coverage and 17.4% of the respondents had low levels of ANC and PNC coverage.

Level of Knowledge about the Objectives of JSY

The knowledge of the objectives of JSY – promotion of institutional delivery, promotion of safe delivery, reduction of maternal death and reduction of infant death was analysing by employing weighted scores. These variables were computed as a single entity. Based on the average score, the mean (8.00) and standard deviation (2.33) were calculated. The value obtained from subtracting the mean and the standard deviation was assigned as low (5.66). The value resulted from adding the mean and the standard deviation was scaled as high (10.33). The score between the two ranges was secured as moderate.

Table -4.84. Level of Knowledge among the Respondents about the Objectives of JSY

S.No.	Attribute	Frequency	Percent
1	Low	37	9.9
2	Moderate	213	57.1
3	High	123	33.0
	Total	**373**	**100.0**

Most respondents (57.1%) had moderate levels of knowledge of the objectives JSY. 33 percent of the respondents had high levels of understanding of the JSY's objectives. Only 9.9% of the respondents had low levels of knowledge about JSY's objectives.

Level of Awareness about Health and JSY Activities

The 24 variables related to health and JSY activities were computed. Subject to the mean (11.23) and the standard deviation (5.14) values, the low (6.09), the moderate and the high (16.37) scores were weighed for the level of awareness among the respondents about health and JSY activities (shown in table 4.85).

Table -4.85. Level of Awareness among the Respondents about Health and JSY Activities

S.No.	Attribute	Frequency	Percent
1	Low	128	34.3
2	Moderate	189	50.7
3	High	56	15.0
	Total	**373**	**100.0**

Around half of the respondents had moderate levels of awareness about health and JSY activities. 34.3% of the respondents had low levels of awareness about the specified aspect and 15% of the respondents had high levels of awareness about health and JSY activities.

Classification of the Performance of JSY Programme

The 19 variables pertaining to the performance of JSY programme were computed. Based on the mean (14.12) and the standard deviation (8.62) values, the low (5.5), the moderate and the high (22.74) scores were weighed for the classification of the performance of JSY programme (shown in table 4.86).

Table -4.86. Classification of the Performance of JSY Programme

S.No.	Attribute	Frequency	Percent
1	Low	68	18.2
2	Moderate	270	72.4
3	High	35	9.4
	Total	**373**	**100.0**

A distinct proportion of the respondents (72.4%) categorised the performance of JSY programme to moderate degrees. 18.2% of the respondents rated low levels of performance of JSY programme and just 9.4% of the respondents ranked the JSY programme as high.

Mean Difference between the Extent of ANC and PNC Coverage and Socioeconomic Variables

The extent of ANC and PNC coverage is tested with socioeconomic variables – present age group, religion, education, family size, number of children, monthly income of the husbands and occupations using ANOVA and T-test accordingly. Table 4.87 shows the mean difference between the extent of ANC and PNC coverage and socioeconomic variables of the respondents.

Table -4.87. 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			
Education	Upto 5th std	141	1.95	.750	3	ANOVA	*
	6-8th std	83	1.73	.444			
	9-10th std	103	2.03	.169			
	11th - 12th std	46	2.61	.493			
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 of the husbands	Below Rs. 3000	107	1.78	.441	3	ANOVA	*
	Rs.3001-Rs. 5000	40	1.60	.496			
	Rs. 5001-Rs. 7000	210	2.20	.625			
	Rs. 7001 – 10000	16	2.00	.000			
Occupation of the respondents	Home maker	215	1.94	.470	2	ANOVA	**NS**
	Daily labour	142	2.10	.765			
	Business	16	2.00	.000			

* 0.05 level of significance NS – Not significant

The different present age groups of the respondents significantly differed from the extent of ANC and PNC coverage since the p value is lesser than 5% level of significance. Hence, there was a significant mean difference between the present age group of the respondents and the extent of ANC and PNC coverage. The reported

mean and F test shows that the respondents in the present age group of 22-30 years (Mean = 2.12) significantly had moderate levels of ANC and PNC coverage.

In order to find out the mean difference between the religion of the respondents and the extent of ANC and PNC coverage, T-test was administered. Hence, there was a significant mean difference between the religion of the respondents and the extent of ANC and PNC coverage at 5% level. The respondents who were Muslims (Mean = 2.14) had experienced moderate levels of ANC and PNC coverage.

The different educational backgrounds of the respondents significantly differed from the extent of ANC and PNC coverage since the p value is lesser than 5% level of significance. Hence, there was a significant mean difference between the education of the respondents and the extent of ANC and PNC coverage. The respondents who had reached up to higher secondary school education (Mean = 2.61) had experienced moderate levels of ANC and PNC coverage.

To observe the mean difference between the family size of the respondents and the extent of ANC and PNC coverage, ANOVA test was administered. It can be seen the significance level is 0.000 (p=0.000), which is below 0.05. Thus, there was a significant mean difference between the family size of the respondents and the extent 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 number of children of the respondents significantly differed from the extent of ANC and PNC coverage since the p value is lesser than 5% level of significance. Hence, there was a significant mean difference between the number of children of the respondents and the extent of ANC and PNC coverage. The reported

mean and F test shows that the respondents who had 2 children (mean = 2.25) had availed moderate levels of ANC and PNC coverage.

To observe the mean difference between the monthly income of the husbands of the respondents and the extent of ANC and PNC coverage, ANOVA test was administered. It can be seen the significance level is 0.000 (p=0.000), which is below 0.05. Thus, there was a significant mean difference between the monthly income of the husbands of the respondents and the extent of ANC and PNC coverage. The respondents who had their husbands' monthly income in the range of Rs.5001-Rs.7000 (mean = 2.20) had experienced moderate levels of ANC and PNC coverage.

To find out the mean difference between the occupation of the respondents and the extent of ANC and PNC coverage, ANOVA test was administered. It can be seen the significance level greater than 0.05. Thus, there was no significant mean difference between the occupation of the respondents and the extent of ANC and PNC coverage.

Mean Difference between the Extent of ANC and PNC Coverage and Health related Variables

The extent of ANC and PNC coverage is tested with health pertaining variables – number of ANC checkups, number of IFA tablets taken during pregnancy, number of PNC checkups and place of last delivery using ANOVA and T-test. Table 4.88 shows the mean difference between the extent of ANC and PNC coverage and health related variables of the respondents.

Table -4.88. Mean Difference between the Extent of ANC and PNC Coverage and Health related Variables of the Respondents

Variable	Item	N	Mean	Std. Dev	Df	T / ANOVA	Significance
No. of ANC checkups	1 time	19	1.00	.000	3	ANOVA	*
	2 times	15	2.00	.000			
	3 times	139	1.67	.472			
	More than 3 times	200	2.34	.473			
No. of IFA tablets taken	Below 50 tablets	18	2.00	.000	3	ANOVA	*
	50 - 100 tablets	192	1.84	.602			
	100 - 150 tablets	129	2.13	.564			
	150 - 200 tablets	34	2.44	.504			
No. of PNC checkups	1 time	118	1.67	.556	3	ANOVA	*
	2 times	51	2.31	.547			
	3 times	85	2.05	.405			
	More than 3 times	119	2.18	.620			
Place of last delivery	Home	55	1.51	.505	371	T	*
	Institution	318	2.09	.568			

* 0.05 level of significance NS – Not significant

Whether there was a statistically significant difference between the extent of ANC and PNC coverage and the number of ANC checkups underwent by the respondents was analysed. The significance value is below 0.05 and, therefore, there was a statistically significant difference between the extent of ANC and PNC coverage and the number of ANC checkups underwent by the respondents. The respondents who had more than 3 ANC checkups (M = 2.34, SD = 0.473) had ANC and PNC coverage to a better extent.

To find out the statistical mean difference between the extent of ANC and PNC coverage and the number of IFA tablets taken during pregnancy by the respondents, ANOVA test was administered. The significance value is below 0.05 and, therefore, there was a statistically significant difference between the extent of ANC and PNC coverage and the number of IFA tablets taken during pregnancy by the

respondents. The respondents who consumed IFA tables in the range of 150-200 tablets (M = 2.44, SD = 0.504) had moderate levels of ANC and PNC coverage than the respondents who had less than 150 tablets.

A one-way analysis of variance (ANOVA) was calculated on the number of PNC checkups underwent by the respondents to the extent of ANC and PNC coverage. The analysis was significant (<0.05%). Hence, there was a significant mean difference between the number of PNC checkups underwent by the respondents and the extent of ANC and PNC coverage. The respondents who had 2 times of PNC checkups (M = 2.31, SD = 0.547) found the extent of ANC and PNC coverage to a moderate degree than the respondents who had one time or 3 and more times of PNC checkups.

To find out the significant difference between the extent of ANC and PNC coverage and the respondents' place of delivery for their last pregnancies, T-test was conducted. The analysis was significant (<0.05%). Hence, there was a significant mean difference between the number of PNC checkups underwent by the respondents and the extent of ANC and PNC coverage. The respondents who had their last deliveries in the institution (M = 2.09, SD = 0.568) found the extent of ANC and PNC coverage to a moderate degree than the respondents who had their last deliveries at home.

Mean Difference between the Level of Knowledge about the Objectives of JSY and Socioeconomic Variables

The level of knowledge about the objectives of JSY is tested with socioeconomic variables – present age group, religion, education, family size, number of children, monthly income of the husbands and occupations using ANOVA and T-

test accordingly. Table 4.89 shows the mean difference between the level of knowledge among the respondents about the objectives of JSY and socioeconomic variables of the respondents.

Table -4.89. Mean Difference between the Level of Knowledge about the Objectives of JSY and Socioeconomic Variables of the Respondents

Variable	Item	N	Mean	Std. Dev	Df	T / ANOVA	Significance
Present Age Group	Less than 22 years	72	1.79	.409	2	ANOVA	*
	22- 30 years	246	2.35	.639			
	More than 30 years	55	2.27	.449			
Religion	Hindu	157	2.31	.465	371	T	*
	Muslim	216	2.17	.698			
Education	Upto 5th std	141	2.07	.530	3	ANOVA	*
	6-8th std	83	1.99	.724			
	9-10th std	103	2.48	.502			
	11th - 12th std	46	2.61	.493			
Family Size	2–4 members	18	2.00	.000	3	ANOVA	*
	4-6 members	71	2.01	.665			
	6-8 members	176	2.36	.482			
	8 & above	108	2.19	.755			
No. of children	1 child	87	1.83	.380	4	ANOVA	*
	2 children	127	2.24	.732			
	3 children	92	2.20	.399			
	4 children	52	3.00	.000			
	5 children	15	2.00	.000			
Monthly income of the husbands	Below Rs. 3000	107	1.99	.637	3	ANOVA	*
	Rs.3001-Rs. 5000	40	2.00	.000			
	Rs. 5001-Rs. 7000	210	2.34	.607			
	Rs. 7001 – 10000	16	3.00	.000			
Occupation of the respondents	Home maker	215	2.08	.647	2	ANOVA	**NS**
	Daily labour	142	2.37	.485			
	Business	16	3.00	.000			

* 0.05 level of significance NS – Not significant

The different present age groups of the respondents significantly differed from the level of knowledge among the respondents about the objectives of JSY since the p value is lesser than 5% level of significance. Hence, there was a significant mean difference between the different present age groups of the respondents and the level of knowledge among the respondents about the objectives of JSY. The reported mean and F test shows that the respondents who were Hindus (M = 2.31, SD = 0.465) significantly had moderate levels of knowledge of the JSY objectives.

To find out the mean difference between the education of the respondents and the level of knowledge among the respondents about the objectives of JSY, F test was administered. It can be seen the significance level lesser than 0.05. Thus, there was a significant mean difference between the education of the respondents and the level of knowledge among the respondents about the objectives of JSY. The respondents who had their school education up to higher secondary level (M = 2.61, SD = 0.493) were moderately understood the JSY objectives.

To detect the mean difference between the family size of the respondents and the level of knowledge among the respondents about the objectives of JSY, F test was conducted. It can be seen the significance level lesser than 0.05. Thus, there was a significant mean difference between the family size of the respondents and the level of knowledge among the respondents about the objectives of JSY. The respondents who were in a family size of 6-8 members (M = 2.36, SD = 0.482) had moderate levels of knowledge of the JSY objectives.

To examine the mean difference between the number of children of the respondents and the level of knowledge among the respondents about the objectives of JSY, ANOVA test was administered. It can be seen the significance level is 0.000 (p=0.000), which is below 0.05. Thus, there was a significant mean difference

between the number of children of the respondents and the level of knowledge among the respondents about the objectives of JSY. The respondents who had 4 children (M = 3.00, SD = 0.000) had moderate levels of knowledge of JSY objectives.

To observe the mean difference between the monthly income of the husbands of the respondents and the level of knowledge among the respondents about the objectives of JSY, ANOVA test was conducted. It can be seen the significance level is 0.000 (p=0.000), which is below 0.05. Thus, there was a significant mean difference between the monthly income of the husbands of the respondents and the level of knowledge among the respondents about the objectives of JSY. The respondents who had their husbands' monthly income in the range of Rs.7001-Rs.10000 (M = 3.00) had moderate levels of knowledge of JSY objectives.

A one-way analysis of variance (ANOVA) was calculated on the occupation of the respondents to the level of knowledge among the respondents about the objectives of JSY. The analysis was significant (<0.05%). Hence, there was a significant mean difference between the occupation of the respondents and the level of knowledge among the respondents about the objectives of JSY. The respondents who were in business occupations (M = 3.00) had moderate degrees of knowledge about JSY objectives.

Mean Difference between the Level of Knowledge about the Objectives of JSY and Health related Variables

The level of knowledge among the respondents about the objectives of JSY is tested with health pertaining variables – number of ANC checkups, number of IFA

tablets taken during pregnancy, number of PNC checkups and place of last delivery using ANOVA and T-test. Table 4.90 shows the mean difference between the level of knowledge among the respondents about the objectives of JSY and health related variables of the respondents.

The level of knowledge among the respondents about the objectives of JSY insignificantly differed with the number of ANC checkups, the number of IFA tablets taken during pregnancy and the number of PNC checkups.

The respondents' place of last deliveries significantly differed from the level of knowledge among the respondents about the objectives of JSY since the p value is lesser than 5% level of significance. Hence, there was a significant mean difference between the respondents' place of last deliveries and the level of knowledge among the respondents about the objectives of JSY. The reported mean and F test shows that the respondents who had institutional deliveries in their last pregnancies (M = 2.27, SD = 0.657) had moderate levels of knowledge of JSY objectives.

Table -4.90. Mean Difference between the Level of Knowledge about the Objectives of JSY and Health related Variables of the Respondents

Variable	Item	N	Mean	Std. Dev	Df	T / ANOVA	Significance
No. of ANC checkups	1 time	19	2.00	.012	3	ANOVA	**NS**
	2 times	15	2.00	.303			
	3 times	139	2.25	.707			
	More than 3 times	200	2.20	.632			
No. of IFA tablets taken	Below 50 tablets	18	2.00	.001	3	ANOVA	**NS**
	50 - 100 tablets	192	2.20	.422			
	100 - 150 tablets	129	2.29	.951			
	150 - 200 tablets	34	2.00	.000			
No. of PNC checkups	1 time	118	2.09	.570	3	ANOVA	**NS**
	2 times	51	2.37	.799			
	3 times	85	2.28	.478			
	More than 3 times	119	2.27	.634			
Place of last delivery	Home	55	2.00	.000	371	T	*
	Institution	318	2.27	.657			

Mean Difference between the Level of Awareness about the Health and JSY and Socioeconomic Variables

The level of awareness among the respondents about the health and JSY is tested with socioeconomic variables – present age group, religion, education, family size, number of children, monthly income of the husbands and occupations using ANOVA and T-test accordingly. Table 4.91 shows the mean difference between the

level of awareness among the respondents about the health and JSY and socioeconomic variables of the respondents.

The different present age groups of the respondents significantly differed from the level of awareness among the respondents about the health and JSY since the p value is lesser than 5% level of significance. Hence, there was a significant mean difference between the present age group of the respondents and the level of awareness among the respondents about the health and JSY. The reported mean and F test shows that the respondents in the present age group of more than 30 years (M = 2.45, SD = 0.503) significantly had moderate levels of awareness about the health and JSY.

In order to find out the mean difference between the religion of the respondents and the level of awareness among the respondents about the health and JSY, T-test was administered.

Table -4.91. Mean Difference between the Level of Awareness about the Health and JSY and Socioeconomic Variables of the Respondents

Variable	Item	N	Mean	Std. Dev	Df	T / ANOVA	Significance
Present Age Group	Less than 22 years	72	1.35	.479	2	ANOVA	*
	22- 30 years	246	1.80	.645			
	More than 30 years	55	2.45	.503			
Religion	Hindu	157	2.04	.688	371	T	*
	Muslim	216	1.64	.617			
Education	Upto 5th std	141	1.79	.615	3	ANOVA	*
	6-8th std	83	2.22	.842			
	9-10th std	103	1.57	.497			
	11th - 12th std	46	1.63	.532			
Family Size	2–4 members	18	1.00	.000	3	ANOVA	*
	4-6 members	71	2.56	.499			
	6-8 members	176	1.72	.611			
	8 & above	108	1.58	.514			
No. of children	1 child	87	1.63	.764	4	ANOVA	*
	2 children	127	1.37	.501			
	3 children	92	2.43	.498			
	4 children	52	2.00	.000			
	5 children	15	2.00	.000			
Monthly income of the husbands	Below Rs. 3000	107	1.71	.701	3	ANOVA	*
	Rs.3001-Rs. 5000	40	2.62	.490			
	Rs. 5001-Rs. 7000	210	1.69	.608			
	Rs. 7001 – 10000	16	2.00	.000			
Occupation of the respondents	Home maker	215	1.68	.599	2	ANOVA	*
	Daily labour	142	1.98	.776			
	Business	16	2.00	.000			

Hence, there was a significant mean difference between the religion of the respondents and the level of awareness among the respondents about the health and

JSY at 5% level. The respondents who were Hindus (M = 2.04, SD = 0.688) significantly had moderate levels of awareness about the health and JSY.

The different educational backgrounds of the respondents significantly differed from the level of awareness among the respondents about the health and JSY since the p value is lesser than 5% level of significance. Hence, there was a significant mean difference between the education of the respondents and the level of awareness among the respondents about the health and JSY. The reported mean and F test shows that the respondents who had education up to middle school levels (M = 2.22, SD = 0.842) significantly had moderate levels of awareness about health and JSY.

To observe the mean difference between the family size of the respondents and the level of awareness among the respondents about the health and JSY, ANOVA test was administered. It can be seen the significance level is 0.000 (p=0.000), which is below 0.05. Thus, there was a significant mean difference between the family size of the respondents and the level of awareness among the respondents about the health and JSY. The respondents who had 4-6 family members (M = 2.56, SD = 0.499) considerably had moderate levels of awareness about health and JSY.

The number of children of the respondents significantly differed from the level of awareness among the respondents about the health and JSY since the p value is lesser than 5% level of significance. Hence, there was a significant mean difference between the number of children of the respondents and the level of awareness among the respondents about the health and JSY. The reported mean and F test shows that the respondents who had 3 children (M = 2.43, SD = 0.498) meaningfully had moderate degrees of awareness about health and JSY.

To observe the mean difference between the monthly income of the husbands of the respondents and the level of awareness among the respondents about the health and JSY, ANOVA test was administered. It can be seen the significance level is 0.000 (p=0.000), which is below 0.05. Thus, there was a significant mean difference between the monthly income of the husbands of the respondents and the level of awareness among the respondents about the health and JSY. The respondents who had their husbands' monthly income in the range of Rs.3001-Rs.5000 (M = 2.62, SD = 0.490) were aware of health and JSY to moderate levels.

To find out the mean difference between the occupation of the respondents and the level of awareness among the respondents about the health and JSY, ANOVA test was administered. It can be seen the significance level lesser than 0.05. Thus, there was a significant mean difference between the occupation of the respondents and the level of awareness among the respondents about the health and JSY.

Mean Difference between the Level of Awareness about Health and JSY and Health related Variables

The level of awareness among the respondents about the health and JSY is measured against health pertaining variables – number of ANC checkups, number of IFA tablets taken during pregnancy, number of PNC checkups and place of last delivery using ANOVA and T-test. Table 4.92 shows the mean difference between the level of awareness among the respondents about the health and JSY and health related variables of the respondents.

Whether there was a statistically significant difference between the level of awareness among the respondents about the health and JSY and the number of ANC checkups underwent by the respondents was analysed. The significance value is below 0.05 and, therefore, there was a statistically significant difference between the level of awareness among the respondents about the health and JSY and the number of ANC checkups underwent by the respondents. The respondents who had more than 3 ANC checkups (M = 2.40, SD = 0.491) had moderate levels of awareness about the health and JSY.

To find out the statistical mean difference between the level of awareness among the respondents about the health and JSY and the number of IFA tablets taken during pregnancy by the respondents, ANOVA test was administered. The significance value is below 0.05 and, therefore, there was a statistically significant difference between the level of awareness among the respondents about the health and JSY and the number of IFA tablets taken during pregnancy by the respondents. The respondents who consumed IFA tables in the range of 150-200 tablets (M = 2.44, SD = 0.504) had moderate levels of awareness about the health and JSY than the respondents who had less than 150 tablets.

Table -4.92. Mean Difference between the Level of Awareness about the Health and JSY and Health related Variables of the Respondents

Variable	Item	N	Mean	Std. Dev	Df	T / ANOVA	Significance
No. of ANC checkups	1 time	19	1.00	.000	3	ANOVA	*
	2 times	15	2.00	.000			
	3 times	139	2.40	.491			
	More than 3 times	200	1.46	.510			
No. of IFA tablets taken	Below 50 tablets	18	1.00	.000	3	ANOVA	*
	50 - 100 tablets	192	1.83	.750			
	100 - 150 tablets	129	1.72	.467			
	150 - 200 tablets	34	2.44	.504			
No. of PNC checkups	1 time	118	2.07	.748	3	ANOVA	*
	2 times	51	1.51	.612			
	3 times	85	1.74	.601			
	More than 3 times	119	1.72	.596			
Place of last delivery	Home	55	1.65	.449	371	T	*
	Institution	318	2.73	.574			

A one-way analysis of variance (ANOVA) was calculated on the number of PNC checkups underwent by the respondents to the level of awareness among the respondents about the health and JSY. The analysis was significant (<0.05%). Hence, there was a significant mean difference between the number of PNC checkups underwent by the respondents and the level of awareness among the respondents about the health and JSY. The respondents who had 1 time of PNC checkups (M = 2.07, SD = 0.748) significantly had moderate degrees of awareness about the health and JSY.

To find out the significant difference between the level of awareness among the respondents about the health and JSY and the respondents' place of delivery for their last pregnancies, T-test was conducted. The analysis was significant (<0.05%). Hence, there was a significant mean difference between the number of PNC checkups underwent by the respondents and the level of awareness among the respondents about the health and JSY. The respondents who had their last deliveries in the institution (M = 2.73, SD = 0.574) considerably had moderate levels of consciousness about the health and JSY programmes.

Mean Difference between the Classification of the Performance of JSY and Socioeconomic Variables

The classification of the performance of JSY perceived by the respondents is tested with socioeconomic variables – present age group, religion, education, family size, number of children, monthly income of the husbands and occupations using ANOVA and T-test accordingly. Table 4.93 demonstrates the mean difference between the classification of the performance of JSY perceived by the respondents and socioeconomic variables of the respondents.

The different present age groups of the respondents significantly differed from the classification of the performance of JSY perceived by the respondents since the p value is lesser than 5% level of significance. Hence, there was a significant mean difference between the different present age groups of the respondents and classification of the performance of JSY perceived by the respondents. The reported

mean and F test shows that the respondents who were above 30 years of age (M = 2.09, SD = 0.290) classified the performance of JSY to moderate degrees.

In order to find out the significant mean difference between the classification of the performance of JSY perceived by the respondents and the religion of the respondents, T-test was conducted. The level of significance was lower than 5%. Thus, there was a significant mean difference between the classification of the performance of JSY perceived by the respondents and the religion of the respondents. The respondents who were Hindus (M = 2.03, SD = 0.473) significantly viewed the performance of JSY to moderate degrees.

To find out the mean difference between the education of the respondents and significant mean difference between the classification of the performance of JSY perceived by the respondents and the religion of the respondents, F test was administered. It can be seen the significance level lesser than 0.05. Thus, there was a significant mean difference between the education of the respondents and significant mean difference between the classification of the performance of JSY perceived by the respondents and the religion of the respondents. The respondents who had left their school education at primary school levels (M = 2.00, SD = 0.463) substantially graded the performance of JSY to moderate levels.

Table -4.93. Mean Difference between the Classification of the Performance of JSY Programme and Socioeconomic Variables of the Respondents

Variable	Item	N	Mean	Std. Dev	Df	T / ANOVA	Significance
Present Age Group	Less than 22 years	72	1.68	.470	2	ANOVA	*
	22- 30 years	246	1.94	.550			
	More than 30 years	55	2.09	.290			
Religion	Hindu	157	2.03	.473	371	T	*
	Muslim	216	1.82	.534			
Education	Upto 5th std	141	2.00	.463	3	ANOVA	*
	6-8th std	83	1.98	.715			
	9-10th std	103	1.77	.425			
	11th - 12th std	46	1.85	.363			
Family Size	2–4 members	18	1.61	.502	3	ANOVA	*
	4-6 members	71	2.28	.453			
	6-8 members	176	1.91	.500			
	8 & above	108	1.71	.454			
No. of children	1 child	87	1.91	.658	4	ANOVA	*
	2 children	127	1.65	.480			
	3 children	92	2.22	.415			
	4 children	52	2.00	.000			
	5 children	15	2.00	.000			
Monthly income of the husbands	Below Rs. 3000	107	1.80	.665	3	ANOVA	*
	Rs.3001-Rs. 5000	40	2.12	.335			
	Rs. 5001-Rs. 7000	210	1.92	.467			
	Rs. 7001 – 10000	16	2.00	.000			
Occupation of the respondents	Home maker	215	1.82	.535	2	ANOVA	*
	Daily labour	142	2.04	.497			
	Business	16	2.00	.000			

To detect the mean difference between the family size of the respondents and the classification of the performance of JSY perceived by the respondents, F test was conducted. It can be seen the significance level lesser than 0.05. Thus, there was a

significant mean difference between the family size of the respondents and the classification of the performance of JSY perceived by the respondents. The respondents who were in a family size of 4-6 members (M = 2.28, SD = 0.453) had moderately weighed the performance of JSY.

To examine the mean difference between the number of children of the respondents and the classification of the performance of JSY perceived by the respondents, ANOVA test was administered. It can be seen the significance level is 0.000 (p=0.000), which is below 0.05. Thus, there was a significant mean difference between the number of children of the respondents and the classification of the performance of JSY perceived by the respondents. The respondents who had 3 children (M = 2.22, SD = 0.415) measured the performance of JSY to moderate degrees.

To observe the mean difference between the monthly income of the husbands of the respondents and the classification of the performance of JSY perceived by the respondents, ANOVA test was conducted. It can be seen the significance level is 0.000 (p=0.000), which is below 0.05. Thus, there was a significant mean difference between the monthly income of the husbands of the respondents and the classification of the performance of JSY perceived by the respondents. The respondents who had their husbands' monthly income in the range of Rs.3001-Rs.5000 (M = 2.12) viewed the performance of JSY to moderate levels.

A one-way analysis of variance (ANOVA) was calculated on the occupation of the respondents to the classification of the performance of JSY perceived by the respondents. The analysis was significant (<0.05%). Hence, there was a significant mean difference between the occupation of the respondents and the classification of

the performance of JSY perceived by the respondents. The respondents who were daily labourers (M = 2.04, SD = 0.497) perceived that JSY programme was moderately carried out.

Mean Difference between the Classification of the Performance of JSY and Health related Variables

The classification of the performance of JSY perceived by the respondents is tested with health pertaining variables – number of ANC checkups, number of IFA tablets taken during pregnancy, number of PNC checkups and place of last delivery using ANOVA and T-test. Table 4.94 projects the mean difference between the classification of the performance of JSY perceived by the respondents and health related variables of the respondents.

Whether there was a statistically significant difference between the classification of the performance of JSY perceived by the respondents and the number of ANC checkups underwent by the respondents was analysed. The significance value is below 0.05 and, therefore, there was a statistically significant difference between the classification of the performance of JSY perceived by the respondents and the number of ANC checkups underwent by the respondents. The respondents who had 3 ANC checkups (M = 2.5, SD = 0.436) moderately classified the performance of JSY.

To find out the statistical mean difference between the classification of the performance of JSY perceived by the respondents and the number of IFA tablets taken during pregnancy by the respondents, ANOVA test was administered. The significance value is below 0.05 and, therefore, there was a statistically significant difference between the classification of the performance of JSY perceived by the

respondents and the number of IFA tablets taken during pregnancy by the respondents. The respondents who consumed IFA tables in the range of 150-200 tablets (M = 2.44, SD = 0.504) had perceived the performance of JSY to moderate levels.

Table -4.94. Mean Difference between the Classification of the Performance of JSY Programme and Health related Variables of the Respondents

Variable	Item	N	Mean	Std. Dev	Df	T / ANOVA	Significance
No. of ANC checkups	1 time	19	1.63	.496	3	ANOVA	*
	2 times	15	2.00	.000			
	3 times	139	2.25	.436			
	More than 3 times	200	1.70	.462			
No. of IFA tablets taken	Below 50 tablets	18	1.61	.502	3	ANOVA	*
	50 - 100 tablets	192	1.94	.514			
	100 - 150 tablets	129	1.77	.424			
	150 - 200 tablets	34	2.44	.504			
No. of PNC checkups	1 time	118	2.05	.568	3	ANOVA	*
	2 times	51	1.73	.568			
	3 times	85	1.89	.437			
	More than 3 times	119	1.87	.468			
Place of last delivery	Home	55	2.36	.485	371	T	**NS**
	Institution	318	1.83	.484			

A one-way analysis of variance (ANOVA) was calculated on the number of PNC checkups underwent by the respondents to the classification of the performance of JSY perceived by the respondents. The analysis was significant (<0.05%). Hence, there was a significant mean difference between the number of PNC checkups underwent by the respondents and the extent of ANC and PNC coverage. The

respondents who had 2 times of PNC checkups (M = 2.05, SD = 0.568) scored the performance of JSY to moderate degrees.

To find out the significant difference between the classification of the performance of JSY perceived by the respondents and the respondents' place of delivery for their last pregnancies, T-test was conducted. The analysis was significant (<0.05%). Hence, there was a significant mean difference between the number of PNC checkups underwent by the respondents and the classification of the performance of JSY perceived by the respondents. The respondents who had their last deliveries at home (M = 2.36, SD = 0.485) and missed the chances for delivery at the hospital scaled the performance of JSY to moderate levels.

Mean and Standard Deviation for the Four Major Aspects

Table 4.95 represents the mean and the standard deviation for weighing scores for the 4 major aspects of this study - the extent of ANC and PNC coverage, the level of knowledge about the objectives of JSY, the level of awareness about health and JSY and the classification of the performance of JSY.

Table -4.95: Mean and Standard Deviation for the Four Major Aspects of the Study

Variables	N	Mean	SD
Extent of ANC and PNC Coverage	373	18.21	3.42
Level of knowledge about the objectives of JSY	373	8.00	2.33
Level of awareness about health and JSY activities	373	11.23	5.14
Classification of the performance of JSY programme	373	14.12	8.62

Comparatively, the means of the classification of the performance of JSY programme had the highest values (14.12) than the other three components. It is observed that the variation of the attributes of the extent of ANC and PNC coverage was the highest than other components.

Correlations among the Four Major Aspects

The correlations among the 4 major aspects of this study - the extent of ANC and PNC coverage, the level of knowledge about the objectives of JSY, the level of awareness about health and JSY and the classification of the performance of JSY are analysed using the Pearson correlation test and presented in table 4.96.

Table -4.96. Correlations among the Four Major Aspects of the Study

		1	2	3	4
1. Extent of ANC and PNC coverage	Pearson Correlation	1	.408**	-.204**	-.138**
	Sig. (2-tailed)		.000	.000	.008
	N	373	373	373	373
2. Level of knowledge of objectives of JSY	Pearson Correlation	.408**	1	.095	.182**
	Sig. (2-tailed)	.000		.068	.000
	N	373	373	373	373
3. Level of awareness about Health and JSY	Pearson Correlation	-.204**	.095	1	.725**
	Sig. (2-tailed)	.000	.068		.000
	N	373	373	373	373
4. Classification of the performance of JSY	Pearson Correlation	-.138**	.182**	.725**	1
	Sig. (2-tailed)	.008	.000	.000	
	N	373	373	373	373

**. Correlation is significant at the 0.01 level (2-tailed).

There was a significant positive correlation between the extent of ANC and PNC coverage and the level of knowledge of the objectives of JSY (r = 0.408, N = 373, p = 0.000 and 2 tailed) at 1% level.

There was a significant negative correlation between the extent of ANC and PNC coverage and the level of awareness among the respondents about health and JSY (r = -0.204, N = 373, p = 0.000 and 2 tailed) at 1% level.

There was a significant negative correlation between the extent of ANC and PNC coverage and the classification of the performance of JSY (r = -0.138, N = 373, p = 0.000 and 2 tailed) at 1% level.

There was a significant positive correlation between the level of knowledge of the objectives of JSY and the classification of the performance of JSY (r = 0.182, N = 373, p = 0.000 and 2 tailed) at 1% level.

There was a significant positive correlation between the level of awareness about health and JSY and the classification of the performance of JSY (r = 0.725, N = 373, p = 0.000 and 2 tailed) at 1% level.

Table -4.97. Year wise No. of Institutional Deliveries in Karimganj District

Year	No of Institutional Deliveries
2007-2008	7758
2008-2009	7957
2009-2010	11090
2010-2011	12090
2011-2012	13697

2012-2013	15080
2013-2014	16332
2014-2015	17605
2015-2016	18137
2016-2017	18746

Source : Joint Director of Health Services , District Health Society , Karimganj

It is observed that the number of institutional delivery are increasing day by day in Karimganj district . As both ASHA and ANM are performing well in their respective villages and creating awareness among people about JSY .JSY is getting popular day by day and rural people are significantly benefited by this scheme.

Table -4.98. Reason for home delivery at reported by ASHA , ANM , MO

S .No.	Reason for home delivery
1	Transport Problem because of remote areas
2	Dependence on the husband and other family members for the final decision
3	poor socioeconomic condition and lack of money for transport
4	Negative attitude towards the quality of services provided at the hospital to some extent
5	long distances
6	Traditional views and Positive attitude towards TBA
7.	lack of knowledge and awareness about institutional delivery
8.	Fear of increased chance of having a caesarean delivery at hospital.
9.	Sudden onset of labour, tradition and cultures and the pattern of decision-making power within the household , delay in decision making

Source : Joint Director of Health Services , District Health Society , Karimganj

Table -4.99. Trend of JSY beneficiary in Karimganj District (HMIS Report)

Year	Number of JSY beneficiary
2005-06	428
2006-07	5,316
2007-08	7,228
2008-09	6,894
2009-10	9,791
2010-11	11,279
2011-12	1 2,350
2012-13	14,110
2013-14	15,084
2014-15	15,703
2015-16	15,800
2016-17	14,805

Source : Health Management Information Systems (**HMIS**)

Table -4.100. Maternal Mortality Rate in Karimganj District

Year	MMR
2010- 2011	347
2011-2012	288
2012-2013	281

Source : Joint Director of Health Services , District Health Society , Karimganj

Table -4.101. Comparative situation analysis of the district in terms of health indicators

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 -4.102. Causes of Maternal Mortality in Karimganj district

As per the data received from the district health officials the main reasons for maternal mortality in Karimganj are as follows :

S.I No	Causes	Percent
1	Anemia	40%
2	Hypertensive disorder (Eclampsia, obstructed labour)	12%
3	PPH	8%
4	Prolonged labour	18%
5	Sepsis	7%
6	Others	15%

Source : Joint Director of Health Services , District Health Society , Karimganj

Table -4.102. Year wise Maternal Mortality in Karimganj District

Year	Maternal Death
2012-2013	66
2013-2014	56
2014-2015	39
2015-2016	28
2016-2017	24

Source : Joint Director of Health Services , District Health Society , Karimganj

It is seen that maternal mortality has been decreasing in Karimganj district as the number of institutional delivery has increased due to JSY. ASHAs and ANMs are timely identifying the pregnant women for early registration and ensuring three three antenatal and one post-natal visit and finding out the risk factors and possible complications. The JSY integrates three pregnancy related benefits: (i) antenatal care, (ii) institutionalized delivery, and (iii) postpartum care,and providing referral and referral transport to ANC in need and all these administered in a health facility. So the maternal death has been reducing in Karimganj district and block programme management unit as well as district programme management unit are also timely monitoring the scheme for highest possible outcome of JSY.