

AWARENESS AND EFFECT OF JANANI SURAKSHA YOJANA ON ANTENATAL CARE AND INSTITUTIONAL DELIVERIES IN RURAL, URBAN & TRIBAL AREAS OF AHMEDNAGAR DISTRICT

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ABSTRACT

Janani Suraksha Yojana (JSY) is a centrally sponsored scheme which is being implemented with the objective of reducing maternal and infant mortality by promoting institutional delivery among pregnant women. The Government of India introduced the JSY (safe motherhood program) based on the principles of CCT. Under JSY, cash assistance was given to pregnant women receiving at least three antenatal check-ups (ANCs) and delivering at institutions. The study is undertaken to establish if there is any co-relation of level of awareness about the scheme and its impact on ANC and institutional deliveries in the rural, urban and tribal area of Ahmednagar district. Method: The JSY beneficiaries were asked demographic characteristics, area of residency, educational levels, Category and place of delivery were noted. A set of question (self-designed and pretested) and their responses were noted. Result: Out of 825 JSY beneficiaries, there were total 781 (94.7%) Hindu, Muslim 23(2.8%) and Christian 21 (2.5%) beneficiaries. Majority of Hindu religion JSY beneficiaries. Only few member from BPL JSY beneficiaries have opted for delivery at private hospital. Maximum deliveries taking place in civil hospital are from BPL category. It was observed that the awareness level about JSY is low in tribal area compared to the rural and urban area. It was also seen that 648 (78.54%) JSY beneficiaries availed free transport facility out of which 358 (55.24%) fall in high level of awareness category. There is a positive relation between age group and awareness about JSY. Conclusion: 46.8% women with high awareness about JSY scheme, it is a programme for pregnant women which aims at safe institutional delivery. Other factors such as education of mother, religion, culture, area of residence, family type played important role in utilization of available maternal health scheme.

Keywords: Janani Suraksha Yojana; Antenatal check-ups; National Rural Health Mission; Below poverty line.

INTRODUCTION

Reducing maternal mortality and neonatal mortality is key role of reproductive and child health programme under National Rural Health Mission (NRHM) [1, 2]. Several initiatives have been launched by Ministry of Health and Family Welfare (MoHFW) under the mission including Janani Suraksha Yojana (JSY), a key intervention that has resulted a phenomenal growth in Institutional deliveries with more than one crore women being benefited from the scheme annually [2].

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NRHM) being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women. The scheme is launched on 12th April 2005 with an objective of reducing MMR and IMR by promoting institutional deliveries. Janani Suraksha Yojana was launched in April 2005 by modifying the National Maternity Benefit Scheme (NMBS) [3]. The NMBS came into effect in August 1995 as one of the components of the National Social Assistance Programme (NSAP) [4]. The NMBS provides for financial assistance of Rs. 500/

- per birth up to two live births to the pregnant women who have attained 19 years of age and belong to the below poverty line (BPL) households. When JSY was launched the financial assistance of Rs. 500, which was available uniformly throughout the country to BPL pregnant women under NMBS, was replaced by graded scale of assistance based on the categorization of States as well as whether beneficiary was from rural/urban area.

Eligibility Criteria for JSY Beneficiary: Rs. 700 cash benefit is given to the BPL pregnant mother from SC/ST category residing in RURAL area if she delivers in government institute or private institute identified for JSY, situated in rural or urban area.

Rs. 600 cash benefit is given to the BPL pregnant mother from SC/ST category residing in URBAN area if she delivers in government institute or private institute identified for JSY, situated in rural or urban area. Rs. 500 cash benefit is given to the BPL pregnant mother residing in rural or urban area if she delivers at home. Maximum Rs. 1500 cash benefit can be utilized by public health institutions for hiring services of specialist from private sector.

Aim: To study the awareness and effect of Janani Suraksha Yojana its impact on antenatal care and institutional delivery in rural, urban and tribal beneficiaries of Ahmednagar district.



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MATERIAL AND METHODS

Study design: The present descriptive, cross sectional study

Ethics approval: The study was approved by Institutional ethics committee and informed consent was obtained from the participants.

Study place: Study done in three cluster, one each identified in Rural, Urban and Tribal area of Ahmednagar district in collaboration with the Department of Community Medicine, at Pravara Rural Hospital, Loni.

Study duration: The study was carried from September 2016 to October 2018.

Same size: We used a stratified purposive sampling strategy to identify eligible participants. A total of 825 JSY beneficiaries were enrolled in this study. Equal no of beneficiaries was enrolled from each one block i.e. 275 from Rural block, 275 from Tribal block and 275 from Urban block.

Methodology

Following Research Question was framed: What is the level of awareness of Janani Suraksha Yojana (JSY) among the rural, tribal and urban beneficiaries and its effect on the ANC and institutional delivery?

The JSY beneficiaries were asked demographic characteristics, area of residency, educational levels, Category and place of delivery were noted. A set of question (self-designed and pretested) and their responses were noted. For each correct answer they were given 3 marks, for partial correct answer 2 marks and no response or incorrect answer 1 mark.

Statistical analysis: The marks so obtained were used to estimate level of awareness about JSY. The data was analysed using SPSS v23 and Microsoft Excel software.

RESULTS

Table 1. Distribution of JSY beneficiaries according to the category

Category	No of beneficiaries (%)
SC	287 (34.8)
ST	377 (45.7)
BPL	161 (19.5)
Total	825

It was observed that 524 (63.5%) JSY beneficiaries are in the age group of 18 to 24 years. 297 beneficiaries (36%) are in the age group of 25 to 30 years and only 4 beneficiaries are 30 years and above.

After analyzing the above data in SPSS v23 for Chi-square test, it was observed that $CVC (127.056) > TVC (38.89)$, therefore there is a positive relation between Age group and awareness about JSY.

Out of 825 JSY beneficiaries, there were total 781 (94.7%) Hindu JSY beneficiaries. The Muslim 23 (2.8%) and Christian 21 (2.5%) beneficiaries were fewer in number compared to majority of Hindu religion JSY beneficiaries.

Table 2. Category and place of delivery

Delivery place	Category		
	SC	ST	BPL
Home	0	7	3
Sub centre	11	44	7
PHC	45	84	20
Rural Hospital	20	77	19
Civil hospital	54	44	82
Corporative hospital	1	6	7
Private hospital	156	115	23
	287	377	161

Table no 4 data shows the area of residence of JSY beneficiary and their awareness level about JSY. It was observed that the awareness level about JSY is low in tribal area compared to the rural and urban area. The JSY beneficiaries residing in urban area have highest awareness about Janani Suraksha Yojana.

Table 3. Area of residence and awareness level of JSY beneficiaries.

Residence area	AWARENESS LEVEL		
	Low	Medium	High
Rural	42	129	104
Urban	21	44	210
Tribal	87	116	72

Table 4. ANC Registration and awareness level of JSY beneficiaries.

ANC Registration	Awareness Level			
	Low	Medium	High	Total
First	74	189	329	592
Second	54	75	55	184
Third	22	25	2	49
Total	150	289	386	825

DISCUSSION

A study by Kshual et al [4] single female knew the JSY scheme, 76% of the study subjects were aware about the fact that there is provision of benefit by the Government for those females who deliver in a public health facility. Out of total study subjects about 50% were aware about the correct amount i. e. Rs. 1400/- are paid to the beneficiary by this scheme.

The data in table no 4 shows the level of awareness among JSY beneficiaries and the trimester in which they got registered. It was found that those JSY beneficiaries who registered in FIRST trimester (55.57%) are having high level of awareness about JSY. There were total 2

(4.08%) JSY beneficiaries who registered late in third trimester have high level of awareness about JSY. It was observed that early ANC registration has positive relation about awareness of JSY.

Study findings of Bharat et al suggests that, the cash incentive itself was insufficient to induce the expected behaviour change or there were other barriers to accessing institutional care that outweighed the benefit of the cash incentive in poor areas [5].

The percentage of women who went for three or more than three ANC checkups was also reported to be high in West Bengal (97.8), Assam (89.6), Orissa (83%) and comparatively low in U.P, M.P and Rajasthan [6].

In rural area the low levels of information communication and education activities with emphasis on MCH is associated with lower utilization of the JSY and On the other hand, high focus states were 59 percent of the women aware of the JSY [7].

In the present study, it was observed that the fewer BPL JSY beneficiaries have opted for delivery at private hospital. Maximum deliveries taking place in civil hospital are from BPL category. All the 10 home deliveries are either of ST or BPL beneficiaries. It was also observed that maximum home deliveries took place in tribal area while civil hospital contributed for maximum institutional deliveries in the urban area. Also, in rural and tribal area, the majority of deliveries took place in private hospitals. While 2 tribal beneficiaries delivered in urban area hospital. Rural hospital also seems supporting PHC in a better way in improving institutional deliveries.

Several studies have found that cash incentive was associated with decrease in neonatal death rate and increases in facility-based births, improvement in immunization rates and breastfeeding practices [8,9].

Implementation of JSY in 2007–08 was highly variable by state from less than 5% to 44% of women giving birth receiving cash payments from JSY [10]

In the present study It was also seen that 648 (78.54%) JSY beneficiaries availed free transport facility out of which 358 (55.24%) fall in HIGH level of awareness category. Those 143 (80.79%) JSY beneficiaries who did not avail free transport facility fall into LOW level of awareness category.

CONCLUSIONS

The awareness of JSY has positive effect on ANC and it resulted in increase in institutional deliveries in the district. In the present study, 46.8% women with high awareness knowledge about JSY were aware that, there is a programme for pregnant women which aims at safe institutional delivery. Other factors such as education of mother, religion, culture, area of residence, family type played important role in utilization of available maternal health scheme.

Janani suraksha yojana: Though providing cash incentives, like free transport facilities are certainly important factors for increased institutional deliveries. Overall increased awareness about scheme and health care among all, improved health care facilities made accessible to poor. Definitely, awareness level has posi-

tively affected on increase in number of institutional deliveries by utilization of services deliveries conducted by doctors.

REFERENCES

1. Press Information Bureau Government of India Ministry of Health and Family Welfare. Janani Suraksha Yojana. Available at: <http://pib.nic.in/newsite/PrintRelease.aspx?relid=106950> Accessed on 23rd Mar 2018
2. National Helath Mission. Ministry of Health & family welfare GOI. [Online] 2018. Avialable at: <http://www.nhm.gov.in/nrhm-components/rmnc-h-a/maternal-health/guidelines.html>. Accessed on 15th Jan 2018
3. Welfare, Ministry of Health and Family. Avialble at <https://mohfw.gov.in/>. [Online] Accessed 13 Jan 2018
4. Kaushik A, Mishra CP, Kesharwani P, Richa, Hussain MA Awareness about jsy among reproductive age women in a rural area of Varanasi. *Indian J. Prev. Soc. Med.* 2010;41(3 & 4):158-61
5. Bharat Randive, Miguel San Sebastian, AyeshaDe Costa, LarsLindholm. Inequalities in institutional delivery uptake and maternal mortality reduction in the context of cash incentive program, *Janani Suraksha Yojana: Results from nine states in India.* *Social Science & Medicine.* 2014;123:1-6
6. Sharma P, Semwal J, Kishore S. A comparative study of utilization of Janai Suraksha Yojana in rural areas and urban slums. *Indian J Comm Health.* 2011;22(2,1):11-14
7. UNICEF coverage evaluation survery (CES 2009). All india report, New Delhi 2009
8. Randive, V. Diwan, A. De CostaIndia's conditional cash transfer programme (the JSY) to promote institutional birth: is there an association between institutional birth proportion and maternal mortality? *PLoS One* 2013;8 (6): e67452
9. Gupta SK, Pal DK, Tiwari R, Garg R, Shrivastava AK, Sarawagi R, et al.Impact of Janani Suraksha Yojana on institutional delivery rate and maternal morbidity and mortality: an observational study in India. *J. Health, Popul. Nutr.*2012;30 (4):464
10. Stephen Slim,Lalit Dandona, Joseph A, Hoisington BS, Spencer L, James BS, et al. India's Janani Suraksha Yojana, a conditional cash transfer programme to increase births in health facilities: an impact evaluation. *The Lancet.*2010; 375 (9730):2009-23