
Appraisal of Janani Suraksha Yojana (JSY) in Bidar District (Karnataka): Knowledge, Attitude and Utilization Pattern of the Beneficiaries

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Abstract: *The Janani Suraksha Yojna (JSY) is a government of India's vital scheme for speedy decreasing maternal and infant mortality rates with a precise focus on increasing institutional and safe deliveries for the families belong to the below poverty line (BPL) category. This study is basically a cross-sectional community based survey done in Bidar district (North Karnataka) of JSY beneficiary using random sampling on a population proportionate basis. Through this study, Socio-demographic factors, antenatal services availed and stake holders' opinions were studied using scheduled questionnaires. This study has found that there is a requirement to create more awareness among rural population about the utilization of this JSY scheme. Stake holders should also take action for implementation process. Targeting remote areas, SC./ST population, special measures and encouraging more antenatal visits are necessary, prerequisites to get better impact out of JSY is need of the hour. This paper is based on the series of studies conducted in the selected district in Karnataka under ICMR funded project.*

Key Words: *The Janani Suraksha Yojna, Antenatal Awareness, Safe Delivery for BPL Women*

Introduction

Infant and maternal mortality are the two key indicators of any society. Towards achieving the objectives of the National Rural Health Mission (NRHM), Janani Suraksha Yojana was launched in April 2005 to promote institutional deliveries among the poor population, through provision of referral, transport, and escort services. In 2005 the National Rural Health Mission (NRHM) introduced the Janani Suraksha Yojana (JSY) with the purpose of plummeting maternal and neonatal mortality by promoting institutional delivery among poor women focusing rural parts. With the key purpose of JSY is to reduce maternal and infant mortality by supporting pregnant women to deliver in hospitals, Janani Suraksha Yojana (JSY) programme implemented through National Rural Health Mission (NRHM) scheme in

2003. The basic objective of JSY is to increase institutional delivery among the poor pregnant women including post partum care. JSY is a 100% centrally funded scheme and it provides funding support with delivery and post-delivery care for the young mothers who are in the below poverty line. As per the guidelines of JSY, the aim will be achieved through the payment of a cash incentive to the woman if she delivers in a government hospital or in accredited private medical centers. According to the existing eligibility criteria, any woman from the Low Performing States (LPS), irrespective of poverty status, number of births and age is eligible for these cash incentives. Further, in case of High Performing and developed States (HPS), normally a woman should be above 19 years of age and should be below the poverty line (Thansia et al. 2009).

In addition JSY also created the Accredited Social Health Activist (ASHA), a trained female community health activist as a part of the scheme. ASHA worker will be selected from the village and scientific training will be given. ASHA workers need to act as a crossing point between the community and the public health system, and take part in an important function in the circumstance of maternal and child health care. Further ASHA worker should act as a facility provider to the poor local young mothers/pregnant women's for delivery in a nearby government or an designated private/NGO medical centers only. ASHA workers are entitled to be paid Rs 600/- per delivery in government facilities in low perform states and Rs 200/- in High performing states (Sudeep, 2008).

Objective

1. To reveal the socio--economic profile of the JSY beneficiaries
2. To study on the/about utilization of JSY by the beneficiaries and opinion of the stake holders of the scheme
3. To provide policy suggestions

Methodology

This study was conducted in Bidar district (North Karnataka). This study was done covering 5 PHC and 1 sub centers using semi-structured study tools. In this study a total of 87 JSY beneficiaries were interviewed through a quantitative survey selected randomly. In-depth interviews were conducted with both beneficiaries and the key stakeholders like district and block level officiates related to JSY. This study also separately covers 24 beneficiaries who opted home delivery and 13 beneficiaries who are not availing the services.

RESULT
Table 1: Socio-Economic Profile of the JSY Beneficiaries

Variables	N=87	Percentage	X²	P
Age				
Just above 20	23	26.4	11.90	0.000
22-25	21	24.3		
25-30	43	49.4		
Educational level				
Primary education	51	58.6		
High school	23	26.4	8.31	0.000
College	10	11.5		
Illiterates	3	3.7		
Family Income (in Rs.)				
10,000-20,000	23	26.4	4.01	0.000
20,000-25,000	43	49.4		
Above 25,000	21	24.4		
Social Group				
SC	33	37.9	3.901	0.000
ST	4	4.6		
OBC	50	57.6		
Domicile				
Local	62	71.3		
Inter district	15	17.4		
Inter state	10	11.4		0.000
Number of Deliveries				
First	54	62.4		
Second	33	37.7		

Table 2: Sources of Information of JSY Beneficiaries

Variables	N=87	Percentage	X ²	P
Person Who Registered Respondent for JSY				
Doctor	23	26.6		
LHV/ANM/FHW	13	14.9		
Anganawadi worker	32	36.7		
ASHAs and Others	19	21.8		
Stage of Pregnancy When Registered for Availing Benefits of JSY				
First trimester (confirmation test)	45	51.7	11.1	0.000
Second trimester	23	26.4		
Third trimester A	12	13.7		
After delivery	7	8.4		
Do not know	—			
Place Where Respondent was Registered				
District/sub-district hospital	3	3.4	7.90	0.000
Community Health Centers	14	16.0		
Sub centers	21	24.4		
PHC	31	35.6		
During household survey	12	13.8		
Anganawadi centre	6	6.8		

Table 3: Motivation Factors in Opting for Institutional Delivery

Sl. No	Suggestions	Percentage
1	Money available under JSY	14.2
2	Better access to institutional delivery services in the area	22.1
3	Support provided by ASHA Workers	11.4
4	Previous child was born in an institution	21.0
5	Safe delivery of child/safety of both mother and child	12.0
6	Had Complicated delivery previously	11.3
7	Previous history of still birth/miscarriage	8.0
	Total	100.0

Table 4: Reasons for Preferring Home Delivery (N=24)

Sl. No	Suggestions	Percentage
1	Fear of going to hospital / needle, injection, equipment	11.3
2	Women believe they get better care at home/ no cleanliness maintained at hospital	13.2
3	Fear of doctor, nurse Illiteracy and lack of understanding of the importance of institutional delivery	14.1
4	Opposition from family members	13.0
5	Home delivery is cheaper because of poverty etc	11.0
6	Unaware about JSY Unavailability of transport facility on time because of stitches	13.2
7	Dai (TBA) takes better care while assisting delivery	7.1
8	Clinic far away/much distance	9.2
9	If there is any complication they go to hospital or contact us	4.1
10	Don't get time to go to hospital/delivered before due date	1.9
11	Do not know	2.0
	Total	100.0

Table 5: Number of Antenatal and Post Natal Checkups

Variables	N=87	Percentage	X²	P
Antenatal Checkups				
1 time	51	58.6	12.19	0.000
2 times	22	25.4		
3 times	10	11.5		
4 or more	4	4.5		
Post Natal Checkups				
1 time	21	24.3		
2 times	11	12.5	10.31	0.000
3 times	9	10.4		
No checkups	46	52.8		

Table 6: Reasons for Not Availing the Services by the Non-Beneficiaries (N=13)

Reasons	Percentage
1 Did not know about the JSY	11.5
2 Had incomplete information	9.3
3 Not allowed by husband and in-laws	10.1
4 No one from health department approached me	10.2
5 Transport facility not available	32.0
6 Referred to Private Hospital/Nursing home	12.0
7 Hospital service not available	9.0
8 No belief in Govt health system	3.1
9 Follow the traditional system	2.8
Total	100.0

Opinion of the Service Providers and Other Stakeholders

Table 7: What Would You Suggest in Case of Design and Implementation of the Scheme?

Suggestions	Percentage
1 Cash incentive must be enhanced	21.0
2 More numbers of 24X7 PHCs are required	17.5
3 Avoid delay in disbursement of fund	10.9
4 Shortage of drugs and equipments need more stress	14.0
5 There is a need for repeated training and sensitization for ASHAs	8.3
6 Delivery facility at the sub-centre has to be ensured both qualitatively and quantitatively and to improve transport	11.0
7 Lack of incentives to the ASHA as per the norms	12.3
8 Active engagement of PRIs	5.0
Total	100.0

Table 8: What Would You Suggest in Monitoring of the Scheme?

Suggestions	Percentage
1 Monthly reporting system must be improved	22.1
2 Actual field implementation of JSY must be increased	24.0
3 Open up of grievance cells	20.1
4 Monitoring and supervision diary at district and block level must be made mandatory	17.0
5 Consistent meetings need to be held	14.2
6 Others	3.02
Total	100.0

Discussion

JSY incentives are available for deliveries in government facilities and only accredited private medical facilities. No benefits are available for delivery in the private medical facilities which are not accredited. In the assessment of JSY, beneficiaries were interviewed to find their background, their source of information and awareness regarding JSY scheme, and the type of support received from ASHA, Anganwadi workers and ANM. It is found that Karnataka state has made concerted efforts to operationalize ASHA intervention and JSY and all the details are depicted in various above tables. The outline of JSY beneficiaries revealed that the mean age of the women was 25 years. The majority beneficiaries belong to the lower middle-income group. The study shows that majority (51 percent) of the beneficiaries heard about the scheme during the first tri semester of pregnancy and 8percent came to know after baby delivery. JSY beneficiaries were asked about the source of information about JSY. Analysis of their responses shows that women were not very clear about the scheme. Regarding time, person and place of payment quarry beneficiaries have given different types of reply. The major resources of information are ASHA workers followed by ANM workers. The beneficiaries were asked about the antenatal services utilized by them under JSY. The study reveals that 58.6 percent of the pregnant women had ANC one time and 28% women had twice. Reasons for delivery at home, it seems beneficiaries are feared of doctors, nurse, Illiteracy and lack of understanding of the importance of institutional delivery. Reasons for not availing the services by the non-beneficiaries majority of them felt lack of information (12.5%) is the key reason. In case of stake holders' view, success of the scheme depends on avoiding delay in disbursement of fund. It can be inferred that the state has been able to distribute the scheme through various inter-personal and mass-media activities. Also the study found that mothers did not have adequate knowledge regarding antenatal part of this Janani Suraksha Yojana scheme.

It is found that one possible reason could be that JSY has not reached to those women who face the utmost danger of death during child birth. Given that these women are likely to be more socially disadvantaged like SC/ST. Hence hard work should be made to make sure that they are aware of JSY. It is here that ASHAs are to play a very important role in reducing home deliveries. ASHA is not only expected to facilitate institutional deliveries, however, also act as health activist, and guiding pregnant women on birth

attentiveness and significance of safe delivery, among others. Grievance Redressal Mechanism must be implemented soon. This study also highlights some of the gaps in referral transport, display of entitlements and list of private hospitals where this JSY schemes can also be availed etc. Additionally, the formation of the various committees within PRIs like Health, Sanitation, and Nutrition Committee has become a novel and creative plan to deal with health issues focusing pre and post-natal care in the rural parts.

Conclusion

It is found that there is a wide gap in utilization of JSY, may be contributed by a lot of unexpected factors. Rural PHC and health infrastructure need to be improved rapidly. The major aim of the scheme is to augment the institutional delivery and hence decrease maternal deaths to achieve the MDG-5. Hence understanding the result of JSY on institutional delivery and the utilization of the scheme across the various socio-economic sections in the society is vital.

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