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AWARENESS OF JANANI SURAKSHAYOJNA (JSY) IN A RURAL SETUP OF KASHMIR VALLEY (DISTRICT GANDERBAL): KNOWLEDGE, ATTITUDES & UTILIZATION PATTERN OF BENEFICIARIES: A CROSS SECTIONAL STUDY

Rifat Jan¹, M. Rafiq², I. H. Munshi³

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ABSTRACT: INTRODUCTION: Mother and child constitute a priority group in a community. Maternal health is a key barometer of a sound and functional health system. Saving mothers benefits their children, their families, communities and countries. **METHODOLOGY:** The study is a field based cross sectional study based on the evaluation of Janani Suraksha Yojana scheme and was done in Ganderbal district of Kashmir valley for a period of one year from January 2013 to January 2014. Multi-stage Random sampling was utilized for the study. From the selected block sub centres (SC) were selected by line listing. 20% of the sub-centres were taken on random selection basis. Recently delivered beneficiaries (Those who have delivered during the last one year) formed the universe of the study. **OBSERVATIONS:** Most (51.25%) of the women were aged between 25- 30 years followed by 30% in the age group of 20- 25 year. As far as Literacy status of studied women is concerned the study shows that majority of the women were illiterate (61.25%). 43.75% of the women had their family income between 5001-10, 000. Out of total 80 women in the study group, 90% had heard about JSY. Major source of information, came from ASHA (48.75%) followed by other sources like TV, radio, friends and relatives (40%) and ANM (8.75), AWW (2.5%). Regarding the knowledge of women in context of various components of JSY shows that 93.75% stated that money is being paid for delivering in the hospital. Most of the women (87.5%) felt that money is being given for maintenance of mother and child health at the time of delivery. Most of the registrations (98.75%) were done in 1st trimester & 1.25% in 2nd trimester. Majority of the registrants (90%) were done by ANM & 10% by ASHA. Most of these (76.25%) were done in sub centre. **CONCLUSION & RECOMMENDATIONS:** The study highlights the need of further strengthening the JSY programme by consistent information education and communication activities. The sub centre which is the hub of all registrations need to be strengthened by frequent visit of doctors on a particular day, so that people receive the benefits of the scheme at the door steps.

KEYWORDS: JSY, ANM, ASHA, Subcentre.

INTRODUCTION: Mother and child constitute a priority group in a community. Maternal health is a key barometer of a sound and functional health system. Saving mothers benefits their children, their families, communities and countries.¹ The place of delivery is an important aspect of reproductive health care. Quality of care received by the mother and baby depend upon the place of delivery. If proper care is not taken during this child bearing process, it affects the overall health, especially the reproductive health of the women as well as the health of the new born child.²

Every 5th woman dying globally due to maternal causes is an Indian and every 10 minutes one woman dies in any part of India due to pregnancy and its related complications like obstructed labor, anemia, postpartum hemorrhage, pregnancy induced hypertension, abortions, sepsis.³

ORIGINAL ARTICLE

This estimates to about 57, 000 maternal deaths every year, most of which are preventable.⁴

National family health survey (NFHS-3) attributes these maternal deaths to poor quality care.⁵

Recognizing the importance of health in the process of social and economic development of our country and improving the quality of life of pregnant mothers, Government of India launched National Rural Health Mission (NRHM) in 2005, with the mission to improve the availability of health care facility for pregnant mothers and also to improve their access to quality health care.⁶

Janani Suraksha Yojna (JSY) is a 100% centrally sponsored scheme under NRHM and is being implemented in all states and union territory. Under this scheme, there is provision for cash assistance at delivery and during the post delivery period. It is a demand and supply side pay for programme for promoting safe delivery.⁷

JSY introduced a cadre of grass root workers, called ASHA (Accredited Social Health Activist) who serve as a link between the government and pregnant women.⁸ The scheme is specifically targeted at schedule caste and schedule tribe (SC/ST), urban slum and rural poor population. The states have been stratified in LPS (Low Performing State) having low institutional delivery rates and - HPS (High Performing States) for cash incentive.

Special focus has been given to LPS which include 8 EAG (Empowered Action Group) Assam and Jammu & Kashmir.⁷ Based on this background the study was formulated so that knowledge and perceptions about JSY are known from respondents.

METHODOLOGY: The study is a field based cross sectional study based on the evaluation of Janani Suraksha Yojana scheme. The study was done in Ganderbal district of Kashmir valley for a period of one year from January 2013 to January 2014. Multi-stage Random sampling was utilized for the study.

The district has 4 blocks and one block was selected randomly. From the selected block subcenters (SC) were selected by line listing. 20% of the sub-centres were taken on random selection basis. Recently delivered beneficiaries (Those who have delivered during the last one year) formed the universe of the study. A total of 80 beneficiaries were interviewed during the entire study period. Data was collected from all the women who had delivered in the previous one year from all the villages of selected sub centres.

House to house visit was done and eligible women were interviewed after taking informed consent. Data were collected using pretested semi-structured questionnaire and was entered in Microsoft Excel (2007) and was analyzed after generating frequency tables using appropriate statistical software. Results were expressed in proportion.

OBSERVATIONS: The findings of beneficiaries from sub centres area of the block who had delivered within one year of the study period are presented. The Background information of mothers is presented in Table 1 which shows that the mean age of the women was 29.2. Most (51.25%) of the women were aged between 25- 30 years followed by 30% in the age group of 20- 25 year. Only 2.5 percent of the mothers were found to be older than 35 years across the block.

ORIGINAL ARTICLE

Age of JSY beneficiaries in completed years	N	%
<20	1	1.25
20-25	12	15
25-30	41	51.25
30-35	24	30
35-40	2	2.50
Total	80	100
Mean age	29.2	

Table 1: Age distribution of recently delivered women in selected Sub centres

As far as Literacy status of studied women is concerned the study shows that majority of the women were illiterate (61.25%). Only 3.75% had studied up to higher secondary level. The details are presented in Table 2.

Age of JSY beneficiaries in completed years	N	%
Illiterate	49	61.25
Primary	6	7.5
Middle	11	13.75
High school	11	13.75
High secondary and above	3	3.75
Total	80	100

Table 2: Literacy status of studied women

Regarding the income which is placed in Table 3, 43.75% of the women had their family income between 5001-10, 000, 26.25% had family income between 10001-20, 000, 13.75% had income less than 5000, 12.5% between 20, 001 – 30, 000 and only 3.75% > 30, 000

INCOME	N	%
<5000	11	13.75
5001-10000	35	43.75
10001-20000	21	26.25
20, 001-30, 000	10	12.5
30, 001-40, 000	3	3.75
Total	80	100

Table 3: Percentage distribution of recently delivered women as per monthly income of the family

Regarding recently delivered women who ever heard about JSY, the findings are placed in Table 4, which shows that out of total 80 women in the study group, 90% had heard about JSY. These findings are placed in Table 4. The time when the beneficiary heard about JSY is placed in Table 5, which shows that 51.25% heard about the scheme before pregnancy and 48.75 % during pregnancy.

ORIGINAL ARTICLE

heard about JSY	N	%
Yes	72	90
No	08	10
Total	80	100

Table 4: Recently delivered women who ever heard about JSY

Time when heard about JSY	N	%
Before pregnancy	41	51.25
After pregnancy	39	48.75
Total	80	

Table 5: Time when the beneficiary heard about JSY

Major source of information placed in Table 6, came from ASHA (48.75%) followed by other sources like TV, radio, friends and relatives (40%) and ANM (8.75), AWW (2.5%)

Source of information	N	%
ASHA	39	48.75
AWW	2	2.5
ANM	7	8.75
Others*	32	40
Total	80	100

Table 6: Source of information about JSY

* Relative, Friends, Radio, TV etc.

The knowledge of women regarding various components of JSY is placed in table 7 which shows that 93.75% stated that money is being paid for delivering in the hospital while 2.5% opined that a post of health worker, ASHA has been created to help the women. 1.25% of the beneficiaries were aware about provision of transportation cost in going to hospital at the time of delivery and 2.5% were aware that care during postnatal period is being provided.

Knowledge	N	%
ASHA to Facilitate them	02	2.5
Money is paid for transportation	01	1.25
Money is given for delivery at government facility	75	93.75
Postnatal services are provided	02	2.5
Total	80	100

Table 7: Knowledge of women regarding the various component of JSY

Purpose of providing cash assistance as perceived by beneficiary is placed in table 8 which shows that most of the women (87.5%) felt that money is being given for maintenance of mother and child health at the time of delivery while 12.5% opined that it is given for expenses for drugs, tests and intake of nutritious food at the time of delivery.

ORIGINAL ARTICLE

Main purpose for which money is given	n	%
For medical assistance	70	87.5
For tests, purchase of medicine and other expenses	10	12.5
Don't know	0	0
Total	80	100

Table 8: Purpose of Providing cash assistance as perceived by beneficiaries

Table 9 shows percentage distribution of women as per registration. Most of the registrations (98.75%) were done in 1st trimester & 1.25% in 2nd trimester. Majority of the registrants (90%) were done by ANM & 10% by ASHA. Most of these (76.25%) were done in sub centre.

Particulars		n	%
Time of registration/stage of pregnancy	1 st Trimester	79	98.5
	2 nd trimester	01	1.5
	3 rd trimester	0	0
	Total	80	100
Person who did registration	Doctor	0	0
	ANM	72	90
	ASHA	08	10
	Others*	0	0
	Total	80	100
Place where respondents were registered	District Hospital	02	2.5
	SDH	02	2.5
	PHC	15	18.75
	SC	61	76.25
	Others**	0	0
	Total	80	100

Table 9: Percentage distribution of women as per registration

*LHV, AWW, **Private clinic and Pvt. Hospital

DISCUSSION: Background information of mothers shows that the mean age of the women was 28.9 years. Most (51.25%) of the women were aged between 25- 30 years. According to the study of JSY in Rajasthan 76% of the beneficiaries were in age group of 20-30 years.⁹ Majority of the women were illiterate (61.25 %) in the present study.

The reason being cultural factors like gender bias due to orthodox thinking. 68% of JSY beneficiaries had no formal education as per the findings of Centre for Operation training and research (CORT) in Rajasthan.⁹ This indicates percolation of JSY among the population which is illiterate.

Monthly family Income less than 5000 was seen in 13.75% of the beneficiaries. The percentage of BPL families in J&K is less as compared to other states. This could be one reason for the less number of beneficiaries in this income group.

ORIGINAL ARTICLE

Awareness of JSY in the present study refers to time when heard about the scheme & knowledge about JSY, information and understanding of different aspect of the scheme. Present study shows that 90% of women were aware about JSY. 51.25% heard about the scheme before pregnancy and 48.75% after delivery. The findings of our study are in contradiction to the study titled "Janani Avam Bal Suraksha Yojana" done by CORT (Centre for operation research and technique, Vadodra,) in Bihar where 82% of the women heard about the scheme during pregnancy, 14% after delivery and 4% before being pregnant.¹⁰

Major source of information came from ASHA (48.75%) followed by ANM (8.75%) & AWW (2.5%). other sources like TV, radio, friends and relatives formed 40% in the present study .The results are consistent with the findings of Sharma Parul et al where ASHA was the main source of information in rural areas (48.9%) and neighbors and friends were the main source of information in urban slum.¹¹

As for as Knowledge regarding the various component of JSY among recently delivered women is concerned 93.75% stated that money is being paid for delivering in the hospital while 2.5% opined that a post of health worker, ASHA, has been created to help the women. Regarding other aspects like facility for transportation cost in going to hospital at the time of delivery and support during postnatal period the study found awareness of 1.25% & 2.5% respectively. The study results are in accordance with the findings of Vinod Kumari et al where some essential advantages perceived by beneficiaries were safe delivery at PHCs and CHCs, payment of Rs 1400 to the mother in rural area after delivery, and transport facilities.¹²

As regards Purpose of paying incentive as perceived by mothers is concerned Most of the women (87.5%) in the present study felt that money is being given for maintenance of mother and child health at the time of delivery .While 12.5% opined that it was given for expenses for drugs, tests and intake of nutritious food at the time of delivery. Sanjeev K Gupta et al reported that only 13% of mothers had knowledge about JSY and its benefit.87% knew that there is a scheme in which money is given after institutional delivery.¹³

As for as Registration & Utilization of ANC services by recently delivered women is concerned it is evident that Early Registration and regular check-up is essential to avail the benefits under JSY as well as in recognition of at risk mothers and for timely and appropriate interventions. It is also important for monitoring of the activities.

Majority of women (98.75%) got registered themselves in 1st trimester of pregnancy and 1.25% in 2nd trimester. This speaks about the level of awareness the programme has generated. ANM registered around 90% of the cases followed by ASHA. This could be because of the incentives the programme provided and also because of the high level of motivation of these workers. Majority of these registrations were done at the sub-center level.

CONCLUSION & RECOMMENDATIONS: The study highlights the need of further strengthening the JSY programme by consistent information education and communication activities. The sub centre which is the hub of all registrations need to be strengthened by frequent visit of doctors on a particular day, so that people receive the benefits of the scheme at the door steps

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ORIGINAL ARTICLE

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AUTHORS:

1. Rifat Jan
2. M. Rafiq
3. I. H. Munshi

PARTICULARS OF CONTRIBUTORS:

1. Post Graduate, Department of Community Medicine, GMC Srinagar.
2. Associate Professor, Department of Community Medicine, Government SKIMS Medical College, Bemina.
3. Associate Professor, Department of Community Medicine, GMC Srinagar.

NAME ADDRESS EMAIL ID OF THE CORRESPONDING AUTHOR:

Dr. M Rafiq,
Associate Professor,
Incharge Head,
Department of Community Medicine,
Government SKIMS Medical College, Bemina.
E-mail:drmmrafiq@gmail.com

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