

Review Article

Review article on utilization and perception of health services under Janani Suraksha Yojna among mothers

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ABSTRACT

Janani Suraksha Yojana (JSY) is the name in Hindi language that literally means “maternal protection scheme. Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Health Mission (NHM). Earlier it was known as National Rural Health Mission (NRHM) it is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. The scheme is under implementation in all states and union territories, with a special focus on low performing states. The scheme seeks to reduce maternal and neo-natal mortality by promoting institutional delivery, that is, by providing a cash incentive to mothers who deliver their babies in a health facility. There is also provision for incentives to Accredited Social Health Activists (ASHA) for encouraging mothers to go for institutional delivery. The scheme is fully sponsored by the Central Government and is implemented in all states and Union Territories, with special focus on low performing states like Uttar Pradesh.

Keywords: Antibiotic resistance, Bacteria, Aminoglycosides

INTRODUCTION

In India, women in reproductive age group (15–45 years) and children (below 15 years) constitute nearly 57.5% of the total population.¹ Mother and child must be considered as one unit. Janani Suraksha Yojana (JSY) is the name in Hindi language that literally means “maternal protection scheme. Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Health Mission (NHM). Earlier it was known as National Rural Health Mission (NRHM) it is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. The scheme is under implementation in all states and union territories, with a special focus on low performing states.² The scheme seeks to reduce maternal and neo-natal mortality by promoting institutional delivery, that is, by providing a cash incentive to mothers who deliver their babies in a health facility. There is also

provision for incentives to Accredited Social Health Activists (ASHA) for encouraging mothers to go for institutional delivery. The scheme is fully sponsored by the Central Government and is implemented in all states and Union Territories, with special focus on low performing states like Uttar Pradesh.⁴

This study was conducted to review the literature on utilization and perception of health services under Janani Suraksha Yojna among women.

REVIEW OF LITERATURE

A study in Haryana reported that majority of mothers were registered after 12 weeks of pregnancy i.e., (73.5%), only (26.5%) were registered before 12 weeks of pregnancy, majority (86%) of mothers had 3 or more ANC visits, only (14%) mothers had less than 3 ANC checkup.³ Almost all mothers received TT Booster dose,

that is, (95.5%) and only (4.5%) of mothers received only one dose of TT. Three-fourth of mothers received recommended number of IFA tablets (i.e. 100 IFA tablets), about (18%) mothers received less than 100 IFA tablets and (6%) received more than 100 IFA. Nearly half of mothers who rent the vehicle paid by self, that is, (58.5%) and (41.5%) were paid by ASHA. Majority of mothers were escorted by ASHA (i.e., (60.5%)) and majority of mothers did not get incentive under JSY (i.e. (74.5%) and only (25.5%) received incentive under JSY after at the time of interview. Institutional deliveries were found to be higher i.e. about (88.5%) were institutional deliveries and only (11.5%) were home deliveries. About the postnatal care (PNC), maximum number of mothers (70.5%) get PNC through ASHA/MPHW-F followed by nurse/doctor (22.5%) and trained dai (5.5%), more than half get more than 3 PNC check-ups (54.5%), (44%) get 3 PNC visits. Three-fourth of mothers were aware about cash benefits (71.5%) followed by safe delivery (55.5%), care of mother and baby (44.5%), free hospital delivery (37%), and free food (16%), respectively.

Another study in Agra in Uttar Pradesh reported that delivery at government health facility was opted by 53.25%.⁵ It was found that 79.39% JSY beneficiaries were escorted by ASHA and rent of vehicle was paid by ASHA to 48.09% beneficiaries. All the beneficiaries (100%) received cash incentive. Postnatal visits at home by ASHAs were 100.00% in institutional deliveries and 48.00% in home deliveries. While assessing Awareness and Perception regarding JSY among study group women in this study, the most common response about benefits of JSY, was "cash benefit" in 65.85%, followed by "don't know" in 27.64%, "care of mother and baby" in 15.85%, and "Safe delivery" in 8.94% women. In this study, the perception was that institutional deliveries have increased after implementation of JSY. Majority of them perceived that JSY has a negative effect on family planning practices. Few of them said that there is no provision of services of Gynaecologists for complicated deliveries in JSY.

Another study in Shimla reported that (55.1%) of females under study had heard about the JSY scheme before the present pregnancy.⁶ Anganwadi workers (100%) and female health workers (79.5%) were the main sources of information regarding the JSY scheme to the beneficiaries. This study revealed that (53.85%) of females under study registered their name in health institution during the first trimester of this pregnancy. It was observed that (56.4%) and (19.23%) study participants underwent three and four antenatal checkups (ANCs), respectively. The coverage of tetanus toxoid immunization was 100%, and nearly two-thirds of study participants (62.7%) received 100 tablets of iron and folic acid. Most of the study participants (82%) delivered in government hospitals and only (18%) delivered at home. It was also found that (57.7%) of the beneficiaries reached the place of delivery by hiring a vehicle and

(47.4%) took half an hour to one hour to reach the place of delivery. Only (14%) of the study participants received three postnatal (PN) visits and all the beneficiaries received JSY incentive after 1-week of delivery. Educational status of the beneficiaries had statistically significant association with timing of registration.

A cross sectional study was conducted among 120 postnatal mothers at UHTC of Bangalore Medical College and Research Institute (BMCRI), Bangalore.⁷ 78.3% were aware about the Scheme. Among them only 68.3% were aware about the possible benefits of institutional care, cash assistance and transportation under JSY. And the main source of knowledge about the scheme is from ANM (63.3%). Other sources being link workers and Anganwadi workers. Only 40% of the women were registered within 12 weeks of pregnancy with health personnel. Around 76.7% women had four or more ANC visits and 23.3% had less than 4 visits. Only 58.3% women consumed hundred IFA tablets. Around 82.9% of the eligible women had received cash assistance, few didn't receive due to lack of proof of belonging to SC, ST or BPL status and lack of proper knowledge about the scheme.

A cross sectional study was conducted in a tribal Primary Health Centre, Khardi, Talshahapur, Dist-Thane in Maharashtra which reported that 52.7% women were aware that, there is a programme for pregnant women which aims at safe institutional delivery.⁸ The main source of information was ANM (58.6%) followed by AWW (22.4%) and ASHA (17.2%). It was found that 62% of women were not aware of the objective of JSY scheme. About 35% of the study population in this study was not aware of exact monetary benefit awarded under JSY scheme. More than half of the women in the study had correct knowledge about the criteria for parity of the beneficiaries of JSY.

Another study had been conducted in the two districts, Nawada and Araria of Bihar.⁹ All respondents (100%) knew about JSY and thus registered for benefits but not all knew the name or specifications of the scheme. 72.7 per cent respondents told that the source of information was the neighbors, thus, reflecting the community level awareness about the scheme. 18.4 per cent had ASHA as their source, 6.2 per cent as members of family and 2.7 percent knew from the primary health care centre (PHCs). The respondents (100%) also knew about the amount for institutional delivery which is Rs.1400/-but least (5.3%) knew of the 24*7 government facility for delivery. 68% had received JSY incentive at the time of discharge and 32% after six months to one year after the delivery. The incentive in 47.89 per cent of cases was paid through cash and the rest (52.11%) is via check. The respondents have however referred to have paid service charges of Rs 200-300 to the health functionaries. 69 percent have answered to have received by self the amount, while 21 percent and 10 per cent have received through husband and other family member respectively.

67.7 per cent were registered with the nearest subcentre while 32.3 per cent were never registered. The frequency of ante natal care visits have also been very low with the maximum respondents (49.5%) visiting only two times. For post natal care, 58.4 per cent have been registered and thus received some level of help. The study reported that 21.5 per cent of the respondents spend the incentive amount on general expenses of the household. A total of 46.8 per cent spend the money on health expenses comprising both minor and major disease of family members. However some proportion of the money is saved for the future of the children; 12.4% of respondents considered spending money on child's education while 6.2 per cent on post natal care of the new born.

CONCLUSION

Free and accessible transport facility should be considered upon for better utilization of JSY. All the services at health facility should be provided free of cost to the JSY beneficiaries. There should be good quality services at health facility as poor services are the reason for non-utilization. Cash incentive should be given only in first two deliveries and should be reasonably less than the incentive after ligation and other family planning services acceptance. Intensification of IEC activities about the JSY scheme in rural area by health department and various other agencies, that is, nongovernmental organizations, youth clubs, Mahila Mandals and PRIs, etc., should be encouraged so that to increase the knowledge and awareness about the scheme. Men should be sensitized on maternal health services. JSY incentive should be ensured to be paid at the time of delivery in the institution and moreover 50% of the incentive should be paid to the beneficiaries in the last trimester of pregnancy.

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