

Assesment Of Janani Suraksha Yojana In Karimganj District: A Descriptive Study

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Abstract: Maternal mortality and infant mortality are among the key health indicators of any civilized society. They are the touchstone for a public health delivery system. Jananai Suraksha Yojana (JSY) scheme was launched in India in 2005 with the objective of reducing maternal mortality by promoting institutional deliveries.

Aims and Objectives: The study analyses the relevance of the JSY in accomplishing the planned objectives, the effectiveness of the JSY in the actualization of the programme objectives, the impacts of the JSY on the mothers and the efficiency of the JSY to bring out significant changes. To what level the JSY have improved the health status of the pregnant mothers and promoted institutional and safe deliveries is the primary quest of this study. On this context, this study analyses the impact of the JSY on pregnant women in the Karimganj district. This research is significant because it will disclose the level of JSY programme being implemented in the district of Karimganj and determines the health status of the women who underwent pregnancy and safely delivered children.

Method: This study employed descriptive research design to garner empirical information on the impacts of the Janani Suraksha Yojana programme on the pregnant women. The total number of samples collected were 373 from 36 villages of Karimganj district. However, the representation of the samples was emphasized on the seven developmental Blocks.

Results and Conclusion: JSY services is mainly focusing on covering both rural and urban areas of Karimganj district. JSY has identified ASHA, the accredited social health activist as an effective link between the Government and the poor pregnant women. Both the women and the ASHAs are given cash assistance for ensuring a safe institutional delivery. The result of the study shows that out of 373 respondents. Vast majority of the respondents (85.3%) have delivery of the last children at institutions. Around two-third of them have delivery at Government Hospital. Most respondents (43.7%) have rated the performance of ASHA as well (good). A vast majority of the respondents (59%) are satisfied with the health facilities of JSY. A majority of the respondents (64.6%) have received moderate levels of ANC and PNC coverage. Around two-third of them have delivery at Government Hospital.

Keywords: JSY, ASHA, ANC, PNC, Maternal Mortality

I. INTRODUCTION

India has made impressive economic growth over past few years still some indicators need to be improved like maternal mortality and neonatal mortality ratio. Every year, more than 500,000 women die from causes related to pregnancy and child-birth (UNICEF (2008)). More than 99% of these deaths take place in developing countries. India alone has 22% of the global total. The pattern is quite similar for

infant mortality. Most maternal deaths are related to obstetric complications - including post-partum haemorrhage, infections, eclampsia and prolonged or obstructed labor. Some 86% of the newborn deaths are the direct results of the three main causes- severe infections, asphyxia and preterm births. Infections include sepsis/ pneumonia, tetanus and diarrhea. The above facts suggest that delivering a baby in a medical facility, under the supervision of a skilled medical professional

can make a significant dent in the instances of maternal and neo-natal mortality.

Around 77,000 maternal deaths occur every year because of various complications like haemorrhage, sepsis, abortion, obstructed labour etc. India's MMR at 254 (SRS 2004-06) has improved significantly from 301 (SRS 2001-03). Though the current level of MMR indicates towards the progress made by the country maternal mortality rate has been considerable over the years, it does not seem possible to achieve the goals regarding reduction of MMR as envisaged in RCH II, National Population Policy and Millennium Development Goals within the given framework of time. Attempts have been made to upgrade block level Primary Health Centres (PHCs) and operationalizing First Referral Units (FRUs) to address issues of maternal deaths and early neonatal mortality.

JSY is a demand driven intervention for promoting institutional delivery. In 2005, the Government of India's Ministry of Health and Family Welfare (MOHFW) launched the National Rural Health Mission (NRHM) with a strong commitment to reduce maternal and infant mortality, provide universal access to public health services, prevent and control communicable and non communicable diseases, ensure population stabilization, maintain gender balance and revitalize local health traditions. A core feature of the NRHM is Janani Suraksha Yojana (JSY), a program which provides financial assistance to poor pregnant women for institutional delivery and post delivery care. Another important component of the NRHM is to provide improved access to health care at the community level through female village health workers known as Accredited Social Health Activists (ASHAs). JSY was a product that replaced then existing centrally financed maternal health and nutritional support initiatives which provided cash payments to poor pregnant women. Together with considerable financing from other donors (DFID and UNFPA), the World Bank, supports the RCH II through an IDA credit. The RCH II program is the key vehicle under the umbrella of the flagship NRHM to address maternal and child health challenges in India. One of the key interventions under the RCH II program is the JSY, along with other evidence-based interventions on the demand and supply-side to address maternal and child mortality.

II. BACKGROUND OF THE STUDY

The field of study is Karimganj district in Assam. Karimganj district is the southernmost district of Assam located in the valley of Barak. The topography of the district includes floodplains, wetlands, hills and forests. It is surrounded by Bangladesh and Cachar district of Assam in the north, Mizoram in the south, Bangladesh and Tripura in the west and Hailakandi district of Assam in the east. (Ministry of Minority Affairs, 2006) Karimganj district is 338 km away from Guwahati, the capital of Assam. The district has a land area of 1,809 square kilometres. Geographically, it is located in the north latitude between 24°15' and 25°55' and in the east latitude between 92°15' and 92°35'. (District Collectorate Karimganj, 2016).

The major rivers such as Kushiara, Longai, Singla and Barak flow into the district. Karimganj City is the

headquarters of the district. It has one sub-division. There are 5 Tehsils viz., Karimganj, Badarpur, Nilambazar, Patharkandi and Ramkrishna Nagar. There are two urban areas (Karimganj and Badarpur), 3 towns (Karimganj, Badarpur and Badarpur Railway town), 7 community development blocks (Badarpur, Dullav Cherra, Lowairpoa, North Karimganj, Patherkandi, Ramkrishna Nagar and South Karimganj) and 96 gram panchayats. Totally, there are 1130 villages. (District Collectorate Karimganj, 2016) The average literacy rate of the district in 2011 was 78.22 compared to 66.24 of 2001. The male literacy rate is 84.12% and the female literacy rate is 72.09%. Concerning to Sex Ratio in Karimganj district, it stands at 963 females per 1000 males. The child sex ratio is 969 girls per 1000 boys. (Census 2011, 2015).

Karimganj district has 217 Sub-Centres of Primary Health Centres, 27 Primary Health Centres, 6 Community Health Centres and 1 District Headquarters Hospital. As per the records of the Joint Director of Health Services of Karimganj, the total number of Auxilliary Nurse Midwives (ANM) is 347 and the number of Accredited Social Health Activists (ASHA) is 1195. Janani Suraksha Yojana was launched under National Rural Health Mission in the district Karimganj in 2005 with the target to reduce maternal mortality rate, infant mortality rate and improve the health delivery mechanism and improve health status of people.

OBJECTIVES OF THE STUDY

- ✓ To observe the impact of Janani Suraksha Yojana on the health development of the pregnant women in the district of Karimganj.
- ✓ To study the antenatal and postnatal care received by the JSY beneficiaries.
- ✓ Observation of the level of effectiveness and efficiency of the JSY on the reduction of maternal mortality ratio and infant mortality rate through comparative analysis.

III. METHODOLOGY

The study is based on both primary and secondary data. The data are collected from JSY beneficiaries of Karimganj district as well as different sources like official publications of governments both at the centre and states. Interview schedule was constructed based upon the objectives and hypothesis to collect field level data. The mothers who were beneficiaries of JSY programme are the primary respondents of this study.

A. SAMPLING TECHNIQUES

Karimganj is one of the highest maternal mortality districts in India. The researcher obtained data from the Joint Director of Health Services of Karimganj about the number of pregnant women registered under JSY and Mother and Child Tracking System (MCTS). In the month of June 2016, as per the available health record, the number of pregnant mothers who had ANC check-up in Karimganj district was 12458 (one year record). This datum has been considered as the universe of this study. As the universe of this study was 12458 mothers, it was decided to select 373 samples from the study population

based on the computation of the margin of the error (fixed at 5%), the confidence level (95%), the population size (12458) and the response distribution (50%). Multi Stage Sampling method was employed in the selection of the samples. Thus, the total number of samples collected were 373 from 36 villages. However, the representation of the samples was emphasized on the Blocks.

B. ANALYSIS AND INTERPRETATION DATA

The Statistical Package for Social Sciences was used for data feeding and analysis. The analysed tables and statistical tests were presented with suitable interpretation.

IV. FINDINGS OF THE STUDY

Of the 373 respondents Most respondents (66.8%) belong to the general communities. Of the 373 respondents, 57.9% of them are Muslims. A vast majority of the respondents (87.7%) express that they have sub-centres of Primary Health Centres in their villages. Of the 373 respondents, 84.2% of them have ICDS anganwadi in their localities. There is a significant positive correlation between the weight of the respondents and the weight of the babies delivered in the last pregnancy. A vast majority of the respondents (89.3%) state that their villages have Village Health Sanitation and Nutrition Committees. Of the 373 respondents, 85.3% of them each state that they received micro-birth plan information about the place of next check up and expected date of delivery. Most respondents (53.6%) have received ANC more than 3 times. More than half of the respondents have availed postnatal care. A vast majority of the respondents (95.2%) have learnt about the JSY through ASHA. More than half of the respondents have awareness about maternal health. Half of the respondents are aware about pregnancy related complications to some extent. A considerable proportion of the respondents (29.22%) were aware about the Janani Suraksha Yojana to some extent. A vast majority of the respondents (85.3%) have delivery of the last children at institutions. Around two-third of them have delivery at Government Hospital. A majority of the respondents have received financial assistance under JSY. A vast majority of the respondents (95.2%) had learnt about the JSY through ASHA. A larger majority of the respondents (84.2%) are advised by ASHA about child immunization. Most respondents (67%) had experienced pregnancy related complication during the last pregnancies. Most respondents (43.7%) have rated the performance of ASHA as well (good). A majority of the respondents (64.6%) have received moderate levels of ANC and PNC coverage. A vast majority of the respondents (59.5%) had awareness about institutional delivery to an enhanced degree.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid SC	71	19.0	19.0	19.0
ST	15	4.0	4.0	23.1
OBC	38	10.2	10.2	33.2
General	249	66.8	66.8	100.0
Total	373	100.0	100.0	

Table 1: Caste Distribution of the Respondents

Most respondents (66.8%) belonged to the general communities.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Hindu	157	42.1	42.1	42.1
Muslim	216	57.9	57.9	100.0
Total	373	100.0	100.0	

Table 2: Religious Distribution

Of the 373 respondents, 57.9% of them were Muslims.

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

Table 3: Health facilities available in the Villages

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

Of the 373 respondents, 84.2% of them had ICDS anganwadi in their localities.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	333	89.3	89.3	89.3
Do not know	40	10.7	10.7	100.0
Total	373	100.0	100.0	

Table 4: Existence of Village Health Sanitation and Nutrition Committees in the Villages

A vast majority of the respondents (89.3%) stated that their villages had Village Health Sanitation and Nutrition Committees.

	Weight of the Respondents	Weight of the Babies			Total
		Below 2 kg	2 - 3 kg	3 - 4 kg	
35 - 40 kg		21	0	0	21
		100.0%	.0%	.0%	100.0%
		45.7%	.0%	.0%	5.6%
40 - 45 kg		25	127	33	185
		13.5%	68.6%	17.8%	100.0%
		54.3%	55.9%	33.0%	49.6%
45 - 50 kg		0	100	48	148
		.0%	67.6%	32.4%	100.0%
		.0%	44.1%	48.0%	39.7%
55 - 60 kg		0	0	19	19
		.0%	.0%	100.0%	100.0%
		.0%	.0%	19.0%	5.1%
Total		46	227	100	373
		12.3%	60.9%	26.8%	100.0%
		100.0%	100.0%	100.0%	100.0%

Pearson Correlation = 0.535, p = 0.000

Table 5: Weight of the Respondents versus Weight of the last delivered Babies of the Respondents

There is a significant positive correlation between the weight of the respondents and the weight of the babies delivered in the last pregnancy.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 time	19	5.1	5.1	5.1
2 times	15	4.0	4.0	9.1
3 times	139	37.3	37.3	46.4
More than 3 times	200	53.6	53.6	100.0
Total	373	100.0	100.0	

Table 6: Number of ANC received by the Respondents from Qualified Practitioners

Most respondents (53.6%) received ANC more than 3 times.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 time	118	31.6	31.6	31.6
2 times	51	13.7	13.7	45.3
3 times	85	22.8	22.8	68.1
More than 3 times	119	31.9	31.9	100.0
Total	373	100.0	100.0	

Table 7: Number of Postnatal checkups by the respondents

More than half of the respondents had availed postnatal care.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid To less extent	90	24.12	24.12	24.12
To some extent	109	29.22	29.22	53.34
To better extent	95	25.46	25.46	78.8
To great extent	79	21.2	21.2	100.0
Total	373	100.0	100.0	

Table 8: Extent of Awareness among the Respondents about Janani Suraksha Yojana

A considerable proportion of the respondents (29.22%) were aware about the Janani Suraksha Yojana to some extent.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid NA	318	85.3	85.3	85.3
No transportation	15	4.0	4.0	89.3
Sudden delivery	40	10.7	10.7	100.0
Total	373	100.0	100.0	

Table 9: Reason for home delivery

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Not at all	37	9.9	9.9	9.9
To some extent	114	30.6	30.6	40.5
To better extent	91	24.4	24.4	64.9

To great extent	131	35.1	35.1	100.0
Total	373	100.0	100.0	

Table 10: Awareness about institutional delivery

A vast majority of the respondents (59.5%) had awareness about institutional delivery to an enhanced degree.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	275	73.7	73.7	73.7
No	98	26.3	26.3	100.0
Total	373	100.0	100.0	

Table 11: Amount received under JSY

A majority of the respondents had received financial assistance under JSY.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Home	55	14.7	14.7	14.7
Institution	318	85.3	85.3	100.0
Total	373	100.0	100.0	

Table 12: Delivery of the last children of the respondents

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 Hospitals. Around 15% of the respondents had delivery at homes.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Low	65	17.4	17.4	17.4
Moderate	241	64.6	64.6	82.0
High	67	18.0	18.0	100.0
Total	373	100.0	100.0	

Table 13: Extent of ANC and PNC Coverage

A majority of the respondents (64.6%) had received moderate levels of ANC and PNC coverage.

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 14: Comparative situation analysis of the district in terms of health indicators

V. DISCUSSION

Amongst the different strategies to achieve the target is to build strong and sound primary health care delivery mechanism and provision for community participation is worth mentioning. The health infrastructures of the district though not to the norms but still have provided opportunity to the rural masses to have health care services at their nearest door step. There are 5 BPHC, 27 PHC, 2 SHC, 6 CHC, and 217 SC covering health services to nearly 90% of the rural population of the district.

The health and income index of the district is 0.207 and 0.078 compared to 0.343 and 0.286 respectively of the state level (source: Assam Human Development Report, 2003). This data clearly indicates that since the health status is low it is one of the reasons of low income of the people which can be termed as lack of human capabilities and thus the HDI rank is low implying low level of human development. The existing manpower is an important prerequisite for the efficient functioning of the Rural Health Infrastructure. Even the community based ASHAs play an equally important role for successful implementation of the JSY. Lack of adequate number of female attendants and ANMs is a major bottleneck in ensuring good quality delivery services in the institutions. As the management staff are over-burdened with multitude of activities and assignments relating to JSY.

Inadequate facilities for institutional delivery of healthcare were found at all levels. Delivery tables, instruments, and equipments were not sufficient to meet the increased delivery load. Regular sensitization and capacity building are the two main components which will ensure effective implementation of the programme. Transport facilities must be made available at the sub-centres and block levels. Awareness generation activities in the community need to be strengthened. There is a need for repeated training and sensitization of the MOs, the HW(F), and the ASHAs. There is a need for clear policy on monitoring and supervision. The monitoring and supervision diary at district and block level must be made mandatory.

VI. CONCLUSION

The JSY aims at ensuring more and more institutional deliveries by skilled birth attendants in order to reduce maternal and neo-natal morbidity and mortality, through an incentives-based approach. At the same time it focuses on immunization of mothers and children. For appropriate and timely delivery of quality ante -natal, intra-natal and postnatal services, there is a need for well coordinated and synergistic effort of the key field level functionaries like the HW(F), the AWWs, the ASHAs as well as district and block level stakeholders. After implementation of JSY in 2005 in Karimganj district, this scheme is successfully working for increasing institutional delivery and in reduction of MMR and child mortality. Current Status of MMR in Karimganj district is 281 per 100,000 live birth and 65 is the infant mortality ratio. JSY services including the use of antenatal care, post natal care, family planning, child immunization, institutional delivery etc. services are significantly increasing in Karimganj

district which is one of the main objective of JSY. JSY is successfully operating in Karimganj District of Assam for the improvement of maternal health status and promoting institutional delivery services in remote villages. Role of mass media playing a great role in JSY through creating awareness in rural villages of Karimganj District. Block Programme Management Unit as well as District Programme Management Unit timely monitoring the programme and organizing monthly meeting for assessing the effectiveness of the implementation of JSY.

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