



A MICRO LEVEL INVESTIGATIN OF JANANI SURAKSHA YOJANA SCHEME IN GADAG DISTRICT OF KARNATAKA STATE

Virupakshappa D Mulagund

ICSSR Doctoral Fellow, Department of Economics, Karnatak University, Dharwad.

Abstract

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the NRHM aimed to reduce maternal and infant mortality by promoting institutional deliveries. The important feature of the scheme is to motivate, counsel and ensure safe delivery especially among women belonging to below the poverty line (BPL), and scheduled castes and scheduled tribes (SCs/STs) and track them for antenatal care (ANC), delivery, postnatal care (PNC), immunization and family planning services. The Accredited Social Health Activist (ASHA) has been selected from the community for every 1000 population. They act as a link between the ANM and the community to ensure basic and timely services for ANC, delivery care, PNC and immunization services for children, identifying high risk pregnancies and referrals and giving counselling on contraceptives. Pregnant women belonging to SC/ST/BPL are given cash incentives who opt for institutional deliveries. The scheme has also a provision for transportation of pregnant women to hospital in case of emergency. The JSY scheme has evolved from previous experiences and include best practices especially for tracking pregnant women for each service during pregnancy, during delivery and after delivery with a time line to deliver the services. Hence, reduction in maternal and infant mortality largely depends on the efficient implementation and functioning of the JSY scheme. This paper focuses on examining and studying the status of Institutional delivery in Gadag District and the performance of JSY scheme in the Gadag District. This paper is based on complete Primary level data and using simple statistical tools like average.

Key words: Janani Suraksha Yojana.

Introduction

Janani Suraksha Yojana (JSY) is a 100 percent centrally sponsored scheme, it is one of the most important flagship programme of the Government of India under the broad umbrella of National Rural Health Mission (NRHM). The scheme integrates the cash assistance with antenatal care during the pregnancy period, institutional care during delivery and immediate post-partum period in a health centre by establishing a system of coordinated care by field level health worker. 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 (UTs), with a special focus on Low Performing States (LPS).

Janani Suraksha Yojana was launched in April 2005 by modifying the National Maternity Benefit Scheme (NMBS). The NMBS came into effect in August 1995 as one of the components of the National Social Assistance Programme (NSAP). The scheme was transferred from the Ministry of Rural Development to the Department of Health & Family Welfare during the year 2001-02. The NMBS provides 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. States were classified into Low Performing States and High Performing States on the basis of institutional delivery rate i.e. states having institutional delivery of 25% or less were termed as Low Performing States (LPS) and those which have institutional delivery rate more than 25% were classified as High Performing States (HPS). Accordingly, eight erstwhile EAG states namely Uttar Pradesh, Uttarakhand, Madhya Pradesh, Chhattisgarh, Bihar, Jharkhand, Rajasthan, Odisha and the states of Assam & Jammu & Kashmir were classified as Low Performing States. The remaining States were grouped into High Performing States.

Table No -1Financial Packages under JSY

Category of state	Rural areas			Urban areas		
	Assistance package to Mother	Package for Accredited worker	Total	Assistance package to Mother	Package for Accredited worker	Total
Low Performing States (LPS)	1400	600	2000	1000	200	1200
High Performing States (HPS)	700	200	900	600	200	800

(In LPS and HPS, BPL pregnant women, who are of 19 years and above age and prefer to deliver at home are entitled to cash assistance of Rs. 500 per delivery up to two live births)



The package for ASHA or an equivalent worker provided in the scheme includes the referral transport assistance for ASHA and the expectant woman to go to the nearest health centre and if she stays with the pregnant woman in the health centre for delivery. In case of Caesarean Section, FRUs/CHCs would provide emergency obstetric services. Where Government specialists are not available in a health institution, assistance up to Rs. 1500/- per case will be provided for hiring services of private experts to carry out the surgery either in a Government medical facility or in Private hospital, nursing home, etc.

Review of Literatures

Vinod Kumri (2009) argues that, the Janani Suraksha Yojana is a safe motherhood intervention under the NRHM being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among the poor pregnant women. Major advantages of the JSY were perceived by the beneficiaries such as safe delivery at PHCs and CHCs. It is helpful in population control, payment of check and full protection after delivery etc. as well Mutharayappa (2010) the study revealed that institutional deliveries have increased, along with knowledge of family planning methods and utilization of government health services. These are encouraging sign. Promoting of institutional deliveries need to be sustained in order to reduce pre natal and neo-natal mortality rates. MHFW GoI (2011) the report found that, 54 percent of respondents reported knowing only about ANMs and 39 percent knowing about both ANMs and Male health workers. A little above 3/4th of the respondents were aware of JSY. A little less than one-fourth of the beneficiaries delivered at homes. About 2/5th delivered at the district hospital or community health center followed by 17 percent delivered at PHCs/HSCs. About 15 percent of the all JSY deliveries were caesarean; about 77 percent of deliveries were conducted in the presence of a doctor. Sharma P. *et.al* (2012) conclude that registration of the women with some health personnel was influenced by women's religion and socio-economic status; the level of education and socio-economic status was found to have a positive effect on the number of ANC visits. The consumption of IFA tablets was also found to be influenced by the educational status of the women. Vikram *et.al* (2013) in their article conclude there is a need to improve the awareness among urban slum population about the utilization of JSY scheme. Targeting difficult to access areas with special measures and encouraging more antenatal visits were essential prerequisites to improve the impact of JSY. Kaur (2015) the study revealed that majority 88.7 per cent JSY beneficiaries in the age group of 20-30 year. 37.3 percent women are illiterates and 30.3 percent women above SSLC and 32.4 percent women were below SSLC level educated. Out of total eligible beneficiaries, 76.2% had heard about JSY scheme & 23.8% hadn't heard about the scheme. Out of the total beneficiaries, 76.2 percent delivered in hospital & 23.8 percent delivered at home. Less than half (48.2%) of the beneficiaries, received the benefit of the JSY scheme. The review of related literature has revealed certain facts. Most of the studies have focused on working of JSY in different states of India and also in Karnataka. No detailed study has been conducted for the working of JSY in Gadag District. The present study is confined itself to examine the effectiveness of the programme provided by Central and State Government from the angle of rural healthcare condition and increasing the institutional delivery in rural area.

Objectives of the Study

1. To study the status of institutional delivery in Gadag District
2. To study the awareness of JSY scheme in the Gadag District.

Research Methodology

The present study is an attempt to study performance and awareness about the Janani Suraksha Yojana Scheme in Gadag District of Karnataka state. Gadag district has 5 taluks namely Gadag, Ron, Naragund, Shirahatti and Mundaragi. For study purpose two taluks have been selected namely Ron and Mundaragi. In which Ron taluk is developed taluk and Mundaragi is more backward taluk according to Dr.Nanjundappa Committee report 2002. Further I have selected 2 developed villages namely Belavanaki and Abbigeri from Ron taluka and 2 backward villages namely Hirewadatti and Kalakeri from Mundaragi taluk.

The study adopts multi stage sampling method for the analysis. The total sample obtained is 240. 148 samples in Ron taluk and 92 samples in Mundaragi taluk on the basis of the size of the population, number of Primary health care centers (PHC) and number of Janani Suraksha Yojana scheme beneficiaries (JSY) in the respective talukas. Study purpose use simple statistical tools like Average are used. The study period 2012-13.

Results and Discussions

Background Characteristics of JSY Beneficiaries

In the table 2 the socio-economic and demographic profile of the mothers indicates that majority of them are Hindus, in the entire village in Gadag district study area around 84.16 percent are Hindus and 15.84 percent are Muslims. In Hirewadatti village has the highest percent of Hindus with 87.02 percent and the lowest 82.91 percent in Belavanaki village of Gadag. Caste of JSY beneficiary in study area, JSY beneficiaries among Scheduled Castes are 16.24 percent, Other Backward Classes are 65.41 percent Scheduled Tribes are 2.51 percent and Muslim are 15.83 percent. At the village level, share of JSY



beneficiaries among Scheduled Castes is high in Kalakeri and Belavanaki (21.04 and 20.72 percent) and is low in Hirewadatti and Abbigeri with 11.11 and 12.11 percentages respectively. In case of Scheduled Tribe women, the share of JSY beneficiaries is the highest in Hirewadatti with 7.42 percent and their share is the lowest in Abbigeri with 00 percent, and Muslim beneficiary women share is the highest in Belavanaki with 17.06 percent and the lowest with 12.98percentage in Hirewadatti village of Gadag District.

And also table 2 indicates the age of JSY beneficiaries in the study area. In the age group of 18-20 Abbigeri village has the highest percentage of 16.69 followed by Kalakeri with 15.79 percentage and the lowest is in Belavanaki village with 9.75 percent because, in Belavanaki village has the highest percentage with 67.08 of under 20-25 age group of beneficiary women followed by Kalakeri and Hirewadatti; Abbigeri village has the lowest percentage with 39.38 and under 25-30 age group women are the highest in Abbigeri and the lowest in Belavanaki and 7.56 percent women belong to the age group of more than 30 years in Abbigeri village and the lowest with 1.87 percent in Hirewadatti village. Overall 55 percent women are of 20-25 age, 27.92 percent women are of 25-30 age 12.92 percent women are of 18-20 and only 4.16 percent women are of more than 30 year of ages in the study area. The study reveals the educational status of JSY beneficiaries in study area. 19.16 percent beneficiaries are illiterates, 35 percent women have got primary education, 23.33 percent women have secondary level education and 21.67 percent women have got higher secondary only 0.83 percent women have got graduation. The study found that Abbigeri village's women are well educated compared to all other villages in the study area. And 55.43 percent women have nuclear families and remaining 44.57 percent women have joint families.

Details of Institutional Delivery of JSY Beneficiaries

Table No 3 indicates that 84.17 percent women go for pregnancy care to PHC, 10.42 percent women go to Government hospital and only 5.41 percent women go to private hospital, and 100 percent women have received all types of health services like abdominal examination, weight check up, BP, blood check up and also got TT injection 2 times during pregnancy. The study found that 33.71 percent women have actually delivered in PHCs, 55.87 percent women have actually delivered in Government hospitals, 8.75 percent in private hospitals and remaining 1.67 percent at home. And 19.58 percent doctors conducted delivery and in most of the cases i.e. 66.67 percent nurses conducted delivery in the study area. 83.33 percent women used the transport of government vehicle and 13.33 percent woman used private vehicle, and only 1.67 percent women used own vehicle at the time of delivery. Opinion of the respondents regarding hospitality, 69.59 percent women said it was good and 28.75 percent women said it was very good. Among the villages Abbigeri, Belavanaki and Hirewadatti women have 100 percent institution delivery but in Kalakeri village 89.50 percent women have institutional delivery and 10.50 percent women have home delivery. The study found that 80.41 percent women have undergone normal delivery and 19.59 percent women have undergone caesarian section delivery. The study reveals the reasons for caesarian delivery. 21.13 percent women did not have EDD pain at the time of delivery and 48.76 percent women had BP variation at the time of delivery and 10.10 percent women had child problem and 19.91 percent women were aged more. Belavanaki village has the best performance about the status of normal delivery compared to other villages in the study area. Because the village has more health infrastructure facilities in PHC.

Awareness about JSY scheme

Table no 4 indicates the awareness about JSY scheme in the study area. Women have 100 percent awareness about JSY in Abbigeri, Belavanaki and Hirewadatti village but at the Kalakeri village 89.50 percent women have awareness remaining 10.50 percent women do not have awareness about JSY. Overall 98.33 percent women have awareness about JSY and only 1.67 percent women do not have awareness about JSY in the study area.

The sources of awareness about JSY in the study area. Across the villages in Belavanaki 75.91 percent women got awareness about JSY scheme through ASHA workers followed by Abbigeri with 56.07, Belavanaki with 49.99 and Kalakeri with 44.73 percent women got awareness about JSY through ASHA workers. Besides 36.36 percent in Abbigeri 25.61 percent in Belavanaki 14.80 percent in Hirewadatti and 44.79 percent in Kalakeri village, women got awareness about JSY scheme through government doctors, and only 15.86 percent women got awareness through family, neighbors and relatives in the village of Belavanaki. Overall in the study area most of the women got awareness through ASHA workers with 56.66 percent, only 4.16 percent through ANM and 0.83 percent got awareness through Anganavadi workers, 29.17 percent through Government doctors and 5.42 percent through family and relatives and remaining 2.08 percent women got awareness of JSY scheme through any other sources like media and posters. The beneficiary women's opinions about the objectives of JSY scheme in the study area, 65.42 percent beneficiary women's opinion is to promote institutional delivery and 34.58 percent beneficiary women's opinion is that they do not know about the objectives of the scheme due to of lack of education and lack of awareness about the scheme in the study area.



Government gives money as incentive to delivery women who deliver in PHCs, they receive 700 rupees and those who deliver in government hospitals receive 600 rupees and the women have who have undergone caesarian section delivery receive 1400 rupees. In the study area highest beneficiary women received 700 rupees with 84.17 percent and 10.83 percent women received 1400 rupees only 3.34 percent women received 600 rupees remaining 1.67 percent women did not receive any amount through JSY because those women delivered at home.

Duration of JSY money received by beneficiary women in the study area. Across the villages 75.91 percent women received the JSY money within a month of delivery followed by 39.38 percent women in Abbigeri, 15.86 percent women in the village Belavanaki but in Kalakeri women did not receive JSY money within a month; after the second month of delivery in Belavanaki 1.71 percent women received JSY money followed by Kalakeri with 73.66 percent and Abbigeri with 48.47 percent and 24.09 percent women received JSY money in the second month of delivery. In Kalakeri village 15.79 percent women received JSY money in the third month of delivery followed by Abbigeri with 12.11 and 2.43 percent in Belavanaki; overall 33.33 percent women received JSY money within a month of delivery and 58.33 percent women received JSY money in the second month of delivery only 6.66 percent women received money in the third month of delivery in the study area.

JSY cash incentive payment was made by government nurse in 100 percent cases in Abbigeri village and in 86.57 percent cases government medical officer made payment of cash Incentives in the village of Belavanaki, remaining 13.40 percent was made by government nurse. In Hirewadatti village government staff made cash incentives to beneficiary women and in 89.50 percent cases government nurse made by JSY amount in Kalakeri village. Overall 29.58 percent government medical officer made the payment of cash assistance the JSY amount and in 46.24 percent cases government nurse made the payment of cash incentives and in 22.5 percent cases government staff made the JSY payment of cash incentives in the study area.

Conclusion

In this study, among the villages Kalakeri village has least performance in awareness about JSY and institutional delivery compared to other villages in the study area due to lack of education and lack of awareness about JSY and institutional delivery. The study found that, at the time of receiving JSY amount 58 percent women paid some amount to the provider of the JSY amount, 67.64 percent women say JSY scheme is helpful in financial assistance to women and 32.36 percent women say scheme is helpful in safe delivery for mothers. The study found that 34 percent women faced problems to arrange the certificate in receiving JSY incentive amount, and 66 percent women have faced delay in receiving JSY money. That is why government should provide JSY incentive money within a month of delivery and government should create more awareness about JSY at village level and appoint more number of ASHA workers at the village level, it helps to increase awareness about JSY and increase the institutional delivery at village level.

Table No 2, Background characteristics of JSY Beneficiaries

Variables	Indicators	Abbigeri	Belavanaki	Hirewadatti	Kalakeri	District Average
Religion	N	82	66	54	38	240
	Hindu	83.35	82.91	87.02	84.21	84.16
	Muslim	16.65	17.06	12.98	15.79	15.84
Cast	SC	12.11	20.72	11.11	21.04	16.24
	ST	0	1.23	7.42	2.65	2.51
	OBC	71.2	60.96	68.53	60.52	65.41
	Muslim	16.65	17.06	12.98	15.79	15.83
Age of Beneficiary	18-20	16.69	9.75	11.11	15.79	12.92
	21-25	39.38	67.08	53.69	57.93	55
	25-30	36.36	19.52	33.33	23.69	27.92
	30-	7.56	3.66	1.87	2.59	4.16
Education Status	Illiterate	9.09	24.38	20.36	23.69	19.16
	Primary	28.8	34.15	48.13	28.93	35
	Secondary	27.27	19.52	20.36	28.93	23.33
	Higher secondary	31.82	21.95	11.11	18.45	21.67
	Graduation	3.02	0	0	0	0.83
Type of Family	Nuclear	65.16	41.47	68.53	50.03	55.43
	Joint	34.84	58.53	31.47	49.97	44.57

Source: Primary Data,

Note: N= Number of samples



Table No: 3,Details of Institutional Delivery of JSY Beneficiaries

Variables	Indicators	Abbigeri	Belavanaki	Hirewadatti	Kalakeri	District Average
Place of Regular Antenatal Care Received	N	82	66	54	38	240
	PHC	74.25	79.25	94.44	97.41	84.17
	SC	0	0	0	0	0
	Government Hospital	16.65	14.63	1.87	2.6	10.42
	Private Doctor	9.09	6.09	3.69	0	5.51
	Traditional Birth Attendant	0	0	0	0	0
person Whom Conducted Delivery	ANM	0	0	0	0	0
	Govt Doctor	27.27	14.63	20.36	15.79	19.58
	Govt Nurse	54.55	81.71	70.36	50.03	66.67
	Private Doctors	18.18	3.66	9.24	23.69	12.08
	Private Nurse	0	0	0	0	0
	Family Member	0	0	0	10.55	1.67
	Traditional Birth Attender	0	0	0	0	0
Use Of Transport	Own Vehicle	0	0	1.87	7.9	1.67
	Government vehicle	78.8	91.45	92.58	60.52	83.33
	Private vehicle	21.2	8.55	5.56	21.04	13.33
	Not use any vehicle	0	0	0	10.54	1.67
Opinion About Hospitality	N	82	66	54	34	236
	Good	65.16	70.73	77.78	63.17	69.59
	Very good	34.84	29.27	22.22	26.34	28.75
Place of Delivery	N	82	66	54	38	240
	Institutional Delivery	100	100	100	89.5	98.33
	Home Delivery	0	0	0	10.5	1.67
Type of Delivery	normal deliver	72.73	93.88	75.91	71.07	80.41
	caesarian section	27.27	6.12	24.09	28.93	19.59

Source: Primary Data

Note: N= Number of samples

Table No: 4,Awareness and utilisation of JSY

Variables	Indicators	Abbigeri	Belavanaki	Hirewadatti	Kalakeri	District Average
Awareness about JSY	N	82	66	54	38	240
	Yes	100	100	100	89.5	98.34
	No	0	0	0	10.5	1.64
Sources of awareness about JSY	N	82	66	54	34	236
	ASHA Workers	56.07	49.99	75.91	44.73	56.66
	ANM	0	6.09	9.24	0	4.16
	Anganawadi Workers	3.02	0	0	0	0.83
	Government Doctors	36.36	25.61	14.8	44.79	29.17
	Private Doctors	0	0	0	0	0
	Family, Neighbors, Relatives	0	15.86	0	0	5.42
	Any Other	4.55	2.43	0	0	2.08
Objective of	N	82	66	54	38	240



JSY	Promote to institutional Delivery	68.18	69.76	67.78	55.27	65.42
	Don't Know	31.82	30.24	32.22	44.79	34.58
How much Money received from JSY	600	4.55	4.89	1.87	0	3.34
	700	78.8	93.88	88.89	65.82	84.17
	1400	16.65	1.23	9.24	23.69	10.83
	Not Received	0	0	0	10.55	1.67
Duration of JSY Money Received	N	82	66	54	34	236
	Within a Month	39.38	15.86	75.91	0	33.33
	After 2nd Month	48.47	81.71	24.09	73.66	58.33
	More than 3 Months	12.11	2.43	0	15.79	6.66
JSY Amount Made By	ANM	0	0	0	0	0
	ASHA Worker	0	0	0	0	0
	Govt. Medical officer	0	86.57	0	0	29.58
	Govt. Nurse	100	13.4	0	89.5	46.24
	Private Doctor	0	0	0	0	0
	Private Nurse	0	0	0	0	0
	Other govt. staff	0	0	100	0	22.5
	Other private hospital staff	0	0	0	0	0

Source: Primary Data

Note: N= Number of samples

Acknowledged: I would like to thanks to Indian Council for Social Science Research (ICSSR) institution for financial assistant support to me for research work.

References:

1. Deshpande. R.V. (2011): "Is Janani Suraksha Yojana (jsy) contributing to the Reduction of Maternal and Infant Mortality? An Insight from Karnataka" *The Journal of Family Welfare* Vol. 57, No.1, June - 2011
2. Harpreet Kaur, Amanpreet Kaur, Priyanka Devgun (2015): "A study of utilization of Janani Suraksha Yojana (JSY) scheme, among beneficiaries in a rural area of Punjab" *National Journal of Research in Community Medicine*. Vol. 4. Issue 1. Jan-Mar. 2015 (114-123)
3. Karnataka State Health System Resource Centre Bangalore (2012): "Janani Suraksha Yojana (JSY) – an exploratory study" Final report *Karnataka State Health System Resource Centre Bangalore, in collaboration with Jagruti, Dharwad* April 2012
4. Khan, M. E., Avishek, Hazra. and Isha, Bhatnagar, (2010): "Impact of Janani Surksha Yojani on Selected Family Health Behaviours in Rural Utter Pradesh". *Journal of Family Welfare*.56: (3):9-21.
5. Ministry of Health and Family Welfare Government of India (2011): "Concurrent Evaluation of National Rural Health Mission 2009" *International Institute for Population Sciences* (Deemed University) MUMBAI – JUNE, 2011
6. Mutharayappa, R., (2010): "Functioning of Janani Suraksha Yojana in Hassan District Karnataka". *The Indian Journal of Social Work*, 71(2):167-180.
7. Parul Sharma, Surekha Kishore, Sanjeev K Gupta, Jayanti Semwal (2012): "Effects Of Janani Suraksha Yojana (A Maternity Benefit Scheme) Up-On The Utilization Of Ante-Natal Care Services In Rural & Urban-Slum Communities Of Dehradun" *National Journal of Community Medicine*, Vol 3 Issue 1 Jan-March 2012 Pp 129-137
8. Sharma, M. P., Soni, S. C., Bhattacharya, M., Datta, U., Gupta, S. and Deoki Nandan, (2009): "An Assessment Institutional Deliveries under JSY at different levels of health care in Jaipur District Rajasthan". *Indian Journal of Public Health*, 53(3): 177-182.
9. Tanmay Kanti Panja, Dipta Kanti Mukhopadhyay, Nirmalya Sinha, Asit Baran Saren, Apurba Sinhababu, Akhil Bandhu Biswas (2012): "Are Institutional Deliveries Promoted by Janani Suraksha Yojana in a District of West Bengal, India?" *Indian Journal of Public Health*, Volume 56, Issue 1, January-March, 2012
10. Vikram K., A.K. Sharma & A.T. Kannan (2013): "Beneficiary Level Factors Influencing JSY Scheme Utilization In An Urban Slum Population". *Indian J Med Res* 138, September 2013, pp 340-34
11. Vinod, Kumari. Deepali Dhawan, Archan Rai and Singh, (2009): "Advantage As Perceived by the Beneficiaries of Janani Suraksha Yojanani (JSY) in Bekaner in District". *Indian Journals.com*, 28(3-4): 247-249.