

**AWARENESS AND KNOWLEDGE REGARDING JANANI SURAKSHA
YOJANA AMONG WOMEN: A STUDY OF SLUMS AREAS OF DISTRICT
KATHUA.**

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ABSTRACT

India accounts for 20% of the maternal deaths around the whole world. In fact, at present the maternal mortality ratio is 178 (2013 SRS), and as per historical trends it had to be 140 in 2015 and as such has missed the Millennium Development Goal (MDG) target of 107. The main focus of this study is to examine the level of awareness among the women living in the slum areas about the JSY scheme and to find out the reasons for not opting institutional delivery from those who have delivered in their homes. A total of 130 women who have delivered within the two years i.e. from Jan. 2014-Dec. 2015 were interviewed using an interview schedule. The study is primarily based on primary data collected from a field survey in the slum areas of district Kathua. The important results of the study reveal that that the 65% of the respondents had delivered their last baby in the public health facility and still 35% of them had delivered at home. Only 65% of the total 130 women had awareness about the JSY scheme. The main source of the awareness was AWW workers among the women. The women who are literate, housewives, and are in the age group of 20-24 years were more aware about the JSY scheme. The study concludes that there is a gap regarding the awareness level of JSY scheme would be increased by using the community interaction programmes.

Keywords: Maternal mortality; institutional delivery; JSY; AWW; MDG.

INTRODUCTION

Pregnancy and motherhood are generally occasions of happiness to women and their families. It is often a positive and fulfilling experience. However, for too many women it is associated with suffering, ill health and even death. In a global community that often treats health care as a luxury rather than a necessity; the world's mothers are arguably some of the most impacted by inequality in access. That's especially true for pregnant women and mothers in developing nations, who are often left to grapple with health care accessibility, affordability and practicality.

Improved scientific knowledge and availability of modern technology have brought several significant successes in global health over the past five decades but maternal mortality reduction remains a serious challenge in the majority of developing nations. Maternal mortality is considered to be the greatest inequity of the 21st century with 99% of maternal deaths occurring in the developing countries. Improving maternal health and reducing maternal mortality have been prioritized in several national policies and international declarations including the Millennium Development goals (MDGs). India has very high maternal mortality ratio in comparison to other countries as approximately 15% of all maternal deaths in the world take place in India. Within the country a wide range of maternal mortality ratio can be seen for example, the MMR varied from 328 in Assam to 66 in Kerala (Register General of India, 2013). During the last 15 years a positive trend can be recognised as India's maternal mortality ratio substantially declined from 437 maternal deaths for every 100,000 live births in 1990 to 167 in 2013. However, in order to meet the MDG target, the maternal mortality ratio should be reduced to 109 per 1 lakh births by 2015. As per the historical trend, MMR was likely to reach the level of 140 maternal deaths by 2015.

Janani Suraksha Yojana (JSY), one of the largest conditional cash transfer scheme in the world was launched to promote demand for institutional delivery in April 2005 with the objective of reducing maternal mortality ratio and infant mortality. The total expenditure under Janani Suraksha Yojana has risen from Rs 38.29 crores in 2005-06 to Rs 1762.82 crores in 2013-14. The number of JSY beneficiaries has also risen from 7.39 lakhs in 2005-06 to more than 106.48 lakhs in 2013-14. Janani Suraksha Yojana was launched in April 2005 by modifying the national maternity benefit scheme (NMBS) under the umbrella of national rural health mission. While the NMBS is linked to provision of better diet for pregnant women from BPL families, JSY integrates 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 a 100% centrally sponsored scheme and it integrates cash assistance with delivery and post-delivery care. The scheme aims at reducing maternal and neo natal mortality rate by promoting institutional delivery for which financial incentives are provided to mothers who deliver in a health facility. It was implemented in all States with special focus on 10 low performing States. NRHM has classified States into two categories on the basis of low institutional delivery rate. The States are then further classified into low performing States i.e. (the States of UP, Uttaranchal, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam, Rajasthan, Orissa and J&K) whereas remaining states are high performing States.

Scenario of the JSY scheme and Maternal Health Indicators in J&K:

NRHM has classified the States on the basis of institutional deliveries during 2005; The States where the institutional deliveries are low were classified as low performing states. NRHM has classified the ten States as low performing States and Jammu and Kashmir happened to be one of such States. The JSY Scheme was launched in the State in 2005. Over the period, the number of JSY beneficiaries has increased from 7771 in 2008-09 to 127043 in 2012 -13. A total of 5.80 lakh women have been benefitted under the JSY ending 2013. The level of utilisation of maternal health services in the State according to various reports are as revealed in Table 1.

Table 1: Maternal Health Indicators of J&K

S.NO	INDICATORS	NFHS (2006)	UNICEF (2009)
1	Received 3+ ANC check-ups	74%	87.0%
2	Institutional delivery	50.2%	80.9%
3	Skilled birth attendant	56.5%	82.9%

OBJECTIVES OF THE STUDY

- To examine the level of awareness among women about the JSY scheme
- To establish association of socio - demographic factors with awareness about Janani Suraksha Yojana.
- To find out the reasons for not opting for institutional delivery.

METHODOLOGY OF THE STUDY

The present study adopted a cross- sectional research design, because it is best suited to studies aimed at finding out the prevalence of a phenomenon, situation, problem, attitude or issue by taking a cross section of the population. Since the study is empirical, it primarily relies on the primary data which was collected during the field survey. The respondents of the present study were all the women in the age group of 15 -45 years who had delivered within the last two years i.e. from Jan 2014- Dec 2015. An interview schedule was used to collect primary data for the study

Study area:

This study was conducted in the slums of Kathua district. The district Kathua has been divided into five Blocks Namely Parole, Hiranagar, Bani, Basohli and Billawar. The present study work is concerned with the slum population of the District. There is not any notified slum area as designated by any concerned authority in the Kathua district. The NRHM has conducted the

special immunization week in the HRA’S (high risk areas) in Kathua district in 2014. They categorized the high risk areas into urban slums, nomads, brick kilns, stone crushers and others. The present study has its concern with the slum population of the district. As there is not any designated slum area by any concerned authority so, the action plans of the special immunization week as mentioned above has been used as the basic frame of the present study. As per the action plan, the slums in the district are located only in the two Blocks namely, Parole and Hiranagar. The present research work was conducted in these two Blocks.

Population of the Study:

The Block Parole and Hiranagar have slum population of total 700 households, which is the population of the present study. These are categorized as identified slums. The Block Parole has near about 500 households and Block Hiranagar has 200 households. The total population of the children living at present in 0-5 age group in the slums of Parole is 150 as per the list provided by the CMO office district Kathua. Also, Block Hiranagar has 100 children in the age group of 0-5 years as per the action plan. Therefore, the total population of the children in the age group of 0-5 years in the slums of Kathua are near about 250. The present study has covered the entire population. The present research work has covered all the population of those women whom have delivered within the last two years. In all, 130 women had delivered a live baby during the two years preceding the survey (December, 2015) conducted by the present researcher and identified through the process of house to house survey.

Demographic Profile of the Respondents:

Table 2: Socio- demographic characteristics of the 130 Sample respondents of District Kathua

Variables		N	%
Religion	Hindu	120	92.3
	Muslim	9	6.9
	Others	1	.8
	Total	130	100
Caste	SC	60	46.2
	ST	7	5.4
	OBC	17	13.1
	General	46	35.4
	Total	130	100
Permanent residence	Bihar	26	20.0
	Chhattisgarh	50	38.5

	MP	20	15.4
	UP	17	13.1
	J&K/Punjab /Orissa/Assam	14	11
	Any other	3	2.3
	Total	130	100
	Total	120	100
Respondent's Age(yrs)	15-19	6	5
	20-24	37	28
	25-34	68	52
	35 and above	19	15
	Total	130	100
Respondent's Education	No education	75	58
	Less than 5 years	8	6
	5-9 years	17	13
	10 and more years	30	23
	Total	130	100
Respondent's Occupation	Housewives	73	56
	Casual unskilled worker	56	43
	Self employed	1	1
	Total	130	100
Respondent's income	<2000	1	2
	3000-5000	31	54
	5000-10000	25	44
	Total	57	100

Table 2 presents the selected Socio- demographic characteristics of the respondents in the study. These characteristics play an important role in analysing the further research work.

Distribution by the religion suggests that 92 percent of the households are Hindu, 7% are Muslims and the remaining 1% belongs to other religion. Caste - wise distribution indicates that the largest group out of the sample respondents out of the sample respondents belong to the SC (46.2%), followed by General Category and OBC and ST (35%, 13%, 5% respectively).

The majority of the households living in these slums are migrants. They are living in the state for the last 8-10 years. Majority of the respondents (86%) are from 4 States, viz Chhattisgarh (38%), Bihar (20%), MP (15%), and UP (13%).The age profile of the respondents suggests that maximum number of respondents i.e. 52% of the total fall in the age group of 25-34 years,

followed by 28% in the age group of 20-24 years. The inferences drawn from the Table 2 reflects that majority of the respondents are in the most fertile age group of 25-34 years. The educational status of the respondents suggests that more than half of them (58%) are illiterate. About 23% of the respondents have completed 10 and more years of education.

The inferences from the educational status highlights that majority of the respondents are illiterate. The occupational structure of the respondents also draws a special attention that the 44% of the respondents are employed. Majority of them (43%) are casual unskilled workers. Out of the total Sample of 130, (i.e. 56%) are housewives. Table 1 reveals 44% of the respondents are earning five to ten thousand rupees monthly, and 54% are earning three to five thousand rupees monthly. The inferences from the earnings depict that half of the respondents living in the slums are financially independent.

Reproductive Experiences of the Respondents:

A profile of the reproductive experiences of the respondents, presented in Table 3, indicates that the 60% of the respondents had delivered their last baby in the public health facility, only 3% had delivered in the private health facility, and 35% of them had delivered at home. It depicts that still large percentage of women opt for non-institutional deliveries. One important finding is that those who delivered at health facilities, among them the largest percentage of women had delivered at public health facility. The respondents on an average had two pregnancies up to the time of the present survey. The mean number of live births among the respondents on an average is two.

Table 3: Reproductive Experiences of the 130 Sample Respondents of District Kathua

Reproductive experiences	N	%
Most recent delivery in public health facility	79	60.8
Most recent delivery in private health facility	5	3.8
Home	46	35.4
Total	130	100
Mean no. of pregnancies (2.32)		
Mean no. of live births (2.22)		
Age at marriage (mean age) 18.35yrs		

Source: Field survey (Dec, 2015)

The findings indicate from the Table 3 that mean age at marriage among the respondents is 18.5 years which seems to be somewhat good for this section of the society and the usual impression that the girls in the slum areas are married at a younger age is not borne out , at least in the present sample study .

Awareness and Source of Awareness about JSY Scheme:

Our country, where still 25% of the population is illiterate and below the poverty line, providing awareness related to the government welfare programmes is necessary. In fact, awareness about the various Schemes among the target population is one of the key towards the success of any programme. The level of awareness is the first step towards the success of any scheme. Table 4 shows the awareness and sources of awareness regarding JSY scheme.

Table 4 provides the information regarding the source of awareness. It also shows the number of respondents who availed the Scheme and the person who had enrolled them under the Scheme. From Table 4, it is evident that only 65.4% of the respondents were aware about the JSY scheme. Among the respondents who had knowledge about the scheme, 50% reported that the nurses were the main source of information about the JSY, 29% were made aware by AWW and only 9% of the respondents revealed that ASHA was the source of information.

Table 4: Awareness level regarding the JSY scheme among the 130 sample respondents of District Kathua

		N	%
Aware about JSY scheme	Yes	85	65.4
	No	45	34.60
	Total	130	1000
Source of awareness	ASHA	8	9.40
	AWW	25	29.40
	Nurse	43	50.6
	Any other	9	10.6
	Total	85	100
Enrolled under JSY scheme	Yes	63	74
	No	22	26
	Total	85	100

Enrolled by	ASHA	48	76.2	
	AWW	3	4.8	
	Nurse	12	19.0	
	Total	63	100	
Received incentive	Cash	Yes	53	84.1
		No	10	15.9
		Total	63	100

Source: Field survey (Dec, 2015).

Out of the 85, 74% of the respondents had enrolled themselves under the JSY scheme. Majority of the beneficiaries i.e. 76% were enrolled by the ASHA under the JSY, 19% were enrolled by the nurse, and 4% of them were enrolled by AWW. The inference can be drawn from the above data that ASHAs were playing the important role in enrolling them under JSY programme.

Out of the total 63 JSY beneficiaries, 53 had received the cash incentives and the remaining 10 were likely to receive the cash. From this, one can infer that there are certain loopholes in the administration. As per the guidelines, the cash incentive would be given immediately after the delivery.

Association between Socio-Demographic Variables and Awareness level of JSY:

One of the objectives of the present study has been to investigate the association between the various socio-demographic variables and awareness level of JSY among the respondents. Table 5 reveals about the association of the certain variables regarding the awareness level.

Table 5: Association between Socio-Demographic Variables and Awareness level regarding JSY Scheme of the 130 sample respondent of District Kathua

Variable	Categories	Awareness level of JSY scheme					
		Yes		No		Total	
		N	%	N	%	N	%
Age	15-19	4	66.7	2	33.3	6	4.6
	20-24	24	64.9	13	35.1	37	28.4
	25-34	45	66.2	23	33.8	68	52
	35 and above	12	63.2	7	36.8	19	14.6
	Total	85	65.4	45	34.6	130	100

Respondent's education	No education	42	56	33	44	75	57.6
	Less than 5 years	5	62.5	3	37.5	8	6.1
	5-9 years	13	76.5	4	23.5	17	13
	10 and more years	25	83.3	5	16.7	30	23
	Total	85	65.4	45	34.6	130	100
Respondent's Occupation	Housewives	53	72.6	20	27.4	73	56.1
	Casual unskilled worker	31	55.3	25	44.6	56	42.9
	Self employed	1	100	0	0	1	0.7
	Total	85	65.4	45	34.6	130	100
Caste	SC/ST/OBC	50	42	34	33.6	84	64.6
	General	35	76.1	11	23.9	46	35.3
	Total	85	65.4	45	34.6	130	100
Total no, of live births	1	20	58.8	14	41.2	34	26.1
	2	34	68	16	32	50	38.4
	3	23	71.9	9	28.1	32	24.6
	4+	8	57.1	6	42.8	14	10.7
	Total	85	65.4	45	34.6	130	100

The present study showed that women between age group of 25-34 years were more aware about JSY (66.2%) in comparison to the other age groups. In the present study, among the literate women awareness about JSY was more i.e. 83.3% as compared to illiterate women. This shows that illiteracy of women is one of the major barriers in accessing the awareness regarding the JSY scheme.

The women who are housewives and are not employed were more aware about the JSY scheme than the employed women – 72.6% of the housewives were aware about the Scheme, whereas in case of the employed women the unskilled workers were the least aware about the Scheme. It makes us to conclude that in the slums women who are employed were the least aware about the JSY scheme.

Respondents belonging to the general castes were more aware about the JSY scheme than the lower castes. Among the caste structure, socially disadvantaged classes were the least aware about the scheme. Table 5 reveals that 70.6% of the respondents from the general caste were aware about the Scheme. Only 42% of the respondents in the socially disadvantaged class were

aware about the scheme. Those women who had 4+ live births had low level of awareness regarding the Scheme. Only 57% of them were aware.

Reasons for not delivering in the Institution:

Table 6 reveals that the reasons for not opting for institutional delivery. Out of the 46 respondents who had delivered at their homes, most of them i.e. 54% mentioned that they feel home better place, 20% mentioned that due to fear they preferred to deliver at home, 11% of them had low level of awareness, and 7% respondents mentioned multiple reasons for not opting for institutional delivery. None of the respondent has mentioned customs/tradition and lack of trust as a barrier for not opting for institutional delivery. It can be inferred from the Table 6 reveals that, majority of the respondents feel that home is a better place. The main perception for not opting institutional delivery is basically a casual approach, as such, there are chances that it can be easily corrected by resorting to proper motivation.

Table 6: Reasons for not Delivering in the Health Institution of the Sample Respondents of the Slums of District Kathua

Reasons for not delivering in the institution		
	N	%
Feels home better place	25	54
Health Institution far away	2	4
Family / Husband don't allow	2	4
Low level of awareness	5	11
Multiple responses	3	7
Fear	9	20
Total	46	100

Source: Field survey (2015)

SUGGESTIONS

- Our findings show a gap regarding the awareness level of JSY scheme in the slums of the District. This needs to be addressed via proper information, education and communication drives to improve demand for the Scheme. There is dire need to intensify the efforts to increase awareness and knowledge about JSY. Level of awareness among the JSY Scheme would be increased by using the community interaction programmes.

- Despite having the awareness regarding the JSY scheme, respondents would not be able to enrol themselves under the JSY because they didn't have a bank account with J&K Bank. Some refinements should be made here.
- Cash incentives should be given at the time of delivery as per the norms. But there are also certain loopholes. Administration should try to pay special attention to it.
- People in the slums are opting for the institutional delivery mostly because of the reason that institution provides better care. The quality of the care to be provided to the patients should be improved. Besides, this the good and sympathetic behaviour would also make the perception of the expectant mothers more positive and they would opt for institutional delivery.

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