



Assessment of Janani Suraksha Yojana (JSY) Component Under NRHM in Selected Districts of Kashmir Valley: A Descriptive Study

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Abstract

National Rural Health Mission launched a safe motherhood intervention named Janani Suraksha Yojna in 2005 to reduce maternal and infant mortality by promoting institutional deliveries. The objective of the study was to assess the social profile, knowledge and utilization pattern of JSY beneficiaries. It was a community based Cross sectional study. Multi-stage Random sampling was adopted. The study was conducted in three district of Kashmir valley for a period of three months from April 2012 to June 2012. A total of 349 beneficiaries were interviewed using pre tested semi-structured questionnaire. Results were expressed in proportion. Mean age of the women was 29.2 yrs. Majority of the women were illiterate (75 %). 95.5% had heard about JSY. Most of them had correct knowledge about the main objective of the scheme. Majority of women (86.5%) got themselves registered in 1st trimester of pregnancy. 90.2% had undergone more than four antenatal check up. Injection Tetanus Toxoid was received as per the schedule. 86% consumed recommended Iron Folic acid tablets. Majority of the delivery (57.3%) took place at tertiary care hospital. Only 4 % was paid incentive at the time of discharge. ASHA accompanied women in 41.3% women at the time of delivery. Postnatal care was the most neglected component.

Keywords: Cross sectional study, Institutional delivery, Postnatal care

Introduction

Maternal mortality remains a serious public health problem in developing countries Millennium Development Goal (MDG) 5 lay emphasis on reducing maternal mortality.⁽¹⁾ Keeping in view

the above facts, Government of India (GOI) in 2005 launched a scheme known as Janani Suraksha Yojna (JSY) under NRHM. The scheme aimed to reduce maternal and infant mortality by promoting institutional deliveries.⁽²⁾ It is one of

the largest conditional cash transfer programme in the world and represent a major Indian health programme.⁽³⁾

As per JSY guideline, Jammu and Kashmir is among the Low Performing State (LPS). The present study has been conducted to assess the social profile, awareness, knowledge and utilization pattern of the target population under JSY.

Methodology

The study has been done across three districts of Kashmir valley at Srinagar, Pulwama and Budgam. A field based cross sectional study was done for a period of three months from April 2012 to June 2012. Multi-stage Random sampling was done. One district was selected randomly by lottery method from three zones of Kashmir valley. Frame of blocks in the selected district was formulated out of which 10% of the blocks were selected randomly, that came out to be one block per district. Thus, three blocks from three districts were randomly selected. From each of the selected block level PHC, by line listing all the sub-centres in the block, 20% of the sub-centres were taken on random selection basis. Further all the villages of selected Sub-Centres were selected for the study.

Study Respondents included 349 recently delivered beneficiaries (Those who have delivered within the last one year). House to house visits were done and eligible women interviewed after taking informed consent. Pre tested semi-structured questionnaire (close and open ended) were used in the study. Data was analyzed after generating frequency tables and results were expressed in proportion.

Results and Discussion

Mean age of the women was 29.2 years. Most (45.2%) of the women were aged between 25- 30 years. Majority of the women were illiterate (75 %). 42.1% of the women had their family income less than 5000.

Awareness in the present study refers to the time when women heard about the scheme & knowledge about various components of JSY. 95.5% had heard about JSY out of which 63.3% heard about the scheme before pregnancy and 37 % during pregnancy. The high awareness may be due to recruitment of ASHA (Accredited Social Health Activist) at subcentre level who are provided incentive under the scheme. Similar results have been reported in a study conducted by Kristi Sidney⁽⁴⁾. The findings of our study are in contradiction to the study done by CORT (Centre for Operation Research and Technique, Vadodra, 2008) in Bihar where 82% of the women heard about the scheme during pregnancy, 14% after delivery and 4% before being pregnant.⁽⁵⁾

Major source of information came from ASHA (77.5%) followed by other sources like TV, radio, friends and relatives (12.4%) in our study. The results are consistent with the findings of Sharma Parul et al where ASHA was the main source of information in rural areas and neighbours and friends were the main source of information in urban slum.⁽⁶⁾

82.2% stated that money is being paid for institutional delivery while 18% knew that ASHA is there to help them. Regarding the purpose of paying cash incentive, most of the women (65%) felt that money is being given for maintenance of

mother and child health at the time of delivery. 9% had no idea about the money being provided under the scheme. The variation in responses might be due to different perception or due to lack of information. However, Shobana Malini et al in her study found that less than half of the beneficiaries were having knowledge on various aspects of the JSY scheme⁽⁷⁾. In contrast, Sanjeev K Gupta et al reported that only 13% of mothers had knowledge about JSY and its benefit.⁽⁸⁾

100% of the women were registered. Majority of women (86.5%) got themselves registered in 1st trimester of pregnancy. The results are consistent with the findings of Banerjee B (2003) et al where registration was found to be 100%.⁽⁹⁾ 90.2% had undergone more than four antenatal check up. The findings contradict the estimates of DLHS-3, where almost 50% of women aged 15-49 years had at least three antenatal care visit.⁽¹⁰⁾ While the results are supported by Padam, Yadav RJ (2000) et al where 89% of the women had

antenatal check-ups among which 62% had more than 3 antenatal checkup⁽¹¹⁾ Majority(72.2%) had antenatal check-up at sub centre in our study. This may be due to constant motivation by ASHA'S at the grass root level. The results contradicts with the results of "Assessment of JSY in Himachal Pradesh" by CORT where only 32% did their check up at sub centre⁽¹²⁾

Weight measurement at every visit was done for only 39.4% of women. Majority (84.3%) had their Blood Pressure monitored at every antenatal visit .Tetanus toxoid injection was administered as per schedule to every women. 81% got Iron folic acid tablets from government health centres .Only 86% consumed recommended Iron Folic acid tablets. The reason for non compliance was due to bad taste and epigastric discomfort. Shortage in supply of IFA tablets was reported across the entire block. In contradiction, Ahmad Imtiyaz (2003) in his study found that 76.5% of women had to purchase IFA from private source⁽¹³⁾.

Table 1: Recently delivered women who ever heard about JSY

Heard about JSY	n	%
Yes	330	95.5
No	19	4.5
Total	349	100

Table 2: Knowledge of women regarding the various component of JSY

Knowledge about JSY	n	%
ASHA to facilitate them	62	18
Money is given to mothers for delivering in government institution	287	82.2
Total	349	100

Table 3: Percentage distribution of women as per registration

Timing of registration	n	%
1 st trimester	302	86.5
2 nd trimester	47	13.4
Total	349	100

98.3% of deliveries were institutional out of which (57.3%) took place at tertiary care hospital. Major portion of delivery occurring at tertiary care hospital may be due to lack of the provision of basic essential and emergency services and proper functioning of primary level of health facilities in terms of trained manpower and infrastructure. Similar results were also found in the study done by Himashree Bhattacharya et al ⁽¹⁴⁾. As per the report of District level Household Survey-3(2007-08) for Tamil Nadu 94.1% deliveries were conducted at institution and 5.7% were conducted at home.⁽¹⁰⁾

The accepted rates for caesarean section are between 5-15% as per the Program evaluation of JSY ⁽¹⁵⁾. But in our study 58% of beneficiaries had undergone Ceasarian section. Reason could be because of higher percentage of women opting for

caesarean section, previous history of caesarean section and monetary benefit to the private service provider. The proportion of women undergoing caesarean section was higher than expected (8%) in a study done by D K Pal et al ⁽¹⁶⁾.

ASHA was the main source of motivation (58.1%) for institutional delivery. In contradiction, during assessment of JSY in Madhya Pradesh (2007) 8% or less beneficiaries were motivated by ASHA.⁽¹⁷⁾ Safety of the mother and child (47.2%) and money available under JSY (22.1%), were the main motivating factor for opting institutional delivery. The findings of our study are in accordance with study of Khurshid Ahmed in Baramullah, where better care for the mother and newborn were the reasons for opting institutional delivery by 47% of respondents ⁽¹⁸⁾.

Table 4: Reason for opting institutional delivery among studied women

Reasons for opting institutional delivery	n	%
Money available under JSY	76	22.1
Better access to institutional delivery	25	7.2
Better care for mother and child	162	47.2
Support provided by ASHA	60	17.4
Previous child was born in an institution	20	5.8
Total	343	100

Out of the 6 women who delivered at home, the main reason was untimely delivery for 50% of women. 33.3% of the women had nobody to look

after the family. Inaccessibility of institution was reported by 17% of women. The results contradicts the findings of Kristi Sidney et al(19

) where non availability of transportation (65%) was the reason for home delivery. 25% of the mothers reported staying for less than recommended period of two days. The reason being request from family members for early discharge and inconvenience due to overcrowding of bed. As per the report of concurrent evaluation of JSY –II, 41% had stayed for mandatory period of 24-48hrs while 37% were discharged within 24 hrs.⁽²⁰⁾

Regarding client satisfaction, 73% of the women were satisfied with the services provided at the hospital but dis- satisfaction was reported by 27%. The reason being rude attitude of the health staff (24.2%), poor quality of service (76%) like poor toilet and food facility, lack of cleanliness and overcrowding of patients. In contradiction, result of Program evaluation of JSY found that 76%

were not satisfied with the treatment received, and with the amenities available at the hospital.⁽¹⁵⁾

As per JSY guidelines, Incentive should be paid before discharge at the place of delivery.70% had received incentive at the time of study out of which (90%) got money more than a week after discharge. only a meager proportion of 4 % was paid at the time of discharge. This shows that money is not disbursed as per the guidelines. Findings of JSY evaluation reveal only 5.5% of women getting payment on the same day of delivery.⁽¹⁵⁾ 52% had to make informal payment and 48.2% had to make several contacts .11% of women had difficulty in getting the money as per the study of CORT in Himachal Pradesh due to late payment and had to make frequent contacts⁽¹²⁾.

Table 5: Distribution of women as per the receipt of incentive

Receive the incentive	n	%
Yes	244	70
No	105	30
Total	349	100

Table 6: Time of receipt of incentive by beneficiaries (%)

Time of receipt of incentive (n=70)	n	%
At the time of discharge	9	3.6
Within a week after discharge	16	6.5
More than a week after discharge	219	90
Total	244	100

81.9% used hired vehicle to reach the place of delivery. while 8.1% got free ambulance service under Janani Shishu Suraksha Karyakaram (JSSK). Study by Syed Ahmad Khurshid et al

(2009) shows that 80% of women had used private vehicle, government ambulance was utilized by only 4% of beneficiaries.⁽¹⁸⁾

Majority (58%) of the women were accompanied by spouses, mother in law and other family members. ASHA facilitated in arranging transport and accompanied women in 41.3% cases only. The reason being due to engagement with their own work, refusal from family members, rude

attitude of staff at place of referral and unavailability of accommodation facility at many institution. The findings are consistent with the results of SIHFW (2008) where ASHA escort and stayed with the mothers during and after delivery (24hrs) in 42.5% cases. ⁽²¹⁾.

Table7: Percentage of women who were visited for postnatal check up

Postnatal check up	n	%
Yes	122	35
No	227	65
Total	349	100

Only 35% of women were visited by health worker and ASHA during postnatal period. The findings are in agreement with that of DLHS-III data for UP where 34% of currently married women aged 15-24 years received a postnatal check up within 2 weeks of delivery ⁽²²⁾. Most of the women (92.2%) were counselled about the benefits of breast feeding .while only 34.3% got advice regarding various family planning methods .While in a study by M.E Khan et al, 69% got advice for promoting early and exclusive breast feeding in 26% cases and advice on postpartum contraception was seldom given. ⁽²³⁾.

Limitation

The study identified issues related to the scheme from client perspective and gaps in the execution of the programme. Further evaluation employing mix qualitative and quantitative research methods like in-depth interview and focus group discussion at the community level and involvement of service provider is needed for understanding the implementation of the programme.

Conclusion

Awareness was good. Majority had underwent early registration and had more than four times antenatal checkups. Majority of the deliveries were institutional .ASHAs were the main motivator for opting institutional delivery. However, escorting the pregnant lady and stay during pregnancy was meager. Delay in receipt of fund was observed across all the blocks. Postnatal visit was least. The study will help in identifying gaps in the implementation of the programme at the grass root level and will provide a feedback for further improvement.

Recommendation

There is need to lower the caesarean section rate to the minimum recommended level. Timely receipt of fund for beneficiaries and flexibility in payment of fund across the districts needs to be ensured. Postnatal services need to be emphasized by capacity building of ASHAs and proper field monitoring. Up gradation of sub centres, PHCs and CHCs as per Indian Public Health standard

guidelines (IPHS) and Accreditation of Private Hospital is the need of the hour. Public private partnership (PPP) model for 24 hours transport facility at field level may help in improving the services.

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Authors Contribution

Dr Gazala and rinchen helped in data collection and dr yangchen prepared the manuscript.

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