Performance of Janani Suraksha Yojana on maternal health of Assam

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ABSTRACT

The JSY is a safe motherhood intervention under the National Rural Health Mission (NRHM) which focuses on reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women. With the introduction of the JSY from the year 2005, there has been almost 22 times increase in institutional delivery in the State. However, improving the safe motherhood still remains a major challenge for overall improvement in the maternal and therefore child health in the State. This paper tries to study the maternal health scenario after the implementation of Janani Suraksha Yojana and also its impact on increasing institutional delivery.

Keywords: Janani Suraksha Yojana, Assam, India, Maternal Health, Institutional Delivery.

1. INTRODUCTION

Maternal mortality is a sensitive indicator. It helps to understand the health care system of a country and also indicates the prevailing socio-economic scenario. Various social, cultural and political factors determine the status of women, their health, fertility and health-seeking behavior. Most of the women in Assam are suffering from anemia. The causes are lack of nutritional food due to extreme poverty, illiteracy, and lack of awareness. National Rural Health Mission launched by Government of India seeks to provide effective health care to the rural population by improving access, strengthening public health systems, enhancing accountability and promoting decentralization. Under the NRHM, there is a specific scheme - the Janani Suraksha Yojana (JSY), which was introduced in April 2005. The main objectives of JSY scheme are to reduce Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR) by encouraging institutional deliveries, particularly in Below Poverty Line families. Under this scheme, cash incentives are given to women who opt for institutional deliveries and also to the local health functionary ASHA (Accredited Social Health Activists) who motivates the family for institutional delivery and helps them in obtaining ante-natal and post-natal services.

2. SIGNIFICANCE OF THE STUDY

Maternal mortality ratio is a vital index of the effectiveness of prevailing obstetric services and socio-economic conditions of a state. In the context of Assam, although the government has given a special attention to women's health by providing various incentives, most of them could not touch the poor marginalized women. The high MMR is due to a large number of deliveries conducted at home by untrained persons. In addition, lack of adequate referral facilities to provide emergency obstetric care for complicated cases also contributes to high maternal mortality rate. The age at marriage and child bearing, child spacing, family size and fertility patterns, literacy, socio-economic status and traditional way of maintaining customs and beliefs also have a big contribution to maternal death. However, women’s health has been neglected in most of the household domain, as women are occupying secondary role and having lack of economic independence, they themselves usually prefer not to go to health care center. Though the government has introduced ASHA workers to distribute the health facilities at people's door step, in most of the cases, the role of ASHA is not being played as it expected to be. In spite of the health care facilities mainly focused on improving maternal health, women are still subjected to various reproductive health problems. In these circumstances to what extent JSY improves maternal health and reduce infant mortality is the main concern of the study.

3. REVIEW OF LITERATURE

Concurrent Assessment of JSY scheme in selected states of India, 2008 was carried out by Ministry of health and family welfare Government of India in Bihar, Madhya Pradesh, Orissa, Rajasthan and Uttar Pradesh. Findings of the study indicate that awareness about JSY among mothers living in rural areas was fairly high in all the states. It was 95% in Rajasthan and ranged from 76%–87% in other states. The combined estimates of five states indicate that 55% of the births in the past one year occurred in the institution and the direct beneficiaries of JSY were 47%. Regarding the duration of stay at the institution only in Madhya Pradesh, 67% of beneficiaries stayed for more than 48 hrs. A high proportion of beneficiaries in Rajasthan, Orissa and Madhya Pradesh (93%, 89%,
Another study on “Effects of Janani Suraksha yojana (A Maternity benefit scheme): On the Utilization of ante-natal care services in Rural & urban-slum communities of Dehradun” by Sharma, P. et.al (2012) reveals that ante-natal services are one of the most important components of JSY. A cross-sectional study was conducted under rural health training center and urban health training center of the field practice area of Department of Community Medicine, HIM, Dehradun. They found 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.

Another community-based cross-sectional study was conducted on “Factors influencing Janani Suraksha Yojana utilization in a northern city of India” (2012), by Goel, S. et.al in which a total of 100 mothers were approached out of which 94 delivered in the institution and 34 received JSY benefit. Logistic regression model suggested that more than 3 ANC visits by women were significantly associated with the uptake of JSY benefit. The factors influencing decreased uptake of the scheme were a sub-optimal incentive, delayed payment, the problem in arranging for a residence proof and lot of administrative paper work. The study found that though the JSY scheme led to high rate of institutional delivery the monetary incentive was not availed by most of the beneficiaries.

Thimmaiah and Mamatha (2014) in their study on “Impact of Janani Suraksha Yojana on IMR in India: a study since 2005” observed that the impact of JSY on the institutional delivery rate in India. The study result shows that with increased numbers of JSY beneficiaries, the institutional delivery rate has increased, reducing infant mortality rate significantly. The study employed study employed various statistical and econometrics tools like a table, graph and One Way ANOVA test and concluded that NRHM launched by Government of India holds great hopes and promises to serve the deprived undeserved communities of rural areas.

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Utilization and perception of health services under Janani Suraksha Yojana among mother in a rural area of Ambala district, Haryana” by Kumar, R. et.al (2015) mainly focused to study the utilization of health services by mothers during the antenatal, natal and postnatal period under JSY. In this research, a cross-sectional study was carried out among 200 beneficiaries under JSY residing in the rural area of district Ambala, Haryana. A predesigned, semi-structured questionnaire was used to collect relevant data and analyzed using SPSS version 21. They observed that majority 73.5% mothers were registered after 12 weeks of pregnancy whereas 26.5% of them were registered within first 12 weeks of pregnancy. Around 14% mothers did not receive the recommended minimum three antenatal visits. Majority 88.5% deliveries were institutional and home deliveries were about 11.5%. Majority of institutional deliveries were conducted in a government hospital as compared to a private hospital. Around 54.5% mothers received at least three or more postnatal care (PNC) visits. Only 25.5% mothers received cash benefits under JSY. Awareness and perception regarding JSY were low among mothers.

A cross-sectional study was made by Dolma, Y. (2015) on “Evaluation of Janani Suraksha yojna under national rural health mission in Kashmir Valley” which is based on the evaluation of Janani Suraksha Yojana (JSY) scheme. The methodology adopted for the study was multi-stage Random sampling wherein, three districts were selected randomly. He found that awareness among mother was quite good as 94.5% of mothers had heard about JSY before pregnancy. However, they had limited knowledge about the various component provided under the scheme. Majority of them (86.5%) got registered in early pregnancy. Sub-centre accounted for 75% of registration. Antenatal coverage was quite good. 92% had more than 4 antenatal check-up, out of which 72.2% had done antenatal check-up at sub centre. However, he observed that ASHAs mainly focus on incentive and make fake entries at times in the MCH card. Besides they neglect other component of the scheme like counseling services postnatal care and other activities which were not incentive driven.

4. OBJECTIVES OF THE STUDY

1) To study the performance of Janani Suraksha Yojana in respect of no. of beneficiaries and institutional deliveries.

2) To study the impact of JSY on maternal mortality ratio and infant mortality rate.

5. DATA SOURCE AND METHODOLOGY

The study is both descriptive and analytical in nature based on secondary data source collected from Ministry of Health and Family Welfare Statistical Report, NRHM Annual Reports, Assam Human Development Reports, DLHS reports, Annual Health survey reports of Assam and Census Reports. To verify the objectives tabular analysis is used.
6. ANALYSIS

One of the biggest tasks of NRHM Assam is to cause a significant decline in its MMR. The basic requirement for this would be to provide quality antenatal and intra-natal care facilities within easy reach. With the implementation of JSY, the beneficiaries increase significantly.

6.1: Benefit provided to mother for delivery in Govt. and Accredited Hospitals: As Assam is a low performing state under JSY, benefits received by pregnant women are as follows:

To the Mother:

- For Rural Area, Rs. 1400/- at the time of discharge from hospital (preferably 48 hours after delivery) at the Govt. institution / Accredited Private institution.
- For Urban Area, Rs. 1000/- at the time of discharge from hospital (preferably 48 hours after delivery) at the Govt. institution / Accredited Private institution.
- For Home Delivery, Rs. 500/- within 7 days of delivery by the ANM (Auxiliary nurse midwife) of the area.
- An additional assistance of Rs. 200/- under referral transport to the beneficiary at Govt. as well as Private Accredited at the time of delivery, by the institution.
- All the JSY payments are to be entered in the JSY Card immediately by the person making them. The Auxiliary nurse midwife (ANM) will also enter these payments in the register at her center.

To ASHA or Equivalent Link Worker:

- Rs. 600/- per delivery for rural areas and Rs. 400/- for urban areas after she pays immediate one post natal visit for follow up of the mother & wellbeing of the new born, preferably at the time of BCG vaccination of the baby. This benefit can be given to any other link worker who attends on / facilitates the beneficiary in case ASHA has not done so.

Role of ASHA or other link health worker associated with JSY would be to:

- Identify pregnant woman as a beneficiary of the scheme and report or facilitate registration for ANC,
- Assist the pregnant woman to obtain necessary certifications wherever necessary,
- Provide and/or help the women in receiving at least three ANC checkups including TT injections, IFA tablets,
- Identify a functional Government health center or an accredited private health institution for referral and delivery,
- Counsel for institutional delivery,
- Escort the beneficiary women to the pre-determined health center and stay with her till the woman is discharged,
- Arrange to immunize the newborn until the age of 14 weeks,
- Inform about the birth or death of the child or mother to the ANM/MO,
- Post natal visit within 7 days of delivery to track mother’s health after delivery and facilitate in obtaining care, wherever necessary,
- Counsel for initiation of breastfeeding to the newborn within one-hour of delivery and its continuance until 3-6 months and promote family planning.

The following table shows the no. of beneficiaries covered under JSY.

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of JSY Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005-06</td>
<td>17,523</td>
</tr>
<tr>
<td>2006-07</td>
<td>1,82,873</td>
</tr>
<tr>
<td>2007-08</td>
<td>3,04,741</td>
</tr>
<tr>
<td>2008-09</td>
<td>3,27,894</td>
</tr>
<tr>
<td>2009-10</td>
<td>3,66,596</td>
</tr>
<tr>
<td>2010-11</td>
<td>3,91,675</td>
</tr>
<tr>
<td>2011-12</td>
<td>4,06,614</td>
</tr>
<tr>
<td>2012-13</td>
<td>4,37,759</td>
</tr>
<tr>
<td>2013-14</td>
<td>4,51,760</td>
</tr>
</tbody>
</table>

Source: Annual health survey reports, Assam

The above table shows that JSY effectively increases the beneficiaries under the scheme but whether the beneficiaries are equally benefitted in terms of various offerings of the scheme or not is a big question.
6.2: JSY and Institutional Deliveries: The JSY is a safe motherhood intervention under the National Rural Health Mission (NRHM) which focuses on reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women. With the introduction of the JSY in Assam from the year 2005, there has been almost 22 times increase in institutional delivery in the State. In 2006, there were only 66,000 institutional deliveries in Assam.

Table-2: Institutional delivery trend in Assam through JSY

<table>
<thead>
<tr>
<th>Year</th>
<th>No of Institutional Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-2011</td>
<td>4,20,424</td>
</tr>
<tr>
<td>2011-2012</td>
<td>4,65,090</td>
</tr>
<tr>
<td>2012-2013</td>
<td>4,97,006</td>
</tr>
<tr>
<td>2013-2014</td>
<td>5,13,859</td>
</tr>
</tbody>
</table>

Source: NRHM report

6.3: JSY and maternal health of women in Assam: As per the SRS (July 2011), the Maternal Mortality Ratio (MMR) in Assam (2007-09) of 390 per 100000 live births is the highest in the country, the corresponding national attainment level is 212. It should be noted that maternal mortality has been declining remarkably due to progress in institutional deliveries especially initiatives under the Janani Suraksha Yojana (JSY). As per the DLHS-3(2007-08) data, approximately 40 percent of deliveries in Assam are attended by trained attendants while the corresponding figure for all India is 52.7 percent.

Table-3: Maternal Mortality ratio of Assam and India

<table>
<thead>
<tr>
<th>Year</th>
<th>Assam</th>
<th>India</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004-06</td>
<td>480</td>
<td>254</td>
</tr>
<tr>
<td>2007-09</td>
<td>390</td>
<td>212</td>
</tr>
<tr>
<td>2010-12</td>
<td>328</td>
<td>178</td>
</tr>
<tr>
<td>2013</td>
<td>300</td>
<td>167</td>
</tr>
</tbody>
</table>

Source: Assam Human Development report 2014

The above table shows that though maternal mortality has been fallen over time with the implementation of Janani Suraksha yojana still the ratios are far above the all India level. So step must be taken in the direction of proper maintenance and efficient management of the JSY scheme so that maternal mortality comes down at least to the national average.

Table-4: Infant mortality rate of Assam and India

<table>
<thead>
<tr>
<th>Year</th>
<th>Assam</th>
<th>India</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>68</td>
<td>58</td>
</tr>
<tr>
<td>2006</td>
<td>67</td>
<td>57</td>
</tr>
<tr>
<td>2007</td>
<td>66</td>
<td>55</td>
</tr>
<tr>
<td>2008</td>
<td>64</td>
<td>53</td>
</tr>
<tr>
<td>2009</td>
<td>61</td>
<td>50</td>
</tr>
<tr>
<td>2010</td>
<td>58</td>
<td>47</td>
</tr>
<tr>
<td>2011</td>
<td>55</td>
<td>47</td>
</tr>
<tr>
<td>2012</td>
<td>55</td>
<td>42</td>
</tr>
</tbody>
</table>

Source: Economic Survey of India Report

Maternal deaths constitute a serious impediment to achieving better reproductive healthcare for women. India, therefore, focused especially on reducing the maternal mortality rate (MMR). Though there has been a considerable improvement, reaching the set goal of the decline rate still remains a challenge. Various factors have been held responsible for these deaths ranging from poor living conditions, nutritional deficiencies, age at pregnancy, inadequate healthcare system and lack of information to pathological reasons like sepsis, toxemia, and hemorrhage.
7. POLICY IMPLICATIONS

1) Studies have shown that the facility is not reaching all the groups. The government should effectively extend the facility to the hilly region people and tribal people.

2) JSY program has played a major role in improving mother’s awareness about reproductive health hazards. Rural Mortality including Infant and Maternal Mortality can be reduced significantly. So Government has to promote this program extensively.

3) Strengthening quality Antenatal care and thereby identifying high-risk pregnancy and complication during pregnancy and referral.

4) Increasing human resources and health facilities to address the unmet need for family planning.

5) Accelerating efforts towards addressing the socioeconomic factors that impact fertility. These include: increasing the age of marriage for girls; increasing education levels among girls and women; and creating more employment opportunities for women, to create an enabling environment for women’s empowerment.

8. CONCLUSION

To promote institutional delivery the Government of India has introduced conditional cash assistance program in the form of Janani Suraksha Yojana in each state like Assam but even to use this benefits women should be literate and should have the knowledge of such programs. If the government can improve awareness among the poor women then there is no doubt that Assam can reduce its Infant Mortality and Maternal Mortality as per the requirements of the major health care policies of the state. A holistic approach including literacy, nutrition and social and economic empowerment alone can relieve the burden of MMR from the National Health Statistics of India. The free and uninterrupted flow of fund and monitoring of proper utilization of schemes will improve more in the maternal health scenario. Promotion of other strategies along with skilled delivery is a more appropriate alternative. The community will need to be involved not only in educating them about the signs and symptoms of emergency but also to develop appropriate mechanisms for ensuring that women in distress get the quality care. It is our responsibility to make sure that maternal and new-born survival and health figure prominently in the sustainable development agenda, considering the critical role of women and the babies they bear in the development of future generations and communities.

9. REFERENCES


