



# Coverage and Utilization of Janani Suraksha Yojana Scheme Services in Urban Poor Locality, Bengaluru

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## ABSTRACT

**Background:** Janani Suraksha Yojana (JSY) was launched on 12th April 2005, with the aim of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women. Hence this study was undertaken to describe socio-demographic profile of study subjects and to assess coverage of Janani Suraksha Yojana in the study area.

**Subjects & Methods:** This is a cross sectional study done in 8 urban poor locality of UHTC, KIMS, Bangalore. A total of 2540 women were surveyed, using probability proportional to population size and among them 391 were the lactating women. Data was collected using a pretested semi structured proforma from women including pregnant or lactating mothers. Information was obtained regarding problems/hurdles faced by the women in accessing JSY benefits. Data was analyzed using descriptive & inferential statistics.

**Results:** Around 31% of women received JSY incentives. Among those who did not receive JSY incentives, 49 % of women were not aware of the reason for not getting incentives and 39% said fund was not released from the government.

**Conclusion:** Coverage of JSY scheme was very low in the area. A sustained and focused IEC campaign has to be conducted among urban poor to improve the awareness.

**Keywords:** Janani Suraksha Yojana, Utilization, Urban poor.

## INTRODUCTION

World Health Organization (WHO) has defined Reproductive Health as "Within the framework of WHO definition of health as a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity with the ability to lead a socially and economically productive life. Reproductive health addresses the reproductive processes, functions and systems at all stages of life. Reproductive health therefore implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide, if when, and how often to do so. This definition focus on right of men and women to

be informed of and to have access to safe, effective, affordable, and acceptable methods of fertility regulation of their choice, and the right to access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant".<sup>1-3</sup>

Urban poor constitutes nearly 1/3<sup>rd</sup> of Indian urban population and is growing 3 times the national population growth rate. Slum dwellers in cities suffer from adverse health conditions owing to insufficient services, low awareness and poor environment. Urban slums and other urban poor population have remained largely unreached by the public health ser-

**How to cite this article:** Manchegowda R, Hulugappa L, Hanumanthaiah AND. Coverage and Utilization of Janani Suraksha Yojana Scheme Services in Urban Poor Locality, Bengaluru. Natl J Community Med 2021;12(10):302-305. DOI: 10.5455/njcm.20210921090909

**Financial Support:** None declared **Conflict of Interest:** None declared

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**Date of Submission:** 21-09-2021; **Date of Acceptance:** 08-10-2021; **Date of Publication:** 31-10-2021

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vices. MCH services to the urban poor have been recognized as important thrust area by the government of India.<sup>4,5</sup>

Under five, infant and neonatal mortality rates are considerably higher among urban poor as compared to urban averages. Survival patterns among the urban poor, clearly point at the need for extra focus on this large segment of India's population.<sup>6</sup> Hence, Janani Suraksha Yojana (JSY) was launched on 12th April 2005, is a safe motherhood intervention under the National Rural Health Mission to promote institutional deliveries.<sup>7</sup> Bruhat Bangalore Mahanagara Palike (BBMP) has implemented NUHM in Bangalore city from April 2014 and one such area selected is Yarabnagar Health Center, which is in urban field practice area of KIMS.<sup>8,9</sup>

Hence, this study was undertaken to assess the coverage of JSY which may be useful for BBMP for better implementation of NUHM in Bengaluru city.

## METHODS

A cross sectional study was conducted in urban field area of a medical college from October 2015- Nov 2016. Women in the reproductive age group (15-45 yrs), were the study subjects. The no. of slums in the field area is 8 and total population covered is 43,059. As the coverage of full antenatal care was 25% by Kumar V et al<sup>10</sup> considering the allowable error of 10% calculated sample size was 1153. Considering design effect of 2 and 10% additional size it was increased to 2537 and was rounded off to 2540. Households with women in the reproductive age (15-49yrs), Women & children who were resident of the place for more than 6 months. Subjects who gave consent to participate in the study were included in the study. Women & children who were hospitalized and seriously ill were excluded from the study. Using probability proportional to population size (PPPS) corresponding number of study subjects meeting the inclusion and exclusion criteria, a total of 2540 women (15-45yrs).

An approximate centre of the area was identified. The number of roads leading from that centre was counted. One of the roads was selected randomly using lottery method. In the selected road, there were houses on both sides. By tossing a coin one of the sides was selected randomly. In the selected side of the road, a walk through survey was under taken and number of houses was counted. Using a currency note, a house was selected randomly. The data was collected in the selected house, next there were houses to the right or left side of it, which was selected by tossing a coin. Then onwards every household was visited till the required samples were surveyed.

Data was collected using a pretested semi structured proforma from women of lactating mothers regarding socio- demographic characteristics, utilization of JSY incentives and reasons for not getting JSY incentives.

Data was entered in excel and analysed using SPSS version 21.0. The data collected in the study was analysed statistically by using descriptive statistics by computing percentages & mean and inferential statistics.

## RESULTS

In the present study, out of 2540 women surveyed, 391 (16.7%) were the lactating women. Among 391 lactating women, 189 (48.3%) lactating women were eligible for JSY scheme. Among those eligible for JSY scheme, 132 (69.8%) had registered for JSY scheme.

None of the JSY beneficiaries utilized the transport facilities provided under JSY scheme. Among 132 women 41 (31.1%) had received the JSY incentives and 91 (68.9%) had not received the incentives.

The utilization of JSY scheme in this study was more by Hindus as compared to Muslims. The difference in proportion of the utilization is not statistically significant ( $Z = -0.579$ ,  $P = 0.561$ ).

**Table 1: Demographic characteristics of women registered for JSY scheme**

Demographic variables	No. of Women (%)
<b>Age (Years)</b>	
<20	12 (9.1)
20 to 24	75 (56.8)
25 to 30	42 (31.8)
30 to 35	3 (2.3)
<b>Total</b>	132 (100)
<b>Religion</b>	
Hindus	68 (51.5)
Muslims	64 (48.5)
<b>Total</b>	132 (100)
<b>Caste</b>	
SC/ST	43 (32.6)
Others	89 (67.4)
<b>Total</b>	132 (100)
<b>BPL card</b>	
Yes	96 (72.7)
No	36 (27.3)
<b>Total</b>	132 (100)
<b>Education</b>	
Illiterate	32 (24.2)
Literate	100 (75.8)
<b>Total</b>	132 (100)

**Table 2: Distribution of women based on reasons for not getting incentives under JSY (n=91)**

Reasons for not getting incentives under JSY	Women (%)
Unaware of reason for not getting incentives	45 (49.4)
Fund not released	36 (39.6)
Hospital staff not co-operative	8 (8.8)
Paper work not completed upto time	2 (2.2)
<b>Total</b>	91 (100)

**Table 3: Utilization of incentives under JSY scheme by different groups**

Variable	JSY Incentive		Z-value	P value
	Received (N=41) (%)	Not received (N=91) (%)		
<b>Religion</b>				
Hindu	23 (57)	45 (49)	-0.579	0.561
Muslim	18 (43)	46 (51)		
<b>Type of family</b>				
Nuclear	16 (39)	50 (55)	-1.692	0.091
Non- nuclear	25 (61)	41 (45)		
<b>Education</b>				
Literates	38 (93)	62 (68)	3.045	0.0022
Illiterates	03 (07)	29 (32)		
<b>Occupation</b>				
Employed	02 (05)	04 (04)	0.123	0.90
Unemployed	39 (95)	87 (96)		

The non-nuclear family which includes Joint & 3 Generation families was found to utilize JSY schemes more compared to Nuclear family. The difference in proportion between Nuclear & non-nuclear was not statistically significant (Z = -1.692, P= 0.091).

The literates were found to utilize JSY schemes more when compared to illiterates. The difference in proportion between literates and illiterates was found to be statistically significant (Z= 3.045, P= 0.0022).

The unemployed were found to utilize JSY schemes more compared to employ. The difference in proportion between unemployed and employed was not statistically significant (Z = 0.123, P=0.90)

## DISCUSSION

In the present study, 31% received JSY incentives, 49 % of women were not aware of the reason for not getting incentives under JSY and 39% of women said fund not released from the government. However, according to NFHS-4 data mothers who received financial assistance under Janani Suraksha Yojana (JSY) for births delivered in an institution was 12.5%.<sup>11</sup>

A study done in 24 villages of Koppal district, Karnataka among 156 JSY beneficiaries found that among eligible JSY beneficiaries, only about 2/3<sup>rd</sup> of them were identified and enrolled for the scheme and the remaining 1/3<sup>rd</sup> were not covered by the scheme. Awareness about the scheme and cumbersome procedure to get enrolled are said to be the reasons for under coverage of beneficiaries for the scheme similar to the present study.<sup>12</sup>

In the present study 69.8% had registered for JSY scheme, and 31.1 % utilized the services of JSY, where as a cross-sectional study conducted in Bankura district among 324 women who delivered in last 12 months selected through 40 cluster technique found that overall institutional delivery rate was 73.1% and utilization of JSY among eligible women was 50.5%. This may be due to different geographical location.<sup>13</sup>

A community based cross-sectional study was conducted in the rural health centre, Amritsar. The study revealed that out of 185 eligible JSY beneficiaries majority (88.7%) were in the age group of 20-30 years. Registration was done in 87% of all the eligible beneficiaries. Less than half (48.2%) of the beneficiaries, received the benefit of the JSY scheme which was almost similar to the present study.<sup>14</sup>

A study done in West Bengal showed that among 256 mothers who were eligible to receive JSY benefits and who had a child below one year of age. Results showed 78% mothers were registered under JSY and 73% got JSY benefits after three antenatal checkups. Of 49% mothers who delivered in health care institutions, 51% got financial benefits for referral transport as well as institutional delivery. Only 11% got financial benefits during antenatal period. 29 mothers received it before the discharge from institution.<sup>15</sup>

Still in India, we are lacking behind the goal of 100% institutional deliveries, ANC, and PNC visits. There is scope for improvement such as awareness about JSY benefits.

A cross-sectional study was conducted among the 78 JSY beneficiaries residing in the rural field practice area of Indira Gandhi Medical College Shimla, Himachal Pradesh, India. The study revealed majority of the JSY beneficiaries (50; 64%) were in the age group of 20-25 years. Anganwadi workers 78 (100%) and female health workers (62; 79.5%) were the main sources of information. All the beneficiaries received the JSY incentives 1-week the following delivery. Awareness regarding the JSY scheme, early antenatal registration, minimum three antenatal care visits, and three PN visits is still low among rural women which needs strengthening through intensification of IEC activities.<sup>16</sup>

Study conducted by Kumar et al<sup>17</sup> revealed utilization of JSY was low whereas a cross sectional study conducted in Agra to assess antenatal, postnatal and delivery care services before and after implementation of Janani Suraksha Yojana<sup>18</sup>. Hence there is a need for awareness for the JSY.

## CONCLUSION

Coverage of JSY scheme was very low. A sustained and focused IEC campaign has to be conducted among urban poor to improve the awareness about JSY services and ensure good community participation in utilization of services provided by government health facilities. In addition social mobilization and promotion of female literacy among urban poor for availing MCH services need to be conducted.

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