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Role of Janani Suraksha Yojana in reducing maternal mortality and infant mortality rate: A review paper

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Abstract

Health is a very important aspect of our lives especially for women because she gives birth to a child. Most of the women particularly rural and illiterate women are not aware of their health problems so, they lose their lives because of preventable diseases especially in their reproductive years. Government of India launched a program, Janani Suraksha Yojana in 2005 under National Rural Health Mission to reduce maternal mortality and neonatal mortality. This paper is theoretical in nature and tried to highlight the role of JSY in reducing maternal and infant mortality rate. After the implementation of JSY improvement in Infant Mortality Rate and Maternal Mortality Rate is seen. But in case of High Performing States JSY is not as implemented as in Low Performing States.

Keywords: Janani Suraksha Yojana, Maternal Mortality, Infant Mortality, Accredited Social Health Activist, Low Performing States, High Performing States.

Introduction

Health is a major factor. It plays an important role in human welfare and economic development. Today, in India women are facing various health problems. It is a saying in English, “A sound mind lives in a sound body.” We can get an idea that how much a good health is important. Especially, in case of a woman health is a major aspect because she has to bear children. Alas! In poor families and backward areas, it is a neglected subject. Women died in their reproductive periods just because of lack of knowledge about such diseases which can be cured. Neonatal and maternal mortality is the result of these illiterate and ignorant ideas about our precious health.

Government of India has taken some steps towards the improvement of women and infant health by launching some schemes time to time. National Rural Health Mission has been launched by UPA government on 12th April 2005 to provide effective healthcare system to poor women and infants. The Mission focused on Empowered Action Group (EAG) states such as Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Orissa, Rajasthan, Uttaranchal and Uttar Pradesh as well as north-eastern states, Jammu & Kashmir and Himachal Pradesh. The thrust of the mission is to establishing a fully functional, community owned, decentralized health delivery system with inter-sectoral convergence at all levels, to ensure simultaneous action on a wide range of determinants of health such as water, sanitation, education, nutrition, social and gender equality. The aims of NRHM are following:

- ❖ Reducing Infant Mortality rate and Maternal Mortality ratio
- ❖ Universal access to public health services such as women’s health, child health, water, sanitation & hygiene, Immunization and Nutrition.
- ❖ Prevention and control of communicable and non-communicable diseases.
- ❖ Access to integrated comprehensive primary healthcare.
- ❖ Population stabilization, gender and demographic balance.
- ❖ Promotion of healthy life style. (NRHM)

Various programs run under the umbrella of NRHM. Janani Suraksha Yojana is one of these programs to overcome various health related problems of women and infants. It is launched under National Rural Health Mission in 2005. Government assured the rise of public health standards and they provide a quality in reproductive and child health care services. Success of

scheme would be determined by the increase in institutional delivery among the poor families. Scheme focus on the poor pregnant woman with special dispensation in Low performing states (LPS). Each beneficiary registered under this Yojana should have a JSY card along with a MCH card. ASHA/AWW/ any other identified link worker under the overall supervision of the ANM and the MO, PHC should mandatorily prepare a micro- birth plan. ASHA, Accredited Social Health Activist plays an important role in JSY. ASHA is a valuable link between government and pregnant women. ASHA identified the pregnant women and encourage them for institutional delivery.

Role of Janani Suraksha Yojana in reducing MMR and IMR

In the world over, about 800 women die every day due to preventable causes related to pregnancy and child birth. In 2015, roughly 303,000 women died because of pregnancy related complications. In India number of maternal deaths was about 45000. Worldwide maternal mortality ratio 216 per 100,000 live births and in India 174 per 100,000 live births in 2015 (World Health Organization, 2015). Poor woman suffers a lot from unintended pregnancies, maternal death, and disability, sexually transmitted infections including HIV, gender-based violence and other problems related to their reproductive system and sexual behavior (United Nations Population Fund, India). According to 'Health Survey and Development Committee Report' of 1946, known as the Bhore Committee Report maternal mortality rate (MMR) in India was around 2000 and IMR was 162. The Bhore committee noticed that the low state of the public health, as reflected in the high mortality (particularly among mothers and children) was preventable and was mainly due to the absence of environmental hygiene. To these causes may be added illiteracy, unemployment, poverty, *pardah* system and early marriages. According to National Sample Survey (NSS) 14th round 1957 maternal mortality rate in India was 1287 and in 1960 MMR was 1335. Government of India appointed a 'Health Survey and Planning committee' in 1959 known as Mudaliar committee to measure the progress achieved after the implementation of Bhore committee. The report was submitted in 1962. Committee found out that the level of healthcare provided was unsatisfactory. According to Sample registration survey (SRS), MMR in India was 301 per 100,000 live births in 2001-03. India's maternal mortality rate reduced from 212 deaths per 100,000 live births in 2007 to 167 deaths in 2013. (United Nations International Children's Emergency Fund).

Janani Suraksha Yojana (JSY) is a safe motherhood intervention run by the government of India under the National Rural Health Mission (NRHM) to reduce the maternal and neonatal mortality by promoting institutional deliveries among poor pregnant women. The scheme was launched on 12th April 2005 by modifying, The National Maternity Benefit Scheme in all states and UTs with a special focus on the Low Performing States (LPS). JSY is 100 percent sponsored by the central government. ASHA, Accredited Social Health Activist plays an important role in JSY. The total number of ASHAs engaged by states/ UTs 8.90 lakh in 2013 which increased from 7.06 lakh in 2009. The proportion of institutional deliveries had increased in India especially among the marginalized group. In LPS, the package of mothers in rural and urban areas 1400 and 1000 respectively and in High Performing States (HPS), it remains

700 in rural and 600 in urban areas. In the year 2004-05 Infant mortality rate (IMR) and MMR in India were 58 and 254 respectively. At India level, IMR came down to 34 and MMR to 130 in 2014-16 (SRS). After the implementation of JSY there is fall in deaths during pregnancy. Data is given as following:

After the implementation of JSY there is fall in deaths during pregnancy. Data is given as following:

States	2004 -2006	2014 – 2016
EAG & Assam	375	188
South Indian States	149	77
Other States	206	97

Source- NITI Aayog

Review of various studies related to JSY

Gupta *et al.* (2011) ^[5] studied on Knowledge, attitude and utilization pattern of beneficiaries of Janani suraksha yojana. Majority of the respondents belonged to schedule caste and below poverty line. The main sources of information of these respondents were ANMs, ASHA workers and AWW. They motivated them for institutional deliveries. They had travelling issues as well at the time of the delivery. The decision of managing expenses for such deliveries was of husbands and in most of the cases money spent for other purposes.

Singh and Tamulee, (2012) ^[14] conducted a study in two districts of Bihar about the benefits of JSY. The Result of the study had depicted similar experiences in the respondents of two districts. It was observed the high level of awareness among JSY eligible women. 68% of the participants had received incentive of which only 69% had collected it themselves. Benevolent job of ASHA workers was to be noticed. 67% respondents were registered for antenatal care. 67% respondents had a positive attitude towards benefits of the program for social set up.

Dongre and Kapur (2013) ^[3] evaluated the functioning of JSY in eight backward districts from low performing states. Results explained that JSY was working good in terms of incentives. Women, who delivered at government institution received payment at institution by cheque and in one instalment. But respondents faced problems in process of receiving payments. Data showed that institutional deliveries increased but home deliveries were still there. 82% Number (42%) of home deliveries indicated the poor job of ASHA workers. Respondents had arranged their own transportation for hospitals.

Kumar *et al.*, (2015) explored the effect of Janani Suraksha Yojana (JSY) on antenatal registration and institutional deliveries in the Agra district. The result reported that antenatal registration before the implementation of JSY was 70.12% in general, 58.16% in the OBC and 56.86% in SC/ST, whereas after the implementation of JSY the status of antenatal registration was found to be 98.86%, 95.92%, 94.11% in the general, OBC, SC/ST respectively. The study showed that backward social classes benefited more by the government health facilities.

Mohapatra *et al.* (2017) ^[7] conducted a cross sectional study to examine the awareness about JSY among post-partum women and different components of utilization among them. Results depicted that ninety-one percent women delivered babies in government hospitals and most of the respondents arranged their own transport facility. Majority of the respondents received ANC check-ups and consumed IFA

tablets. About 85% respondents accompanied by ASHAs during delivery but ignorance was found in postnatal care.

Deshpande (2011)^[2] explored the contribution of Janani suraksha Yojana in reduction of maternal mortality and infant mortality rate. The study was carried out at two levels – facility level and household level by the Population Research Centre, Dharwad. The results depicted that sixty percent home deliveries occurred in the study area. Women did not receive all information from ANM, ASHA and AWW. Most of the beneficiaries arranged their own vehicle for transportation. Only one-third of the respondents received JSY card. It observed that JSY scheme in the study area did not achieve the goal of reducing maternal mortality and infant mortality rate.

Kaur *et al.*, (2015)^[6] conducted a study based on utilization of Janani Suraksha Yojana scheme among beneficiaries in the rural area of Punjab. The result of the study shown that majority of the beneficiaries were illiterates and below matric. Majority of the respondents had heard about scheme. Hardly half of the eligible women received benefits. Half of the respondents received 4 and more than 4 antenatal visits. Only one-third proportion of the beneficiaries consumed 100 folic acid tablets. One-third of the respondents delivered in hospital but the study also revealed that the practice of home deliveries still continued in Punjab and there was a need to motivate the poor women for institutional deliveries.

Priya *et al.* (2016)^[13] assessed the knowledge of recently delivered women in rural areas and urban slums. Study found that majority of the respondents have knowledge regarding the scheme but the name of the scheme did not know to all the respondents. The knowledge of the respondents limited to cash incentives for institutional delivery. Knowledge regarding free transport, antenatal check-ups, TT injections, IFA tablets and postnatal care was very low, only few females knew about it. Source of information regarding JSY was ASHA.

Goel *et al.*, (2017)^[4] conducted a study on Janani Suraksha Yojana (JSY) in Chandigarh city. Study revealed that institutional delivery rate was high. out of 100 respondents, 94 delivered in institutions but the cash availed by a little proportion. Only 34 respondents had received cash benefits under JSY scheme. All the respondents had heard regarding the scheme and the main source of information was ANMs. 21 respondents had received minimum 3 antenatal visits and 16 respondents had started their ANC visits before 12 weeks of pregnancy. The reasons behind the low uptake of scheme were problems in arranging valid documents and late payments.

Ande *et al.* (2017)^[1] observed knowledge and attitudes of antenatal and postnatal mothers towards JSY. The study highlighted that more than half of the respondents were not aware about JSY. Only thirty percent respondents had knowledge regarding JSY. Majority of the respondents got knowledge about JSY through television and newspaper instead of ASHA workers. Results exposed insufficiencies in knowledge regarding the scheme but women who aware about JSY, had positive attitude towards the scheme.

Conclusion

After reviewing government records and various studies related to JSY, It can be concluded that fall in maternal and infant deaths is recorded after the implementation of schemes of JSY. In 2004-2005 IMR and MMR was 58 and 254 respectively. There is decline recorded in the data i.e. IMR

and MMR is in 2014-2016 is 34 and 130 respectively. JSY motivates pregnant women for institutional delivery. With these efforts there is fall in the no. of deaths which happens because of problems occurred during home deliveries. Data determines there are improvement in the status of LPS states and South Indian States in comparison of HPS. Under JSY focus is more on LPS. Difference in cash incentives also varies. According to a research home deliveries are still going on in Punjab. JSY's proper implementation required in HPS states also.

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