



A Study on Utilisation of Janani Suraksha Yojana (JSY) Services in an Urban Slum in Bhubaneswar, Odisha

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ABSTRACT

Janani Suraksha Yojana (JSY), a maternity-benefit scheme launched by GOI in April 2005; implemented in Odisha since April 2006. Despite this Odisha still accounts for high maternal mortality, which could be related to factors like non-utilization or under-utilization of services, especially amongst the urban slum population. The objectives were to study the awareness about JSY scheme among post-partum women & to examine various components of the utilisation of the scheme-ANC registration, ante-natal care, transport support-in them. A cross-sectional study was done in field-practise area of the medical college; Data collected through in-person interviews after obtaining informed consent, using a pre-tested pre-designed questionnaire. All women who delivered in last one year were included. Data entered into Microsoft Excel & analysed with EpiInfo. Total of 229 mothers with infants identified, 19 refused to participate & 17 providing partial answers excluded; 193 taken for final analysis. Majority (75.13%) in age-group of 20-29 years; 84.97% belonged to upper-middle & middle (lower middle) socio-economic class. 96.89% were Hindus. Of 193, 97% received ANC check-up and 6(3%) did not receive. IFA tablets distribution were the most common ANC services provided to the participants. Although 95% were counselled by ASHAs for institutional delivery, counselling about diet, rest, family planning were least consulted. Around 53 % were registered by end of first trimester. 60% preferred Private Hospital for delivery. Only 7% went for home delivery. Of those having institutional delivery 91% delivered in government institutions & 81% beneficiaries had made arrangement for transportation to health facility at their own cost. Only three-fourth of women had their postnatal check-up. IEC regarding availability of transport under JSY needs to be strengthened. Majority of women ignored postnatal care. Counselling on aspects like nutrition and family planning needs focus.

Keywords: Janani Suraksha Yojana, antenatal, postnatal, utilisation, maternity, slum.

INTRODUCTION

Janani Suraksha Yojana (JSY) - a maternity benefit scheme – was launched by Government of India, in April 2005, as a safe motherhood intervention under the National Rural Health Mission (NRHM) ^[1] and is presently under the National Health Mission (NHM). It was implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery. In India, Odisha was one of the low performing states [LPS] ^[2]. JSY was first implemented in Odisha in June 2006, presently running in all government facilities and accredited private institutions. JSY integrates cash assistance with delivery and post-delivery care. Each beneficiary registered under this Yojana should have a JSY card along with a Mother and Child Protection (MCP) card. Both the women and the Accredited Social Health Activist (ASHAs) are given cash assistance for ensuring a safe institutional delivery ^[3].

With now this program running in the state since a decade, Odisha has succeeded in bringing down the maternal mortality to 221MMR-SRS (2011-13) and 230 according to MMR-AHS (2012-13); though it is far higher as compared to the national average of 167 per one lakh live-births. At its inception, the program was targeting the women in rural areas and eventually it was extended to urban areas too. Odisha being a state which is facing rapid demographic transition due to developmental activities, the urban areas are witnessing rampant migration and there is pressure on the health sector to roll out these public health schemes at these points too. Thus the current study was designed with objectives:

1. To study the awareness about JSY Scheme among post-partum women in urban slums.
2. To examine various components of the utilisation of the scheme- ANC registration, ante-natal care, transport support- in them and draw suggestions thereof.

METHODS

Using a cross-sectional study design, data was collected through in-person interviews after

obtaining written informed consent. The study was done in the field-practise area of the Urban Health and Training Centre (UHTC), of a private medical college, in the city of Bhubaneswar which caters to a total population of 12,152 in 5 slums.

A pre-tested pre-designed semi-structured questionnaire eliciting the details of the socio-demographic, antenatal care, delivery care and postnatal care services was used after translation to the local language i.e. Odia. The surveyors were a team of the female health workers, interns and post-graduate students who were trained in the administration of the questionnaire. Modified Kuppuswami Scale was used for socio-economic class.

List of postnatal women who delivered in the last one year (August2013-July2014) was obtained from the female health worker. The participants were contacted by house to house visit and those who consented were included in the study. The inclusion criteria were women who had delivered a live child in the last one year, residing in the slum atleast since 2 years and willing to participate in the study. Women who did not consent or were staying temporarily after childbirth since one year were excluded. Period of study was from 10TH August - 9TH December 2014. Data was collected and compiled using filled up questionnaire; data entered into Microsoft Excel & analysed with Epi Info softwareversion 3.5.4.

The present study was undertaken after taking ethical clearance from Institutional Ethics Committee.

RESULTS

A total of 229 mothers with infants were identified, 19(8.29%) refused to participate & 17(7.42%) providing partial answers excluded; 193 were taken for final analysis [Table 1]. Majority (75.13%) in age-group of 20-29 years; 96.89% were Hindus. 84.97% belonged to upper-middle & middle (lower middle) socio-economic class. 92.6% were housewives. 83.42% of their respective husband's were labourers & only 16.56% were engaged in some other work. Education profile revealed that 81.87%

of respondents were literate and above. The child bearing group was identified to be between 20-34years which in this sample accounted to nearly 93.78%

Table – 1: Socio-demographic Profile of the respondents

Background characteristics	Numbers (N= 193)	Percent [%]
RELIGION		
Hindus	187	96.89
Muslims	5	2.59
Christians	1	0.52
Others	0	0.00
Type of Family		
Nuclear	158	81.87
Joint	35	18.13
Literacy Status of Women		
Illiterate	35	18.13
Primary	39	20.21
Secondary	36	18.65
Matric	59	30.57
Graduate	18	9.33
PG and Above	6	3.11
Age Group		
<19 yrs	4	2.07
20-24yrs	70	36.27
25-29yrs	75	38.86
30-34yrs	36	18.65
>35yrs	8	4.15

Awareness among mothers about JSY

The respondents were aware about that, “JSY was a scheme- run by the government for pregnant woman”; nearly 96.37 % (186) said yes that they had heard, spontaneously and rest 7 said yes when pursued with leading questions.

Table 2, indicates that public health functionaries like ASHA and AWW were voted maximally as informants regarding benefits of the programme (85.49% vs 79.79%) and interestingly radio/TV and print media too were good IEC mediums. Most of them 97% (187) knew that money was being given to the mother delivering in health facilities for institutional deliveries; but only few, 17% (32) were aware that certain private hospitals are approved for free delivery services

Table- 2: Source of Information about JSY with number of respondents

SOURCE	Number [N= 193]	Percentage* [%]
Dai	17	8.81
ASHA	165	85.49
AWW	154	79.79
ANM	32	16.58
Relatives	102	52.85
Friends	67	34.72
Neighbours	43	22.28
Print Media	129	66.84
Radio/TV	167	86.53

*Multiple responses

Utilisation of JSY services by the Mothers

Information on utilization of services under JSY from 193 postnatal women was collated and results were analysed under utilisation of antenatal, delivery care & postnatal care services.

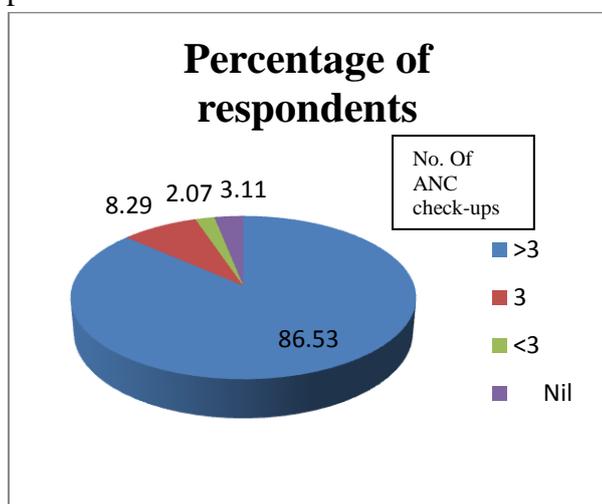
Antenatal Care Utilization Patterns

As high as 94.65% were registered in government facilities and rest 10(5.35%) in private. This was because of lack of knowledge regarding private clinics being accredited and 2% even hinted that the compensation for delivering at a private clinic is one thousand rupees only as compared to one thousand four hundred in public facilities. A complication warranting caesarean section, a little good socio-economic status or better education of both the spouse and the lady were some of the other reasons cited for visiting an accredited private facility. Gaps that came out in antenatal care were that 18% of the women had registered in their last trimester, 15% of whom were multipara ie expecting their second or third child. Thus a sense of complacency was detected among multipara women in registering for their pregnancy and the information was passed onto their ASHAs. However, 97% of the women reported utilization of any of the antenatal care services and 6 (3%) did not; only 5.18% of the pregnant women had reported utilization of private doctors or health facilities.

Nearly 97% of the respondents received atleast one ANC check-ups (Figure 1); which was authenticated from MCP card. Overall checkups under antenatal care program among them seemed to be satisfactory

as far as blood pressure, weight and urine check-ups were concerned but quite low as far as blood check-ups; on further analysis of questions related to services provided to the participants who got ANC check-up, it was noted that registration of ANC, any two examinations (blood pressure measurement, per abdominal examination, weight recording and fetal heart sound auscultation), IFA tablets distribution were the most common ANC services provided to the participants. However the important services like counselling about diet, rest, family planning were least consulted (Table-3).

Figure – 1: Number of ANC check up among the respondents



Delivery Care Utilization Patterns

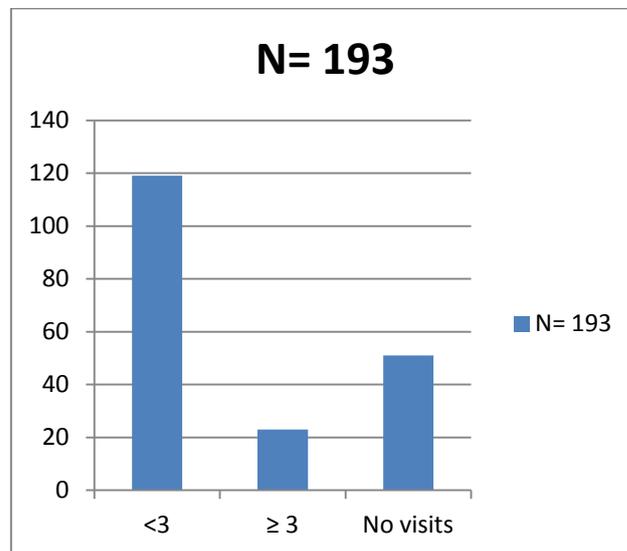
91% (162) of whom delivered in government institutions & 81.5% (145) beneficiaries had made arrangement for transportation to health facility at their own cost. Around 88.20% were escorted by ASHA during delivery; 18.54% knew about provision of transport facilities. Normal to CS delivery was in ratio 5.8. Home delivery in the study was noted as 7% but conducted by a trained dai. All of the babies born had been weighed. Low birth weight was reported as nearly 25% in this sample and was 3 times more in children with less than 3 ANC.

Postnatal Care Utilization Pattern

About 73.57% of women had their postnatal check-up (PNC) of which only 12% went for adequate

PNC visits (FIGURE 2) .Very few women had problems during postnatal period. Most common problem faced was backache.

Figure 2: Distribution of participants according to the PNC visits received



Number of visits	N= 193	Percentage {%
<3	119	61.65
≥ 3	23	11.92
No visits	51	26.43

Non-utilisation of JSY & reasons of their non-utilisation among the postpartum mothers

Around 6(3%) of the respondents had not utilised JSY services the primary reason being lack of counselling and unpreparedness. All of them were illiterate or with just primary education and had a very low socioeconomic status.

Table-3: Distribution of participants according to the ANC services received

ANC Services	No. [N = 187]	Percentage (%)
Place of registration		
• Government	177	94.65
• Private	10	5.35
Physical examination (with weight recording, BP , per abdomen & FHS auscultation)	169	90.37
IFA tablets	178	95.19
TT immunisation	164	87.17
Urine examination	120	64.17
Blood examination	106	56.67
Counselling		
• Institutional delivery	183	97
• Rest	63	33.69
• Diet	56	29.95
• Family planning	54	28.88
• Baby care	81	43.31

DISCUSSION

The study strongly brings out the fact that urban slum dwellers are definitely being primed about the maternity benefits hinting at good governance in the urban areas for this program.

Awareness levels regarding the JSY scheme among the respondents was nearly 100%. Similar findings were observed in another study done among women eligible for JSY benefits in West Bengal, where 75% mothers had heard the name of JSY [4]; however as few as 17% (32) were aware that certain private hospitals are approved for free delivery services.

A suggestion was offered to the frontline workers to get a list of the accredited private facilities and advertise it, so as to maximize the benefits of the programme

Nearly 85.63% all the women received at least three antenatal check-ups, but 53.0% of them registered within 12 weeks of gestation for antenatal check-up in the present study. In studies done in other parts of country [4,5,6,7] early registration was reported in 75-85% of the women.

Proportion of home deliveries in present study was 7.77 % which is almost similar to that reported from a study in Odisha where only 8% of JSY beneficiaries delivered at home [8]. In the present study 83.20 % JSY beneficiaries were escorted by ASHA during delivery but as few as 17% used the vehicle facility. In studies [8,9,10] escorting was

reported between 40-70%. This could be because the slum where the study was undertaken was located in heart of city and modes of communication were very good.

Only three-fourth of women had their PNC check-up, of which only 13% went for adequate PNC visits . In a study by Vikas Kumar et al, reveals that postnatal visits at home by ASHAs were 100.00% in institutional deliveries and 48.00% in home deliveries [10]. ASHAs thus are potential resource for reducing maternal and neonatal mortality after training in postnatal check-up in near future. Their connect with the community can be utilized for management and counselling of minor health problems and identification and referral in case of major health problems in postnatal period.

Only 6(3%) of the respondents had not utilised JSY services. The reasons cited by them were multiple. Among them maximum said that “home is convenient”, followed by “nobody was there to take them to the hospital for delivery”. The antenatal mothers can be educated and made aware about the provision of ASHA escorting them at the time of delivery and availability of free transport facilities.

CONCLUSIONS

JSY is definitely a star program of the government and state health administration especially in Odisha too has taken it up with vigor. This study brings out that urban slums are definitely beneficiaries of the programs in terms of institutional delivery and

getting cash benefits; but these services can be strengthened further by laying more stress on early registration and post natal care, The study assessed a slum catered to by a medical college and with proximity to District Headquarter hospital which could be a confounding factor, as the population has easy access to all health services. Hence a more aggressive sampling would definitely bring out more factors affecting the performance of the program

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Conflict of Interest: None

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