

Dissertation

On

A Study ON Utilization of Health Services Under Janani Suraksha Yojana in Jalandhar:

An empirical Analysis



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## **CERTIFICATE**

This is to certify that Harsimran Kaur with registration no 11505656 has completed dissertation titled “A Study on Utilization of Health Services Under Janani Sauraksha Yojana in Jalandhar: An Empirical Analysis” to the best of my knowledge. The present work is the result of her original investigation no part of this dissertation has ever been submitted for any of degree at university.

The dissertation is fit for submission and the fulfillment of the conditions for award of degree of master of economics.

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## **DECLARATION**

I Harsimran Kaur student of master of economics, Mittal School of Business, Lovely Professional University, Punjab, hereby declare that all the information furnished in this dissertation is based on my intensive research and is genuine. This dissertation does not, to best of my knowledge, contain part of my work, which has been submitted for the award of my degree either of this university or any other university without proper citation.

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**Date: 29 April 2017**

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## ABSTRACT

**Background:** The JSY scheme launched in April 2005 to amend the National Maternity benefit Scheme. The main focused point of JSY is to decline overall maternal mortality rate and infant mortality ratio by promoting institutional delivery. All the services are provided free of cost and cash help is given to those who were utilizing the services. We directed this study to assess the awareness, utilization pattern and service quality of JSY among women. **Materials and Method:** The sample size of present study was 200 respondents who were utilizing the service of Janani Suraksha Yojana .The type of research was descriptive in nature. It had conducted among the women utilizing maternal health care services in Jalandhar. The convenience sampling technique had used for the collection of data. The analysis of data had been made with the help of Chi-square percentage and frequency. **Results:** Study found that there was a gap between awareness and utilization. Out of 200 people 162 people were aware about the scheme but out of 162 only 145 were utilizing the services. ASHA was recognized major source of awareness. Found that out of 145 women 89 had delivered in hospital and 56 women had delivered in home. **Conclusion:** It recommended that widespread teaching and announcement strategy are required throw banners, televisions, radios, seminars or camps at remote areas .There was necessity to give health education for antenatal mothers to improve their knowledge and attitude related to Janani Suraksha Yojana.

**Keywords:** Awareness, Service Quality, Utilization, Janani Suraksha Yojana.



# CHAPTER I

## INTRODUCTION

India is drawing the world's attention, not only because of its population explosion but also because of its prevailing as well as emerging health profile and profound political, economic and social transformations. After 65 years of independence, a number of urban and growth-orientated developmental programs having been implemented, nearly 650 million rural people (50% of the total population) half of which are below the poverty line (BPL) continue to fight a hopeless and constantly losing battle for survival and health (Kaur, 2015). The policies implemented so far, which concentrate only on growth of economy not on equity and equality, have widened the gap between 'urban and rural'. Nearly 70% of all deaths, and 92% of deaths from communicable diseases, occurred among the poorest 20% of the population. However, some progress has been made since independence in the health status of the population (Usami, 2016 ). It is reflected in the improvement in some health indicators. Under the cumulative impact of various measures and a host of national programs for livelihood, nutrition and shelter, life expectancy rose from 33 years at Independence in 1947 to 70 years in 2012 (Malik, 2013). Interstate, regional, socioeconomic class, and gender disparities remain high. These achievements appear significant, yet it must be stressed that these survival rates in India are comparable even today only to the poorest nations of sub-Saharan Africa. The rural populations, who are the prime victims of the policies, work in the most hazardous atmosphere and live in poor living conditions (Dhak, 2014). Unsafe and unhygienic birth practices, unclean water, poor nutrition, subhuman habitats, and degraded and unsanitary environments are challenges to the public health system. The majority of the rural population are small holders, artisans and laborers with limited resources that they spend chiefly on food and necessities such as clothing and shelter. They have no money left to spend on health. The rural peasant worker, who strives hard under adverse weather conditions to produce food for others, is often the first victim of epidemics (Bhattacharyee et.al. 2013).

Around the world, people celebrate the birth of a new baby with a joy. Societies expect women to bear children and respect women for their role as mothers. In most of

the world, pregnancy and childbirth is a risky journey (Usami, 2016). In less developed countries, more than half a million women die each year from causes related to this life-giving event. Women's lives can be saved and their pains reduced if health systems could address serious and life-threatening complications of pregnancy and childbirth when they occur (Devstum et al., 2015). Health and Social economic development is so closely related that it is impossible to achieve one after the other. While economic development in India has been gaining momentum over the last decade (Dileep et al., 2011). A woman with higher socio-economic status in terms of better education and employment has more autonomy than illiterate and unemployed women (Mahapatro, 2012). India is one of the few countries in the world where women and men have nearly the same life expectancy at birth. The fact that the typical female advantage in life expectancy is not seen in India suggests that there are systematic problems with women's health. Indian women have high mortality rates, particularly during childhood and in their productive years (Mehrotra & Chand, 2012). Maternal health is an important parameter of functional health system. Maternal health must be addressed as a part of continuum of care that joins essential maternal, newborn and child health services (Semwal et al., 2012). India is still home to 63,000 maternal deaths per year which accounts almost one-fourth of all maternal deaths of the world even after the decline of mortality ratio to 230 from 390 for year 1990 to 2008. Child mortality rate in India is considered to be very high as compared to developed nations despite the fall to 18 from 33 for the period 1991-92 to 2005-06 (Dhak, 2014). Utilization of maternal health care services was remained weak in most of developing countries like India in spite of increasing private and public sectors on the provision of advanced health care services. In view of high maternal mortality, inferior status of women besides questionable quality of services and exploring the factors that affecting utilization of maternal health care (Rawat et al., 2012). Reduction of mortality of women is an area of concern for the Governments across the globe. According to WHO, UNICEF and UNFPA (2010) had reported an estimate of 358 000 maternal deaths worldwide in 2008 out of which 99% were from developing countries. WHO, UNICEF and UNFPA had reported that India and Nigeria account for a third of maternal deaths worldwide. India alone accounts for 22% of pregnancy-related deaths worldwide (Sharma et al., 2012). Demand-side financing programmes particularly cash

transfer programmers, have emerged recently as newer ways of addressing the chronic problem of underutilization of health and social services, particularly among vulnerable group. One of the best ways to do this is to make sure that women receive skilled care at delivery. Ensuring that women receive skilled care at delivery is an essential part of safe motherhood programs (Kaur et al., 2015).

## **1.1 Background**

Promotion of maternal and child health has been one of the most important objectives of the family welfare programme in India. The Government of India took steps to strengthen maternal and child health services its aim at that time was to provide at least a minimum level of public health services to pregnant women, lactating mothers, and preschool children.(Sharma et al., 2012)So regarding this the Government of India launched the National Rural Health Mission (NRHM) in 2005 (Dhak , 2014). The aim was to provide accessible, accountable, affordable, effective and reliable primary health care, especially to the poor and vulnerable sections of the population. As part of NRHM, the Honorable Prime Minister of the country launched safe motherhood intervention in the form of Janani Suraksha Yojana (JSY) for reducing maternal and neo-natal mortality on April 12, 2005. The scheme aims to promote institutional deliveries among pregnant women below poverty line in all the states and Union Territories (UTs) of the country with special focus on low performing states (LPS). To accomplish the goals, one of the core strategies proposed was to have a female Accredited Social Health Activist (ASHA) for 0 every village covering a 1,000 population. ASHA would be chosen by and would be accountable to the panchayat to act as an interface between the community and the public health system (Praya et al., 2014).

## **1.2What is Janani Suraksha Yojana (JSY) ?**

Janani Suraksha Yojana is a safe motherhood intervention was introduced by making some changes in NMBS to reduce Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR) by promoting institutional delivery among the poor pregnant women. Janani Suraksha Yojana (JSY) under the overall umbrella of National Rural Health Mission (NRHM) is being proposed by way of modifying the existing National Maternity

Benefit Scheme (NMBS). While NMBS is linked to provision of better diet for pregnant women from BPL families, JSY integrates the cash help with antenatal care during the pregnancy period, institutional care during delivery and immediate post-partum period in a health center by establishing a system of coordinated care by field level health worker (Sharma, 2013). The JSY would be a 100% centrally sponsored scheme. Motherhood can be safer for all women and NMBS came into effect in August 1995 as one of the components of the National Social Assistance Programme (NSAP). The scheme was transferred from the Ministry of Rural Development to the Department of Health & Family Welfare during the year 2001-02. It is a cash incentive-based program to promote institutional deliveries. It also makes available quality maternal care during pregnancy, delivery and in the immediate post-partum period along with appropriate referral and transport assistance (Malik et al., 2012). The main objective of Janani Suraksha Yojana is to reduce overall mortality ratio and infant mortality rate and to increase institutional deliveries. The JSY has identified the Accredited Social Health Activist (ASHA), a village level health functionary, as an effective link between the Government and the poor pregnant women in the ten Low Performing States (LPS). One ASHA is supposed to cover a village with approximately 1000 population. Main role is to facilitate pregnant women to avail services of maternal care and arrange referral transport.

### **1.3 Features of Janani Suraksha Yojana:**

- (A) States/UTs have been classified into two categories based on the institutional delivery rate. The 10 states namely the eight EAG states and the states of Assam and Jammu & Kashmir would constitute Low Performing States (LPS) and the rest High Performing States (HPS).
- (B) Cash assistance linked to Institutional Delivery: The benefits under the scheme would be linked to availing of antenatal check-ups by the pregnant women and getting the delivery conducted in health centres hospitals. While the beneficiaries will be encouraged to register themselves with the health workers at the sub centre anganwadi, primary health centres for availing of at least three antenatal check-ups, post-natal care and neo-natal care, the disbursement of enhanced

benefits under the scheme will be linked to institutional delivery (Raj & Sharma, 2010).

- (C) Cash Assistance in the graded scale. One of the accepted strategies for reducing maternal mortality is to promote deliveries at health institutions by skilled personnel like doctors and nurses. Accordingly, cash assistance is to be provided to women from Below Poverty Line (BPL) families, for enabling them to deliver in health institution.
- (D) Assistance for Caesarean Section : FRUs/CHCs(child health care) would provide emergency obstetric services. Where Government specialists are not available in a health institution, assistance up to Rs. 1500/- per case will be provided for hiring services of private experts to carry out the surgery either in a Government medical facility or in Private hospital, nursing home, etc (Ministry of Health and Family Welfare, 2010).

Budget for the scheme is released by the Govt. of India through Mission Director NRHM (National Rural Health Mission) with effect from 12-04-2005. The scheme is cent percent centrally sponsored and it integrates cash assistance with delivery and post-delivery care. Cash Assistance to the mother is mainly to meet the cost of delivery and given by bearer cheque only. States were classified into Low Performing States and High Performing States on the basis of institutional delivery rate i.e. states having institutional delivery 25% or less were termed as Low Performing States (LPS) and those which have institutional delivery rate more than 25% were classified as High Performing States (HPS). The benefits would be extended to all women from BPL families of Uttar Pradesh , Uttarakhand , Madhya Pradesh, Chhattisgarh, Bihar, Jharkhand, Rajasthan, Odisha and the states of Assam & Jammu & Kashmir were classified as Low Performing States. The remaining States were grouped into High Performing States (National Health Mission, Government of India, 2008).

#### **1.4 Monetary incentive of Janani Suraksha Yojana**

While allocating the cash amounts for each state in consonance with its health care needs, thus providing greater incentives for areas of higher priority. Hence, women in the low-performing states are offered Rs 1400 and Rs 1000 each in rural and urban areas,

respectively, while the corresponding amounts in the high-performing states are Rs 700 and Rs 600 each, respectively for delivering in government health centres like sub-centre, PHC/CHC/ FRU / general wards of district and state hospitals or accredited private institutions. All women irrespective of birth order in the low-performing states are entitled to receive cash payments whereas in the high-performing states, these payments are given only to women aged 19 years and above with two or fewer births who are living in households below the poverty line (BPL) or who belong to the marginalized sections of society like the Scheduled Castes (SCs) and Scheduled Tribes (STs) (Kaushik, 2010). Benefits are extended to a woman belonging to a BPL family even after a third live birth if the mother of her own accord chooses to undergo sterilization immediately after the delivery. The policy stipulates that the cash is to be disbursed to the mother within a week of delivery at the institution itself. In LPS and HPS States, BPL pregnant women, aged 19 years and above who prefer to deliver at home is entitled to cash assistance of Rs. 500/- per delivery. Such cash assistance is available only upto two live births and the disbursement is done at the time of delivery or around 7 days before the delivery by ANM/ASHA/ any other link worker (Jain, 2016).

The Yojana has identified ASHA, the accredited social health activist as an effective link between the Government and the poor pregnant women in 10 low performing states, namely the 8 EAG states and Assam and J&K and the remaining NE States. In other eligible states and UTs, wherever, AWW (Anganwadi workers ) and TBAs or ASHA like activist has been engaged in this purpose, she can be associated with this Yojana for providing the services.(Sharma et al.,2015).

#### **1.4 Eligibility Criteria for Janani Suraksha Yojana**

- (a) Women must be below poverty Line or Belongs to SC/ST
- (b) Should undergo at least three ANC visits.
- (c) Age should be above 19 years.
- (d) First or second child only
- (e) Eligible women who fulfills the above criteria (Randive,2016)

## **1.6 Strategy of Janani Suraksha Yojana**

The main strategy to achieve the envisaged vision of JSY involves following steps

- (a) Early registration of the beneficiaries with the help of the village level health workers like ASHA or an equivalent worker.
- (b) Early identification of complicated cases.
- (c) Providing at least three antenatal care, and post-delivery visits.
- (d) Organizing appropriate referral and provide referral transport to the pregnant mother; convergence with Integrated Child Development Services (ICDS) worker by way of involving Anganwadi worker (AWW) intensively (Singh and Tamulle, 2012).
- (e) Devising as well as ensuring transparent and timely disbursement of the cash assistance to the mother and the incentive to the Accredited Social Health Activist (ASHA) or an equivalent worker with fund available with ANM (National Rural Health Mission , Government of India 2005).

## **1.7 What are the benefits of Janani Suraksha Yojana?**

In the year JSY was launched, the number of JSY beneficiaries was 27.61 lakh in 2006-07, and then number of beneficiaries has increased to 53.13 lakh in 2007-08 (Usami, 2016). Births attended by skilled health personnel have increased; however, disparities in progress with in countries and populations groups persist. In 1990, just 44 per cent of deliveries in rural areas and 75 per cent in urban areas of developing countries were attended by skilled personnel. By 2011, coverage by skilled birth attendants increased to 53 per cent for rural births and 84 per cent of urban births. Globally 47 million babies were delivered without skilled care in 2011. The success of the program can be gauged from the fact that so far 54 million women have reportedly benefited from it. Some national surveys have also documented a steep rise in the number of institutional deliveries since the advent of JSY, from 30 percent in 2005 to 73 percent in 2012 (Jain, 2016)

## **1.8 How the Janani Suraksha Yojana can be more utilized?**

(a) The process of making JSY card should be made simpler and should be issued as soon as possible. The JSY card issued in one State should be accepted in other states as JSY is a centrally sponsored scheme.

(b) There is a need to accredit more private and charitable hospitals under the JSY scheme at block level on the Government of India, Ministry of pattern of Chiranjeeve Scheme. Due to higher out-of-pocket expenditure Health Division, New Delhi, in case of caesarian section more assistance should be considered in the scheme ( Malini , 2008).

(c) Panchayat raj institutions must be held responsible for ensuring the awareness and utilization of maternal and child health (MCH) services. There must be awareness of the other aspects like complete antenatal checkup, provision of iron and folic acid tablets, tetanus ,toxoid immunization, post natal care and exclusive breast feeding. It is required to create better awareness regarding all aspects of JSY so that people should avail all the benefits of the scheme.

(d) Cash given to mother was rarely used for her benefit rather it is used for family needs. In Integrated Child Development Scheme (ICDS), there is a provision of nutritious food for pregnant women but it must be ensured at ground level that this food is really going into the kitty of real beneficiary. There must be a link between the registration of a pregnant women and provision of nutritious food to her with proper documents (Sharma et al., 2012).

(e) The state should expedite the formation of ASHAs Resource Network, so that ASHAs receive adequate support and guidance as well as their performance is monitored properly. Continuous monitoring of service providers' need to be emphasized by the program managers to ensure and improve quality of health services under JSY( Vora , 2012).

(f) The shortage of drugs , equipment and infrastructure should be accessed through facility surveys and deficits are to be filled urgently to meet increased demand for labour



rooms. Sub centers without their own building need to be provided with adequate infrastructure.

(g) There is urgent need of improvement in overall status of development of women in particular and society in general by ensuring equity in educational and economic opportunities is sure to bring about palpable results in improving service utilization and general health status of the people (Lanjewar et al., 2013).

### **1.8 Monitoring of the Scheme**

For the effective monitoring of the scheme, monthly meeting of all ASHAs /health workers working under an ANM should be held by the ANM, on one day of every month, at any of Anganwadi Centers falling under the ANM's area of jurisdiction. Monthly reports and Annual reports also need to be submitted to the department in a format decided by the government for the effective monitoring at the government level (Thimmaiah & Mamatha, 2014).

### **1.9 Objective of the study**

- I. To assess the awareness of JSY among women.
- II. To examine the utilization pattern of JSY among eligible women
- III. To examine the service quality under JSY scheme.

### **1.10 Rationale of the study**

Due to the ever-changing world of information and technology, the people are now more aware of their rights and duties. Janani Suraksha Yojana (JSY) scheme was launched in India in 2005 with the objective of reducing maternal mortality by promoting institutional deliveries. The main need of our study was to assess the social profile, knowledge, attitude and utilization pattern JSY beneficiaries. This will certainly help in knowing the perceptions of people towards the scheme as a whole. This is important at this point of time because some important feedback is needed by health administrators, planners and policy makers to get the progress report of the scheme at the ground level for timely

intervention, if needed. With this objective in mind, it was decided to take up a study on utilization of Janani Suraksha Yojana (JSY) in areas of Jalandhar.

## **1.11 Chapter Scheme**

The entire dissertation is divided into five chapters as

The first chapter of the dissertation is devoted to introduction. It includes present scenario of utilization of Janani Suraksha Yojana, features and strategy.

The second chapter contains the review of related literature in detail. In the whole chapter the review is given in chronological order.

The third chapter consists of research methodology employed for the completion of research. In this chapter measure the utilization under Janani Suraksha Yojana.

The fourth chapter includes the service quality under Janani Suraksha Yojana. After the collection of data, analysis and interpretation is done by employing various statistical techniques. Also it includes discussions of findings and conclusions.

Detailed references are given at the end of dissertation, so that it becomes the ready reference for the future research.

## CHAPTER II

### REVIEW OF LITERATURE

**Govindasamy and Ramesh (1997)** aimed to investigate how maternal schooling affects women's health-seeking behavior. The data was collected from the National Family Health Survey 1992–93 and also from some selected northern and southern states in India. The study verified the positive relationship between mother's education and utilization of MCH services by examining the utilization of antenatal-care services, delivery-care services, and child health-care services. It was found a higher level of maternal education results in improved child survival to a substantial extent because preventive health services were used to a greater extent by mothers with higher education than those with little or no education. It was concluded that the benefits of maternal education persist even when other socioeconomic factors are taken into account. Suggested that continued investments in female education, which are indispensable for achieving reduced infant and child mortality and morbidity and possibly have an impact on factors that reduce maternal mortality

**Navaneetham and Dharmalingam (2000)** examined the patterns and determinants of maternal health care use across different social setting in south India: in the states of Andhra Pradesh, Karnataka and Tamil Nadu. The data has been used from the National Family Health Survey (NFHS) carried out during 1992-93 across most states in India. For analization logistic regression models are used to estimate the effect of covariates on the utilization of maternal health services viz., antenatal care, tetanus toxoid vaccine, place of delivery and assistance in the time of delivery. The study focal point was most recent births to every married women that took place during the four years prior to the date of the survey. It indicated that indicators of maternal health care services are not same across states and for different maternal health care indicators. Observed that illiterate women were less likely to use maternal health care services; there was no difference among the educated. It was found that level of utilization of maternal health care services was highest in Tamil Nadu, followed by Andhra Pradesh and Karnataka. Part of the interstate differences in utilization is likely to be due to differences in

availability and accessibility among the three south Indian states. It was asserted that the differential in access to health care facilities between rural-urban areas is an important factor for lower utilization of maternal health care services, particularly for institutional delivery and delivery assistance by health personnel in the rural areas of the three states. It was concluded that health workers might play a pivotal role in providing antenatal care in the rural areas.

**Brown (2010)** explored a collaborative project between Sweden and India, The focus has been primarily on the “Master Trainers”, i.e. Indian midwives who have taken part in a training program in Sweden and in India, and who will function as teachers to other Indian midwives. . The goal of a study is to strengthen the midwifery education. The major obstacle identified that the midwives do not have enough education ,training and lack of expertise affected MMR(maternal mortality rate). The other obstacles was found the lack of proper health clinics that can provide and people have to travel great distances to get medical treatment. It was observed that 65 per cent of all women who give birth , have no choice but to give birth at home. It highlighted that governmental hospitals had bad reputation which resulted that a lot of poor women who do not have the possibility to get costly private health care, choose not to seek any care at all during their pregnancy and child birth. They prefer to give birth at home even though the risk for complications is high addition to socioeconomic factors.

**Kaushik et al. (2010)** assessed the level of awareness about JSY among rural women of reproductive age group and to measure the influence of education, occupation, media exposure etc. on their knowledge levels. Data has been collected by cross sectional study in the three villages of Chiraigaon community of Varanasi district. The result show that not even a single female included in the study knew the name of the scheme i. e. Janani Suraksha Yojana. Study highlighted that 76 per cent of the study subjects were aware about the fact that there is provision of benefit by the government for those females who deliver in a public health facility. It observed that out of total study subjects about 50% were aware about the correct amount was that Rs. 1400 only are paid to the beneficiary under Janani Suraksha Yojana. It was concluded that it was need of an improvement in

the level of awareness about the programme and there was scope for community based IEC efforts to improve the knowledge of the beneficiaries.

**Datta (2008)** reviewed the implementation process of JSY in the state of Orissa and to provide inputs for any corrective actions. Data has been collected by cross-sectional design, involving both qualitative and quantitative techniques. The study highlighted the impact of JSY can be assessed from three –angles the awareness, the generation of demand for institutional deliveries, and increase in number of institutional deliveries. It found that the awareness in the community has increased, community members demanded that the ANC and the PNC services should be available at the doorsteps and 2005–06 to 2006 – 07, the number of institutional deliveries had gone up by 76 per cent. It found the areas of concern were lack of sub-center building or infrastructure, shortage of antibiotics, other medicines, poor quality of IFA tablets and recommended that the quality of IFA tablets should be enhanced, sub-centres without their own building need to be provided with adequate infrastructure.

**Malini et al. (2008)** evaluated the operational mechanism and utilization of Janani Suraksha Yojana, reasons for non-utilization, perception and awareness of utilizer and non-utilizer mothers and the involvement of ASHAs, ANMs along with district and block officers in two blocks each from districts of Ganjam, Gajapati and Kandhamal of South Orissa. The study revealed that there was a lack of orientation of the health staff other than ASHA on JSY. ASHA played a major role in motivation for institutional deliveries in two-thirds of the utilizers. Most of the utilisers expressed problems of communication and transport. Further non-availability of 24x7 facilities and lack of staff were major deterrents for prospective mothers in accessing JSY services. The study recommends for streamlining of funds flow, accreditation of private hospitals, intensification of IEC activities and increased involvement of PRIs and community leaders and women groups. The study recommended that process of making JSY card should be made simpler and should be issued as soon as possible. The JSY card issued in one State should be accepted in other States as JSY is a centrally sponsored scheme. There is a need to accredit more private and charitable hospitals under the JSY scheme at block level on the Chiranjeeve Scheme.

**Gupta et al.(2011)** assessed the social profile, knowledge, attitude and utilization pattern of JSY beneficiaries. Data was collected by pre designed questionnaire, excel sheet has been used for easy comparison, reference and analysis. The study evaluated that JSY in Rajasthan and Madhya Pradesh, 76 per cent and 83 per cent of the beneficiaries were aged 20–29 years respectively. It was observed that three fourth of the women were illiterate and one fourth were educated up to middle level only. It is highlighted that more than half of the beneficiaries were married early in their life and had their first pregnancy under the age of twenty. It identified the fact the JSY has not been able to create a brand image in the mind of people like other programs .It found that arrangement of vehicle is a big obstacle to arrange vehicle at the time of delivery because of lack of money and specially at the odd hours. The study recommended that ASHA should be encouraged to accompany the pregnant women for delivery as the presence of these workers supports in proper administrative and financial paper work and ease of getting services.

**Kannan et al. (2011)** identified the beneficiary level factors of utilization of JSY scheme in urban slums and resettlement colonies of trans-Yamuna area of Delhi. Data was collected by cross-sectional community based survey in the selected areas of the two districts by stratified random sampling on a population proportionate basis. Variables which were study are Socio-demographic factors, antenatal services availed and distance of nearest health facility .In the study outcome variable was a beneficiary, was a that woman who had ever interacted with the ASHA of her area during the antenatal period of previous pregnancy and had child birth in an institution. Study found that out of the 469 mothers interviewed, 333 (71per cent) had institutional delivery, 128 (27.3 per cent) had benefited from JSY scheme and 68 (14.5per cent) had received cash benefits of JSY. It concluded that there was need to improve the awareness among urban slum population about the beneficiaries of JSY scheme. It suggested to target the areas which were difficult to access with special measures and encouraging more antenatal visits were essential, prerequisites to improve the impact of JSY

**Sharma et al, (2011)** identified the beneficiary level factors of utilization of JSY ( Janani Suraksha Yojana) scheme in urban slums and resettlement colonies of trans-Yamuna

area of Delhi. Data has been collected by cross-sectional community based survey was done of mothers of infants in the selected areas of the two districts by stratified random sampling on a population proportionate basis. Socio-demographic factors, antenatal services availed and distance of nearest health facility were studied. Analyzed that out of 469 mothers consulted 333 (71 per cent) had institutional delivery, 128 (27 per cent) had benefited from JSY scheme and 68 (14.5 per cent) had received cash benefits of JSY. Belonging to Hindu religion and having had more than 6 antenatal checkups were the important predictors of availing the benefits of JSY. The study concluded that there was a gap in the awareness and utilization of JSY scheme in the urban slum population. Suggested that it needs to be addressed via proper information, education and communication drives to improve demand for the scheme. More focus should be given on, communities belonging to minority religion need special attention for improving utilization. Encouraging more than six antenatal visits showed impact on improving utilization of the scheme.

**Vishwanath et al. (2011)** explored the reasons of Missed opportunities of Janani Suraksha Yojana benefits among the beneficiaries. Data was a community based cross sectional study among 3212 women and analyzed by using SPSS software and the findings were presented into percentages. The study found that out of 3212 women 360 (11.20 per cent) were eligible for getting the benefit of JSY and out of 360 only 118 (32.78 per cent) women got the benefit of JSY. It highlighted that 242 (67.22 per cent) missed the opportunity of getting JSY benefit and reasons were lack of awareness of JSY. It observed that 25.35% women who delivered in private hospital received the JSY benefit, 34.60% women got the benefit delivered in govt hospital. It conclude that lack of JSY awareness, difficulty in getting the documents fulfilled & filling the form at time were three common reasons in not getting the benefit of JSY.

**Gour (2012)** assessed the impact of JSY on various MCH(maternal and child health) indicators. The review was done by collecting various secondary data and analyzed by manually along with suitable statistical software. The study found that it has been significant rise in the no of institutional deliveries after inception of JSY which was around 32744 (48.8 per cent) in 2003-04 on the other hand it was counted around 36589

(50 per cent) and 36045 (73.1 per cent) in year 2006-07 & 2007-08 . It was concluded that JSY has worked in accordance with objectives it was started in 2005 then. It played vital role in the reduction of MMR (maternal mortality rate) and suggested that government should try to launch more and more schemes like JSY to make the mothers life safe and fruitful.

**Gopalan et al. (2012)** explored the JSY (Janani suraksha yojana) potential to enhance women's financial access to maternal healthcare, its effect on household out-of-pocket spending (OOPS) on maternal healthcare, its influence on community health workers' performance motivation. The study was conducted in three districts of Orissa, selected through a three-stage stratified sampling. The study found that the number of institutional deliveries, ante- and post-natal care visits increased after the introduction of JSY with an annual net growth of 18.1 per cent, 3.6 per cent and 5 per cent respectively. The study also identified that financial incentive provided partial financial risk-protection as it could cover only 25.5 per cent of the maternal healthcare cost of the beneficiaries in rural areas and 14.3 per cent in urban areas. Study concludes that version of the DSF (demand side financing) incentive appears to have enhanced financial access to and utilization of maternal healthcare, particularly institutional deliveries. The presence of financial risk-protection in JSY-supported childbirth was partial and it did not adequately link institutional delivery with ANC and PNC (antenatal care, postnatal care).

**Mahapatro (2012)** explored the enabling factors that influence utilisation of MCH services (maternal child health). It focused on women's autonomy versus the socio-economic indicators on utilization of maternal and child health care. The study is examined using the National Family Health Survey (NFHS-3) the latest large scale survey data providing information on population and health. Bi-variate analysis and logistic regression has been used for the analysis. This study reinforces the importance of education and income as important determinants of health care utilisation. The results reveal that women who are in socio-economically advantageous position are much more likely to use MCH services. The study found that education of the women as well as economic status of household have strong positive association with health-care utilization. Study observed that women living in urban area are more likely to use



maternal and child health care services particularly institutional delivery as well as antenatal care. It was concluded that health seeking behaviour of women not only explained by autonomy indices, socioeconomic factors play a significant role in utilising maternal and child health services.

**Raj and Singh (2012)** assessed that JSY scheme was not well enough designed to be considered as an effective pathway to reduce MMR. Data was collected by cross sectional study and it was focused on 10 states(Assam, Bihar, Chhattisgarh, Jammu and Kashmir, Jharkhand, Madhya Pradesh, Orissa, Rajasthan, Uttarakhand, and Uttar Pradesh). It highlighted that Gujarat government paid private gynaecologists Rs 1795 (US\$ 33.75) per delivery – including Rs 200 (US\$ 3.76) to the patient for transportation. There was no an appreciable progress in the overall reduction of MMR in Gujarat in 2004–2006 (160/100 000 live births) or 2007–2009 (148/100 000 live births)the reduction was more impressive in Uttarakhand /Uttar Pradesh, and even in Bihar/Jharkhand, which were recognized as underdeveloped states. It observed that incentives attached to institutional delivery are insufficient to defer maternal deaths. The study observed that there has been gradual decline in the country’s MMR because efforts to reduce delays in seeking medical help, timely use of medical facilities and provision of improved women’s education and access to health facilities, are some of the key factors that have led to increased maternal health-care us.

**Singh and Tamulee (2012)** analyzed the socio-economic role of the program in terms of awareness, implementation and changes in the beneficiary families. The study has been conducted in the two districts, Nawada and Araria of Bihar selected on the basis of their contrasting health outputs. Data has been analyzed by creating frequency table and cross tabulation. The results of the study reflected a high level of awareness among women accessing and community at large found that 68 per cent of the participants have received incentive of which only 69 per cent have collected it themselves. Observed that only 67.7 per cent is registered for antenatal check-up and reflecting upon the changing social status 61 per cent have provided a positive response of upward movement in the community . The study described that facilitative nature in building the educational and livelihood standard of the family. It was found by the study JSY beneficiaries in the two

districts have shared similar experiences. In spite of the district geographical and health rank differences, the scheme of JSY has reached to the marginalized. The majority of the respondents from Scheduled castes and OBC explain the extent of reach. It highlighted one major reason for such improvement is the disbursement of amount by the check not cash. In our research 68 per cent have received on delivery.

**Vora (2012)** examined adequate antenatal care, institutional delivery, private facility delivery and Cesarean section predictors of maternal health services utilization in the Indian states of Gujarat and Tamil Nadu after implementation of Janani Suraksha Yojana. Data used in a study was secondary data (District Level Household Survey (DLHS)). For analyzation multivariate logistic regression was used to examined associations between identified factors and maternal health care utilization in the two target states. State findings were compared and contextualized by examining health practices and health. It was found that Tamil women reported better use of maternal health services than gujarati women. Tamil women were more likely to obtain adequate antenatal care and to have an institutional delivery and Csection than Gujarati women. The study observed that annual per capital health care expenditures are US \$30 for Gujarat and US \$23 for Tamil Nadu.

**Bhattacharjee et al. (2013)** aimed to find out the status of maternal health care services utilization and correlated factors among recently delivered women in a block of Darjeeling district of West Bengal. Data has been used from cross-sectional study was carried out among 953 recently delivered women residing in tea gardens of Darjeeling district of West Bengal. Utilization of maternal health care services including antenatal care during pregnancy, provision of safe delivery and postnatal care after delivery was assessed among. The data was analyzed using SPSS version 16 (IL, Chicago, USA). Logistic regression analysis was done. The study found the utilization of full antenatal care was 48.6per cent (463/953), institutional delivery 73.5 percent (700/953) and adequate postnatal visit was 72.6 per cent (692/953) among the study population. The important factors associated with low utilization of services were belonging to Islam, Scheduled tribe, lower socio-economic status, and lower literacy level of both the husband and wife. It highlighted the major barrier towards utilization of these services

was ignorance followed by distance to the health care center. The study revealed low utilization of pregnancy-related health care utilization among the study population; especially in case of antenatal care. The study can provide new insight for policy makers to devote resources for achieving the best possible quality of maternal and child health services.

**Dabade et al. (2013)** aimed to study the utilization of maternal health care services in a rural population of a Aurangabad district. Data has been taken from cross sectional study which was undertaken from August 2010 to July 2011 in 4 villages of Paithan taluka, of Aurangabad district. It was found that 40.8 per cent respondent women had their first antenatal visit in 1st trimester. Observed that 90.3 per cent women had institutional delivery. The study concluded that about the awareness regarding three or more antenatal visits and registration of pregnancy in first trimester should be emphasized through health education campaign. The study suggested that percentage of Institutional deliveries which were found was encouraging and it should be promoted through IEC activities. It highlighted the importance of post natal visit to health facility after delivery should be advocated in these populations as these visits gives opportunity to the health care providers to examine the mother and newborn.

**Glassman et al.(2013)** examined the effects of conditional cash transfer programmes(CCT) on maternal and newborn health. It observed that CCT are increasingly being adopted and scaled in developing countries, relating to maternal health, sexual behaviors, and vaccination practices .The study found that CCTs have increased the antenatal visits, skilled attendance at birth, delivery at a health facility, and tetanus toxoid vaccination for mothers and reduced the incidence of low birth weight. The study recommended the steps for the design of both implementation and evaluation of CCTs that target MNH (maternal and health) that were improve evaluation and report standardized outcomes across CCT studies, focus on the effectiveness and quality of services delivered on the supply side.

**Lanjewar et al., (2013)** evaluated the performance of the Janani Suraksha Yojana (JSY) and Universal immunization programme (UIP) in Nagpur and Bhandara districts of Maharashtra. It was a cross-sectional study conducted in two eastern districts [ A & B]of

Maharashtra among JSY beneficiaries by stratified random sampling in five strata's viz. tribal, non-tribal, council, urban-slum and urban non-slum. The study found that more women from rural area (85.29 percent) were actually benefitted by scheme than women in urban area (46.96 per cent). It highlighted that hardly 35 per cent- 40 per cent private practitioners heard about JSY and 10 per cent-20 per cent knew correct purpose, beneficiaries and benefits of JSY scheme. It recommends that knowledge gap between programme managers and community as well as Private Practitioners should be reduced. There should be regular monitoring of the scheme, periodic training of all the health care workers including private practitioners. There should be continuous supply of funds, and community awareness regarding availability of Grievance Cell to look into the complaints.

**Malik et al. (2013)** explored the utilization of health services by mothers during antenatal, and post-natal period under Janani Suraksha Yojana (JSY). Data has been collected by cross-sectional study in the rural areas of two districts of Haryana. Study found that out of 1216 (87.5 per cent) women were registered between 12-26 weeks of pregnancy whereas out of 170 (12.3 per cent) of them were registered within first 12 weeks. It highlighted that one-fourth of the mothers did not receive the recommended minimum three antenatal check-up and coverage of TT immunization was 92.1 per cent. It explained that out of the 1253 institutional deliveries, 84.6 per cent were conducted in Government institutions while 15.4 per cent deliveries were conducted in private hospitals. It concludes that JSY is not only about promoting institutional deliveries but also for reduction of maternal mortality that can only be achieved by continuous monitoring of service providers and by strengthening improve quality of health services under JSY.

**Begum (2014)** explored the effectiveness of JSY for promoting institutional delivery services and analyzed the roles and functions of ASHA for motivating pregnant women for institutional delivery. For analyzing simple random sampling techniques were used and it was based on both Primary and secondary data. The study found that Karimganj District was one of the most lagging behind districts in Assam in all respects especially in education, health care, road communication, socio-economic condition etc. It identified

that most of the women in Karimganj district suffer from pregnancy related complications like anemia, high blood pressure, hypertension and poor health due to the poor socio-economic condition of the family. Study concluded that Janani Suraksha Yojana (JSY) is getting popular and especially rural poor women are significantly benefited by the scheme and ASHAs are aware of their roles and responsibilities in JSY regarding antenatal services, complications during pregnancy and child-birth. Study also highlighted the evidences that institutional deliveries are increasing at PHCs and sub-centres because ASHA is actively working for promoting institutional deliveries. ASHAs are performing satisfactory performance in their villages and they are actively organizing VHND session and helping the pregnant women to avail the JSY services. As a result Maternal Health status among rural women is improving by this scheme.

**Dhak (2014)** examined the low level of maternal health care utilization in rural India and it reflects correlation with both various socio-economic factors and accessibility to health facilities. It was observed that self-motivation fails to ensure women with maternal health care utilization unless they are motivated or permitted by their husband or mother in-law. It was found that age, religion, education, household economic status and health infrastructure indicated by distance to any health facility center from the residential village are important as far as using maternal health care services are concerned. It was mentioned that utilization has been high for women those had accessibility to health facility within the residential village as compared to women those accessed from a distant place, and utilization is found to be decreasing marginally with the increase of distance to health facility center. It was observed that utilization for any ANC (antenatal care) and institutional delivery increased with the women's education and male involvement in the women's reproductive health care is found to be an important component towards enhancing utilization of maternal health care. The study concluded that the utilization of maternal health care in India, particularly in rural area is low. It shows that India needs to go far away to reach the ambitious target of using full of ANC and institutional delivery that set in the millennium development goals.

**Misra et al. (2014)** evaluated the impact of JSY on maternal mortality in Madhya Pradesh (MP). Data was collected from secondary sources district-level maternal

mortality ratios (MMR) from 2005 to 2010 were estimated using a bayesian spatio-temporal model.. In the study mixed effects multilevel regression model was applied to assess the impact of JSY. The association between JSY intensity, as reflected by proportion of JSY-supported institutional deliveries, total annual JSY expenditure, and MMR, was examined. It found the proportion of all institutional deliveries increased from 23.9 per cent in 2005 to 59 per cent in 2010 .The proportion of JSY-supported institutional deliveries rose from 14per cent (2005) to 80 per cent (2010). It highlighted that MMR declines in the districts varied from 2 to 35per cent over this period.55.9 per cent in 2010. It observed that JSY-supported institutional deliveries rose from 14% (2005) to 80 per cent (2010) and MMR declines in the districts varied from 2 to 35per cent. The study concluded that there was no association between maternal mortality reduction and the JSY in MP. The high proportion of institutional delivery under the program does not seem to have converted to lower mortality outcomes.

**Prinja (2014)** examined the comprehensive evaluation of referral services in Punjab state of India, to accessed its extent and pattern of utilization, impact on public sector institutional deliveries and identified its quality and cost in Punjab state. Data has been collected by almost 0.4 million calls received from April 2012 to March 2013 was analyzed to assess the extent and pattern of utilization. For the study it used the segmented linear regression to analyse month-wise data on number of institutional deliveries in public sector health facilities from 2008 to 2013. The study conclude that ERS (emergency referral services) did not have any important effect on public sector institutional deliveries. This implies that provision of ERS to reduce demand-side barriers to utilization of institutional obstetric care is not the panacea to improve institutional deliveries. Study recommended that to be equally and comprehensively supported by efforts towards increasing the capacity of health system, health centres and hospitals, for provision of basic and emergency obstetric care. It suggested that ERS service in punjab needs to be strengthened in terms of reduction of cost and improvement in quality.

**Raj and Singh (2014)** focused on the governmental programmes and data on maternal conditions .The study highlighted following programmes which were launched by the Government of India, to benefit the health of the mother and children that were Pulse

Polio Programme (1995) , Prevention of Deaths from Hunger and Malnutrition Programme (1996) and s Reproductive and Child Health Programme (1996) etc. The data presented in the study was current maternal mortality ratio (MMR) in India is 301/100,000 live births and institutional delivery rose from 34 per cent to 41per cent , It also observed that deliveries assisted by skilled health professionals from 42per cent to 49 per cent. Study identified that half of pregnant women in India (52per cent) receive three or more antenatal care .It suggested that social and economic factors such as low status of women in communities, poor understanding of families in utilizing health care services, lack of transport, poor roads, medical expenditure and all other obstacles needed to be addressed. The study concluded that the progress in maternal health has been uneven, inequitable and unsatisfactory. For India, the target is to achieve an MMR of 108 by 2015.

**Sinha (2014)** examined the husbands attitude and involvement in maternal health care utilization. It focused on the relationship between the men's knowledge regarding the maternal health service utilization and maternal health in India . The data has been used from National Family Health Survey 2005-06. The indicator of maternal health used in the analysis was safe delivery. Binary and multinomial logistic regression were used for analyzation. The study found that those women husband had knowledge regarding maternal health and those were present at the time of ANC visit more likely to utilize safe delivery service. It was concluded that husband can significantly influence the women health care utilization. The study identified education , age, place of residence, number of living children, caste, religion are some of the major factors which reduce husbands presence at the time of ANC visit and also restrict women into the house hold and leads non institutional delivery. Study observed that if the wife jointly with her husband or someone else take decision about health care then also institutional delivery does not increase. The study conclude that until or unless the women are able takes decision alone the institutional delivery does not increase.

**Thimmaiah and Mamatha (2014)** intended to study the state wise beneficiaries of Janani Suraksha Yojana Scheme and to study the impact of JSY on institutional delivery rate in India. the present study employs various statistical and econometrics tools like

table, graph and One Way ANOVA test. The secondary data is collected from Ministry of Health and Family Welfare Statistical Report, RCH Second Implementation Plan, NRHM Operational Guideline etc. The study found that states of Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh Janani Suraksha Yojana beneficiaries are high because they have high rate of Infant Mortality and lack of medical facilities Kerala, Goa, Chhattisgarh and Lakshadweep states have less number of Janani Suraksha Yojana beneficiaries, because these states have well improved medical facilities compared to other states and less Infant Mortality and Maternal Mortality Rate . It highlighted that the Government of India has introduced conditional cash assistance program in the form of Janani Suraksha Yojana was suggested that government should improved an awareness so that India can reduce its Infant Mortality and Maternal Mortality as per the requirements of Millennium Development Goals.

**Doke et al. (2015)** estimate the proportion of eligible women for Janani Suraksha Yojana and to understand the factors affecting receipt of benefits in Maharashtra State, India. Data has taken from observational study conducted in Maharashtra state having a population of 112.37 million. The study population consisted women delivered in 2008-2009 year. It found that 4,544 women delivered only 52.57per cent certainly received cash benefits. It highlighted that non-earning women, not delivered in public health care institutions and un-aware about the scheme were unlikely to receive the benefits. It observed that ante natal care visits, immunization, receipt and consumption of Iron and folic acid tablets were better among beneficiaries then non-receivers of the benefits. The benefits were not received immediately after delivery and 10 per cent women had problems in receiving the benefits, particularly requirement of certain certificates. It conclude the following factors responsible for low uptake of the scheme were women residing in slum areas and councils, , not earning housewives, not attending ANC clinics, delivering normally, women delivering in private hospitals, undergone cesarean section and unaware about the scheme

**Johnson (2015)** aimed at estimating the level of awareness about the various government maternity benefit schemes among pregnant mothers and to determine the sociodemographic factors associated with awareness of these schemes. Data was



collected by cross sectional study which was carried out among women attending antenatal clinic in a rural hospital, Karnataka using a structured interview schedule. The study found that maximum awareness was for maternal nutrition supplements under Integrated Child Development Services (ICDS) was 83.6 per cent) and awareness regarding the schemes among antenatal mothers range from 0 per cent to 83.6 per cent. The study concluded to improve the utilization of GMBS(government maternity benefit scheme) it is important to improve awareness among antenatal women. Study highlighted that mass media and ASHA workers can be used to disseminate the information. Displaying information about Government Maternity Benefit Schemes at government and private hospitals and educating women in the community groups was recommended.

**Kaur et al. (2015)** assessed the knowledge of Janani Suraksha Yojana and explored the utilization pattern of JSY scheme among the eligible women. The study revealed that out of 185 eligible JSY beneficiaries majority (88.7per cent) were in the age group of 20-30 years. Education profile of the beneficiaries revealed that 37.3% were illiterates, (32.4per cent) were below matric & (30.3 per cent) were above matric. It was found that less than half (48.2%) of the beneficiaries, received the benefit of the JSY scheme. It was suggested that state needs to reach the unreached and motivate all poorest of the poor women for institutional delivery by proper campaigning, making alternative arrangement for transport and making due payments on time to the beneficiaries. It was concluded that good deal of effort was made at different levels, there still exists certain gaps in the level of awareness which needs to be addressed appropriately.

**Kaur.S et.al (2015)** Home deliveries still occur in Punjab. State needs to reach the unreached and motivate all poorest of the poor women for institutional delivery by proper campaigning, removing their fears regarding hospital setting and staff, making alternative arrangement for transport and making due payments on time to the beneficiaries. Punjab was not one of the high-focus states due to its relative wealth and high rates of institutional deliveries. Because Punjab was not identified as a high-focus state, JSY was not rolled out as strongly in the state.

**Kumary and Kumari (2015)** examined the existing knowledge and attitude of mothers regarding Janani Suraksha Yojana (JSY). It was measured by close-ended structured interview schedule and likert attitude scale. The data was collected using nonprobability purposive sampling technique. The total number of antenatal mothers included was 80. Data was analyzed using SPSS version 16 and the results expressed as proportions. The study found that from antenatal mothers 61 per cent had moderate knowledge, 36 per cent had poor knowledge, 2.5 per cent had very good knowledge regarding JSY. It also highlighted that 61.3percent of the respondents had positive attitude and 38.7 percent of the respondents had negative regarding JSY. The study concluded that antenatal mothers did not have adequate knowledge regarding JSY residing in rural areas. It was suggested to give health education for antenatal mothers to improve their knowledge and attitude related to JSY.

**Santra et al. (2015)** assessed the utilization of maternal health care services including JSY among the mothers of under five children in a slum at Baghbazar, Kolkata. Data was collected from descriptive, cross-sectional study was conducted at Baghbazar slum and total of 72 mothers of under-five children were interviewed using a predesigned, pretested and semi-structured schedule . It found that 54 (75per cent) mothers heard about JSY during their gestational period but only 34 (47.2per cent) mothers got JSY benefit. It identified that Most of the mothers did not get the benefit due to lack of eligibility document (42.1per cent) followed by ignorance (34.2per cent) about the scheme. About 76per cent mothers had antenatal registration within the first trimester and least one postnatal check-up was received by 77 per cent mothers. It concluded that information, education and communication strategy were needed to promote the scheme. It recommended that timely payment of cash assistance should be promoted and mothers should be informed regarding early registration of pregnancy and significance of postnatal check.

**Rawat et al. (2015)** analyze the utilization of maternal health services and its determinant that affects at community and regional levels. Data has been used by DLHS-III (District Level Household and Facility Survey ) for analyzing bi-variate , multivariate and logistic regression was used in the study. The study observed that home Delivery was found

more in rural (74.1 per cent) than urban 46 percent, but maximum delivery was found normal in both rural and urban. Study found that birth that had been conducted by unskilled persons was also high in rural (94 per cent) and urban (87 per cent). The utilization of any ANC, institutional delivery and PNC was 59 percent, 28 percent and 26 percent respectively. It highlighted that there was large significant variation in utilization of ANC services and services at the time of delivery used in the rural and urban settings. Study identified the socio-economic status and mother's education, caste and birth order was the most-important determinants associated with the use of any ANC and institutional delivery. It concludes that promoting mother's education will yield greater outcome in increasing the usage of maternal health services. It suggested that there was an urgent need to focus on backward section of the community (Poor and SC/ST groups) and regional-level intervention.

**Jain (2016)** examined the patterns of maternal care usage and socioeconomic disparities in care before and after the initiation of the program among women in rural India. Data has been used from the India Human Development Survey Wave 1(2004- 05) Wave 2 (2011-12). The study found that proportion of women availing full antenatal care increased by six percentage points from 19 percent during the pre-JSY period (IHDS-I) to 25 percent during the JSY period (IHDS). The study also indicated that almost twofold increase in the number of postnatal care check-ups over the two periods. For each of these outcomes, the relationships with household wealth and mother's education are weaker in IHDS-II, after JSY, than in IHDS-I, before JSY. The study concluded that the program has led to an enhancement in the utilization of health services among all groups but especially among the poorer and underserved sections in the rural areas, thereby reducing the prevalent disparities in maternal care.

**Priya et al. (2016)** identified the institutional delivery rate, utilization rate of JSY and to identify the association of the socio-demographic characters with JSY utilization. Data was collected by cross-sectional method which was undertaken in the Urban and Rural Health Training Centers( Aligarh, UP). It found that deliveries were at government institution were (51 per cent), followed by home (26.3 per cent) and (22.7 per cent) at private hospitals. It was observed that Hindu females had a lower home delivery (19 per

cent) compared to Muslim females (81per cent) indicating Hindus preference for institutional delivery .It suggested that it was urgent need of an improvement in overall status of development of women by ensuring equity in educational and economic opportunities. It observed that acceptance of institutional delivery care has improved a lot as compared to earlier studies in the same area It conclude that institutional delivery was influenced by women's age, religion, caste, and educational status. The level of education and younger age was found to have a positive effect on utilization of JSY.

**Randive (2016)** explored the implementation of the CCT (conditional cash transfer) policy to promote institutional births in India, with a special focus on nine of India's poorer states. For the analyzation study used both quantitative and qualitative methods. The association between the coverage of institutional births and MMR was assessed using regression analysis and conditional logistic regression was used to study the association between maternal referrals and adverse birth outcomes. The study found that institutional births increased significantly from a pre programme average of 20 percent to 49 percent and no significant association between district-level institutional birth proportions and MMR(maternal morality rater) was found. Study also highlighted the MMR has decreased in all areas since the introduction of JSY, It has declined four times faster in the richest areas than in the poorest. It was concluded that the availability of critical life-saving obstetric care and referral care, was found to still be poor. Study recomended that the efficient use of present health care resources must be supported by the adoption of best management practices, such as the functional split of emergency and routine obstetric care at overloaded referral facilities.

**Usami (2016)** analyzed the maternal health care service (MCH) utilization and the effect of maternal health care services on child health(Infant Mortality Rate (IMR)). In the study secondary data has been used from various published reports of government of India.NFHS. Census 2011etc. It analyzed the effect of maternal health services on child survival simple correlation coefficient method is used. Study found that the correlation between MMR and IMR has a comparatively high value of 0.86 which indicate that maternal health has a direct effect on the child health and there was women education has a high association with maternal mortality and infant mortality. Study highlighted that

for the safety of the health of child and mother, the first priority for delivery was that it must be by health personnel and it should be clean, hygienic and safe. It conclude that there was a need to promote maternal healthcare services which will accelerate the declining of the rate of the child mortality indicators.

## **CHAPTER III**

### **RESEARCH METHODOLOGY**

The present chapter deals with the research methodology which will be applied for analysis of data.

#### **3.1 Research Design**

The type of research is descriptive in nature. It had conducted among the women utilizing maternal health care services in Jalandhar.

#### **3.2 Sample**

The sample size of present study had 200 respondents who are utilizing the service of Janani Suraksha Yojana .

#### **3.3 Sampling technique**

The convenience sampling technique had been used for the collection of data.

#### **3.4 Method of Data Analysis**

The analysis of data had been made with the help of mean, percentage ,frequency and chi square test.

#### **3.5 Hypotheses of the study**

##### **Association between awareness of JSY and profile of the respondents**

H01: There is no association between awareness of JSY and age.

H02: There is no association between awareness of JSY and education of the respondent.

H03: There is no association between awareness of JSY and occupation of the respondent.

H04: There is no association between awareness of JSY and occupation of the respondent 's husband

H05: There is no association between awareness of JSY and husband's monthly income of the respondent

H06: There is no association between awareness of JSY and Caste of the respondent

## **Association between utilization of services under JSY and profile of the respondents**

H01: There is no association between utilization of services under JSY and age.

H02: There is no association between utilization of services under JSY and education of the respondent.

H03: There is no association between utilization of services under JSY and occupation of the respondent.

H04: There is no association between utilization of services under JSY and occupation of the respondent's husband

H05: There is no association between utilization of services under JSY and husband's monthly income of the respondent

H06: There is no association between utilization of services under JSY and caste of the respondent

## CHAPTER IV

### ANALYSIS AND INTERPRETATION OF DATA

The present chapter is divided into three sections. Section I deals with the background characteristics of the respondents. Section II describes with the awareness of Janani Suraksha Yojana (JSY). Section III explains the utilization of services under Janani Suraksha Yojana (JSY). The section IV examines the service quality under Janani Suraksha Yojana (JSY).

#### Section- I

##### Profile of Respondents

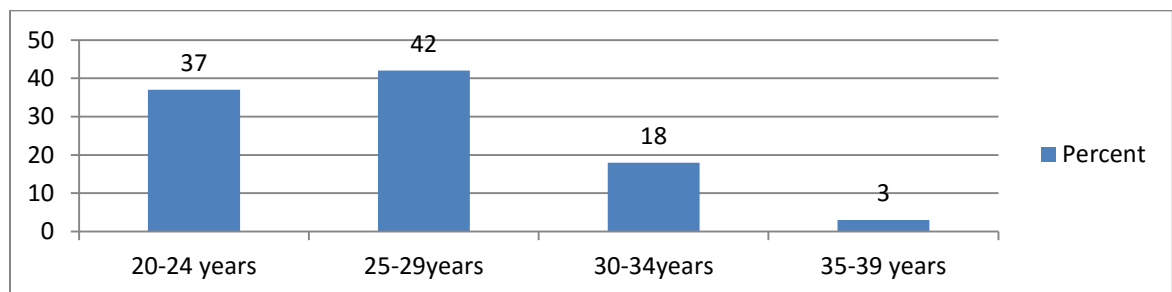
The following table deals with the characteristics of the respondent

**Table 4.1: Age of the Respondents**

Age	Frequency	Percent
20-24 years	74	37.0
25-29years	84	42.0
30-34years	36	18.0
35-39 years	6	3.0
Total	200	100.0

*Source: Survey Results*

**Figure 4.1: Age of the Respondents**



s

*Source: Survey Results*

Graph 4.1 explains the age group of the respondents in this way the most respondent are lying under the age group of 25 to 29 years. It means 42 per cent of total respondent are



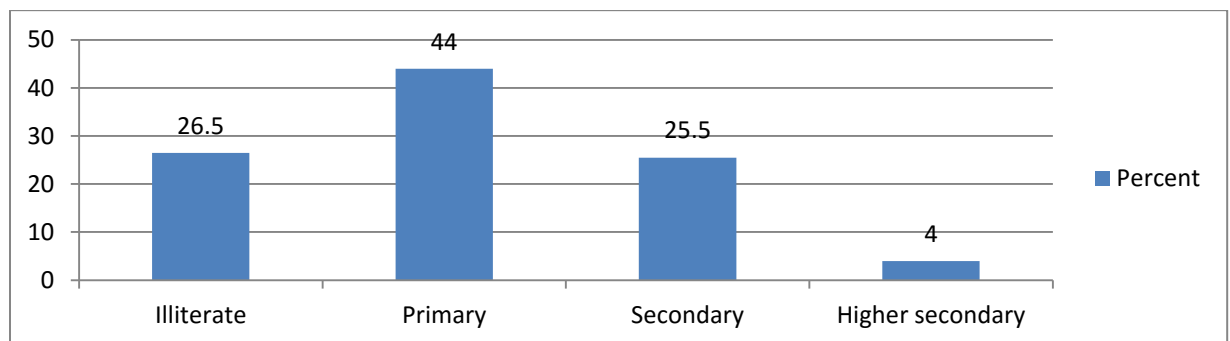
under age group from 25 to 29 years followed by 37 percent in the age group of 20-24 years, 18 percent the respondent was in age group 30-34, years 3 percent of respondent in age group in 35 -39 years.

**Table 4.2: Education of the Respondent**

Education	Frequency	Percent
Illiterate	53	26.5
Primary	88	44.0
Secondary	51	25.5
Higher secondary	8	4.0
Total	200	100.0

*Source: Survey Results*

**Figure 4.2: Education of the Respondent**



*Source: Survey Results*

Graph 4.2 explains the education of the respondent in given sample of 200 from the data it is clearly visible that this way the most respondent are lying under the primary education that is 44 percent, 26 percent are illiterate, 25 percent had enrolled under secondary education and only 4 percent are under secondary education.

**Table 4.3: Occupation of the Respondent**

Occupation of the Respondent	Frequency	Percent
Housewife	106	53.0
Labourer	23	11.5
Other	71	35.5
Total	200	100.0

*Source: Survey Results*

**Figure 4.3: Occupation of the Respondent**



*Source: Survey Results*

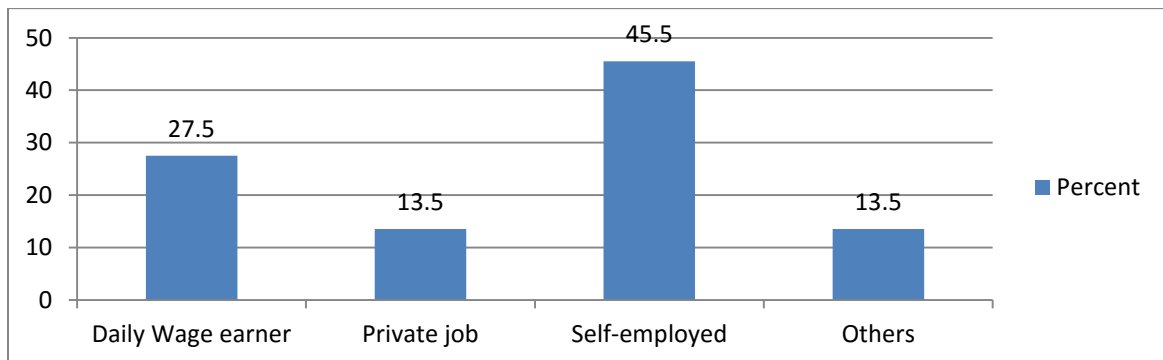
Graph 4.3 explains the occupation of the respondent from the data it is shown that majority of respondents are housewife with 53 percent, 13 percent are laborer and 35 percent are others.

**Table 4.4: Occupation of the Respondent Husband**

Occupation of the Husband	Frequency	Percent
Daily Wage earner	55	27.5
Private job	27	13.5
Self-employed	91	45.5
Others	27	13.5
Total	200	100.0

*Source: Survey Results*

**Figure 4.4: Occupation of the Husband**



*Source: Survey Results*

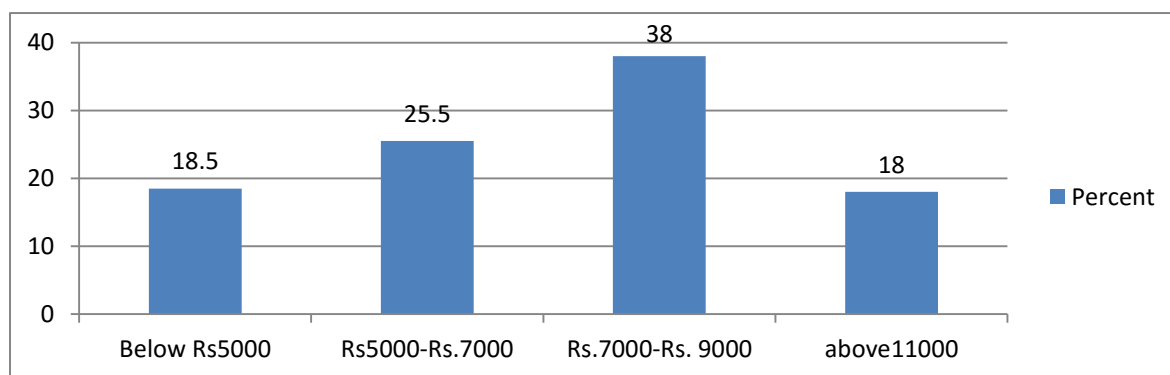
Graph 4.4 explains the occupation status of respondent's husband it is clearly shown that 27.5 are daily wage earner ,13.5 percent are private job followed by 45.5 percent are self-employed and 13.5 percent are others.

**Table 4.5: Husband's Monthly Income**

Husband's Monthly Income	Frequency	Percent
Below Rs5000	37	18.5
Rs5000-Rs.7000	51	25.5
Rs.7000-Rs. 9000	76	38.0
above11000	36	18.0
Total	200	100.0

*Source: Survey Results*

**Figure 4.5: Husband's Monthly Income**



*Source: Survey Results*

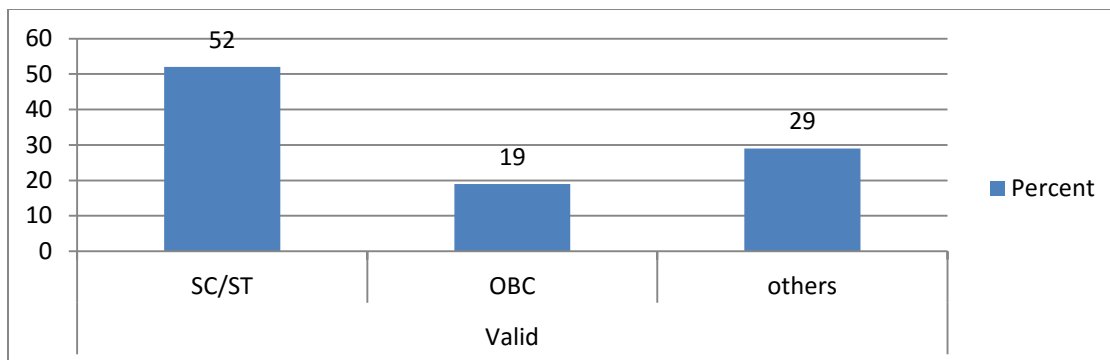
Majority of the respondents were 7000-9000 monthly income followed by 25.5 percent had 5000-7000, 18.5 percent were below 5000 and only 18 percent had above 11000 income.

**Table 4.6: Caste of the respondent**

Caste of the respondent	Frequency	Percent
SC/ST	104	52.0
OBC	38	19.0
Others	58	29.0
Total	200	100.0

*Source: Survey Results*

**Figure 4.6: Caste of the respondent**



*Source: Survey Results*

Whereas caste of the respondents were identified 52 percent belonged to SC/ST followed by 29 percent others and 19 percent are other backward classes.

## Section II

### Awareness of Janani Suraksha Yojana (JSY)

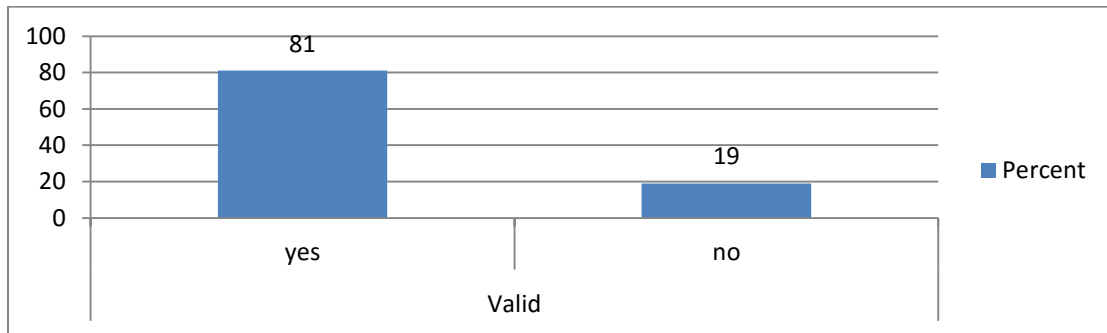
In the present section an attempt has been made to examine the awareness of JSY that how much people were having knowledge of the steps taken by the Government to promote institutional deliveries

**Table 4.7: Awareness of JSY**

Are you aware of JSY?	Frequency	Percent
Yes	162	81.0
No	38	19.0
Total	200	100.0

*Source: Survey Results*

**Figure 4.7: Awareness of JSY**



*Source: Survey Results*

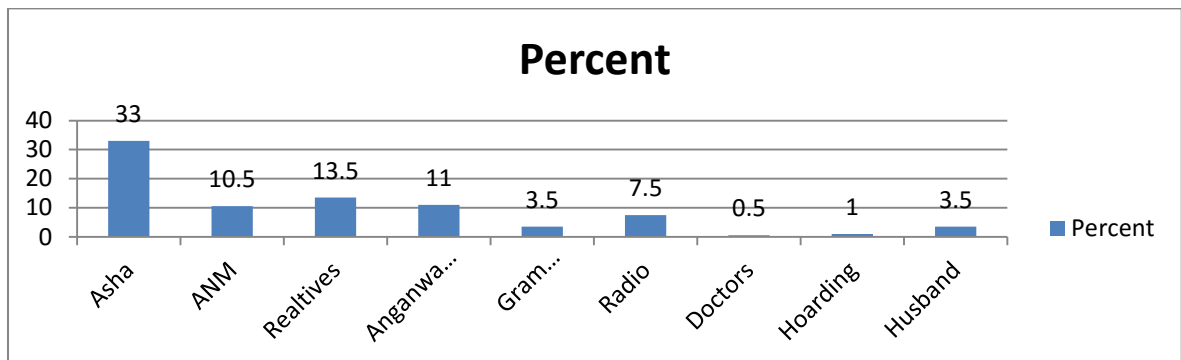
There were 162 people who are having awareness of JSY with 81percent and 19 percent who don't know about JSY with 19 percent.

**Table 4.8: Source of Awareness of JSY**

Source of awareness	Frequency	Percent
Asha	66	33.0
ANM	21	10.5
Relatives	27	13.5
Anganwadi workers	22	11.0
Gram panchayat	7	3.5
Radio	15	7.5
Doctors	1	.5
Hoarding	2	1.0
Husband	7	3.5

*Source: Survey Results*

**Figure 4.8: Source of Awareness**



*Source: Survey Results*

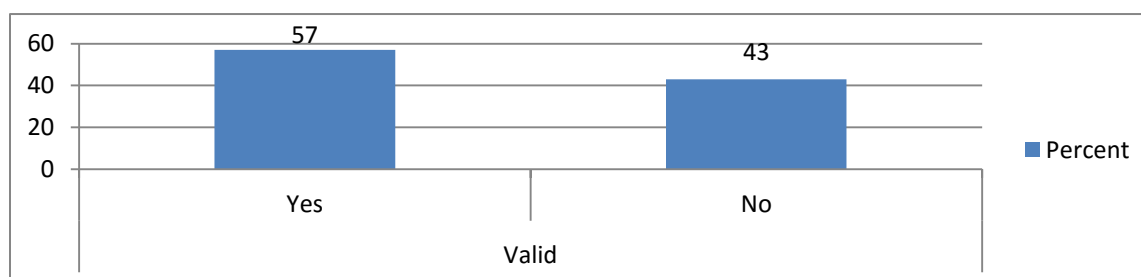
There are 66 respondents who got awareness from ASHA by 33percent, 13.5 percent who got awareness from relatives than followed by Aganwadi workers with 11 percent,10.5 percent by ANM ,than followed by radio, gram panchayat, hoarding, husband with 7.5,3.5,1,3.5 percent respectively and 0.5 percent got aware by Doctors

**Table 4.9 : Awareness about Financial Assistance**

<b>Awareness about Financial Facility under JSY</b>	<b>Frequency</b>	<b>Percent</b>
Yes	114	57.0
No	86	43.0
Total	200	100.0

*Source: Survey Results*

**Figure 4.9: Awareness about Financial Assistance**



*Source: Survey Results*

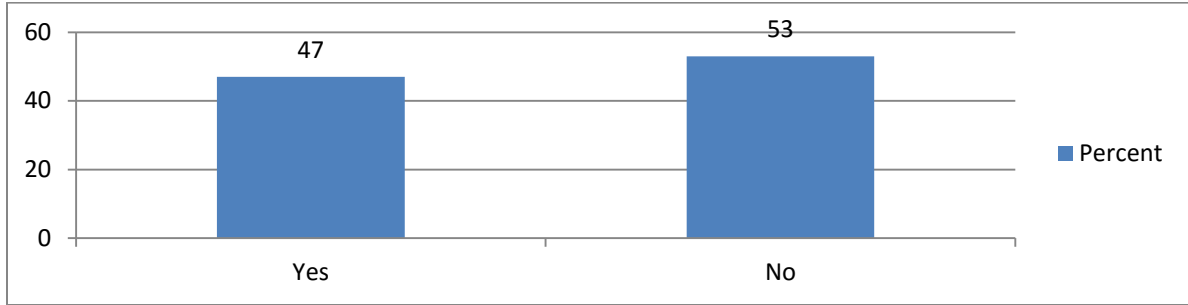
In this we come to know that 57 percent respondent know that there was financial assistance is also given by the government to promote institutional delivery and 43 percent people do not about the financial assistance.

**Table 4.10: Awareness about Transportation Facility**

<b>Do you know about Transportation facility?</b>	<b>Frequency</b>	<b>Percent</b>
Yes	94	47.0
No	106	53.0
Total	200	100.0

*Source: Survey Results*

**Figure 4.10: Awareness about Transportation Facility**



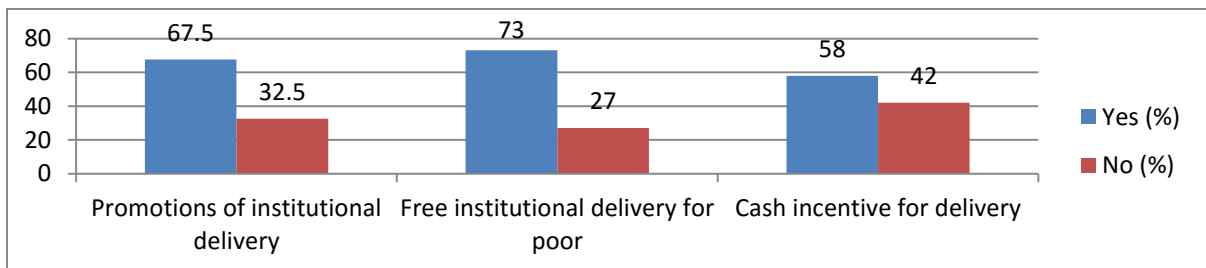
In this graph it shows that 47 percent 94 respondents know about that transportation facility given by the hospitals to pregnant lady under JSY and 53 percent 106 respondents do not know about transportation facility given by hospitals.

**Table 4.11: What things you know about JSY?**

Statement	Yes (%)	No (%)
Promotions of institutional delivery	67.5	32.5
Free institutional delivery for poor	73	27
Cash incentive for delivery	58	42

*Source: Survey Results*

**Figure 4.11: What things you know about JSY?**



*Source: Survey Results*

There has 67.5 percent people know about that JSY scheme is for the promotion of institutional delivery, 32.5 percent people do not know about it, 73 percent people know about it's free institutional delivery for poor and 27 percent people don't know about it and 58 percent people know about cash incentive is given for delivery and 42 percent have no knowledge about it.

**Section-III Association between awareness and profile of the respondent**

**Table: 4.12 Results of Chi-square and Symmetric Measure**

<b>H<sub>01</sub></b>		<b>Value</b>	<b>Df</b>	<b>Sign.</b>	<b>Accepted /Rejected</b>
	Pearson Chi-Square	22.804	3	.000	Rejected
	Likelihood Ratio	19.289	3	.000	
	Linear-by-Linear Association	11.048	1	.000	
<b>H<sub>02</sub></b>	Pearson Chi-Square	3.890	3	.274	Accepted
	Likelihood Ratio	4.313	3	.230	
	Linear-by-Linear Association	1.040	1	.308	
<b>H<sub>03</sub></b>	Pearson Chi-Square	10.209	1	.000	Rejected
	Likelihood Ratio	8.523	1	.000	
	Linear-by-Linear Association	.266	1	.000	
<b>H<sub>04</sub></b>	Pearson Chi-Square	4.926	3	.177	Accepted
	Likelihood Ratio	5.270	3	.153	
	Linear-by-Linear Association	4.434	1	.035	
<b>H<sub>05</sub></b>	Pearson Chi-Square	.865	3	.834	Accepted
	Likelihood Ratio	.876	3	.831	
	Cramer's V	.039	1	.843	
<b>H<sub>06</sub></b>	Pearson Chi-Square	4.955	2	.084	Accepted
	Likelihood Ratio	4.864	2	.088	
	Linear-by-Linear	2.558	1	.110	



	Association				
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\* Significant at the 0.05 level. *Source: Survey Results*

For the rejection of null hypothesis it is required that p value should be less than 0.05. Above table shows that the value of p is 0.000 in case of  $H_{01}$  which signifies that the results are significant at 5% level of significance. This leads to the rejection of null hypothesis ( $H_{01}$ ) which states that there is significant association between the age of respondent and awareness of JSY

The value of Chi-Square of education of respondent and awareness regarding JSY is 3.890. The results shows that occupation of respondent and awareness regarding JSY having association. The value of Chi-Square of occupation of respondent and awareness of JSY is 10.209. From the p value it can be concluded that null hypothesis is rejected and there exists association of occupation of respondent and awareness of JSY.

The above table shows that the value of p is 0.177 in case of  $H_{04}$  which signifies that the results are significant at 1% level of significance. This leads to the acceptance of null hypothesis which states that there is no significant association between the occupation of respondents and awareness of JSY Hence we can conclude that there is no association between occupation and awareness of JSY.

As the case of  $H_{05}$  is concerned the p value is .834 which leads to rejection of null hypothesis and it can be concluded that there is association between husband's monthly income and awareness of JSY.

The above table shows that the value of p is 0.084 in case of caste  $H_{06}$  which signifies that the results are significant at 5% level of significance. This leads to the acceptance of null hypothesis, which states that there is significant association between the caste of respondents and awareness of JSY. Hence we can conclude that there is association between caste and awareness of JSY.

## Section- IV

### Utilization of Services Under Janani Suraksha Yojana (JSY)

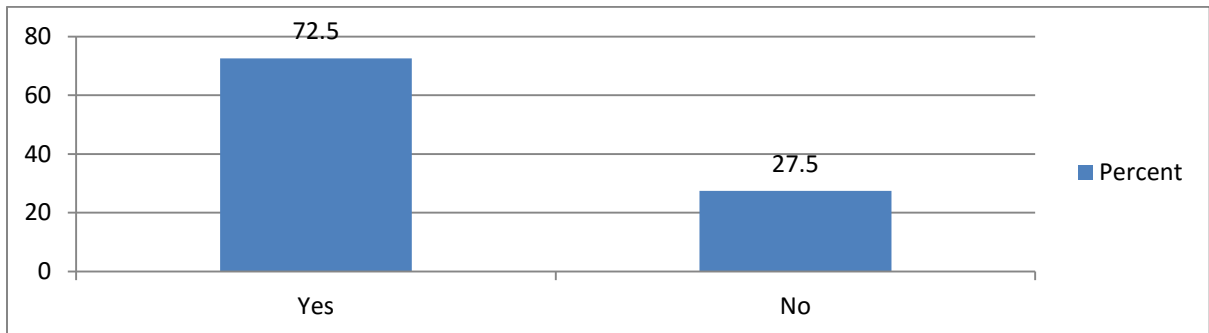
Under this section we study that why people had utilized the services or why they had not utilized the services it showed the disparities between utilization and awareness. To see that how they were using the cash incentives got from the government.

**Table 4.13 Utilization of JSY**

Utilization of JSY	Frequency	Percent
Yes	145	72.5
No	55	27.5
Total	200	100.0

*Source: Survey Results*

**Figure 4.12: Utilization of JSY**



*Source: Survey Results*

In this graph we analyze the number of people who utilized the services of JSY in this we can see that 145 people have utilized the services out of 200 respondents 72.5 per cent are utilizing and 27.5 percent have not utilized the services

**Table 4.14 :Weights and Ranks of Non-Utilization of Health Care Services Under JSY**

Implications	Weighted average score(WAS)	Rank
Did not know about the JSY	3.86	2
Had incomplete material	3.66	3

Not permitted by husband and in-laws	2.94	6
No one from health department approached me	3.90	1
Transport facility not available	3.50	4
No belief in Govt. health system	3.44	5
Referred to private hospital/nursing home	2.47	7

*Source: Survey Results*

The table given above presents that why people are not utilizing the services of JSY. After comparing weighted average scores it was found that the first reason was no one from health department approached me (WAS=3.9057) followed by did not know about JSY(WAS=3.860) ,had incomplete information(WAS=3.6604),transport facility not available (WAS=3.5000), transport facility not available(WAS=3.500), no belief in Govt. health system(WAS =3.4223)..referred to private hospital/nursing home (WAS=2.4706).

**Table 4.15 :Weights and Ranks of Utilization of Health Care Services Under JSY**

<b>Implications</b>	<b>Weighted average score(WAS)</b>	<b>Ranks</b>
Motivation for selecting for institutional delivery	3.92	2
Better access to institutional delivery services in the area	3.82	3
For safety of the child support provided by health personnel	4.14	1
Previous child was born in a Home	3.13	5
Availability of transport assistance in hospital	3.43	4
Previous caesarean, miscarriage, still birth	2.58	6

*Source: Survey Results*

The table given above presents that why people are utilizing the services of JSY. After comparing weighted average scores several reasons were found .The first implication was for safety of the child support provided by health personnel (WAS =4.1448) followed by Motivation for opting for institutional (WAS=3.960), Better access to institutional

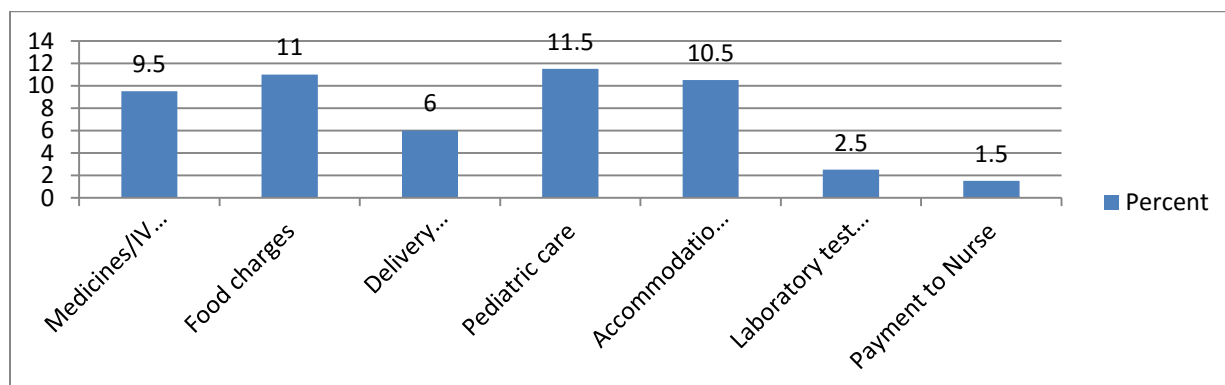
delivery services in the area (WAS=3.804), availability of transport assistance in hospital (WAS=34345), previous child was born in a home (WAS =3.1310), previous caesarean, miscarriage, still birth (WAS=2.5862).

**Table 4.16: How you have utilized money received under JSY?**

Utilized money received under JSY?	Frequency	Percent
Medicines/IV fluids	19	9.5
Food charges	22	11.0
Delivery Operation charge	12	6.0
Pediatric care	23	11.5
Accommodation charge	21	10.5
Laboratory test Diagnostic/sonographer	5	2.5
Payment to Nurse	3	1.5
Total	105	52.5
System	95	47.5
Total	200	100.0

*Source: Survey Results*

**Figure 4.13: How you have utilized money received under JSY?**



*Source: Survey Results*

In this table and diagram we analysed that maximum expenditure is on pediatric care that was 11.5 percent followed by food charges 11 percent, on accommodation 10.5 percent, medicines and fluids 9.5 percent, two lowest was laboratory test and payment to nurse that was 2.5 and 1.5 percent respectively)

## Section-V Association between utilization and profile of the respondent

**TABLE 4.17: RESULTS OF CHI-SQUARE AND SYMMETRIC MEASURE**

<b>H<sub>01</sub></b>		<b>Value</b>	<b>Df</b>	<b>Sign.</b>	<b>Accepted /Rejected</b>
	Pearson Chi-Square	12.935	3	.005	Rejected
	Likelihood Ratio	11.844	3	.008	
	Linear-by-Linear Association	7.545	1	.006	
<b>H<sub>02</sub></b>	Pearson Chi-Square	3.67	3	.305	Accepted
	Likelihood Ratio	3.436	3	.329	
	Linear-by-Linear Association	.019	1	.890	
<b>H<sub>03</sub></b>	Pearson Chi-Square	3.914	2	.141	Accepted
	Likelihood Ratio	3.596	2	.161	
	Linear-by-Linear Association	.155	1	.694	
<b>H<sub>04</sub></b>	Pearson Chi-Square	.464	3	.927	Accepted
	Likelihood Ratio	.471	3	.925	
	Linear-by-Linear Association	.017	1	.895	
<b>H<sub>05</sub></b>	Pearson Chi-Square	7.453	3	.059	Rejected
	Likelihood Ratio	7.426	3	.059	
	Cramer's V	4.141	1	.042	
<b>H<sub>06</sub></b>	Pearson Chi-Square	11.330	2	.003	Rejected
	Likelihood Ratio	10.581	2	.005	
	Linear-by-Linear Association	1.744	1	.187	

\* Significant at the 0.05 level.

*Source: Survey Results*

For the rejection of null hypothesis it is required that p value should be less than 0.05. Above table shows that the value of p is 0.005 in case of  $H_{01}$  which signifies that the results are significant at 5% level of significance. This leads to the rejection of null hypothesis ( $H_{01}$ ) which states that there is a significant association between the age of the respondent and utilization of services of JSY.

The value of Chi-Square of utilization of services of JSY and education of the respondents is 3.967. The results show that education and utilization of services of JSY have an association.

The value of Chi-Square of utilization of services of JSY and occupation of the respondents is 3.914. From the p value it can be concluded that the null hypothesis is accepted and there exists no association between occupation of the respondents and utilization of services of JSY.

The above table shows that the value of p is 0.927 in case of  $H_{04}$  which signifies that the results are significant at 10% level of significance. This leads to the acceptance of null hypothesis which states that there is no significant association between the occupation of husband's respondent and utilization of services of JSY. Hence we can conclude that there is no association between occupation of husband's respondent and utilization of services of JSY.

As the case of  $H_{05}$  is concerned the p value is 0.059 which leads to acceptance of null hypothesis and it can be concluded that there is no association between husband's monthly income and utilization of services of JSY.

The above table shows that the value of p is 0.003 in case of caste  $H_{06}$  which signifies that the results are significant at 1% level of significance. This leads to the rejection of null hypothesis, which states that there is no significant association between the income of respondents and utilization of JSY. Hence we can conclude that there is an association between caste and utilization of services of JSY.

## Section-VI

### Service Quality under Janani Suraksha Yojana (JSY)

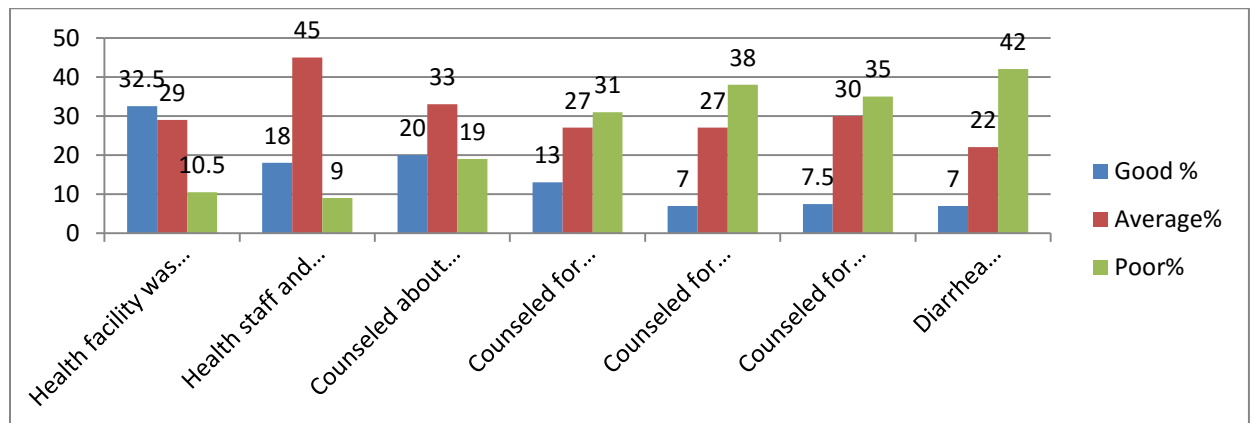
In this section the services had been rated by the respondents which they have availed under JSY, so that where scope of an improvement can take place and best results can be yielded so the scheme can be more successful can reach to grass root level and help the poor pregnant women.

**Table 4.18 : Response to the following services availed under JSY**

Statement	Good %	Average%	Poor%
Health facility was clean	32.5	29.0	10.5
Health staff and doctors were courteous	18	45	9
Counseled about follow-up visit	20	33	19
Counseled for family planning	13	27	31
Counseled for breastfeeding/immunization	7	27	38
Counseled for newborn care	7.5	30	35
Diarrhea management Safety of mother and child	7.0	22	42

*Source: Survey Results*

**Figure 4.14: Response to the following services availed under JSY**



*Source: Survey Results*

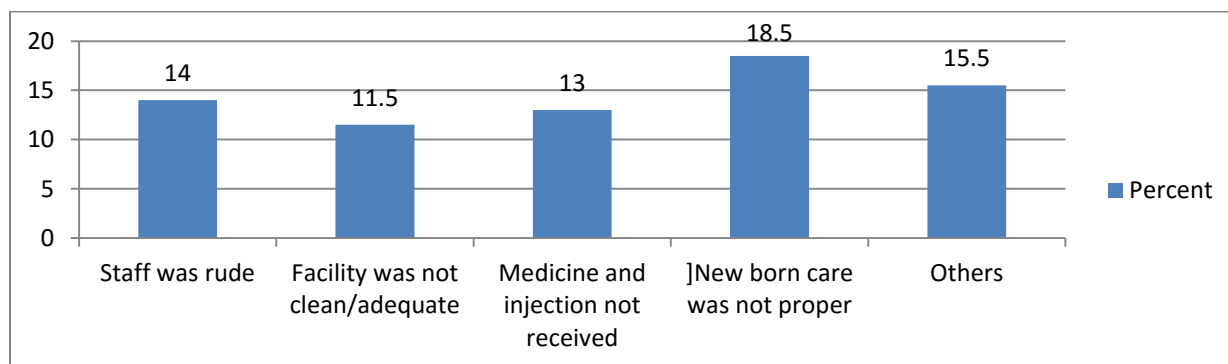
In this graph we can analyze that 32.5 ,29 10.5 percent people agree that health facility was clean ,average and poor respectively 18 ,45 ,9 percent people agree that health staff and doctors were courteous clean ,average and poor respectively that 20,33,19 percent people agree that Counseled about follow-up visit clean ,average and poor respectively, 13,27,31 percent people agree that Counseled for family planning clean ,average and poor respectively,7,27,38 percent people agree that Counseled for breastfeeding/immunization was clean ,average and poor respectively,7.5,30.35 percent people agree that Counseled for newborn care clean ,average and poor respectively,7,22,42 percent people agree that diarrhea management safety of mother and child was clean ,average and poor respectively.

**Table 4.19 : Reasons for dissatisfaction with the services at the place of delivery**

<b>Reasons for dissatisfaction with the services at the place of delivery</b>	<b>Frequency</b>	<b>Percent</b>
Staff was rude	28	14.0
Facility was not clean/adequate	23	11.5
Medicine and injection not received	26	13.0
]New born care was not proper	37	18.5
Others	31	15.5
Total	145	72.5
System	55	27.5

*Source: Survey Results*

**Figure 4.15 : Reasons for dissatisfaction with the services at the place of delivery**





**Source: Survey Results**

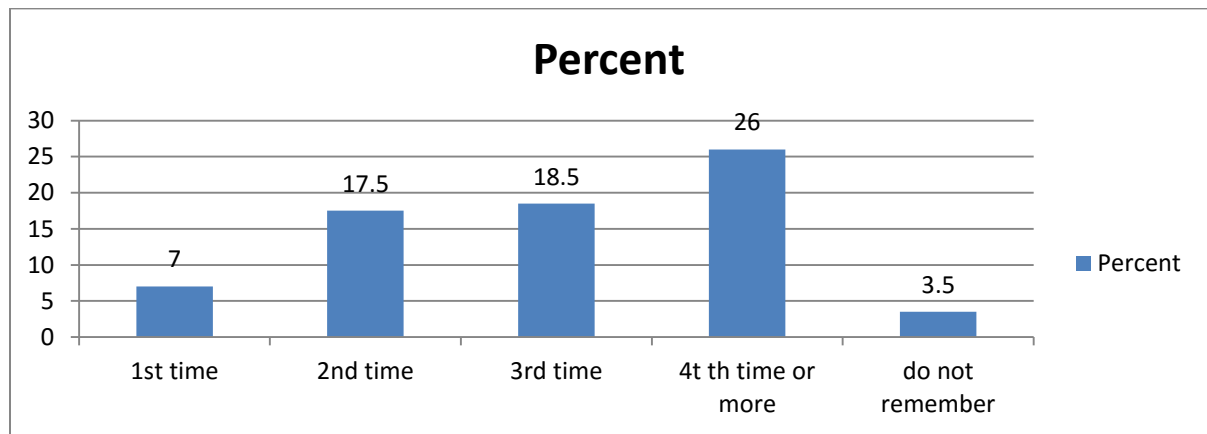
In this graph we analyze the reasons for dissatisfaction with the services at the place of delivery 14 percent people agree that staff was rude,11.5 percent agree that Facility was not clean ,13 percent agree that medicine and injection not received,18.5 percent new born care was not proper and 12.5 percent were other reasons that people were not satisfied

**Table 4.20: Times antenatal check-ups were done**

<b>Times antenatal check-ups were done</b>	<b>Frequency</b>	<b>Percent</b>
1st time	14	7.0
2nd time	35	17.5
3rd time	37	18.5
4t th time or more	52	26.0
do not remember	7	3.5
Total	145	72.0
System	55	28.0
Total	200	200

**Source: Survey Results**

**Figure 4.16 : Times antenatal check-ups were done**



**Source: Survey Results**

In this we analyze that how many times antenatal check was done by a pregnant lady .Results found that 7 percent ladies went 1 time for antenatal check -ups during pregnancy time, 17.5 percent went 2 times for antenatal check -ups during pregnancy time,18.5 percent went 3 times for antenatal check -ups during pregnancy time, 26

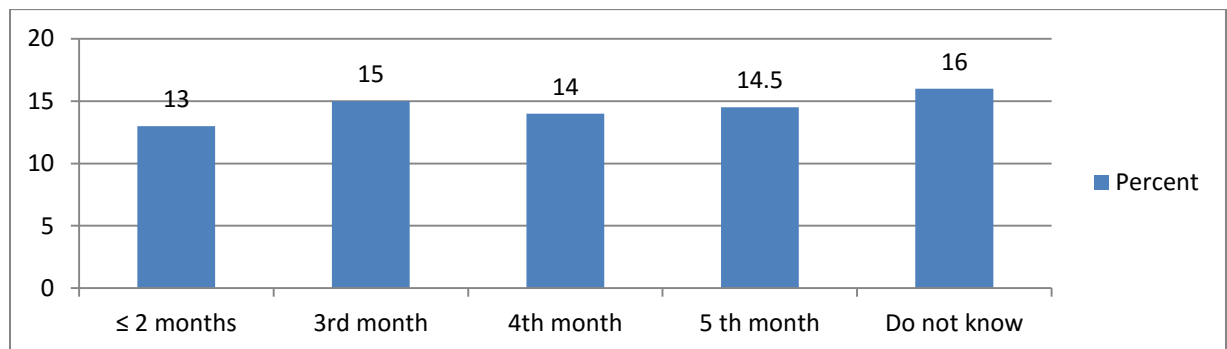
percent went 4 times for antenatal check -ups during pregnancy time and 3 percent people do not remember about it.

**Table 4.21: Stage of pregnancy first contact was made**

Stage of pregnancy first contact was made	Frequency	Percent
≤ 2 months	26	13.0
3rd month	30	15.0
4th month	28	14.0
5 th month	29	14.5
Do not know	32	16.0
Total	145	71.5
System	55	28.5
Total	200	100.0

*Source: Survey Results*

**Figure 4.17 Stage of pregnancy first contact was made**



*Source: Survey Results*

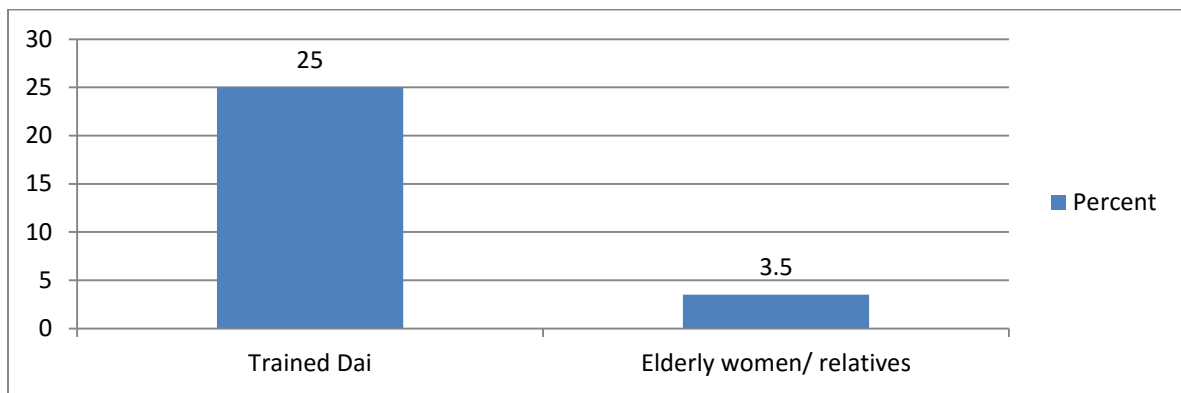
In this graph we analyze that at which stage of pregnancy first contact was made with a doctor and found that 13 percent respondents went to a doctor in less than 2 months, 15 percent respondent went to doctor in 3 month, 14 percent went to doctor in 4 month, 14.5 percent went to doctor in 5 month and 15 percent people do not know about when they went to a doctor in pregnancy period.

**Table 4.22: Assistance for delivery at home**

<b>Who assistance for delivery at home</b>	<b>Frequency</b>	<b>Percent</b>
Trained Dai	50	25.0
Elderly women/ relatives	7	3.5
Total	57	28.5

*Source: Survey Results*

**Figure 4.18 : Assistance for delivery at home**



*Source: Survey Results*

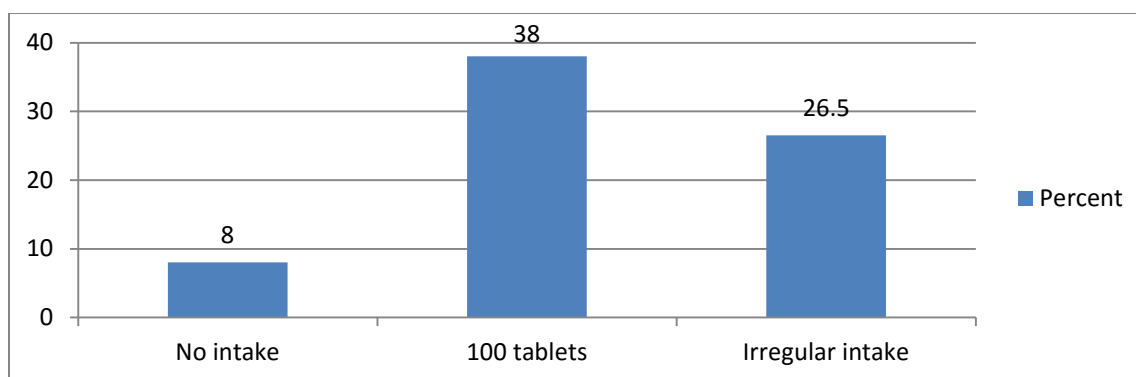
In this graph we can analyze that who is assisting the women for delivery at home we found that 25 percent of respondents were assisted by a trained dai at the time of delivery, 35 percent by MPHWS and 3.5 percent are assisted by elderly women and relatives

**Table4.23: Consumption of Iron folic acid tablets**

<b>Consumption of Iron folic acid tablets</b>	<b>Frequency</b>	<b>Percent</b>
No intake	16	8.0
100 tablets	76	38.0
Irregular intake	53	26.5
Total	145	72.5
System	55	27.5
Total	200	100.0

*Source: Survey Results*

**Figure 4.19 : Consumption of Iron folic acid tablets**



*Source: Survey Results*

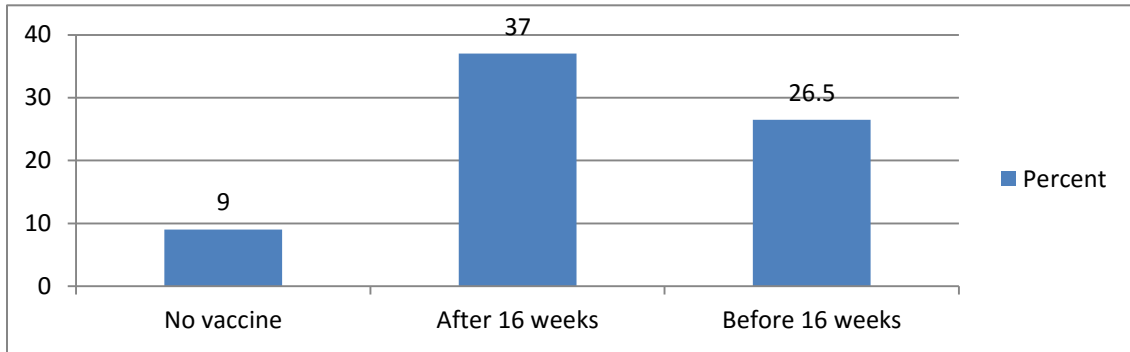
In the graph we can analyze that consumption of Iron folic acid tablets by a women during pregnancy period, results found that 8 percent women were not taking any medicines, 38 percent were taking 100 tablets and 25 percent were taking medicines irregularly.

**Table 4.24: Time of TT injection**

<b>Time of TT injection</b>	<b>Frequency</b>	<b>Percent</b>
No vaccine	18	9.0
After 16 weeks	74	37.0
Before 16 weeks	53	26.5
Total	145	72.5
System	55	27.5
Total	200	100.0

*Source: Survey Results*

**Figure 4.20: Time of TT injection**



*Source: Survey Results*

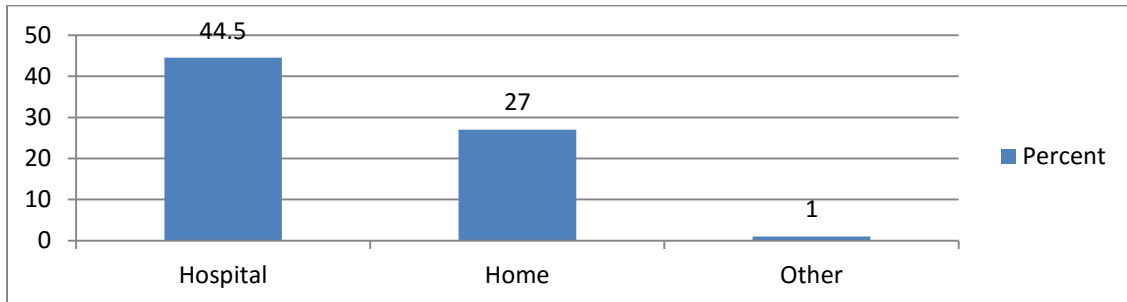
In this we analyze the time of TT injection in pregnancy period, it observed that 9 percent people have not taken any vaccine in pregnancy period, 37 percent had tetanus injection after 16 weeks and 25.5 percent people have before 16 weeks.

**Table 4.25: Place of delivery**

Place of delivery	Frequency	Percent
Hospital	89	44.5
Home	54	27.0
Other	2	1

*Source: Survey Results*

**Figure 4.21: Place of delivery**



*Source: Survey Results*

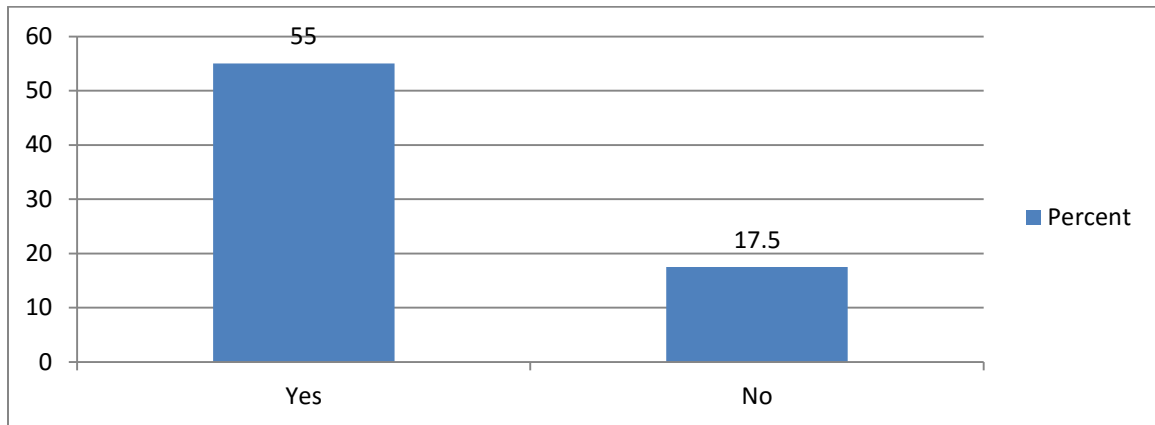
In this we can analyze that place of delivery opted by a women 45 percent respondents had their deliveries in hospitals and 19.5 percent had in home and 3 percent delivered at other institutions.

**Table 4.26: Interaction with the ASHA during pregnancy**

<b>Interaction with the ASHA during pregnancy</b>	<b>Frequency</b>	<b>Percent</b>
Yes	110	55.0
No	35	17.5
Total	145	72.5

*Source: Survey Results*

**Figure 4.22: Interaction with the ASHA during pregnancy**



*Source: Survey Results*

In this graph it represent that respondents were having an interaction with ASHA or not. Results showed that 55 percent people have an interaction with ASHA and 15.5 percent people were not interacted with ASHA.

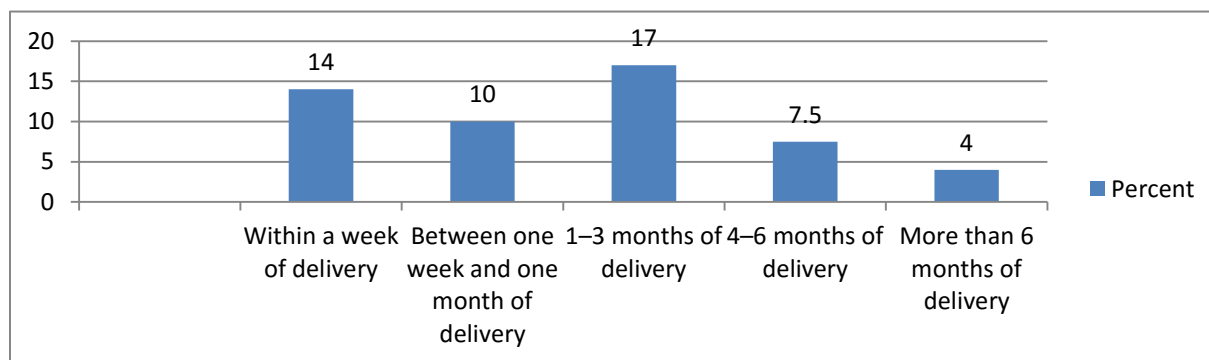
**Table 4.27: Time taken to receive JSY money**

<b>Time taken to receive JSY money</b>	<b>Frequency</b>	<b>Percent</b>
Within a week of delivery	28	14.0
Between one week and one month of delivery	20	10.0
1–3 months of delivery	34	17.0
4–6 months of delivery	15	7.5
More than 6 months of delivery	8	4.0
Total	105	52.5

System	95	47.5
Total	200	100.0

*Source: Survey Results*

**Figure 4.23: Time taken to receive JSY money**



*Source: Survey Results*

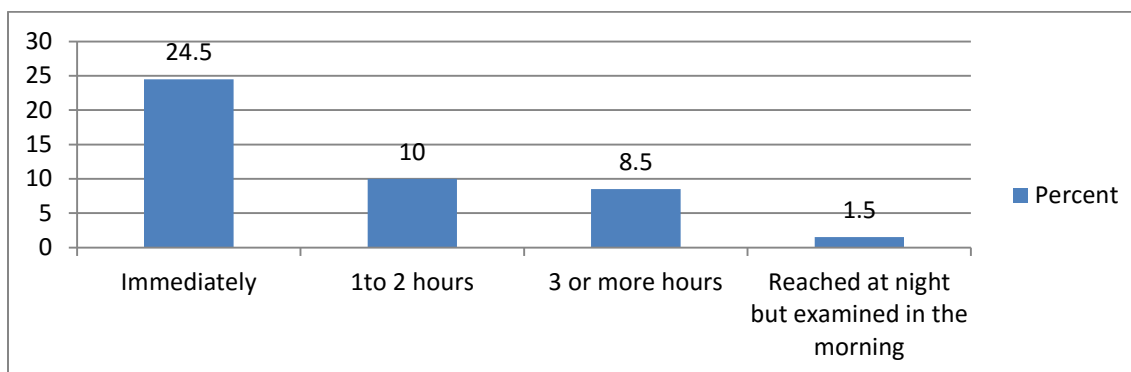
In this we can analyze that how much Time taken to receive JSY money? The results showed that 14 percent respondent received the money within a week of delivery, 10 percent received the money between one week and one month, 17 percent received the money in 1-3 months of delivery, 7.5 percent people received the money in 4-6 months of delivery and 3 percent have received the money in more than 6 months of delivery.

**Table 4.28: After how much time you were examined?**

After how much time you were examined?	Frequency	Percent
Immediately	49	24.5
1 to 2 hours	20	10.0
3 or more hours	17	8.5
Reached at night but examined in the morning	3	1.5
Total	89	44.5
System	56	28.0
Total	200	100.0

*Source: Survey Results*

**Figure 4.24: After how much time you were examined?**



*Source: Survey Results*

In this we analyze after how much time respondent were examined after reaching at hospital. It found that 29.5 percent were examined immediately, 15 percent were examined in 1 -2 hour. 9 percent were examined in 3 or more hours and 1.5 percent reached at night and examined in the morning.

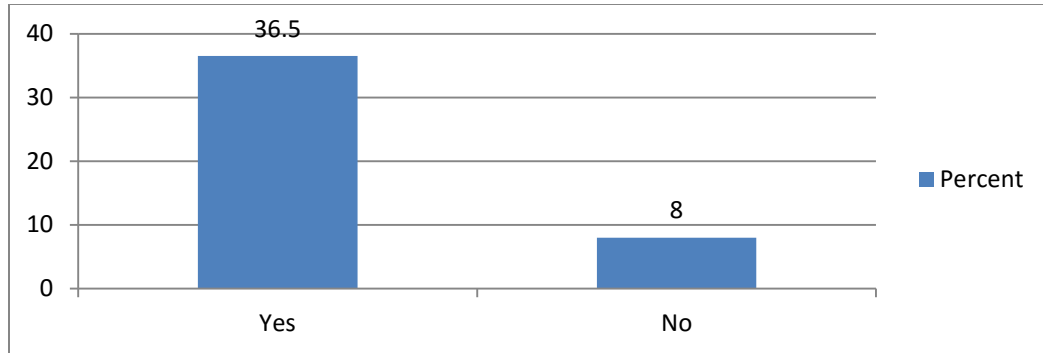
**Table 4.29: Feel satisfied with their stay at the facility**

<b>Feel satisfied with their stay at the facility</b>	<b>Frequency</b>	<b>Percent</b>
Yes	73	36.5
No	16	8.0
Total	89	44.5
System	111	55.5
Total	200	100.0

*Source: Survey Results*



**Figure 4.25: Feel satisfied with their stay at the facility**



*Source: Survey Results*

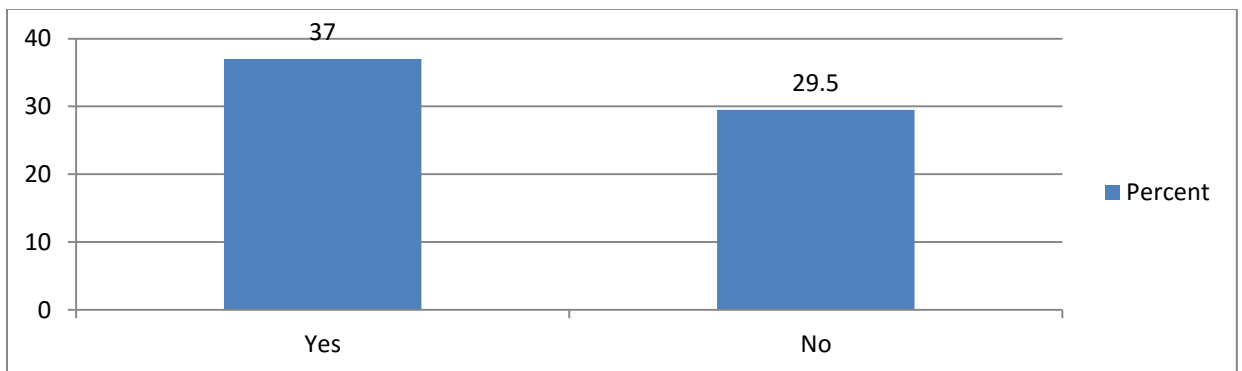
In this graph it analyzed that if the respondents feel satisfied with their stay at facility, it analyzed that 36.5 percent people were satisfied with their stay at facility and 8 percent were not satisfied with their stay at facility.

**Table 4.30 Recommend another women to deliver at facility**

<b>Recommend another women to deliver at facility</b>	<b>Frequency</b>	<b>Percent</b>
Yes	74	37.0
No	59	29.5
Total	133	66.5
System	67	33.5
Total	200	100.0

*Source: Survey Results*

**Figure 4.26 : Recommend another women to deliver at facility**



*Source: Survey Results*

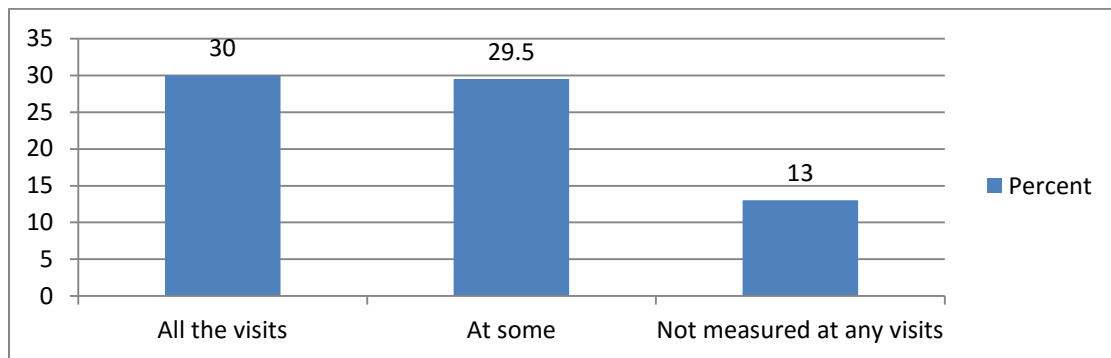
In this graph it showed that women who have utilized the services of JSY out of them 37 % percent have recommended other women to deliver at facility and 29.5 percent have not recommended other women to deliver at facility.

**Table 4.31: Weight is measured in the visits**

<b>Weight is measured in the visits</b>	<b>Frequency</b>	<b>Percent</b>
All the visits	60	30.0
At some	59	29.5
Not measured at any visits	26	13.0
Total	145	72.5
System	55	27.5
Total	200	100.0

*Source: Survey Results*

**Figure 4.27: Weight is measured in the visits**



*Source: Survey Results*

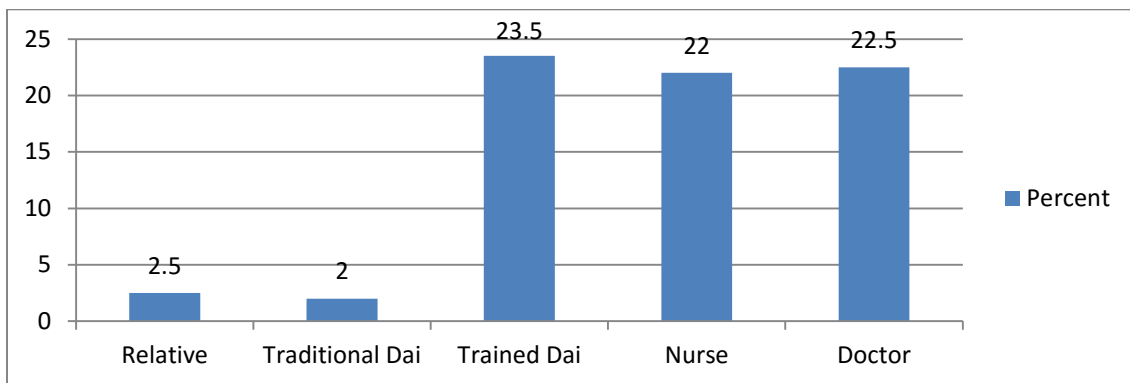
In this it graph it analyze that How many times the weight was measured at their visits? It found that 30 percent respondent weight is measured in all the visits, 29.5 percent weight is measured at some visits and 10 percent weight is not measured at any visits.

**Table 4.32: Delivery Conducted by**

<b>Delivery Conducted by</b>	<b>Frequency</b>	<b>Percent</b>
Relative	5	2.5
Traditional Dai	4	2.0
Trained Dai	47	23.5
Nurse	44	22.0
Doctor	45	22.5
Total	145	72.5

*Source: Survey Results*

**Figure 4.28: Delivery Conducted by**



*Source: Survey Results*

In this we analyze that by whom delivery is conducted by It found that 2.5 percent delivered conducted by relative ,2 percent delivered conducted by traditional dai,10.5 percent delivered conducted by trained dai, 22 percent delivery conducted by nurse and 22.5 percent delivery conducted by doctor.

## **CHAPTER- V**

### **SUMMARY AND CONCLUSION**

#### **I. Summary**

In the present study an attempt has been made to examine the JSY scheme regarding maternal mortality in Jalandhar. The study is based on primary data obtained from respondents of Jalandhar. The sample size present in the study was 200 respondents selected as per convenient sampling. The analysis of data has been made with the help of percentage, frequency, bar diagrams and chi-square test. It was found that the maximum no. of respondent's age was 25-29 years and majority of them were housewife. Majority of the respondents had primary education. When the occupation of the respondent's husband's was concerned majority of them was self-employed and their monthly income was between Rs.7000 to Rs. 9000. It was found that 81 percent respondents were aware about the scheme only 19 percent people had no knowledge about it. The major source of awareness was ASHA social organization which act as an connector between poor pregnant women and government of India, than ANM who act as a head of aganwadi workers and followed by the relatives. Only 57 percent people know about the financial assistance given under JSY. Identified that 47 percent were aware about the transportation facility were provided to a pregnant ladies to carry them in hospital during delivery time. It also highlighted that majority of the people have knowledge about that government was promoting the free institutional delivery to promote the institutional delivery so the maternal and child death could decrease at faster rate.

It was examined that out of 200 respondents 145 have utilized the services. It was also recognized that 27.5 percent were not utilizing the services and main reason for the respondents for not utilizing the services was that no body from the health department approached the respondents with highest mean value of 3.90 with a first rank followed by that people do not know about JSY with mean value of 3.8604 with second rank. The study identified that the reasons why people have utilized the services under JSY, the major reason identified by the survey was, for safety of the child support provided by health personnel with weighted mean value of 4.14 with a first rank ,followed by

motivation for selecting for institutional delivery with weighted mean of 3.92 with 2 rank, Better access to institutional delivery services in the area with mean value of 3.82 with 3 rank, Availability of transport assistance in hospital weighted mean was 3.43 and rank was 4, Previous child was born in a Home with weighted mean 3.13 with 5 rank and last reason for utilizing the services was Previous caesarean, miscarriage, still birth(WAS 2.58) with 6 rank. The study identified that how the beneficiaries utilized the money received under JSY. It found that 11.5 percent spent on Pediatric care, 11percent on food charges , 10.5 percent on accommodation charges if transportation facility was not given to needy people, 9 percent on medicines and fluids as patients face difficulty to have them from hospital medicines shop .25percent people spent on laboratory test and 1.5 percent spend on payment to nurse.

The study examined the service quality under Janani Suraksha Yojana . In the present study services have been rated good ,average and poor by the 200 respondents, It identified that 32.5 percent people agree that health facility was clean, 29.0 average and 10.5 % poor, 18 percent agree that health and staff were courteous were good, 45 percent average and 9 percent poor. It highlighted that 31 percent respondents were not guided by the doctors about family planning, 38 percent were not about counseled for breastfeeding immunization, 35 percent were not counseled for newborn care and 42 percent respondents were not guided about diarrhea management safety of mother and child . It scrutinize that 26 percent women went for more than four antenatal checkups in hospitals followed by 19 percent went for three antenatal checkups during a pregnancy period 3.5 percent respondents do not know about that how many times they had went for antenatal check ups. Study found that 15 percent women in 3<sup>rd</sup> month of pregnancy met the doctor first time.14 percent respondents met a doctor in 4<sup>th</sup> month,13 percent met a doctor in less than 2 months and 15 percent people do not know about it.

Study found that 8 per cent women were not consuming any iron and folic acid tablets, 38 percent respondents were consuming 100 tablets of iron and folic acid tablets.and 26.5percent respondents were consuming irregularly of iron and folic acid tablets. The study found that 37 percent respondents take injections after 16 week 9 percent respondents take no vaccine and 26.5 percent respondents take injection before 16 weeks

during pregnancy period .ASHA which is the connector between poor pregnant women and government was proved as major source of awareness as 55 percent people had an interaction with ASHA . ASHA workers were the one who accompanies poor women to hospitals and help them to avail the services. It examined that majority of the respondents got money in time period of 1weeks to 6 months. It observed that 47 percent feel satisfied with their stay at facility it observed that out of 73 percent people utilized the services and 47 percent feel satisfied with their stay at facility and 11.5 percent does not feel satisfied with their stay at facility. It highlighted that 45.5 percent who had delivered in hospitals out of 22.5 deliveries had done by doctors and 23.5 percent deliveries had done by nurses. Examined that out of 28 percent women who delivered at home out of them 25 percent by trained dai and 3.5 by relatives or elderly women. Study found that 37 people had recommended other women to deliver in hospitals and 29 percent have not recommended it. Study also highlighted that the association between profile of the respondents and awareness or utilization. Study conclude that there was association between age and awareness, no association between education and awareness, association between occupation of the respondent and awareness, no association had seen between Husband occupation and awareness, no association between Husband's monthly income and awareness.no association between caste and awareness. It explained that there was association between age and utilization of services, no association between education and utilization of services, no association between occupation of respondent and utilization of services ,no association between occupation of respondent Husband and utilization of services, association between Huband's monthly income and utilization of services , association between caste and utilization of services as the scheme is eligible for SC/ST and other backward classes. The present study had some limitations; the sample size of study was 200 which can be extended to more population. The scope of study was limited to Jalandhar only which can be extended to more cities also. The study also not included how many persons got cash incentives and how many do not?

### **III Reccomedations**

- I. The following are the recommendations based on the present study:
- II. There was an urgent need to improve the services under JSY,doctors and nurses should give proper information to people regarding the benefits of family planning

and proper guidance should be given to mothers about breastfeeding immunization

- III. In the hospitals new born care should be given in a proper way , a vaccine card should be built and regular dates to visit the doctor should be mentioned on it. Mothers should given proper guidelines about diarrhoea management so she can take proper care of her own as well as her child also.
- IV. More no of medical shops should be open in hospitals because people have to stand in the queue for long time. Various types of medicines are not available so proper stocks of medicines and injections should be maintained and shops should open for 24/7.
- V. More no of ambulances should be maintained properly and awareness about the availability of transportation facility should spread because awareness about transportation facility is less.
- VI. Awareness can be spread to women in community groups like organisations or union groups made by them we can also take the help of media like internet ,T.V radio so the utilization of JSY can also increase at same speed as awareness is increasing.
- VII. ASHA is the effective organisation which act as a link between government and poor pregnant .To make scheme more successful need of an hour is to make ASHA more effective. Regular meetings of workers should take place and reports should be submitted on monthly or annually bases and salary of ASHA workers should also be improved.
- VIII. ASHA should go to remote level of villages to promote the scheme. They should inform the villagers about 24\*7 services and cash incentives .Workers should motivate the villagers , so that utilization rate can increase and carry the pregnant lady along with them in hospitals so that can help them to avail the services.
- IX. The process of making JSY card should be made easy and should be given to people as early as possible in initial stages of pregnancy it can help poor women to avail the services more conveniently and easily.
- X. The cash incentive should be distributed at the time of delivery or within fifteen days to take proper care of mother and child and amount of incentives should be

increased from time to time in both high performing states and low performing states that leads to scheme more efficient.

- XI. Hospitals should be provided with better infrastructure and technological equipments so that people should not go out for scanning or any other medical requirements and health facilities should be clean that will be helpful for patients .

## **Conclusion**

Our findings presented a gap in the awareness and utilization JSY scheme in the population. Therefore, the study settled that pregnant mothers have adequate knowledge regarding Janani Suraksha Yojana but they were not utilizing it because there was a lack of confidence in government hospitals and the services provided under Janani Suraksha Yojana among pregnant mothers residing in a rural area. There was necessity to give health education for antenatal mothers to improve their knowledge and attitude related to Janani Suraksha Yojana. Giving knowledge about schemes at government and private health institutions and educating women in the civic groups is suggested to raise the utilization about Government Maternity Benefit Schemes. So, widespread teaching and announcement strategy are required through banners, televisions, radios, seminars or camps at remote areas.



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## QUESTIONNAIRE

Dear Respondent, This survey is being conducted to examine the Janani Suraksha Yojana. The response by you will be kept confidential and will be used for research only kindly spare some time for your valuable contribution

### Section I: General Information

- 1.1 Age 20-24 years [ ]      25-29years [ ]      30-34years[ ]      35-39 years[ ]
- 1.2 Education Illiterate [ ]      Primary [ ]      Secondary [ ]      Higher secondary [ ]
- 1.3 Your occupation      Housewife [ ]      Laborer [ ]      Others  
.....
- 1.4 Husband`s Occupation Daily Wage earner [ ] Private job [ ] Self-employed[ ]  
others.....
- 1.5 Husband`s Monthly Income Below Rs5000 [ ] . Rs5000-Rs.7000 [ ] Rs.7000-Rs.  
9000 [ ] . above11000 [ ]
- 1.6 Caste SC/ST[ ]      OBC [ ]  
Others.....

### Section II: Awareness of Janani Suraksha Yojana (JSY)

- 2.1 Are you aware of the JSY? Yes [ ]      No [ ]
- 2.2 How you are aware of JSY? ASHA[ ]      ANM[ ]      relatives[ ]      Aganwadi workers[ ]  
Gram panchayat [ ]      Doctors [ ]      Radio[ ]      Hoarding [ ]      Husband [ ]
- 2.3 Do you know about the financial assistance given under JSY? Yes[ ]      No[ ]
- 2.4 Are you aware about the transportation facility provided by JSY? Yes[ ]      No[ ]
- 2.5 What things you know about JSY?

Statement	Yes	No
Promotions of institutional delivery		
Free institutional delivery for poor		

Cash incentive for delivery		
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**Section III: Utilization of Services under Janani Suraksha Yojana (JSY)**

3.1 Have you utilized services under JSY? Yes [ ] No [ ]

3.2 If not utilized services than what are the reasons?

Statement	Strongly Agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly disagree (1)
Did not know about the JSY					
Had incomplete information					
Not allowed by husband and in-laws					
No one from health department approached me					
Transport facility not available					
No belief in Govt. health system					
Follow the traditional system					
Referred to private hospital/nursing home					

3.3 Why you have utilized the services under JSY?

Statement	Strongly Agree(5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly Disagree(1)
Motivation for opting for institutional delivery					
Better access to institutional delivery services in the area					
For safety of the child support provided by health personnel					
Previous child was born in a Home					
Availability of transport assistance in hospital					
Previous caesarean, miscarriage, still birth					

3.4 How you have utilized money received under JSY?

Medicines/IV fluids[ ] Food charges[ ] Delivery/caesarean /Operation charge [ ] Paediatric care [ ] Accommodation charge [ ] Laboratory test Diagnostic/sonography[ ] Payment to doctor [ ] Payment to Nurse [ ]

**Section III: Service Quality under Janani Suraksha Yojana (JSY)**

4.1 Give your response to the following services availed under JSY?

Statement	Good	Average	Poor
Health facility was clean			
Health staff and doctors were courteous			
Counseled about follow-up visit			
Counseled for family planning			
Counseled for breastfeeding/immunization			
Counseled for newborn care			
Diarrhea management Safety of mother and child			

4.2 Which are the whose reasons for dissatisfaction with the services at the place of delivery?

Staff was rude[ ] Facility was not clean/adequate [ ] Medicine and injection not received[ ]  
New born care was not proper[ ] Others [ ]

4.3 How many times antenatal check-ups were done ? 1 time [ ] 2 time[ ] 3 time [ ] 4 or more[ ] do not remember [ ]

4.4 In which stage of pregnancy first contact was made? ≤ 2 months [ ] 3rd month [ ] 4th month [ ] 5th month [ ] Do not know[ ]

4.5 Who assistance for delivery at home? MPHWH [ ] Trained Dai [ ] Elderly women/Relative [ ] Any other[ ]

4.6 How much you have consumed of Iron folic acid tablets ? No intake [ ] 100 tablets [ ] Irregular intake[ ]

4.7 Time of TT injection No vaccine [ ] After 16 weeks[ ] Before 16 weeks[ ]

4.8 Place of delivery Hospital[ ] Home [ ] Other

4.9 Do you have an interaction with the ASHA during pregnancy? Yes[ ] No[ ]

4.10 How much time taken to receive JSY money? Within a week of delivery [ ] Between one week and one month of delivery[ ] 1–3 months of delivery[ ] 4–6 months of delivery [ ] More than 6 months of delivery[ ]

4.11 After how much time you were examined? Immediately  1to 2 hours  3 or more hours  reached at night but examined in themorning

4.12 Do you feel satisfied with their stay at the facility? Yes  No

4.13 Would you recommend after women to deliver at facility? Yes  No

4.14 Do your weight is measured in the visits? All the visits  At some  Not measured at any visits

4.15 Delivery Conducted by..... Relative  Traditional Dai  Trained Dai  ANM  Nurse  Doctor