

JORIGINAL ARTICLE

What is the state of awareness of Janani Suraksha Yojna in Aligarh: a comparison between Rural and Urban Areas.

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Abstract

Background: Maternal mortality and morbidity continues to remain high in India, despite the existence of successive national programs for improving maternal and child health since the 1980s. In 2005, the Government of India launched the National Rural Health Mission to provide accessible, affordable and quality health care to the rural population, especially the vulnerable populations. Reduction in MMR to 100/100,000 is one of its goals and the Janani Suraksha Yojana is the key strategy to achieve this reduction. But the awareness of scheme is low in women from rural areas and urban slums, especially in low performing states. **Aims:** To study the comparative awareness of JSY and the socio-demographic factors influencing it, among the recently delivered women (RDWs). **Methodology:** A community based cross-sectional study was carried out in the ten rural areas and urban slums coming under the practice areas of JNMC, AMU, Aligarh for a period of one year. The prevalence of institutional delivery in Uttar Pradesh as found in a study by UNFPA 2008 (50.2%) was used for calculation of sample size. The yielded sample size 300 was selected proportionately from these areas. The study subjects were interviewed by a pre-designed and pre-tested questionnaire. Statistical analysis used: MS excel, chi square and logistic regression. **Results:** Awareness regarding the existence of a monetary scheme related to institutional delivery was more in rural areas i.e 75%. Regarding components of JSY maximum people (78%) were aware about the cash component. Religion, caste, parity, socio-economic status and place of residence showed a significant statistical association with the level of awareness of JSY. **Conclusions:** There is an urgent need to strengthen IEC campaigns and monitoring strategies for JSY as well as regularize the monetary flow for the health workers

Keywords

Maternal mortality; Janani Suraksha Yojana; slums; rural population

Introduction

As far as the health sector is concerned, maternal and child health problems are of foremost importance in the national health policies. In spite of various activities at National and global level, maternal mortality continues to remain high in our country. Though India showed a 22 percent decline in country's Maternal Mortality Ratio (MMR) since 2013 which has declined to 130 in 2016-18 from 167 in 2011-13 (SRS-2017).(1) It should be noted that even one maternal death is too many and that it is everyone's shared responsibility to end preventable maternal and newborn deaths.

Skilled birth attendance is most critical intervention for ensuring safe motherhood & has been accepted as one of the indicators for measuring progress to MDG 5(2) (UN MDG). In 2014-16 India has bettered the MDG target of 139 which calls for a celebration. But we are still behind to achieve the UN SDG 3.1, of MMR(3) less than seventy, which only three of our states have been able to beat till now.(4)

The best way to provide skilled birth is by ensuring institutional delivery, as it not only includes timely intervention by skilled birth attendants but the presence of necessary medical drugs, equipment and proper infrastructure for delivery. A strong referral services in the form of National Ambulance Services is also needed to make it a success. But a majority of population still believe in comfort of home delivery in familiar surroundings. So a great deal of effort is needed to popularize the institutional delivery.

Among women living Below Poverty Line (BPL) and in remote villages the number of institutional deliveries is almost negligible.(5) To combat this JSY was launched under the umbrella of NRHM to cover all states and UTs with special focus on 10 low performing states. The main objective and vision of JSY is to reduce maternal, neo-natal mortality and promote institutional delivery.(6,7) Uttar Pradesh (UP) is one of the LPS and JSY has been implemented in this state since September 2005. It is the most populous state of India, with very high MMR. So it was so very exciting to see the condition improving with a near 30 per cent reduction in MMR, which is even higher than the national drop of 22 percent." The MMR here has declined to 201 from 285 previously in 2011-13.

JSY had completed eight years at the time of conduction of study and very few similar studies were carried out in our state. Therefore, the present

was planned not only to assess the awareness regarding JSY but also the effect of socio-demographic factors.

Ensuring that every woman delivers with a safe pair of hands and gets timely access to quality care during and before birth is the key for the success of the programme

Aims & Objectives

1. To study the comparative awareness of JSY among the RDW of rural and urban area of Aligarh.
2. To study the socio-demographic factors influencing the awareness.

Material & Methods

Study Type: It was a community based cross sectional study. **Study Area:** The study was done in the field practice areas of the department of Community Medicine, JNMC, AMU, Aligarh. A total of 10 communities coming under the field practice area were included. Of these 6 were villages under RHTC (rural areas) and 4 were slums under UHTC.

Study Population: The list of recently delivered females was obtained from the registers at centre.

Sample Size calculation: The prevalence of institutional delivery in UP as found in a study by UNFPA 2008(8) (50.2%) was used for calculation of sample size. (95% confidence level, 12% relative precision and 8% non response) The sample size was calculated to be 278, rounded off to 300. The eligible households were visited by systematic random sampling. **Working Definition:** RDW is a women who has delivered a child in the last one year of our visit. **Inclusion Criteria:** All RDW females from a particular house were included in the study. **Exclusion Criteria:** For households with no eligible female or those who refused to give consent for the study. **Study Duration:** It was done over a period of one year, from July 2013 to June 2014.

Strategy for collection: A total of 300 study subjects were asked regarding their knowledge of JSY and the place of delivery by means of a pilot tested semi structured questionnaire. Multiple visits were made for contacting all eligible respondents in the areas. A list of ASHA's who look after these villages were obtained from the CHC Jawan and their help was sought to identify the women. The respondents were orally explained the purpose of the study, verbal consent was taken and the females were interviewed in detail about socio-demographic

profile, their reproductive behavior and intentions, details of antenatal care, delivery, postnatal care, knowledge, attitude and utilization of Janani Suraksha Yojana. The effect of socio demographic variables on knowledge level of females was calculated.

Data analysis: was done with the help of MS Access & excel. The data was tabulated in terms of frequency distribution of different variables. Chi-square test of significance was employed for testing associations. $P < 0.05$ was considered for statistical significance. The factors found significant on chi square were further analyzed by multivariate analysis.

Consent: Informed consent was taken from all the subjects and at the end of interview, those not aware about the scheme were informed about its benefits.

Ethical Approval: The study has obtained clearance from the Institutional Ethics Committee, J.N. Medical College, AMU, Aligarh

Results

Findings show that, among the 300 mothers interviewed, 45% belonged to the age group 18-24 followed by 42% in 25 to 30 years age group. More than two third (71.3%) of study population were from rural background, as most of the field practice areas were rural and PPS sampling was done. Aligarh being Muslim dominant region, 67% women were Muslims and 33% were Hindus. More than 90% of Hindus & 60% of Muslims were from rural area & the difference was significant with respect to urban area. More than 75% of illiterate were from rural area. Maximum numbers of husbands were employed in semi or unskilled jobs in both rural & urban areas with no statistical difference ([Table 1](#)).

Most (85.33%) of the participants in our study, knew that there is a monetary benefits scheme running by government, though very few knew the name of the scheme ([Table 2](#)).

Awareness level of JSY was significantly more in women coming from rural areas (74.7%) and was statistically significant ($\chi^2=9.161$, $df=1$, $p<0.01$). Of the 85%, about three quarter of subjects of our study had awareness about different components of JSY. Maximum number of the women (77.7) who knew about the benefits coming under JSY were from rural areas though three fourth of them said cash payment as the main benefit available. The statistical association between the place of residence and knowledge about benefits under JSY was found to be

statistically significant ($\chi^2=12.85$, $df=1$, $p<0.01$). As comprehended from table, majority (75%) of females were able to tell the right amount of cash incentive given. ANC services (5.18%) were least identified by mothers as a part of JSY benefits. Rural females had significantly more awareness ($\chi^2=27.618$, $df=2$, $p<0.000$). It was further observed that ASHA was the main source of information in rural areas (51%) and neighbours and friends (69.2%) were the main source of information in urban slums and the source of information was found to be statistically associated with their place of residence ($\chi^2=63.12$, $df=4$, $p<0.001$). Awareness regarding beneficiaries under the scheme was found to be high (67.7%) among women of rural areas and the place of residence was found to effect this awareness. ($\chi^2=16.561$, $df=3$, $p<0.01$). Most of the population having the knowledge regarding ASHA as a link worker was (97.4%) from the rural areas, with only 6 females of urban area having heard of ASHA. The association between this knowledge and the place of residence was found to be statistically significant ($\chi^2=1.253$, $df=1$, $p<0.01$). Similarly more females from rural area (88.7%) had heard of national ambulance service for taking them to the hospital ($\chi^2=16.847$, $df=1$, $p<0.001$) ([Table 3](#)).

Awareness level of JSY was significantly more in women coming from rural areas (74.7%) as compared to the urban areas. The statistical association between the two was statistically significant ($\chi^2=9.161$, $df=1$, $p<0.01$). Non awareness of JSY was more common in Muslim females (79.5%) and in females belonging to the disadvantaged group the difference was statistically significant with ($\chi^2=3.870$, $df=1$, $p<0.05$) and ($\chi^2=6.52$, $df=1$, $p<0.01$) respectively. It was found that equal proportion (44.1%) of women belonging to 18-24 & 25-30 years age group knew about JSY whereas in more than 30 years age group only 11.8% women knew about JSY and the statistical association between age of respondent and knowledge about JSY was not found to be significant. Women from joint family were more aware about JSY (78.9%) compared to nuclear family ($\chi^2=4.89$, $df=1$, $p<0.05$). Majority (41.8%) of women belonging to middleclass knew about JSY as compared to other classes. It was further followed by percentage of women in the higher class (39.5%) and lower class (18.8%) and the relation between standard of living and knowledge regarding JSY was found to be statistically significant ($\chi^2=9.695$, $df=2$, $p<0.01$). Awareness level was significantly high

(46.9%) in females with high parity ($\chi^2=6.596$, $df=2$, $p<0.05$). Higher percentage of knowledge (57.8%) was observed in the women who had received no formal education whereas (35.1%) awareness was in women who were educated from primary to high school. There was no significant statistical association was found between education of respondent and knowledge about JSY. Similarly, husband's education status also had no significant effect on awareness of JSY (Table 4).

Bivariate logistic regression of the factors found significant on chi square analysis.

On being tested by logistic regression at bivariate level, no significant relation was found between knowledge of JSY of the RDWs and the parity, religion and standard of living index. However, the RDWs belonging to the rural area (OR = -0.987, 95% CI = 0.194-0.718), general caste (OR = 0.429, 95% CI = 0.221-0.831) and joint family (OR = 1.137, 95% CI = 1.078-4.235) were found to be more likely to have awareness of JSY (Table 5).

After adjusting for parity, religion, caste, type of family and SLI, it was found that females living in rural area and those belonging to general caste (OR = 0.494, 95% CI = 0.245-0.920) had higher odds of having awareness of JSY (OR = 0.897, 95% CI = 0.176-0.945) [Table 5]. The result of Hosmer-Lemeshow goodness of-fit test was not significant for type of family ($P = 0.168$, $df = 1$)

Discussion

Most (85.33%) of the participants in our study knew that there is a monetary benefits scheme running by government (Table 2). It contrasts with many previous studies conducted in UP showing poor knowledge of JSY. (8,9) Vikram K from Delhi reported the awareness regarding JSY scheme was 62.3% (10) where as in Jaipur and West Bengal the knowledge percentage of JSY was 48.2% (11) and (52.8%) respectively. (12)

Similar results were reported by Khan et al in other studies (13-17). Some areas like Bihar showed even better awareness regarding the scheme (18) reporting that all (100%) knew about JSY and thus registered for benefits while Santhya et al notified awareness of the JSY to be almost universal in Rajasthan. (19)

Showing slightly better results than other studies (12,15,20,21) 74% subjects of our study had awareness about different components of JSY (Table 2). Better response of our study subjects may be due

to the frequent visits by the medico social workers and the nearby proximity to CHC Jawan.

In our study 48% of RDWs (rural more significantly) were able to tell the right amount of cash incentive given. ANC services (5.18%) were least identified by mothers as a part of JSY benefits. Similar results were reported in other parts of the state. (9,19,22) In other low performing states like Bihar, Jharkhand and Rajasthan majority of the respondents knew about the correct amount of cash benefit. (9,18,19,21) Vikram et al found that 72 percent respondents of trans Yamuna Delhi region, were not aware if they were eligible for monetary benefits under the scheme. (10)

Health workers (ASHA/ANM/AWW) were the source of information in 38% of RDWs followed by neighbours or family members (28.9%) as their informants. Other studies also mentioned quite similar findings. Singh & Tamulee reflected the community awareness of source of information to be neighbours for 72% and ASHA for 18.4% of females of Bihar. In Rajasthan, family members, friends and neighbours were the leading sources of information on the JSY. (19) ANM/ASHA/ AWW were the main source of information regarding JSY in Jabalpur, MP. Singh et al of Maharashtra estimated this knowledge came mainly from the ANMs (58.6%), AWWs (22.4%) and ASHAs (17.2%). (20) In Delhi, Vikram K found ASHA acting as major informant source in 25.7%, neighbours in 20.5%, relatives/family members (6.5%), media (3.1%) and others (2.7%) (10).

The knowledge of ASHA was low with only 51% mothers having heard of them, compared to other studies as females of urban area are also included, where no USHA is working. Santhya et al in Rajasthan, mentioned that less than one-half of women had heard of the ASHA. (19) While Khan & Bhatnagar in UP discovered a higher population, i.e. 71 percent knew the ASHA of their village. (23) In spite of much publicity of free transport services for going to hospital, knowledge of 108 ambulance was seen to be low in our study with only 26.6% knowing about it which was lesser than that detected by Santhya et al (50%) in Rajasthan. (19)

Awareness level of JSY was significantly more in women coming from rural areas (74.7%) as compared to the urban areas. The statistical association between the two was statistically significant ($\chi^2=9.161$, $df=1$, $p<0.01$). On further logistic analysis and after adjusting for confounders

too, this difference was found to be significant (OR = 0.897, 95% CI = 0.176-0.945) (Table 5). Similar results were reported in a study by Sharma P in Dehradun (24) and by MOHFW in almost all the states (9).

In the present study, 90 % of Hindus were found to have awareness of the scheme ($\chi^2=3.870$, $df=1$, $p<0.05$), though this difference was not significant on bivariate analysis. This is consistent with the other studies^{10,20}. Scheduled Caste and Tribe has earlier been established for having poor knowledge of health services. This was further proven in our study with females belonging to the disadvantaged group being less aware than upper castes. This difference was statistically significant on univariate ($\chi^2=6.52$, $df=1$, $p<0.01$) and bivariate analysis but was not justified after adjusting for other factors (AOR=0.494, CI=0.245-1.520, $P>0.05$). Similar findings were seen in slums of Delhi (10) and Thane, Maharashtra.⁽²⁰⁾

The high parity women with high standard of living were significantly associated with higher level of JSY awareness on univariate analysis but were not significant on logistic regression. This result was also mirrored in a study by Vikram⁽¹⁰⁾. Coming from a joint family was found to be a significant predictor of awareness regarding the scheme, as the most common source of information was family and friends.

Age of the mother, her educational status and educational status of husband were not likely to influence the knowledge level of JSY. These finding were mirrored in other studies also (10,20).

Conclusion

Contrary to expectation, the awareness of monetary scheme related to institutional delivery was more in rural areas i.e 75%. This may be due to the ASHA available there. Maximum people (78%) cited cash component to be associated with JSY. Belonging to Hindu religion, upper caste, low parity, high socio-economic status and rural residence showed a significant statistical association with the level of awareness of JSY. There is an urgent need to strengthen IEC campaigns and monitoring strategies for JSY as well as regularize the monetary flow for the health workers

Recommendation

There should be more focus on the correct knowledge giving measures regarding the various benefits coming under the scheme. This can be done through intensification of IEC strategies through

street play, exhibition of posters etc, on occasions like village health day or breast feeding week.

TV/Radio can also be used as the main channel for dissemination of knowledge regarding JSY as very few coated this as their source of information. Knowledge about free transport should be emphasized. These recommendations can be done at the policy level & also for execution of scheme at grass root level.

Limitation of the study

The findings of the study seem to have some limitation as it was done in the limited population coming under our department's field practice area. Also the respondent's response was based on memory of past experience so there could be some recall bias.

Relevance of the study

This study will be a step forward in knowing the health knowledge of reproductive age females and the factors which influence their perspective.

Authors Contribution

NP: designed, implemented and monitored data collection for the whole trial, wrote the statistical analysis plan, cleaned and analyzed the data, and drafted and revised the paper. ZK & SM: designed data collection tools, monitored data collection for the whole trial, wrote the statistical analysis plan and revised the paper. VK: analysed the data, and drafted and revised the paper.

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Tables

TABLE 1 SOCIO-DEMOGRAPHIC PROFILE OF FAMILY STUDIED ACCORDING TO THE AREA.

Area wise distribution of Socio-demographic variables of families studied.				
BACKGROUND CHARECTERSTICS	Rural	Urban	Total	Chi sq p value
Women’s age				
18-24	99(72.8)	37(27.2)	136(45.3)	0.412 P 0.814
25-30	90(70.9)	37(29.1)	127(42.3)	
>30	25(67.6)	12(32.4)	37(12.4)	
Religion				
Hindu	93(93.9)	6(6.1)	99(33)	36.927
Muslim	121(60.2)	80(39.8)	201(67)	0.000
Caste				
General Category	91(71.6)	36(28.4)	127(32.8)	
OBC	67(73.6)	24(26.4)	91(40)	
SC/ST	56(68.3)	26(31.7)	82(27.2)	
Type of Family				
Nuclear	44(62.9)	26(37.1)	70(23.3)	3.208
Joint	170(73.9)	60(26.1)	230(76.7)	0.073
Educational status of women				
Illiterate/no formal education	134(75.7)	43(24.3)	177(59)	13.208
Primary, middle or high school	84(70.6)	40(29.4)	102(34)	0.001
Graduate or above	8(38.1)	13(61.9)	21(7)	

Educational status of husband				
Illiterate/no formal education	90(79.6)	23(20.4)	113(37.7)	6.139
Primary, middle or high school	107(66.5)	54(33.5)	161(53.7)	0.046
Graduate	17(65.4)	9(34.6)	26(8.6)	
Husband 's occupation				
Unemployed	10(76.9)	3(23.1)	13(4.3)	1.175
Unskilled/semiskilled	154(72.6)	58(27.4)	212(70.7)	0.556
Skilled/Clerical/Shop/Professional	50(66.7)	25(33.3)	75(25)	
Standard of Living Index				
Low	52(94.5)	3(5.5)	55(18.3)	47.563
Medium	96(82.8)	20(17.2)	116(38.7)	0.000
High	66(51.2)	63(48.8)	129(43)	
Total	214(71.3)	86(28.7)	300(100)	

TABLE 2 DISTRIBUTION OF RECENTLY DELIVERED WOMEN ACCORDING TO AWARENESS REGARDING JSY AND ITS COMPONENTS. (N=300)

Distribution of RDWs according to awareness regarding JSY					
	Rural (214) (71.3%)	Urban (86) (28.7%)	Total (%)	X2 (df)	p value
Women's awareness(N= 300)					
About JSY					
Present	192 (74.7)	65 (25.3)	257 (85.67)	9.161	0.004
Absent	22 (52.3)	21 (47.7)	43 (14.33)		
About benefits of JSY (N= 257)					
Yes	143 (77.7)	41 (22.3)	184 (71.6)	12.856	.002
No	49 (67.1)	24 (32.9)	73 (28.4)		
About components of JSY (N= 184)					
ANC	4 (40)	6 (60)	10 (5.4)	27.618	.000
Institutional Delivery	26 (7.2)	10 (27.8)	36(19.6)		
Cash payment	108 (78.3)	30 (21.7)	138 (75)		
Knowledge about beneficiaries (N= 257)					
All institutional deliveries	130 (75.1)	43 (24.9)	173 (67.6)	16.561	.002
Girl child delivery	15 (55.6)	12 (44.4)	27 (10.5)		
Poor people	6 (85.7)	1 (14.3)	7 (2.7)		
No idea	41 (82)	9 (18)	49 (19.2)		
Source of Knowledge (N= 257)					
ASHA/ANM/AWW	98 (100)	0 (0)	98 (38.1)	63.119	.000
Neighbors/ Family	70 (60.9)	45 (39.1)	115 (44.74)		
Multimedia	4 (40)	6 (60)	10 (3.9)		
Others	20 (58.8)	14 (41.2)	34 (13.23)		
	192	65	257 (100)		

TABLE 3 KNOWLEDGE REGARDING ASHA AS A LINK WORKER AND OF NATIONAL AMBULANCE SERVICE (N=300)

Knowledge regarding ASHA as a link worker and ambulance service:					
Knowledge about ASHA/USHA (N=300)					
	Rural	Urban	Total (%)	X2	P value
Yes	152 (97.4)	4 (2.6)	156 (52)	1.253	0.00
No	62 (43.1)	82 (56.9)	144 (48)		
Knowledge of 108 ambulance (N=300)					
Yes	71 (88.7)	9 (11.3)	80 (26.7)	16.847	0.001
No	143 (65)	77 (35)	220 (73.3)		

TABLE 4 ASSOCIATION OF KNOWLEDGE OF JSY WITH SOCIO-DEMOGRAPHIC FACTORS:

Association of awareness of JSY with socio-demographic characters:					
Sociodemographic characteristics	Knowledge of JSY			X2	P value
	Yes (%)	No (%)	Total (%)		
Area					
Rural	192(74.7)	22 (52.3)	214 (71.3)	9.161	.004
Urban	64 (25.3)	21 (47.7)	86 (28.7)		
Religion					
Hindu	90 (35.2)	9 (20.5)	99 (33)	3.870	.05
Muslim	166 (64.8)	35 (79.5)	201 (67)		
Caste					
Disadvantaged group	63(24.6)	19(43.2)	82 (27.33)	6.52	.011
Normal	193(75.4)	25(55.8)	218 (72.7)		
Age					
18- 24	113(44.1)	23(52.3)	136(45.3)	2.429	.297
25-30	113(44.1)	14(31.8)	127(42.3)		
>30	30 (11.8)	7(15.9)	37(12.4)		
Type of Family					
Joint	202(78.9)	28 (63.6)	230 (76.7)	4.890	0.027
Nuclear	54 (21.1)	16 (36.4)	70 (23.3)		
SLI					
Low	48 (18.8)	7(15.9)	55(18.3)	9.695	.008
Medium	107(41.8)	9(20.5)	116(38.7)		
High	101(39.5)	28(63.6)	129(43)		
Parity					
1	76 (29.7)	21 (47.7)	97 (32.3)	6.596	0.037
2	60 (23.4)	5 (11.4)	65 (21.7)		
3 or >3	120(46.9)	18 (40.9)	138 (46)		
Mother's Education					
No formal education	148(57.8)	29 (65.9)	177(59)	1.106	.575
Primary to High school	90(35.1)	12(27.3)	102(34)		
Graduate and above	18(7.1)	3(6.8)	21(7)		
Father's Education					
No formal education	100(39)	13(29.6)	113(37.7)	4.031	.133
Primary to high school	137(53.5)	24(54.5)	161(53.7)		
Graduate and above	19(7.5)	7(15.9)	26(8.6)		
Total	256	44	300		

TABLE 5 BIVARIATE LOGISTIC ANALYSIS OF FACTORS WITH AWARENESS OF JSY.

Bivariate logistic analysis of factors significant on chi square.					
Variables	Category	OR(95% CI)	P- value	Adjusted OR(95% CI)	P value
Area*	Rural	1		1	
	Urban	-0.987(0.194-0.718)	0.003	-0.897(0.176-0.945)	0.036
Parity	1	1		1	
	2	0.611(0.922-3.680)	0.084	0.597(0.124- 0.876)	0.071
	3 or more	-0.588(0.197-1.569)	0.267	-0.478(0.234-0.911)	0.232
Religion	Hindu	1			
	Muslims	-0.746(0.218-1.031)	0.060		
Caste*	General cat	1		1	
	Disadvantaged	0.429(0.221-0.831)	0.004	0.494(0.245-0.920)	0.289
Family*	Joint	1		1	
	Nuclear	-1.137(1.078-4.235)	0.023	0.991(0.188-1.1337)	0.168
SLI	Low	1		1	
	Medium	-0.642(0.215-1.290)	0.160	-0.611(0.178-1.126)	0.242
	High	-1.193(0.137-0.674)	0.003	-1.023(0.128-0.715)	0.012