



Knowledge of women about the Janani Shishu Suraksha Karyakram cash incentive and its association with institutional delivery

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Abstract

Maternal and infant deaths can be reduced by ensuring timely access to public health facilities. Janani Shishu Suraksha Karyakram (JSSK) scheme has made health for all a reality. This study was done to assess the knowledge about JSSK scheme, its benefits and cash incentives under it and to assess the relation of knowledge of JSSK with institutional delivery. Good knowledge about JSSK was noted among 69% of women. Out of these, almost 99% percent had institutional delivery. A higher literacy level was also associated with institutional delivery. Mouth to mouth publicity and media were the commonest source followed by information from media. To conclude, a combined effort of the government, health care providers and the public itself in raising the literacy level of the population and spreading awareness of JSSK may help in achieving the objective of programme.

Keywords: incentive, Janani Shishu Suraksha Karyakram, knowledge, institutional delivery

1. Introduction

In India, 67,000 women die every year due to pregnancy related complications. About 13 lakh infants die within one year of birth. Of the 9 lakh newborns that die within 4 weeks of birth about 7 lakh die within the first week of birth [1].

Women hesitate to access the health facilities and those who deliver under it, often do not want to stay post-delivery for 48 hrs, hampering the provision of essential services both to mother and neonate, which are critical for identification and management of complications in the first 48 hrs. Various reasons cited are high pocket expenses, admission, diagnostic and blood, purchasing of medicine, non-availability of diet and transport expenses. In case of caesarean section, expenses rise further.

Both maternal and infant deaths can be reduced by ensuring timely access to public health facilities. In 2005, Government of India launched the Janani suraksha yojana (JSY) under National Rural Health Mission. However, the modifications and the launch of Janani Shishu Suraksha Karyakram (JSSK) by central government on June 1, 2011 signalled a huge leap forward in the quest to make "Health for All" a reality [2]. It invoked a new approach to healthcare, placing for the first time, utmost emphasis on entitlements and elimination of out of pocket expenses for both pregnant women and neonates.

While Rs. 1437 crores were allocated to the states for implementation of free entitlements under JSSK during 2011-12 with a gradual increase over the years. All the states and union territories have initiated the scheme. Rajasthan State Government launched Janani Shishu Suraksha Yojana (JSSY) on 12th September 2011 in all the districts [3]. The study was done to assess the knowledge

about JSSK scheme, its benefits and cash incentives under it and to assess the relation of knowledge of JSSK with institutional delivery.

2. Material and Methods

A descriptive cross sectional study was done over six months. 400 women who had their delivery in past five years were included in the study. After informed consent, women were enquired using an interviewer administered closed ended questionnaire.

Questionnaire

A) Knowledge Assessment - 10/10		Yes/No
1	Knows who are the beneficiaries in JSSK	
2	Knows how much incentive is being given in JSSK	
3	Knows what benefits given to mother	
4	Knows what benefits given to child	
5	Knows upto what age benefits given to child	
6	Knows what benefits given for transportation	
7	Knows about blood transfusion facilities	
8	Knows about free diet during hospital stay	
9	Knows that institutional deliveries decreases maternal mortality	
10	Knows institutional deliveries decreases infant mortality	

B) Attitude and Practice - 6/6		Yes/No
1	Feels cash incentive will promote institutional deliveries	
2	Feels distance is a barrier of institutional delivery	
3	Feels social taboos are barrier for institutional deliveries	
4	Feels more publicity should be done about JSSK	
5	Feels provision of cash incentive, free medicine increase institutional deliveries	
6	Will prefer to come for institutional delivery in future	

3. Results and Discussion

JSSK aims to empower service providers working at the health facilities to provide quality ante-natal, intra-natal and post-natal services at the institutions. All expenses relating to delivery of the mother and of the newborn in a institution are borne by the government. After its launch institutional deliveries have increased significantly.

The delivery (vaginal or Caesarean) are free and cashless. The free provision of drugs include iron, folic acid and calcium, diagnostic tests and consumables, during antenatal, intranatal and post natal period. The patient will get free diet during stay in health institutions up to 3 days during normal delivery and upto 7 days for Caesarean section

There is provision of blood free of cost to tackle emergencies. Admission, transport during referral are all free. There is provision of free transport from home to health institution and drop back to home.

In our study, the total score for knowledge about JSSK was ten. A score less than 5 was taken as poor after its launch, institutional deliveries have increased significantly. Good knowledge about JSSK was noted among 69% of women. Out of these, almost 99% percent had institutional delivery. Of the 28 women who had delivered at home, 93% had poor knowledge about the programme. Thus knowledge regarding benefits of JSSK promoted hospital delivery. (Table 1)

There was no statistical difference in the knowledge about cash and other incentives between women of different religions.

Table 2 shows that women with better education knew more about the benefits of JSSK and Government schemes than

the ones who were less educated. On further enquiring, they had got to know by discussing with their relatives who had previously availed the benefits of institutional deliveries, Anganwadi worker and through media. A higher literacy level was also associated with institutional delivery. Most women who were literate and had knowledge score of more than 5 had delivered at hospital. Others had taken consultation at private hospitals and clinics.

Regarding the various sources of information, mouth to mouth publicity and media were the commonest source followed by information from media. Getting money benefits in her relative's or her previous delivery also had encouraged a woman to deliver at institution. Besides the doctors and nursing staff, anganwari workers and Accredited Social Health Activist (ASHA) Sahyogini at grass root level also had informed the women about the various schemes run by Government for benefits of pregnant women.

Free entitlements for all sick newborns till 30 days after birth have now been expanded to cover sick infants.

Other countries like Nepal have also introduced similar kind of scheme SDIP (safe delivery and incentive program) for increasing their institutional delivery and there is 3 fold increase in their hospital delivery^[4].

Table 1: Relation of Knowledge of Jssk and Place of Delivery

n=400	Knowledge score >5 n=276 (69%)	Knowledge score <5 n=124 (31%)
Institutional delivery	274	98
Delivery at home	2	26

Table 2: Relation of Knowledge of JSSK with Education Levels

	Knowledge Score >5 n=276	%	Knowledge Score <5 n=124	%
Nil n=28	8	28.6	20	71.4
Primary n=36	28	77.4	8	22.3
> Primary n=336	240	71.4	96	28.6

Table 3: Sources of Information

Mouth to mouth publicity	160
News /media/ Radio	76
Family or friend	60
Incentive in previous delivery	36
Doctor /medical staff/Anganwari/ ASHA Sahyogini	40

4. Conclusion

Cash incentives, free investigations and medications provide a means to attract women for institutional care and delivery, specially the poor mothers and neonates who are at a higher risk of morbidity. A combined effort of the government, health care providers and the public itself in raising the literacy level of the population and spreading awareness of JSSK may help in achieving the objective of programme.

5. References

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