

# Assess the Knowledge and Utilization of Janani Shishu Suraksha Karykram among Postnatal Mothers in Selected Urban Health Centres

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## Abstract

The act of giving the birth is only moment when both pain and pleasure conserve at moment of time. This experience of transformation from womanhood/wife hood into the motherhood is privilege reserved exclusive for woman. Hence this transformation phase that a pregnancy and following childbirth has been contributing to have great impact on both maternal and infant health. Mother /children constitute priority group they comprise approximately 71.4% of population of developing countries. In India woman of child bearing age constitute 22.2% and child under 15-year age of about 35.3% of total population together they constituents nearly 57.5% of total population. Globally observation show that in developed region maternal mortality rate average in 385/100,000 live birth. In developed country region the figure 440 for same number of live births. The government of India launched new initiative of Janani Shishu Suraksha Karykram from Mewat district in Haryana on June 1 (2011) unmistakably signal a huge leap forward in quest to make health for all reality.

## Keywords

Chi Square, JSSK, Postnatal Mother.

## INTRODUCTION

India contributed around global birth rate 18.5 birth per 1000 total population in 2016 in each year roughly 6.2 million pregnancies in 2010 and 4 million had livebirth outcome an estimated 1,36,000 maternal deaths each year, thus the pregnancy related mortality and morbidity continued to take huge to all live of Indian woman and their new born these considerations have led to formulation of specifies health service for mother and child in India. Since 1951, voluntary basis with democratic manner the government of India ministry of India and family welfare has implemented different type of programmer for improvement of maternal health, child family welfare. In millennium development goal national population policy, ministry of health and family welfare launched NRHM in April 2005, all the effort under NRHM directly and indirectly provide affordable and effective heal Janani Suraksha Yojana under overall umbrella of NRHM has been proposed by way of modified national maternity benefit scheme. While is linked to the provision of better diet for pregnant woman from below poverty line families, Janani Suraksha Yojana integrated cash assistances with antenatal care during pregnancy period, institutional care during delivery and immediate postpartum period in health center by establish system of co-ordinate by the field health worker Janani Suraksha Yojana launched by the Honorable Prime Minister of our country on April 12,2005 for reducing maternal- neonatal mortality. Janani Suraksha Yojana integrated cash assistance with delivery care the success of scheme would be determining by increase in

institutional delivery among poor people. The JSSK has been identified accredited social health activist ASHA as an effective link between the government and pregnant woman. The scheme focus on poor pregnant woman with a special dispensation for state have low institutional delivery rate namely the state of Uttar Pradesh, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam, Rajasthan, Orissa, Jammu and Kashmir while these states have been named low performing states the remaining states have been high performing states.

About 67,000 women in India die in every year due to pregnancy related complication. Similar every year approximately 13 lakh infants die within 1 year of birth. Out of the 9 lakh new-born who die within four week of birth, about 7 lakhs i.e. 75 % die within the first week of majority of theses in the first two days after birth. The first 28 day of infancy period are therefore varying important and critical to save child. Both maternal and infants' death could be reduced by ensuring timely access to quality of service both essential and emergency in public health facility without any Burdon of out of pocket expense. While India has made considerable progress towards the reduction of maternal mortality rate and infant mortality rate, current pace of decline is not sufficient to ace vive the goal and targets committee under burden committed under NRHM.

The new initiative –Janani Shishu Suraksha Karykram

The government of India launched new initiative of Janani Shishu Suraksha Karykram from Mewat district in Haryana on June 1 (2011) unmistakably signal a huge leap forward in quest to make health for all reality. It invokes a new approach to healthcare placing for first time utmost emphasis on

entitlement and elimination of out-of-pocket expenses for both pregnant woman delivering in public health institution to absolutely free and no expense delivery, include caesarean section.

It stipulated out that all expenses related to delivery in public in a public institution would be borne entirely by the government and no user for charger would be levied. Under this initiative a pregnant would be entitled would be free transport from home to the government health facility between facility in case she is referred on accounts complication and also drop back home after 48 hours of delivery. The initiative is estimated to benefits more than 1 crore pregnant woman and new-born that access public health institution every year in both urban and rural area and also increase access to health care for over 70 lakh woman delivery at home. This initiative supplements the cash assistance given to a pregnant woman under JSSK and aimed to mitigating the burden of out of pockets expenses incurred by pregnant woman and sick new-born.

#### **OBJECTIVES**

1. Eliminates out-of-pocket expenses for families of pregnant woman and sick new-born in government health families.
2. Reaching the unreached pregnant woman (nearly 75 lakhs a year still deliver at a home).
3. Timely access to care for sick new-born.

#### **The following are the free entitlements for pregnant woman**

1. Free cashless service
2. Free C-section
3. Free drug and consumables
4. Free diagnostics
5. Free diet during stay in health institution
6. Free provision of blood
7. Exempted of user charges
8. Free transport from home to health institution
9. Free transport between facilitates in case of referral
10. Free drop back from institutions to home

#### **The following are the free entitlements for sick new-born till 30 days after birth**

1. Free treatment
2. Free drug and consumable
3. Free diagnostics
4. Free provision of blood
5. Exempted of user charges
6. Free transport from home to health institution
7. Free transport between facilitates in case of referral
8. Free drop back from institution to home

#### **Key features of scheme**

1. To reduce out-of-pocket expenses related to

maternal and new-born care.

2. The scheme implemented across the contrary entitles all pregnant woman delivery in public health institution to absolutely free and no expense normal delivery (3 day), include C-section (7 day).
3. Similar entitlement is in place for all sick new-born (first 30 day of life), accessing public health institution for treatment.
4. Free assured transport (ambulance service) from home to health facility, inter facility, case of referral and drop back is an entitlement.

JSSK has been launched, to ensure that each and every pregnant woman and sick neonates up to one month gets timely access to health care services free of cost and without any out of pocket expenses.

JUNE 2011, Ministry of Health and Family Welfare, Government of India launched the Janani-Shishu Suraksha Karykram (JSSK), a national initiative which entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery, including caesarean section. The scheme emphasis utmost importance on "Free Entitlements". The idea is to eliminate out of pocket expenses for both pregnant women and sick neonates. Under this scheme, pregnant women are entitled for free drugs and consumables, free diagnostics, free blood wherever required, and free diet up to 3 days for normal delivery and 7 days for Caesarian section. This initiative also provides for free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for all sick newborns accessing public health institutions for treatment till 30 days after birth. The JSSK initiative is estimated to benefit more than one crore pregnant women and newborns who access public health

#### **Why JSSK?**

India has made considerable progress in reduction of Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR), but the pace Janani institutions every year in both urban and rural areas at which these health indicators are declining needs acceleration. The number of institutional deliveries has increased significantly, after the launch of Janani Suraksha Yojana (JSY) in the year 2005 but many of those who opted for institutional deliveries were not willing to stay for 48 hrs., hampering the provision of essential services both to the mother and neonate. Moreover, the first 48 hours after delivery are critical as complications like hemorrhage, infection, high blood pressure, etc. are more likely to develop during this period and unsafe deliveries may result in maternal and infant morbidity or mortality. Access to mother and child health care services were also hindered by high out of pocket expenses on user charges for OPD, drugs and consumables, diagnostic tests etc. In some cases, such as severe anemia or hemorrhage requiring blood transfusion can also increase immediate expenses. The same becomes still higher in case C section is being done. So,

JSSK has been launched, to ensure that each and every pregnant woman and sick neonates up to one month gets timely access to health care services free of cost and without any out of pocket expenses.

### Entitlements

Entitlements for Pregnant Women Under JSSK, free Institutional Delivery services (including Caesarean operation) are provided in government health facilities. Also, medicines including supplements such as Iron Folic Acid are to be given free of cost to pregnant women. Further, pregnant women are entitled to both essential and desirable investigations like Blood, Urine tests and Ultra-Sonography etc. Furthermore, they are to be provided with free Diet during their stay in the health institutions (up to 3 days for normal delivery and 7days for caesarean section). Not only this, there is a provision of free blood transfusion if the need arises. A significant number of maternal and neonatal deaths can be saved by providing timely referral transport facility to the pregnant women. Pregnant women are entitled to free transport from home to health center, referral to higher facility in case of need and drop back from the facility to home. Besides, under JSSK there is exemption from all kinds of user charges including OPD fees and admission charges.

### Entitlements for Sick Newborn

Free treatment is also provided to the sick Newborn up to 30 days after birth and all drugs and consumables required are provided free of cost in public health facilities. As in the case of the mother, the new born too is provided with free diagnostic services and there is a provision of free blood transfusion if the need arises. The facility of free transport from home to health institutions and back is also available.

### Implementation of JSSK

All the States and Union Territories are implementing free entitlements under JSSK both to the pregnant women and sick neonate's up to one month of age. In brief, institutional deliveries are a key determinant of maternal mortality and quality provision of ante-natal and post-natal services can reduce infant as well as maternal mortality. Janani-Shishu Suraksha Karykram supplements the cash assistance given to a pregnant woman under Janani Suraksha Yojana and is aimed at mitigating the burden of out of pocket expenses incurred by pregnant women and sick newborns Besides it would be a major factor in enhancing access to public health institutions and help bring down the Maternal Mortality ratio and Infant mortality rates. However, the actual implementation of the scheme hinges on the proactive role played by state governments. The degree to which the scheme is successful would be determined by the extent to which the programmer implementation is carried out by the State functionaries.

### Brief Status of JSSK programmer

In the Country Government of India has launched Janani Shishu Suraksha Karykram (JSSK) on 1st June, 2011. The

initiative has been rolled out in all States and Union Territories under the overall umbrella of National Rural Health Mission (NRHM). The scheme is estimated to benefit more than 12 million pregnant women who access Government health facilities for their delivery. Moreover, it will motivate those who still choose to deliver at their homes to opt for institutional deliveries. In the year 2012-13, a sum of Rs 2082.47 crores have been allocated to the States for the implementation of free entitlements under JSSK. A quick review was undertaken by the Ministry in select health facilities in 1 to 2 districts of 13 States between April to June, 2012 (6 EAG States and 7 others). The States included in the field visits are Andhra Pradesh, Bihar, Chhattisgarh, Gujarat, Haryana, HP, Karnataka, Maharashtra, M.P, Odisha, Punjab, Rajasthan and UP. The information provided in this report is based on the interaction with the pregnant women and mothers in OPD and IPD, service providers in the facilities and district level health administrators. The report has highlighted certain significant progress in JSSK programmer which are as under.

### Key Positives

User Charges in OPD and IPD for Pregnant women and sick children exempted in 10 out of the 13 States visited except Bihar, Chhattisgarh and Odisha.

### Drugs and consumables

Availability of drugs in the facilities have improved. Out of the 13 states, 8 states are giving free drugs from within the facility. Situation of drugs in Madhya Pradesh, Bihar, Chhattisgarh, Odisha and Himachal is still far from adequate.

### Diagnostics

Availability of diagnostic facilities are better at the District Hospitals and even at CHCs and the routine tests for pregnancy wherever available (urine and blood) are being provided free of cost to pregnant women in the facilities.

### Diet

Provision of diet in IPD for pregnant women has been started in 12 states at the District Hospital and CHC levels.

### Referral transport

Out of the 13 states, in 10 states – Andhra Pradesh, Bihar, Himachal Pradesh, Punjab, Haryana, Rajasthan, Chhattisgarh, Madhya Pradesh, Gujarat, Karnataka national level emergency referral transport model is operational under PPP except for Haryana. Drop back has recently been started and is slowly picking up. Display of entitlement and awareness of community

Health facilities in Andhra Pradesh, Maharashtra, Madhya Pradesh, Chhattisgarh and Gujarat had displayed the entitlements prominently. In the other states, display was sporadic, generally available in DHs and SDHs and partial at the PHC and SC levels.

## THE REVIEW OF LITERATURE

The review of literature is organized under following headings:

1. Literature related knowledge of Janani Shishu Suraksha Karykram postnatal mother
2. Literature related utilization of Janani Shishu Suraksha Karykram postnatal mother

## LITARATURE RELATED KNOWLEDGE OF JANANISHISHU SURAKSHA KARYKRAM POSTNATAL MOTHER

This cross sectional study was conducted at a municipal medical college hospital located at kalua, thane, about 30 km from Mumbai city Maharashtra, India. The aim of the study was to assess the awareness of recently delivery woman, A total of 78 beneficiaries of Janani Shishu Suraksha Karykram were interview. Our 78 respondents 6 antenatal while remaining are 72 postnatal cases. Only 30 were aware about the free delivery include C-section and free treatment. majority of 47% were between 20-25 year while 3.84% were less than 20 years old. In present study out of pocket expenditure was mainly purchase of medicine and transfer. Followed by sonography 18% blood test 8% doctor consultation 7%. 80 % household report out pocket expenditure for maternal health services. The study found that awareness of Janani Shishu Suraksha Karykram was to be for especially free of service, transform from hospital to home. Timely availability of medicine and other consumables essential.

A Conducted study on knowledge of Janani Shishu Suraksha Karykram among health worker. This study was carried out knowledge of Janani Shishu Suraksha Karykram among health worker and to assess the knowledge of Janani Shishu Suraksha Karykram. Study conducted during period of June 2016 to Dec 2016 among health worker in field of area of practice of by government medical college, Pune. A pilot study was conducted before initiating the study and Performa was tested. The data was collected during weekly meeting at primary health center. Tool was recorded on pre-structured and post-structured performance. About 34% health worker were the excellent knowledge where the 46% health worker according to knowledge adequate.

A Conducted study on assess knowledge regarding under Janani Shishu Suraksha Karykram. among mother. The aim to reducing maternal and neonatal motility by promoting institutional delivery among the poor pregnant woman. pre-experimental design was adopted. the sample consist of 60 mother. The study was conducted at Dhand village, Jaipur. The data was collected structured teaching program by structured questionnaire. The study was concluded that knowledge gained through structured teaching programmers was good as it evidences with highly significant difference 16% between the mean post-test 19.28% and pre-post 13.42 knowledge score. There was a significates association between knowledge.

A Conducted the study of knowledge of Janani Shishu Suraksha Karykram among postnatal mother. The study aims to assess the knowledge regarding Janani Shishu Suraksha Karykram among postnatal mother and to assess the utilization of Janani Shishu Suraksha Karykram. Cross sectional study design used. The study was conducted at urban health training center of Bangalore medical college and research institute. A study result of total 120 postnatal mother 78% were aware under Janani Shishu Suraksha Karykram of schemes among which majority 63% came to know. 76% had attended >4 ANC visit, 82% had received cash assistance, only 58 % woman consumed 100 iron folic tablets. The study concluded that knowledge and utilization of Janani Shishu Suraksha Karykram area was found to be satisfactory.

A Conducted study on impact of Janani Shishu Suraksha Karykram on out of pocket expenditure among perinatal period. The study aims to assess the impact of Janani Shishu Suraksha Karykram on out of pocket expenditure. Data collected by retrospectively. Over the 3-month total sample 223 were enrolled in pre-test and post-test groups. The study was concluded that under pre Janani Shishu Suraksha Karykram. 21% and post Janani Shishu Suraksha Karykram. 15% Strengthen of implementation of under Janani Shishu Suraksha Karykram. Is required to ensure universal access for postnatal care.

A cross sectional study was conducted from among woman giving birth in 30 villages in Ujjain districts find out who participates and who does not. The study was conducted on 370 selected in population. The study that the majority of delivery 76% took place with in Janani Shishu Suraksha Karykram programmers 90% woman had prior knowledge to the programmer. The Asha influence on mother decisions on where to deliver appeared limited. The study reporting timely receipts of cash transfer, who do not or cannot access emergency obstetrical care under community education regarding this study was concludes that financial assistance programmers are essential and through this only the change in the attitude of rural people could be achieved.

A Cross sectional study was conducted Haryana reported that majority of mothers were registered after 12 weeks of pregnancy i.e., (73.5%), only (26.5%) were registered before 12 weeks of pregnancy, majority (86%) of mothers had 3 or more ANC visits, only (14%) mothers had less than 3 ANC checkup. 3 Almost all mothers received TT Booster dose, that is, (95.5%) and only (4.5%) of mothers received only one dose of TT. Three-fourth of mothers received recommended number of IFA tablets (i.e. 100 IFA tablets), about (18%) mothers received less than 100 IFA tablets and (6%) received more than 100 IFA. Nearly half of mothers who rent the vehicle paid by self, that is, (58.5%) and (41.5%) were paid by ASHA. Institutional deliveries were found to be higher i.e. about (88.5%) were institutional deliveries and only (11.5%) where home deliveries. About the postnatal care (PNC), maximum number of mothers (70.5%) get PNC through ASHA/MPHW-F followed by nurse/doctor (22.5%) and trained dais (5.5%), more than half get more than 3 PNC

check-ups (54.5%), (44%) get 3 PNC visits. Three-fourth of mothers were aware about cash benefits (71.5%) followed by safe delivery (55.5%), care of mother and baby (44.5%), free hospital delivery (37%), and free food (16%), respectively.

A Descriptive study in Shimla reported that (55.1%) of females under study had heard about the JSSK scheme before the present pregnancy. Anganwadi workers (100%) and female health workers (79.5%) were the main sources of information regarding the JSY scheme to the beneficiaries. This study revealed that (53.85%) of females under study registered their name in health institution during the first trimester of this pregnancy. It was observed that (56.4%) and (19.23%) study participants underwent three and four antenatal checkups (ANCs), respectively. The coverage of tetanus toxoid immunization was 100%, and nearly two-thirds of study participants (62.7%) received 100 tablets of iron and folic acid. Most of the study participants (82%) delivered in government hospitals and only (18%) delivered at home. It was also found that (57.7) Only (14%) of the study participants received three postnatal (PN) visits and all the beneficiaries received JSSK incentive after 1-week of delivery. Educational status of the beneficiaries had statistically significant association with timing of registration.

A Cross sectional study was conducted among 120 postnatal mothers at UHTC of Bangalore Medical College and Research Institute (BMCRI), Bangalore.<sup>7</sup> 78.3% were aware about the Scheme. Among them only 68.3% were aware about the possible benefits of institutional care, cash assistance and transportation under JSSK. And the main source of knowledge about the scheme is from ANM (63.3%). Other sources being link workers and Anganwadi workers. Only 40% of the women were registered within 12 weeks of pregnancy with health personnel. Around 76.7% women had four or more ANC visits and 23.3% had less than 4 visits. Only 58.3% women consumed hundred IFA tablets. Around 82.9% of the eligible women had received cash assistance, few didn't receive due to lack of proof of belonging to SC, ST or BPL status and lack of proper knowledge about the scheme.

A Cross sectional study had been conducted in the two districts, Nawada and Araria of Bihar.<sup>9</sup> All respondents (100%) knew about JSSK and thus registered for benefits but not all knew the name or specifications of the scheme. 72.7 per cent respondents The respondents (100%) also knew about the amount for institutional delivery which is Rs.1400/-but least (5.3%) The incentive in 47.89 per cent of cases was paid through cash and the rest (52.11%) is via check. The frequency of ante natal care visits has also been very low with the maximum respondents (49.5%) visiting only two times. For post-natal care, 58.4 per cent have been registered and thus received some level of help. The study reported that 21.5 per cent of the respondents spend the incentive amount on general expenses of the household. A total of 46.8 per cent spend the money on health expenses comprising both minor and major disease of family members.

However, some proportion of the money is saved for the future of the children; 12.4% of respondents considered spending money on child's education while 6.2 per cent on post-natal care of the new born.

A Conducted a study in the district of Ganapati, Nayagarh and Mayurbhanj division. The study explores JSSK's potential to enhance women's financial assistance to maternal health care, its effect on household, out of pocket spending on maternal health care and its influence on community health worker's performance motivation. The number of institutional deliveries, antenatal and post-natal care visits increased after introduction of JSSK. The financial incentive provided partial financial risk protection as it could cover only 25.5% of maternal health care cost in rural areas and 14.3% in urban areas. The existing level of financial incentives and systemic support was inadequate to motivate the volunteers optimally on their performance.

A community-based, cross-sectional survey was conducted among a sample of 240 recently delivered women from the slums of Bhubaneswar, Odisha. The median total OOPE was found to be 2100 INR (100–38,620). Multivariate analysis found parity, place of delivery, type of delivery, and presence of morbidity to be significantly associated with incurring any OOPE. Nearly 15% of the households incurred OOPE exceeding 40% of the reported monthly household income including 9%, whose OOPE was 100% or more of the reported household monthly income. This study was Concluded While mechanisms such JSSK had benefitted the vast majority, around half of those who did incur OOPE experienced CE. Additional insurance facility for cesarean section delivery might reduce the excessive financial burden on households.

A Cross-sectional study was conducted on a sample of consecutively recruited 339 post-natal mothers who had delivered in a tertiary care hospital of western India. Only 24% had heard about JSSK; 54% knew regarding free transport to the place of delivery; only 22% and 13%, respectively knew about free inter-facility transport in case of complications for pregnant women and sick infants, while 96% knew regarding free drop-back facility. Knowledge among the post-natal mothers regarding the entitlements of JSSK is less while comparing with published literature and needs improvement. Regular ante-natal care (ANC) visits might improve their knowledge of these programs. There is a need to create awareness among hospital staff for the provision of reimbursement of costs incurred by post-natal mothers. There is also a need to carry out demand generation activities among mothers regarding the entitlements of JSSK.

A retrospective observational study was carried out to know the effect of JSSK scheme on work load, availability of expensive treatment modality and effect on outcome. Study was carried out by comparing one-year time period between SEP- 2011 to AUG 2012 Use of expensive modern treatment modalities were increased by 3.97%. Neonatal death rate is reduced by 1.32% with significant decrease in preterm mortality by 12.99%. Most common causes of death in

preterm in pre-JSSK period were septicemia (41.76%), RDS (27.47%) and aspiration pneumonia (6.59%). While in post-JSSK period the most common causes were RDS (51.04%), sepsis (38.54%) and aspiration pneumonia (4.1%). Concluded that JSSK is successful in raising the number of institutional deliveries, booked obstetric practice (hence a better antenatal care) and improved access to level III NICU care among the poor resulting in a significant decrease in preterm mortality rates.

A descriptive was assess impact of JSSK on selected family health behavior in Rural Uttar Pradesh. Among the women who delivered in a public facility, 43% received help in ANC registration and in 75% of cases the ASHA accompanied the women to the facility. Only 8% of ASHA helped in arranging transportation and less than 1/5th of women were visited by ASHA for postnatal checkup. Preference for institutional delivery was safety of mother in 59-74% of cases and child Care by 55- 73%.

A study conducted to an evaluation of effectiveness of JSSK was done in three districts each of 8 Empowered Action Group (EAG) using qualitative and quantitative methods. The objectives of evaluation were to assess trends in institutional delivery, the availability and quality of care, the capability of health institutions and the role of ASHA. It was identified that over 50% of women who their previous delivery at home had opted for institutional deliveries. However, there were about 40% home deliveries due to limited access to transport, poor service quality, high costs in institutions and cultural preferences. Conversion of conditional cash transfer approach to an enabling entitlement approach was suggested in the study.

A descriptive study was conducted to assess the effectiveness of JSSK among 200 beneficiaries in the selected districts of Rajasthan. The results revealed that 178 beneficiaries received payment in cash and 22 by cheque. Home deliveries decreased. Overall status of ANC and PNC services also increased. Seventy-two percent of the beneficiaries were registered within three months, received three ANC check-ups, used IFA tablets, postnatal check-up, received cash amount, and ASHA was with them at the time of delivery. It concludes that Seventy percent of the beneficiaries were pre-aware about at least one of the aims and vision of JSSK.

#### **LITARATURE RELATED UTILIZATION OF JANANISHISHU SURAKSHA KARYKRAM POSTNATAL MOTHER**

A cross sectional conducted in village in Kanchipuram district of Tamil Nadu state. The objective of the study to evaluate the awareness and utilization of Janani Shishu Suraksha Karykram According to population census of India 2011, there were 13 blocks, Thirupour block was selected by simple random sampling using lottery method. Based on previous year total number 80 of pregnant woman registered in previous year, two PHC on basic of proportion to size. There were around 182 registered pregnant women who

delivery within last one year. Among these 168 live birth ,92 deliveries public health facility and 76 private health facility. Around 52 participants was availed by all participants and neonates, free diagnostics, blood transfusion were utilizing by 1.2% of all participants. This study concludes that through the study revealed good awareness of schemes among all participants, it shows insight into exiting gap in utilization of theses service.

A community based cross sectional study was conducted in rural block of Raipur district, Chhattisgarh India among 352 mother. Among 352 good awareness were found in only 207 mother. Maximum awareness 89% regarding entitlement among mother was seen for free transport service from to health institution followed by the drop back transport facility from hospital to home. This study concludes that level awareness regarding under Janani Shishu Suraksha Karykram. entitlement for pregnant mother and sick infant was found to be low. Extensive IEC needed to further increase the awareness regarding under Janani Shishu Suraksha Karykram. entitlement to increase utilization among beneficiaries.

A cross sectional survey among woman who delivered in public sectors facilitates The study aims to reduce the out of pocket expenditure for pregnant woman. January -march 2013 were include till the sample size was reached. Sample size of 156 mother assuming 40% utilization, among 156 mother surveyed, mean age 24 year but 62% were below 25 years. Median family income was 5000inr with 22.4% family below poverty line. Only 23% use government ambulance for transport from facility to home. Overall 93 (60%) received the full benefits of hospital stay and 29 (19%)received full transfer facility. Free diagnostic and drug were given 149(96%) 134(86%) respectively. This study conclude that Janani shisha Suraksha Karykram benefitted the mother utilizing public health sector facilities however drug consumable, transport contributed to the out of pocket expenditure.

A community base cross sectional study was conducted in rural area community in Bandura west Bengal, India in 2013, among 210 who delivered babes in last 12 months. The aim of study given by to assess the awareness and utilization of Janani Shishu suraksha Karykram service 12.9 cost block level primary health level. Highest 77.1 for admission and lowest. The median cost of delivery in block level primary health center, medical college and private facilities were INR 205 respectively. Median cost of normal delivery in private facility Indian national rupees (INR) was 3.6 times of that in government facility INR 765. The study conclude gaps existed in the awareness of beneficial regarding under Janani Shishu Suraksha Karykram. drug and transport were two major cause of in public health facility.

A Cross sectional study was conducted in department of obstetrics and gynecology government medical college and hospital Aurangabad. The aim of study is to assure free and cashless service of study was to find out level of awareness regarding under Janani Shishu Suraksha Karykram. All

antenatal mother 2015 onwards were given the option of being included in study. A study included in the 1000 pregnant woman who attending the antenatal clinics between the sept.2015 to march 2016. was noted to be for free vaginal delivery in 869 followed by free drug and consumable to mother and free treatment for sick infants 662 and least awareness was noted for free drop back of sick infant from health facility to home and free caesarean section. The study was concluded that increase the overall awareness of various entitlement of Janani Shishu Suraksha Karykram among pregnant woman increase the utilization of benefits of the schemes and thus indirectly helping in reducing maternal mortality rate and infant mortality rate.

A Conducted study on awareness about Janani Shishu Suraksha Karykram among pregnant mother. The study aims to level of entitlement of Janani Shishu Suraksha Karykram among pregnant mother and to examine association between different socio-economic factors and awareness level. Observational, descriptive study design is used. The was conducted in three villages under bans pool sub enter, north 24 Parganas during May –July of 2015.data was collected by house to house visit and face to face interview of mother using the pre-test and post-test collection form. Overall 68% mother had poor awareness regarding free entitlements of Janani Shishu Suraksha Karykram. Only 18%mother were about free normal vaginal delivery and free drug and consumable each. Respondent were aware free caesarean free treatment for sick infant and free drug and consumable for sick infant. Overall 58% mother were aware about free diet during stay in the health facility. The study concludes that awareness level of pregnant mother regarding entitlements of Janani Shishu Suraksha Karykram. awareness is required to bring about proper utilization.

A descriptive study was conducted in NCCB medical college, Jabalpur Madhya Pradesh in India, during 2006-2007 to assess the social profile knowledge and utilizations patterns among 300 Janani Shishu Suraksha Karykram. Finding show that knowledge among 300 beneficiaries 77% belonged to below poverty line. Only 23% populations only had adequate knowledge 56.24% were moderately knowledge and 21.66% were having inadequate knowledge regarding Janani Shishu Suraksha Karykram. This study was concluding that decisions of community educations among populations is essential required and expenditure depends upon husband in one cases and arrangements of vehicle for transports is still a major issue of concern so emergency vehicle facility also should be implemented.

A study conducted to assess the evaluates the operational mechanism, utilization and non-utilizations awareness and mother on under Janani Shishu Suraksha Karykram. In two block each districts of south Orissa. The study was conducted 500 mother's knowledge questions had used this study. The study revealed that there was a lack of orientations of health staff other than Accredited social health activist on Janani Shishu Suraksha Karykram played a major role in

motivations for institutional delivery in A cross sectional study was conducted to review the implementations process under Janani Shishu Suraksha Karykram state and provide inputs any corrective action. Action three districts of Orissa. the study that districts, block sub center there is shortage of medical and paramedical staff, inadequate facility for institutional delivery. Available staff was well trained on various implementations procedure under Janani Shishu Suraksha Karykram hence the researcher concludes with two major recommdations Strengthening of infrastructure, supplies and human resource at all levels immediate compensations to the beneficiary after the delivery and regular payments /salaries to the accredited social health activist.

Awareness and utilization of Janani Shishu Suraksha Karykram among antenatal mothers of selected community of Achrol, Rajasthan Descriptive study design was used to achieve the objective. Total of 58 women from a rural community of Jaipur, Rajasthan were interviewed to collect data. Majority of antenatal mothers have the age between 21 to 30 years (91.37%). 43.10% were illiterate whereas only 32.75% had education of secondary level and above. Majority of them were Unemployed (86.21%); 31.03% were OBC and 50% were SC. Majority (79.31%) were from joint family. Majority (67.24%) of the women were not aware of JSSK. About 48.28% of them came to know about JSSK from ANM / HW whereas only 27.59% became aware through ASHA67.24% knew that ASHA is responsible to provide JSSK but 31.03% told ASHA does not come to their area and 17.24% told their family has bad relationship with ASHA. Concluded that The study concludes that majority of antenatal mothers are not aware of JSSK Even those who are aware are not able to avail the benefit due to non-cooperation of their family and irregular/ no visit of ASHA.

A cross- sectional study was conducted in Bankura district of West Bengal among 324 women through 40 cluster technique to find out institutional delivery rate, utilization of JSSK during antenatal period and relation between cash benefit and institutional delivery. Overall institutional rate was 73.1% and utilization of JSSK among eligible women was 50.5%. Institutional delivery (84.0%), consumption of 100 Iron Folic acid tablets (46.0%) and three or more antenatal check –ups (91.0%) were better in women who received financial assistance from JSSK during postnatal period. JSSK came out to be significantly associated with institutional deliveries.

A study conducted to Institute for Health Metrics and Evaluation conducted a research on assessment of effect of JSSK on intervention coverage and health outcomes availing the information from the nationwide District Level Household Surveys (2002-04 & 2007-09) along with 3 analytical approaches. The study interpreted that JSSK had a significant effect on increasing antenatal care and in-facility births but there was high variability (<5% to 44%) in implementation of JSSK during 2007-08 and concluded that poorest and least educated. Study recommends on the need

for improved targeting of poor women, improved quality of obstetric care in health facilities and the need for continued independent monitoring and evaluation.

A qualitative study conducted by AIIMS, New Delhi to identify the areas that require improvement for proper implementation of Mukhya Mantri Janani Shishu Suraksha Karykram in 6 districts of Jharkhand. The study threw light on the fact that although people indicated willingness for institutional deliveries, several barriers like poor infrastructure, lack of quality care, difficulties while availing incentives, etc. resulted in low level of utilization of JSSK. Emphasis was given to the overwhelming demand for energizing sub-centers to increase access to maternal and child health services.

A study conducted to assess the gaps in delivery services and utilization of resources at Basic and Comprehensive Emergency Obstetric Care Centers, accredited sub centers and private hospitals in district Jaipur, Rajasthan. The study was undertaken during October-December 2008 in 31 selected health facilities in district Jaipur. Data was collected by facility survey, interview of service providers and beneficiaries. Result shows that there is an increase in institutional deliveries following implementation of JSSK. The study concludes that JSSK is perceived as an effective scheme by the beneficiaries but gaps in resources and lack of quality of services needs to be adequately dealt with.

### CONCLUSION

There is a need to improve the awareness among urban population about utilization of JSSK schemes targeting difficult to assess area with special measure and encourage more ANC, PNC visit were essential prerequisites to improve the impact of JSSK among postnatal mother. Some reason of underutilization as find out i.e home near to health care center, take to private facility, own vehicle or private facility near by health facility in case of referral mother had to found it hard to wait for referral transport to move and pick the mother as well as new born, medicine from outside or overcrowding at facility. The finding of the study shows that there are socio-economic, knowledge and utilization source of information regarding the JSSK among postnatal mother.

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