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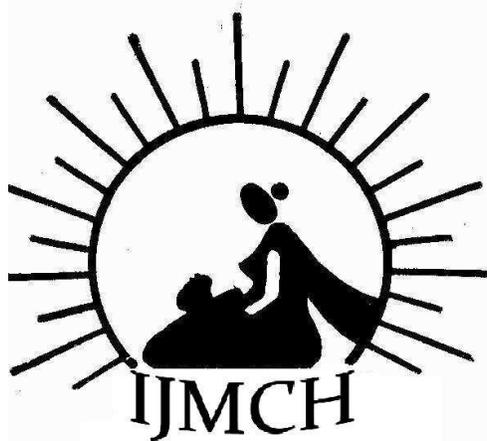
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ABSTRACT:

Background: Janani Suraksha Yojana (JSY) –a new maternity benefit scheme - was launched by Govt. of India in April 2005 with the objective of reducing maternal and neonatal mortality by promoting institutional deliveries by providing cash incentive to beneficiaries as well as promoters. Antenatal care (ANC) services are one of the most important components of JSY. So this study was designed to assess the antenatal characteristic of JSY beneficiaries.

Material and Methods: A descriptive study conducted at Department of Obstetrics & Gynecology, N.S.C.B. Medical College, Jabalpur, (M.P.) from August 2006 to August 2007. 300 beneficiaries of JSY were interviewed by using pre designed and pre tested questionnaire.

Results: Most of the women were in younger age group, were from rural back ground and belonged to below poverty line (BPL) category. 95% of beneficiaries were registered under JSY; only 59% had three antenatal checkups. 16.33 % had minimum recommended investigations during ANC checkups, 1/3rd of beneficiaries had not consumed any Iron Folic acid (IFA) tablet or consumed less than 25 tabs. 87% of the beneficiaries were anemic.

Conclusion: The present study points towards poor ANC services provided to JSY beneficiaries. Antenatal services are not directly attached to the cash incentives under JSY and thus may be ignored if not given due attention.

Key words: Janani Suraksha Yojana (JSY), Anemia, Antenatal care, Iron Folic acid (IFA) tablets, Institutional delivery.

INTRODUCTION:

Maternal mortality and morbidity continue to be high despite the existence of national programs for improving maternal and child health in India.⁽¹⁾ Keeping this in mind, in 2005, Government of India launched a new Maternity benefit Scheme under the National Rural Health Mission (NRHM) viz. Janani Suraksha Yojana (JSY). The scheme was being implemented with the objective of reducing maternal and neonatal mortality and promoting institutional delivery particularly among the poor pregnant women. JSY is a 100% centrally sponsored scheme and it integrates cash assistance with antenatal care, delivery and post-delivery care.

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. One ASHA is supposed to cover a village with approximately 1000 population. Her main role is to facilitate pregnant women to avail services of maternal care and arrange referral transport.⁽²⁾ ASHA will assist MPH(W) in early registration of pregnancies, identification of complicated pregnancies, providing at least three antenatal visits, post delivery visits, organizing appropriate referral and arrange for transport when needed.⁽³⁾

It was expected that after the implementation of the scheme, the antenatal component will get a boost. Basic investigations like Hemoglobin estimation, BP record, urine examination along with provision of IFA tablets and injection of Tetanus Toxoid were expected to be available to every pregnant woman.

Keeping in mind the above discussion, a study was planned to assess the antenatal status of the JSY beneficiaries coming or referred to our institution, which is a tertiary care Hospital of Mahakaushal region of Madhya Pradesh, having a catchment area of 8-10 adjoining districts. An assessment of this important aspect of JSY at this stage will definitely be useful for better implementation of the scheme in near future to cover much neglected antenatal as well as postnatal component of maternal and child health (MCH) services.

MATERIAL AND METHODS:

Objective: To describe the antenatal characteristics of acceptors of JSY scheme.

Study Area: The study has been carried out in the N.S.C.B. Medical College and Hospital, Jabalpur (Madhya Pradesh), India.

Study Period: From 16th August 2006 to 15th August 2007. Total study period was one year.

Study Design: It is a descriptive and observational hospital based study.

Study subject: The study subjects included all beneficiaries of JSY scheme who came for the institutional delivery in the N.S.C.B. Medical College Hospital Jabalpur (M.P.), irrespective of the birth order of mother, age of mother and certificate of BPL.

Sample size and sampling: Among the beneficiaries who came in the institution for delivery, 300 were interviewed by random sampling method over period of one year i.e. from 16th August 2006 to 15th August 2007.

Study tools and Technique: The collection tool used was a pre designed questionnaire, which was pre-tested. Data collected as such was compiled into an excel sheet for easy comparison, reference and analysis.

Statistical Test: Percentages.

Ethical clearance: Ethical clearance for conducting the study was taken from the Ethics committee of the institution.

OBSERVATIONS:

Out of 300 beneficiaries interviewed, 76.63% were below 25 year of age group. About 73% got married between 10 to 20 years of age and 58% had their 1st pregnancy below the age of 21 year. 95.3% of respondents belonged to Schedule Caste (SC), Scheduled Tribe (ST), & Other Backward Class (OBC) caste. Most of them had no formal education (71%) or had schooling up to middle level (24%). 164 (54.66%) respondents were from rural background. (Table-I)

285 (95%) respondents were registered for pregnancy before coming to the hospital for delivery. Out of 300 respondents, 177 (59%) had three minimum recommended ANC visits and 285 (95%) of the cases had at least one antenatal visit. During antenatal visits, only 49 (16.33%) mothers had been investigated with the minimum recommended investigations i.e. Blood pressure, Hemoglobin estimation, urine test and weight record. 5% of the women had no investigation during ANC visit. (Table II)

25 (8.33%) women had not received even a single tablet of iron and folic acid (IFA). 94 (31.33%) of them had consumed less than 25 IFA tablets and only 57 (19.0%) women consumed more than 75 IFA tablets during pregnancy. 40.33% of beneficiary women were primigravida and 59.66% were multigravida. 274 (91.33%) of acceptors of JSY received the required two doses of Tetanus toxoid. As none of the multigravida women were sure of their previous TT immunization status, all received two doses of TT in present pregnancy. (Table II)

Among the study group 261 (87%) were anemic. Severe anemia was observed in 64 (21.33%) of respondents. (Table III)

225 (75%) of the respondents received the ANC services by MPHWH (F)/ ASHA/ Dai. Only 10 (3.3%) respondents received the services through Doctors. (Table IV). Among 300 women 107 (35.66%) had history of previous cesarean section.

140 (46.66%) respondents were of high risk category in the current pregnancy according to clinical notes of these women. Details of the distribution of risk factors were not included in this study.

Table I: Demographic and Socio-economic profile of JSY beneficiaries.

Particulars	Percentage
Total no. of JSY beneficiaries interviewed [N] = 300	
Age of JSY beneficiaries in completed years	
≤ 19 years n=40	13.33
20 – 24 years n=190	63.3
25 – 29 years n=60	20
30 years and above n=10	3.3
Age of JSY beneficiaries at the time of marriage	
10-15 year n=40	13.33
16-20 year n=180	60.0
21-25 year n=70	23
26-30 year n=8	2.6
31 years and above n=2	0.67
Age of JSY beneficiaries at the time of 1st pregnancy	
10-15 year n=9	3
16-20 year n=165	55
21-25 year n=108	36
26-30 year n=15	5
31 years and above n=3	1
Caste	
Scheduled caste n=135	45
Scheduled tribe n=46	15.3
Other backward classes n=105	35
General n=14	4.66
Educational status:	
Illiterate n=213	71
Primary n=49	16.33
Middle level n=23	7.66
High school and above n=15	5
Area	
Rural n=164	54.66
Urban n=136	45.33

Table II: Antenatal Characteristic of JSY beneficiaries.

Particulars	Percentage
Total no. of JSY beneficiaries interviewed [N] = 300	
JSY beneficiary	
Registered n= 285	95
Not registered n=15	5
JSY beneficiary according to number of ANC visits	
0 ANC Visit n= 15	5
1 ANC Visit n=27	9
2 ANC Visit n=81	27
3 ANC Visit n= 177	59
JSY beneficiary according to the investigation	
BP, Hb. estimation, urine test and weight record n=49	16.33
BP, and Hb. Estimation n=72	24
BP and weight record n=105	35
Urine and Hb. Estimation n=36	12
Weight record n=23	7.66
None (no investigation) n=15	5
JSY beneficiary according to the IFA received	
1-50 n=137	45.66
51-100 n=138	46
Not received n=25	8.33
JSY beneficiary according to the IFA consumed	
0 n= 25	8.33
1-25 n=94	31.33
26-50 n=82	27.33
51-75 n=42	14
76-100 n=57	19
JSY beneficiary according to the TT Immunization	
0 dose n=15	5
1 dose n=11	3.66
2 dose n=274	91.33

TABLE III: Distribution of acceptors of JSY according to their Anemia Status

Grading of anemia	No. of beneficiary mother	Percentage of beneficiary mother
Mild anemia	114	38
Moderate anemia	83	27.66
Severe anemia	64	21.33
Non anemic	39	13
Total	300	100

TABLE IV: Distribution of Acceptors of JSY According to Service Provider Regarding ANC Checkup.

Service provider	No. Beneficiary mothers	Percentage of Beneficiary mothers
Doctor	10	3.33
MPHW (F) /Dai / ASHA / AWW	225	75
Govt. Hospital	55	18.33
Private Hospital	8	2.66
Any other	2	0.66
Total	300	100

DISCUSSION:

Present study focuses on the quantity & quality of ANC coverage among beneficiaries of JSY along with their socio- demographic profile.

Approximately, three fourth of the women were illiterate and one fourth were educated up to middle level only. According to Census-2001, the female literacy in MP is 50.28% and in Jabalpur, it is 59.47%.⁽⁴⁾ NFHS-II reveals that the maximum population (77.8%) in the rural area of Madhya Pradesh (M.P.) was illiterate and only 5% had attained education up to class five.

In our study 77% beneficiary women belonged to below poverty line [BPL]. According to the Government of India, the percentage of BPL families registered in National Rural Employment Guarantee Act (NAREGA) in Jabalpur is 36.9%.⁽⁴⁾ Being a Government institute, more and more BPL cases came to avail the services of JSY in this hospital.

According to NFHS-III, 50.7 % of women in India availed at least three ANC visits for their last pregnancy and corresponding figure in M.P. was 40.2%.⁽⁵⁾ In present study 59.0% of the acceptors had at least three ANC visits for their last delivery. These results are similar to the other studies conducted in India.^(6, 7) These findings are indicative of increasing ANC coverage under JSY.

Only one sixth of respondents had minimum recommended investigations. This shows lack of adequate functioning at peripheral health centers regarding the ANC services.

According to DLHS (district level rapid house hold survey 2002-03,) complete TT immunization coverage among the pregnant women was 79.7%. Present study emphasizes the fact that in institutional deliveries, TT immunization coverage among the pregnant women increases.

According to NFHS-III, mothers who consumed IFA for 90 days or more were 22.3 % in India and 11.8% in M.P. According to a study by Agarwal et al in Lucknow district, 17 % of the mothers were provided IFA in rural area.⁽⁸⁾ In the present study, IFA tablets consumption shows some improvement, but it is far from desired level.

In the NFHS-III percentage of pregnant women of age 15-49 who are anemic is 57.9 %.⁽⁵⁾ In present study mothers having anemia are higher (87.0%). Although this figure is very high, it does not represent the anemic status of the community. Since the data in present study is collected from a medical college hospital, a tertiary care center which receives patients with serious complications, these are usually high risk cases which are referred from adjacent districts to the tertiary care hospital. Almost half of the cases were referred in the present study.

Most of the women received their ANC services through peripheral health workers (MPHW (F)/ ASHA/ Dai) as observed in other studies.⁽⁷⁾

The results of our study demonstrate that the prevalence of previous caesarean section was high (35.66%). Similar high rates of caesarean section were observed in another study in India.⁽⁹⁾

CONCLUSION AND RECOMMENDATIONS:

Antenatal checkups are still not available to or utilized by a large number of beneficiaries even after implementation of JSY. Basic recommended investigations during ANC checkups are mostly neglected. Anemia is still a major high risk factor in pregnant women with inadequate availability and utilization of IFA tablets. Hence, the ANC coverage should be improved by peripheral health workers with special emphasis on the basic investigations during ANC checkup along with constant motivation regarding TT immunization and consumption of IFA tablets.

All the cash incentives have been linked to the institution delivery only and the antenatal and post- natal services has not been directly linked with the cash, hence it is suggested that some incentive of JSY should be linked to ante-natal and post-natal services. It is required to create better awareness regarding all aspects of JSY so that people should avail all the

benefits of the scheme and it will certainly help in reducing maternal as well as infant morbidity and mortality.

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