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JANANI SURAKHYA SCHEME & RECENTLY DELIVERED WOMEN IN UTTAR PRADESH, INDIA

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Abstract

The current article of Uttar Pradesh (UP) is about the ASHAs who are the daughters-in-law of a family that resides in the same community that they serve as the grassroots health worker since 2005 when the NRHM was introduced in the Empowered Action Group (EAG) states. UP is one such Empowered Action Group (EAG) state. The current study explores the actual activities done by Recently Delivered Women (RDW) through their responses on two activities related to Janani Surakhya Yojana (JSY) scheme which is linked to safe delivery practices. These are availing & not availing the benefits of JSY scheme. From the catchment area of each ASHA, two RDWs were selected who had a child in the age group of 3 to 6 months during the survey. The action profiles of the RDWs on these aspects of JSY scheme are reflected upon to give a picture that represents the entire state of UP.

The relevance of the study assumes significance as detailed data on the modalities of actual actions done by the RDWs separately for availing & not availing the benefits of JSY in their recent delivery to make the delivery safe are not available even in large scale surveys like National Family Health Survey 4 done in 2015-16. The current study gives an insight in to these dual activities separately. The current study is basically regarding the summary of two actions on JSY scheme that is related to safe delivery practices done & replied by RDWs during their ante and post- natal stage.

When decisions are taken by the RDWs and their family members to opt for home delivery, it reflects poorly in the Maternal Mortality Rate & Ratio (MMR) & there by impacting the Neonatal Mortality Rates (NMR) in India and especially in UP through the emergence of unsafe Maternal & Neonatal practices. The current MM Rate of UP is 20.1 & MM Ratio is 216 (SRS, 2019). The SRS report also mentions that the Life Time Risk (LTR) of a woman in pregnancy is 0.7% which is the highest in the nation (SRS, 2019). This means it is very risky to give birth in UP in comparison to other regions in the country (SRS, 2019). Similarly, the current NMR in India is 23 per 1000 livebirths (UNIGME,2018). As NMR data is not available separately for states, the national level data also hold good for the states and that's how for the state of UP as well. These mortalities are the impact indicators and such indicators can be reduced through long drawn processes that includes effective and timely actions on RDWs in making their deliveries safe. This is the area of dual actions detailing that the current study throws out in relation to JSY schemes.

A total of four districts of Uttar Pradesh were selected purposively for the study and the data collection was conducted in the villages of the respective districts with the help of a pre-tested structured interview schedule with both close-ended and open-ended questions. The current article deals with two close ended questions with options. In addition, in-depth interviews were also conducted amongst the RDWs and a total 500 respondents had participated in the study.

Among the districts related to this article, the results showed that while in Saharanpur district all the RDWs availed the benefits of JSY, about 13% of RDWs did not avail benefits of JSY in Gonda district. Only 5% in Barabanki district and 3% in Banda district did not avail the benefits of JSY.

Analysis of the reasons given by the RDWs in the 3 districts except Saharanpur for not availing the benefits of JSY showed that 5% in Gonda, 4% in Barabanki and 3% in Banda replied that family members decided to deliver at home. Only 8% in Gonda and 1% in Barabanki replied that there was nobody to take care at home.

Key words: -RDW, ASHA, JSY, Life Time Risk.

Introduction:

As RDWs were selected from the catchment area of the ASHAs in the four districts, the following section briefs out the details on ASHAs.

The ASHAs were recruited by the Local Self Governance from their own communities as per the guidelines set by NHM. Subsequent to the roll out of guidelines at the central level, the state of UP also rolled out the recruitment of ASHAs through the setting up of State Program Management Unit of NHM at state level and the District Program Management Unit (DPMU) at district level. These DPMUs helped set up the Block Program Management Unit at the block level. These units got in touch with the Panchayati Raj Institutions which was part of LSGs and these PRIs represented by the Gram Pradhans or the village panchayat head nominated the ASHAs from the respective communities. They attached the ASHAs

with the public health system at the block level to work as ASHAs who are incentive based workers. (GOUP, PIP, NHM, 2008).

Like India, UP also went through the CHW scheme in 1970s through the introduction of Village Health Guide in 1977 (5th Plan GOI, 1974-79) and the concept was ratified further in the Alma Ata conference of 1978 on primary health care. On the other hand, with the introduction of Integrated Child Development Services in 1975 (5th Plan GOI, 1974-79) the Angan Wadi Workers were in place as CHWs in phases. Simultaneously, local Traditional Birth Attendants were in place since 1977 as CHWs (5th plan, GOI, 1974-79). Thereafter, the multipurpose male and female health workers came in to place through the Child survival and Safe Motherhood program in 1992 (Yearly Plan, GOI, 1992). Besides the sporadic efforts of NGOs putting in place CHWs through their small efforts in definite geographic areas, the cadre of Basic Health Workers were put in by the health system from 1992 till 2005 (GOI, 2005). Gradually the CHWs came here to stay with the introduction of ASHAs in 2005 through the introduction of NRHM (GOI, 2005). As per GOUP, there were 1,50,000 ASHAs in UP in 2019. The selection of RDWs in this study is dependent on the ASHAs.

Studies on RDWs in UP have not covered on actions or responses related to avail the benefits of JSY scheme and the reasons for not availing the benefits for those who did not avail the JSY scheme benefits. The details of the responses of RDWs where the role of family members is brought out are not mentioned in many studies mentioned below including large-scale surveys like NFHS 4. The current study reflects on these two aspects of JSY scheme in detail through the profile of actual responses given by the RDWs.

About Janani Surakhya Yojana Or Maternal Protection Scheme

To increase the utilization of maternal health care & to reduce out of pocket expenditure of maternity care, India in the year 2005 launched the JSY scheme in 18 low performing states (in terms of socio-economic & demographic indicators) under the umbrella of National Rural Health Mission (NRHM) (GOI, 2013). The scheme provides a cash incentive of ₹ 1400 to the mothers who delivered in a public facility in rural area & ₹ 1000 in urban areas. For home deliveries of women below poverty line assisted by Skilled Birth Attendant (SBA), ₹ 500 is given as incentive (GOI, 2013).

RDWs & JSY scheme in UP

The current study done in 2017 is unique in the sense that it examines the two actions of RDWs and their families in the catchment area of ASHAs regarding JSY scheme or safe delivery practices. The study delves into the actions like availing or not availing JSY scheme. These actions are influenced by the home visits & messages by health personnel like ASHAs to these RDWs who are the respondents.

The report of NFHS 4 of UP mentions that 49% of all the women received JSY benefits for their most recent birth (NFHS 4, 2016). If the situation before a decade is seen in UP, it is seen that the percentage of institutional delivery in UP increased from 22% in 2005-06 (NFHS 3, 2006) to 45.6% in 2010-11 (AHS, 2011).

The actions of the RDWs & their family members are influenced by the visit of ASHAs to their homes as mentioned in this article. Hence it is prudent to include the findings of an evaluation report of ASHAs of UP. An evaluation on the performance of ASHAs done by NRHM mentions that 93.6% of Eligible Women (EW) replied that ASHA informed them about JSY. The report also mentions that all the EW reported that ASHA assisted them in getting benefits under JSY while only 49.36% of EW reported that they received monetary benefit under JSY scheme after delivery (GOUP, 2013).

A study done to assess the effect of JSY scheme in 2011 in UP mentions that 71.83% of backward groups had the deliveries in a public facility there by availing the benefits of JSY scheme. The study infers that education of mother, ethnicity, religion, culture & economic status played an important role in utilizing the available maternal health services. It also deciphers that socially backward groups had benefited more from JSY scheme than other groups (Kumar V et.al, 2015).

Another study in UP revealed that 73% of RDWs had institutional deliveries out of which 51% had the delivery at a Government facility there by availing benefits of JSY scheme (Priya N et.al, 2016). Similarly, another study mentions that 12% of women were unaware of the JSY scheme. Further, it finds that JSY incentive was a motivational factor for institutional delivery

mentioned by 16% of women & 22% of husbands of these women (Khan ME, 2010). The study also mentions that there is no direct link yet between JSY & reduction in peri & post- natal deaths (Khan ME, 2010).

Thus, it is seen that except one study, the reasons for not availing the JSY scheme benefits and behaviors of family members on availing JSY scheme benefits are not mentioned in other studies. This aspect further substantiates the relevance of this article.

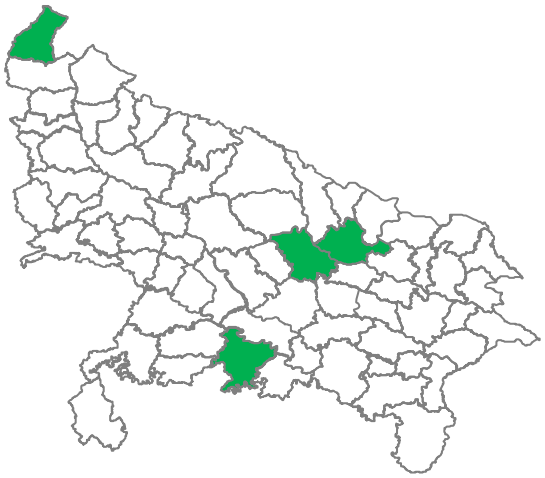
Research Methodology:

Using purposive sampling technique, four districts were chosen from the four different economic regions of UP, namely Central, Eastern, Western and Bundelkhand. Further, the Government of UP in 2009 categorized the districts as per their development status using a composition of 36 indicators. Purposefully, the high developed district chosen for the study is Saharanpur from the western region, the medium developed district chosen for the study is Barabanki from the central region, the low developed district chosen for the study is Gonda from the eastern region and the very low developed district chosen for the study is Banda from the Bundelkhand region (GOUP, 2009).

In the next step, purposefully two blocks were selected from each of the district and all the ASHAs in these blocks were chosen as the universe for the study. From the list of all the ASHAs in each of the two blocks, 31 ASHAs were chosen randomly from each block for the study. In this way, 62 ASHAs were chosen for the study from each of the districts. In Gonda district, 64 ASHAs were selected to make the total number of ASHAs for the study to 250. From the catchment area of each ASHA, two Recently Delivered Women (RDW) were chosen who had a child in the age group of 3-6 months during the time of the data collection for the study. In this way, 124 RDWs from three districts and 128 RDWs from Gonda district were chosen thus a total of 500 RDWs were selected for the study.

The following figure shows the four districts of UP in the map of the state of UP.

Figure 1



The data was analyzed using SPSS software to calculate the percentage and absolute values of the two activities done by RDWs using their detail responses regarding availing the benefits of JSY & reasons for not availing the benefits for those who did not avail. These activities are in relation to the recent delivery of the respondents. The quantitative data related to these two activities were seen as per the actions done by the RDWs. All these responses form the basis of the ensuing results and discussion section given below.

Research tool:

The RDWs were interviewed using an in-depth, open-ended interview schedule which had five sections that included a section on various components of Natal & Post Natal Care. The two tables are from the section four of the tool that comes under the stage after delivery. The section 4 of the tool deals with Natal and Post Natal care. They were asked about availing & not availing in relation to their recent delivery. The first table is about RDWs reply about availing the benefits of JSY. The second table is regarding the reasons for not availing the benefits of JSY. Five hundred research tools were used for the study to interview 500 recently delivered women who had a child in the age group of 3 to 6 months during the survey. The following section details out the results and discussions related to the study.

Results and Discussions:

This section has two tables where the first table is about RDWs reply about availing the benefits of JSY & the reasons for not availing the JSY for those

who did not avail. Both the tables are regarding their recent delivery.

Table 1

Percentage of RDWs replying about availing the benefits of JSY				
Names of districts & Number of RDWs surveyed (n=500)	Banda (n=124)	Barabanki (n=124)	Gonda (n=128)	Saharanpur (n=124)
Availed financial assistance under JSY	97.5	95.1	87.5	100
Did not avail JSY benefits	2.5	4.9	12.5	0.0

About 13% of RDWs did not avail benefits of JSY in Gonda while only 5% in Barabanki and 3% in Banda did not avail the benefits of JSY.

Table 2

Percentage of RDWs citing various reasons for not availing benefits of JSY				
Names of districts & Number of RDWs surveyed (n=500)	Banda (n=124)	Barabanki (n=124)	Gonda (n=128)	Saharanpur (n=124)
Family members decided to deliver at home	2.5	4.03	4.6	0.0
No body at home to take care of home	0.0	0.87	7.9	0.0

Analysis of the reasons given by the RDWs in the 3 districts for not availing the benefits of JSY showed that 5% in Gonda, 4% in Barabanki and 3% in Banda replied that family members decided to deliver at home. 8% in Gonda and 1% in Barabanki replied that there was nobody to take care at home.

This showed that ASHAs in these 3 districts had not convinced the family members of all RDWs to have institutional deliveries and avail the benefits of JSY.

Conclusions:

The above results showed that except for Saharanpur district, rest of the three districts lagged behind in the dual strategy or actions related to JSY scheme in this article. It is to be noted that because of cultural reasons, home deliveries will stay even after full emphasis on scaling up of JSY or Maternal Protection Scheme to increase institutional deliveries (Ved R et.al, 2012). The two JSY related activities were seen in relation to the recent delivery of the respondents. The dissemination process for the universal uptake of JSY scheme in all pregnancies are very critical especially for home deliveries where the skilled personnel frictions out against the socio-cultural practices that act as barriers of uptake of the benefits of JSY scheme.

The triad of activities on safe delivery practices as replied by RDWs should represent the gamete of MCH & these should be planned & done for each pregnancy. All these efforts can significantly reduce the cultural obstacles & help improve maternal, neonatal, infant health & child health. As a result, reduction in MMR, NMR & Life Time Risk in UP & India will follow eventually as a process. As already mentioned above, direct link between JSY scheme benefits and reduction in peri & post-natal deaths needs to be reinforced through studies.

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