



**A SOCIOLOGICAL STUDY ON KNOWLEDGE ABOUT
PERDHANMANTRI JANANI SURKHSA YOJNA AMONG NEW
MOTHERS IN HARYANA**

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About 56,000 women in India die every year due to pregnancy related complications. Similarly, every year more than 13 lakh infants die within 1 year of the birth and out of these approximately 2/3rd of the infant deaths take place within the first four weeks of life. Out of these, approximately 75% of the deaths take place within a week of the birth and a majority of these occur in the first two days after birth.

The scheme "Janani Suraksha Yojana" was launched in 12th April 2005 by the Ministry of Health and Family Welfare, Government of India. The scheme aims to reduce maternal and neonatal mortality by promoting institutional delivery among poor pregnant women, and making available medical care during pregnancy, delivery, and post-delivery periods. The scheme provides 100% centrally sponsored cash assistance integrated with delivery and postdelivery care, focusing on increasing institutional and safe deliveries for Below Poverty Line families, and includes assistance for Caesarean sections or obstetric complications up to ₹1,500/- per case for hiring specialists. The present study analysis the "A SOCIOLOGICAL STUDY ON AWARENESS ABOUT PERDHANMANTRI JANANI SURKHSA YOJNA AMONG NEW MOTHERS IN HARYANA

According to NHM, Haryana is among the high-performing states, so the scheme is for below poverty line women and all scheduled caste or scheduled tribe women aged 19 years and above, up to two live births. Sanjeev K Gupta et al (Jan 2008) International journal of current Biological and Medical Science, 1(2):06-11 conducted a study in N.S.C.B medical college, Jabalpur during 2007-2008 with a sample size of 300 beneficiaries and found that 67% of the respondents arrange their own vehicle for transportation for delivery, only 17.33% were motivated by ANM/ASHA/ Dai for institutional delivery. According to NHM, Haryana is among the high-performing states, so the scheme is for below poverty line women and all scheduled caste or scheduled tribe women aged 19 years and above, up to two live births. Since the JSY scheme has been operational for more than 5 years, and very few evaluation studies has been conducted in Haryana, it was found appropriate to review and assess the performance of this scheme in this state. Our aim was to assess the utilization of maternal health services (antenatal, natal, and postnatal) among JSY beneficiaries. The study may be helpful in strengthening the program implementation. A rapid appraisal on functioning of Janani Suraksha Yojna in south Orissa was conducted by Malini Shobana et al. (30) Health and Population: Perspectives and Issues; 2008; vol 31(2),126-131. The study revealed that there was lack of orientation of the health staff other than ASHA on JSY.ASHA played a major role in motivation for institutional delivery in two-thirds of cases. Most of the utilizers express

problems of communication and transport. Non-availability of 24x7 facility and lack of staff were the major deterrents for mothers in assessing JSY services.

PERDHANMANTRI JANANI SURKHA YOJNA

Janani Suraksha Yojana (JSY) is an ambitious scheme launched under the National Rural Health Mission (NRHM), the Government of India's flagship health programme. The scheme is a safe motherhood intervention and seeks to reduce maternal and neo-natal mortality by promoting institutional delivery, i.e. by providing a cash incentive to mothers and get them to deliver their babies in a health facility. There is also provision for cost reimbursement for transport and incentives to ASHAs for encouraging mothers to go for institutional delivery. The scheme is fully sponsored by the Central Government and is implemented in all states and Union Territories (UTs), with special focus on low-performing states. There is provision for roping in the private sector by giving accreditation to willing private hospitals/nursing homes for providing delivery services. JSY was launched in April 2005 and has been under implementation for over three years. The Ministry of Health and Family Welfare Government of India, through UNFPA, commissioned a concurrent assessment of the scheme in large states, namely, Bihar, Madhya Pradesh (MP), Rajasthan, Orissa and Uttar Pradesh (UP) which constitute 39 percent per cent of the total population of the country.

The National Rural Health Mission (NRHM) seeks to provide equitable and affordable quality healthcare services to rural women and children across the country. Janani Suraksha Yojana (JSY) is a safe motherhood intervention scheme under the NRHM. It was launched on 12th April 2005, by the Hon'ble Prime Minister, and is being implemented in all states and Union Territories with special focus on low performing states. The main objective of the scheme is to reduce maternal and neo-natal mortality by promoting institutional delivery. It is a conditional transfer scheme to promote institutional deliveries, which also makes available quality maternal care during pregnancy, delivery and in the immediate post-delivery period along with appropriate referral and transport assistance. It is a 100 per cent Centrally sponsored scheme and links cash assistance with delivery and post-delivery care. Since institutional delivery envisages the use of transport and escort to reach the healthcare institution, the scheme has included transport cost for the pregnant women and payment to ASHAs for motivating women to opt for institutional delivery. It has also improved accessibility to institutions by building public-private partnerships and providing accreditation to willing private hospitals/nursing homes for delivery services.

Objective: Reducing maternal and infant mortality by promoting institutional delivery among pregnant women, especially with weak socio-economic status i.e. women from Scheduled Castes, Scheduled Tribes and BPL households.

Benefits: To meet the cost of delivery, pregnancy-related care, and post-delivery care.

- In Low Performing States (LPS): ₹1,400/- for rural areas and ₹1,000/- for urban areas.
- In High Performing States (HPS): ₹700/- for rural areas and ₹600/- for urban areas.
- For North-Eastern States (except Assam) and rural areas of tribal districts of other states: ₹700/- (Mother's package).

- For pregnant women delivering in a public health institution, the entire cash entitlement should be disbursed to her in one installment at the health institution.
- For women accessing an accredited private institution, at least three-fourths of the cash assistance should be paid to the beneficiary in one installment at the time of delivery.
- The money must be paid only to the beneficiary and not to any other person or relative.
- Disbursement should preferably be done at the institution.
- All payments made before or after seven days of delivery are considered illegitimate and subject to audit objection.

Awareness is a concept about knowing, perceiving and being cognizant of events. Another definition describes it as a state wherein a subject is aware of some information when that information is directly available to bring to bear in the direction of a wide range of behavioral actions. The concept is often synonymous to consciousness and is also understood as being consciousness itself.

The states of awareness are also associated with the states of experience so that the structure represented in awareness is mirrored in the structure of experience.

Methodology:

As a sample, 214 women who were to deliver the babies were selected by purposive selection techniques from four civil hospitals of Haryana state. On the basis of low female literacy rate of Haryana, four district were selected. These were Mewat, Palwal, Fatehabad, and Sirsa. We have choose civil hospital in selected district. Purposive Sampling technique was employed for the selection of the respondents who are to deliver babies and admit in maternity wards in selected civil hospitals.

A sample of 214 women between 18-35 years of age among these 214 women 41 from Mewat, 62 from Palwal, 53 from Fatehabad and 58 from Sirsa were included in each district. All the information were collected with the help of interview schedule. Primary data were analyzed with Statistical software SPSS. Therefore keeping in view the significance of the present study was carried out in the selected mothers. All the information is collected with the help of interview schedule. Primary data is analyzed with statistical software SPSS.

The information collected during the study is condensed and a code sheet is developed for the response to create the variables in the SPSS – Software (Version 20) for the purpose of statistical analysis and data validation.

Table 1.1: SELECTION OF THE RESPONDENTS

District	Frequency	Percent
FATEHABAD	53	24.8
MEWAT	41	19.2
PALWAL	62	29.0
SIRSA	58	27.1
TOTAL	214	100.0

Table No. 1.1 show that on the basis of low female literacy rate of Haryana four district are selected. A sample of 214 women who are the deliver the babies and admit in the maternity ward are selected by purposive sampling technique.

Table No. 1.2 Knowledge about PJSY on the basis of Age

Sr. No.	Age group	Frequency		Percentage		
		Yes	No	Yes	No	Total
1.	18-23	43	19	20	9	29.0
2.	24-29	69	06	32	3	35.0
3.	30-35	41	08	19.2	3.7	22.9
4.	above 35	18	10	8.41	4.6	13.1
Total		171	43	79.9	20.1	100

Table No. 1.2 shows that respondents come between the age group of 18-23 years 43(20%) were aware and 19 (9 %) respondents have not knowledge about PJSY. Respondents come between the age group of 24-29 years 69(32%) have knowledge and 06 (3 %) respondents have not knowledge about PJSY. Respondents come between the age group of 30-35years 41(19.2%) have knowledge and 08 (3.7 %) respondents have not knowledge about PJSY. Respondents above the age of 35 ,18 (8.41%) have knowledge and 10(4.6 %) respondents have not knowledge about PJSY. Most of the respondents 79.9% in all age groups have knowledge about PJSY.

Table No. 1.3: Educational status wise Knowledge about PJSY in respondents

Sr.No.	Level of Education	Frequency		Percentage		
		Yes	No	Yes	No	Total
1	Illiterate	23	78	10.8	36.4	47.2
2	Primary	30	19	14.1	18.8	22.9
3	Middle	21	8	10.2	3.7	14.0
4	Metric	18	8	8.4	3.7	12.1
5	Senior Secondary	5	2	2.4	0.9	3.3
6	Graduate	01	01	0.3	0.3	0.6
7	Postgraduate	00	00	00	00	00
Total	214	98	116	45.7	54.3	100

Table No. 1.3 shows that on the basis of education level, most of the respondents 116(54.3%) out of 214 were did not know about PJSY. Majority of the respondents who were illiterate 98(45.3%) were not aware PJSY.

Table No. 1.4: Working status wise Knowledge about PJSY among respondents

Working Status	Frequency		Percentage		
	Yes	No	Yes	No	Total
House Wife	92	65	42.9	29.5	73.4
Labour	19	30	8.8	14.1	22.9
Private Sector	06	02	2.8	0.9	3.7
Total	117	97	55.5	44.5	100.0

Table no. 1.4 demonstrates that on the basis of working status, out of the total respondents 117 (55.5%) have knowledge and 97(44.5%) have not knowledge about PJSY.

Table No. 1.5: Religion wise Knowledge about PJSY among respondents

Religion	Frequency		Percent		
	Yes	No	Yes	No	Total
Hindu	93	23	43.5	10.7	54.2
Muslim	26	35	12.2	16.3	28.5
Sikh	22	15	10.2	7.1	17.3
Total	141	73	65.9	34.1	100

The study reveals that 93(43.5) Hindu,26(12.2) Muslims,22(10.2) Sikh respondents have knowledge about PJSY. Majority of 35(16.3) Muslim respondents have not knowledge about PJSY.

Table No. 1.6: Caste wise knowledge about PJSY among respondents

Caste	Frequency		Percent		Total
	Yes	No	Yes	No	
Backward class	44	31	20.5	14.6	35.1
General caste	47	20	21.9	9.5	31.3
Schedule caste	39	33	18.1	15.4	33.6
Total	130	84	60.5	39.5	100

The caste wise analysis of data reveals that most of the mothers 130(60.5 %) have knowledge about PJSY. 84(39.5 %) respondents have not knowledge about PJSY.

Table No. 1.7: Area wise knowledge about PJSY among respondents

Area	Frequency		Percent		Total
	Yes	No	Yes	No	
Rural	83	53	38.9	24.7	63.6
Urban	57	21	25.6	9.8	36.4
Total	140	74	65.5	34.5	100

The study reveal that 83 (38.9%)respondents from rural areas and 57 (34.5%) respondents from urban area have Knowledge about PJSY. 53 (24.7%respondents from rural areas and 21 (9.8%) respondents from urban area have not knowledge about PJSY.

Result: On the basis of low female literacy rate of Haryana four district are selected. A sample of 214 women who are the deliver the babies and admit in the maternity ward are selected by purposive sampling technique. Table No. 1.2 shows that respondents come between the age group of 18-23 years 43(20%) were aware and 19 (9 %) respondents have not knowledge about PJSY. Respondents come between the age group of 24-29 years 69(32%) have knowledge and 06 (3 %) respondents have not knowledge about PJSY. Respondents come between the age group of 30-35years 41(19.2%) have knowledge and 08 (3.7 %) respondents have not knowledge about PJSY. Respondents above the age of 35 ,18 (8.41%) have knowledge and 10(4.6 %) respondents have not knowledge about PJSY. Most of the respondents 79.9% in all age groups have knowledge about PJSY. On the basis of education level, most of the respondents 116(54.3%) out of 214 were did not know about PJSY. Majority of the respondents who were illiterate 98(45.3%) were not aware PJSY. On the basis of working status, out of the total respondents 117 (55.5%) have knowledge and 97(44.5%) have not knowledge about PJSY. The study reveals that 93(43.5) Hindu,26(12.2) Muslims,22(10.2) Sikh respondents have knowledge about PJSY. Majority of 35(16.3) Muslim respondents have not knowledge about PJSY. The caste wise analysis of data reveals that most of the mothers 130(60.5 %) have knowledge about PJSY. 84(39.5 %) respondents have not knowledge about PJSY. The study reveal that 83 (38.9%)respondents from rural areas and 57 (34.5%) respondents from urban area have Knowledge about PJSY. 53 (24.7%respondents from rural areas and 21 (9.8%) respondents from urban area have not knowledge about PJSY.

Conclusion: Majority of the new mothers get information, knowledge and awareness about PJSY from doctors, Anganwadi and Asha works and through mass media. There is still need this policy, which support and encourage at a primary level, focusing more on younger women, less well educated and those from lower socioeconomic class. The support that mothers receive from different sources such as the spouse, doctors, Aanganbadi workers, and female family members proved to be most important to new mothers, PJSY utilisation can be increased by



providing accurate information to mothers, families, the public and medical providers to increase awareness.

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