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Sociological Impact of Healthcare Services under Janani Suraksha Yojana (Safe Motherhood Intervention) on Maternal Health

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Abstract

Objective: To study utilization of health care services by mothers during the antenatal, natal, and post-natal period under Janani Suraksha Yojna (**Safe Motherhood Intervention)**

Materials and Methods: This cross-sectional study was conducted in the Hamirpur District of Himachal Pradesh. Six health blocks were taken for the study, and the survey was conducted on 300 women beneficiaries through a self-administered questionnaire.

Results: The study's main objective is to find the impact of healthcare services on mothers and their families and to develop civilized society in the state through government health intervention programs. Ten healthcare facilities were surveyed, and the data was analyzed using SPSS (Statistical Package for Social Science) and statistical methods such as mean, standard deviation, skewness, and kurtosis. The percentage method was also applied to compute the respondents' responses.

Discussion: The study throws light on the quality healthcare services and better health infrastructure that have tremendously promoted institutional deliveries and also reduced the infant and maternal mortality rates in the state.

Keywords: Infant, Mortality, Quality Health, Janani Suraksha Yojna.

Background

Women's maternal health is an essential parameter to evaluate the healthcare facility in the country. It plays a vital role in human welfare and economic development (Julakatti & Ade, 2016). The Maternal Mortality Rate and Infant Mortality Rate are the main health indicators of any civilized society. With the 2nd highest population in the world, India also holds the highest position in several births per year (27 million) in the world (Carvalho & Rokicki, 2013). But, ironically, India has a very high MMR (174/100000) per live births in 2015 and IMR (138/100000) per births in 2015 (World Bank, 2015). In India, the government initiative by various schemes However, govt. of India initiative towards healthy maternity launched various schemes for pregnant women such as Reproductive and Child Health Program (1997), Janani Suraksha Yojana (2005) Janani Shishu Surksha Karaykarm (2011), and Pradhan Mantri Surakshit Matritva Abhiyan (2016) to improve the female mortality rate during pregnancy and provide all emoluments for healthy infant birth system in the nationwide (Kumar et al, 2024). The government of India has taken steps towards the improvement of women and infant health by launching Janani Suraksha Yojna under the National Rural Health Mission on 12th April 2005 to provide effective healthcare services to the backward families of the society (Kumari and Alim, 2024) The government assured the rise of public health standards and provided quality reproductive and child health care services. Reducing maternal and infant mortality rates is of prime importance for the growth and development of the country (Khes et al., 2017). JSY is presently being implemented all over India under the National Health Mission (NHM) to provide maternal healthcare services to reduce maternal and neonatal mortality by promoting institutional delivery to poor pregnant women (Lavanya & Devi, 2020). The Janani Suraksha Yojana (Safe Motherhood Intervention) provides financial incentives to mothers and encourages institutional delivery (Carvalho & Rokicki, 2019). ASHA, being a link worker between the health department and society (Mukherjee & Singh, 2018), is providing motivational and support services for the pregnant women of backward societies to avail of JSY services and to increase the uptake of institutional delivery in public health facilities (Khan, 2010).

Objectives

To obtain the demographic profile of women associated with the Janani Suraksha Yojana (JSY).

To assess the utilization of health services among the Janani Suraksha Yojana (JSY) beneficiaries.

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Material and Methods

Study Participants

The research is designed in the most literary district of Hamirpur of Himachal Pradesh. The study was based on Primary data, which are surveyed through well-designed questionnaires. A total of 320 women beneficiaries were taken for the study, out of which 300 appropriate questionnaires were considered for the research purpose. In the entire study, 6 health blocks were chosen based on the data provided by the Community Health Centres, and each household was interviewed through questionnaires filled by the actual beneficiaries of the schemes and Health care Facilities.

Demographic Profile of Respondents

Table 1.1

Demographic variable	*Category*	*Frequency*	*Percentage*
Age	19–35	73	24.4
	26-30	154	51.6
	Above 30	73	24.0
Block	Bhoranj	60	20.0
	Tauni Devi	48	16.0
	Sujanpur	48	16.0
	Nadaun	48	16.0
	Galore	48	16.0
	Barsar	48	16.0
Family	SC	246	82.0
	ST	15	05.0
	BPL	39	13.0
Age (at marriage)	19-25	255	85.0
	26-30	42	14.0
	Above 30	03	01.0
Family Income (in Rupees)	5000-10000	63	21.0
	11000-20000	141	47.0
	Above 20000	96	32.0

Interpretation

Table1.1 shows that out of 300 respondents, the majority of respondents, which is 51.0 percent, are between the age group of 26 to 30 years old, followed by 24.4 percent of respondents between the age group of 19-25 years, and only 24.0 percent of respondents are above the age of 30 years. A total of six blocks have been taken and indicates that the majority of respondents which is 20.0 percent reside in health Block Bhoranj and the remaining respondents belong to different health Blocks followed by Tauni Devi at 16.0 percent, Sujanpur at 16.0 percent, Nadaun at 16.0 percent, Galore by 16.0 percent and also

Barsar is 16.0 percent respectively. The table also depicts that the majority of respondents which is 82.0 percent belong to the SC category followed by 13.0 percent of BPL families and only 5.0 percent are ST families respectively. For age at the time of marriage, the majority of respondents which is 85.0 percent are between the age group of 19-25 years at the time of their marriage followed by 14.0 percent who are between the age group of 26-30 years and only 1.0 percent of respondents are there who got married above the age of 30 years. Table 1.1 reveals that the majority of respondents which is 47.0 percent whose income lies between rupees 11000-20000 per month followed by 32.0 percent of respondents whose income is above rupees 20000 per month and only 21.0 percent of respondent's income lies between rupees 5000-10000 per month.

Table 1.2 Maternal Health Care Services

Factor	Statements	Mean	Std. Deviation	Skewness	Kurtosis
Immunization	Tetanus Toxoid	1.02	.199	.879	3.876
	Iron Folic Acid and tab. Calcium	1.06	.318	.726	3.095
	Immunization is beneficial	1.31	.726	1.902	1.623
Health Care Services	Antenatal checkups	1.23	.626	.388	3.853
	Free Ambulance services	1.37	.667	1.578	1.048
	Free Institutional Delivery	1.09	.387	1.233	1.349
Follow-up by HCP	Follow-up by ASHA	1.41	.797	1.481	.228
	Follow up by ANM	1.69	.932	.663	1.523
Initiative by HCP	Registration compulsory	1.32	.734	1.860	1.467
	Messages and suggestions	1.67	.897	.708	1.383

Scale Development

The research considered four factors related to maternal health care services. Factor 1 Immunization: Under factor immunization, three statements have been taken: Getting *Tetanus Toxoid Vaccination, Getting Iron Folic Acid and Calcium Tablets, and whether the Immunization services are beneficial.*

Factor 2 is the Health Services, divided into 3 statements: *Getting three antenatal checkups, availing the facility of free ambulance services, and availing the facility of free institutional delivery.*

Factor 3: Follow-up by Health Care Provider includes two statements that are related to the Follow-up services by health care providers; *Follow-up up by ASHA (Accredited Social Health Activists) and Follow-up by ANM (Auxillary Nurse Midwife)* and Factor 4 is associated with the Initiative taken by Health Care Providers in two statements as: *Compulsory Registration, Messages and Suggestions.*

Interpretation

Table 1.2 reveals that the Immunization drive for antenatal mothers under Janani Suraksha Yojana **(Safe Motherhood Intervention)** helps the scheme to be implemented successfully on the grassroots level. The two statements related to the immunization taken under the factor indicate that the tetanus toxoid injection, Tablet Iron Folic acid, and Calcium, is given to all the antenatal mothers with a significant Mean that is 1.2, Standard Deviation of .199 Kurtosis of .879, and Skewness is 3.876 indicate the successful implementation of the vaccination drive. Not only that, but about 95% of the women respondents accepted that immunization is highly beneficial to them as the value of the mean score, skewness, and kurtosis are on the positive side.

The research incorporated Health Services as the second factor, and the results are taken under three statements. It is revealed that maximum beneficiaries under the Janani Suraksha Yojna availed the facilities of antenatal checkups as the values of mean, Standard Deviation, Skewness, and Kurtosis are 1.23, .626, .388, and 3.853, respectively. Under Health Care Services, most of the pregnant mothers availed the free ambulance services for institutional delivery as all the results are on the higher side: the mean is 1.37, the Standard Deviation is .667, the Skewness is 1.578, and the Kurtosis is 1.048. In this regard, the third healthcare service is related to free Institutional delivery, which is availed by a maximum number of antenatal mothers.

ASHA (Accredited Social Health Activists) and ANM (Auxillary Nurse Midwife) are the Health Care Service providers to the antenatal and postnatal mothers under Janani Suraksha Yojna and are covered under Factor 3. The roles of ASHA and ANM are vital in providing the field facilities to the respondents, as the results of Table 1.2 reflect. The mean score for ASHA is 1.41, which indicates a successful and trustworthy approach toward the respondents. The Standard Deviation is 0.797, which is also significant, along with skewness and Kurtosis at 1.481 and 0.228. The results are almost the same for the ANM Health Care Providers, which are 1.69, 0.932, 0.663, and 1.523 for Mean, Standard Deviation, Skewness, and Kurtosis, all of which are on the higher side and have positive results in terms of providing health care facilities to pregnant women.

Along with Immunization, Providing Health Care Services, and regular Follow-up by Health Care Providers, there are several Initiatives also taken by Health Care Providers for the betterment of pregnant mothers. The registration of beneficiaries of Janani Suraksha Yojna is compulsory for all pregnant women at the health sub-centers, and the results indicate a significant positive response from the respondents. The value of the mean score is positive 1.32, the Standard Deviation is .734, the Skewness is 1.860, and the Kurtosis is 1.467, and the values are on the positive side. The second important initiative taken by the health care providers is related to delivering timely messages and recommendations to the beneficiaries. The mean score, Standard Deviation, Skewness, and kurtosis have the values 1.67 and 0.897. 0.708 and 1.383 indicate that both the initiatives taken by healthcare providers are optimum for the health of mothers and children.

Conclusion

Better healthcare services and free institutional deliveries, especially zero pocket expenditure under Janani Suraksha Yojana, have significantly impacted the disadvantaged groups of society. It contributed to better maternal health and reduced infant mortality rate. The government's health facility helps them to avail themselves of quality motherhood in a civilized society. The pregnant women's incentive plays a major role in the dietary system of women for the better pre and postnatal health of the women, but the amount that is distributed under this scheme is insufficient in the present inflation rate in the market. However, the government provides a necessary health facility to the pregnant women, but there are certain medical procedures such as lady doctor availability in community health centres is rare and there is improper medical structure available in the hospital such as heavy rush in ultrasound

machine and non-availability of bed during pregnancy. It has also been observed that there are problems with some medical tests that government facilities do not undertake. This initiative has not only resulted in a significant reduction in Infant mortality and maternal mortality rates but also enhanced the overall standard of living, including the mental and the physical health of the society. The government should take steps forward to modify this scheme by increasing the amount to a level that could meet modern-day consumer requirements for nutrition, and the government should focus on providing all quality infrastructure for pregnant women to meet the challenges of their maternity. Apart from this, sometimes, due to delays in receiving incentive money, postnatal mothers face difficulty in taking their nutritional diet.

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