

Awareness of Janani Suraksha Yojana Among Economically Backward Section in Rural Punjab

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Article History

Manuscript No. AR1650a

Received in 6th August, 2016

Received in revised form 25th September, 2016

Accepted in final form 4th October, 2016

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Keywords

Awareness, JSY, beneficiaries, rural mother, anganwadi workers

Abstract

The present study was conducted in Punjab state to assess the awareness of beneficiaries about *Janani Suraksha Yojana* (JSY). All the three socio-cultural zones of Punjab i.e. *Majha*, *Malwa* and *Doaba* were selected. A total of eleven districts i.e. seven from *Malwa*, two from *Majha* and two from *Doaba* were selected through proportionate random sampling. From each selected district two blocks were selected through purposive sampling. Hence, a total of 22 blocks were selected. From each block, one village was selected randomly. A list of beneficiaries in the age group of 20–35 years was prepared with the help of anganwadi workers and ASHA workers for each selected village. Twelve mothers were selected randomly from the prepared list. Thus, 264 beneficiaries comprised the sample for this purpose. A self-structured interview schedule was prepared to collect the data from the beneficiaries. Results revealed that most of the rural mothers were in the age group between 26–30 years and 30.0% of them were educated up to middle level. Majority of the rural mothers were housewives and belonged to scheduled caste families. Rural mothers were fully aware about the specific aspects of JSY i.e. free transportation facilities and cash assistance for pregnant women. The results of the study also indicated that family income and organizational membership were significantly associated with level of awareness of the beneficiaries.

1. Introduction

Women who were the most dormant segment of Indian population have now become active participants in all walks of life. Now, women are becoming not only a significant unit of the society but also influencing the course of social change in society. But in rural India, the condition of mothers and children is alarming. They are a vulnerable or special-risk group and their risk is connected with child-bearing and care of infant during postpartum period.

The average female life expectancy in India is low compared to many countries, but it has shown gradual improvement over the years. In many families, especially rural ones, the girls and women face nutritional discrimination within the family, and are anemic and malnourished. Research into women's status in society has found that the contribution of Indian women to families is often overlooked. Instead, they are often regarded as economic burden and this view is common in rural areas of the northern belt. There is a strong preference for sons in India because they are expected to care for ageing parents. Indian women have low levels of both education and formal labour-force participation (Saha and Saha, 2010).

India accounts for the maximum number of maternal deaths in the World. 17.0% or nearly 50,000 of the 2.89 lakh women died as a result of complications due to pregnancy or childbearing in 2013 (Barnagarwala, 2014). Major factor for this high Maternal Mortality Rate (MMR) is lack of scientific child delivery practices. Instead child delivery is performed by local untrained *Dais* or by locally available elderly women of household (Status of Women in India, 2001). Only very small proportion of births in the country is supervised by health professionals. Most women deliver with help from women in the family who often lack skills and resources to save the mother's life if it is in danger (Nautiyal and Dabral, 2012). A large number of women in India suffer from gynecological problems. The average Indian woman bears her first child before 22 years of age, and has little control over her own fertility and reproductive health.

The maternal health issues continue to be at the forefront of global and national health policies in the last few years. Planning process focuses on reduction of maternal and childhood mortality (Mishra, 2007). India has 30 m pregnancies year⁻¹ which result in 27 m deliveries. Out of these 16 m (60.0%) are home deliveries (NRHM newsletter, 2008).



Around 77,000 maternal deaths occur every year because of various complications like haemorrhage, sepsis, abortion, obstructed labour etc. The vision for the XII five year plan is to ensure improving the position and condition of women by addressing structural and institutional barriers as well as strengthening gender mainstreaming. To improve the condition of mothers, a social assistance program was specifically designed for empowering poor households to avail preventive health services (Doetinchem et al., 2008). Therefore, a well-known scheme *Janani Suraksha Yojana* (JSY) was launched in April, 2005 under the umbrella of National Rural Health Mission (NRHM) of India (Ministry of health and family welfare, 2006 and It is 100% centrally sponsored scheme aimed to reduce MMR by promoting institutional deliveries. This scheme has been modified from earlier National Maternity Benefit Scheme (NMBS). In NMBS, the benefits were limited to two live births, but under the revised scheme this restriction was removed. Also, the benefits of the scheme were extended to all BPL (Below Poverty Line) women.

The primary components of JSY include early registration, micro-birth planning, referral transport (home to health institution), post delivery visit and reporting, family planning and counseling. It is a demand driven intervention for promoting institutional delivery. It identifies Accredited Social Health Activist (ASHA) as an effective link between the Government and poor pregnant women in ten low performing states, namely the eight EAG (Empowered Action Group) states, Assam, J&K and the remaining north eastern states. In other eligible states and UTs, wherever AWW and TBAs or ASHA like activist has been engaged for this purpose, they can be associated with this *Yojana* for providing services. In view of the above mentioned facts, the present study on 'Awareness of JSY among economically backward section in rural Punjab' has been taken up with the following objectives.

- (a) To find out the extent of awareness regarding different aspects of JSY among beneficiaries.
- (b) To study the level of awareness of beneficiaries about *Janani Suraksha Yojana*.
- (c) To analyze the relationship between personal and socio-economic characteristic and their level of awareness.

2. Materials and Methods

2.1. Locale of the study

The present study was conducted in Punjab State. The state of Punjab comprised of 22 Districts and three socio-cultural zones. All the three socio-cultural zones of Punjab i.e. *Majha*, *Malwa* and *Doaba* were selected for this study. The study was conducted from Jan. 2015 to Dec. 2015.

2.2. Selection of districts

Probability proportionate random sampling technique was used for selection of districts from each zone. There are fourteen districts in *Malwa*, four in *Majha* and four in *Doaba* region. Therefore, a total of eleven districts i.e. seven from *Malwa*, two from *Majha* and two from *Doaba* were covered under the study. Faridkot, Bathinda, Ludhiana, Mansa, Fatehgarh Sahib, Rupnagar and Sangrur from *Malwa* region, Gurdaspur and Tarn Taran from *Majha* region and Hoshiarpur and Kapurthala from *Doaba* were selected.

2.3. Selection of blocks and villages

From each selected district two blocks were selected through purposive sampling. It was ensured that one selected block was near the city while another was far from city to capture the data variations due the remoteness. Hence, a total of 22 blocks were selected. From each block one village was selected randomly. Hence, a total of 22 villages were selected for the study.

2.4. Selection of beneficiaries

Mothers in the age group of 20–35 years were considered beneficiaries for the purpose of study therefore a list of mothers in the age group of 20–35 years was prepared with the help of Aganwadi Workers (AWW) and Accredited Social Health Activist (ASHA) for each selected village. Twelve mothers were selected purposively from the prepared list. Thus, 264 beneficiaries comprised the sample for this purpose.

2.5. Measurement of variables

The variables for the study were selected based upon the review of literature and guidance of the experts. Age, education, occupation, family size, family type and family income, media exposure etc. were considered as a independent variables of the study while extent of awareness of the beneficiaries was the dependent variable of the study. A self-structured interview schedule was prepared to collect the data from the beneficiaries. Keeping in mind the objectives of the study, the collected data was analysed by using frequency, percentage, χ^2 and kruskal Wallis H test.

3. Results and Discussion

3.1. Personal and socio-economic characteristics

The personal and socio-economic characteristics of the beneficiaries i.e. rural women and their families have been discussed under this category. In this study beneficiaries are the selected rural mothers. Profile of the respondents has been collected with respect of personal and socio-economic variables of age, caste, educational qualification, family type, family size, respondents' income and family income. The data pertaining to the socio-economic features of the respondents has been presented in (Table 1). A large proportion of the

Table 1: Profile of beneficiaries across socio-cultural zones of Punjab n=264

Beneficiaries' profile	Category	Beneficiaries							
		<i>Malwa</i> (n ₁ =168)		<i>Majha</i> (n ₂ =48)		<i>Doaba</i> (n ₃ =48)		Overall	
		F	%	f	%	f	%	f	%
Personal profile									
Age (years)	20–25	60	35.71	6	12.50	17	35.42	83	31.44
	26–30	105	62.50	42	87.50	29	60.42	176	66.67
	31–35	3	1.79	-	-	2	4.17	5	1.89
Education	Illiterate	1	0.60	-	-	1	2.09	2	0.76
	Can read and write	16	9.52	3	6.25	4	8.33	23	8.71
	Primary	50	29.76	14	29.17	17	35.42	81	30.68
	Middle	36	21.43	11	22.92	5	10.42	52	19.70
	Matric	40	23.81	10	20.83	6	12.50	56	21.21
	10+2	25	14.88	10	20.83	13	27.08	48	18.18
	Graduate	-	-	-	-	2	4.17	2	0.76
Caste	General	-	-	-	-	-	-	-	-
	Scheduled caste	153	91.07	45	93.75	43	89.58	241	91.29
	Scheduled tribes	1	0.60	-	-	1	2.08	2	0.76
	Backward classes	14	8.33	3	6.25	4	8.33	21	7.95
Religion	Hindu	48	28.57	20	41.67	30	62.50	98	37.12
	Muslim	-	-	-	-	-	-	-	-
	Sikh	120	71.43	28	58.34	18	37.50	166	62.88
Occupation	Business	-	-	-	-	-	-	-	-
	Farming	-	-	-	-	-	-	-	-
	Service	-	-	-	-	-	-	-	-
	House wife	158	94.05	48	100.00	44	91.67	250	94.70
	Labour	10	5.95	-	-	4	8.33	14	5.30
Beneficiaries income (₹ annum ⁻¹)	No income	158	94.04	48	100.00	45	93.75	251	95.08
	Up to 10000	1	0.60	-	-	2	4.17	4	1.51
	10001–20000	-	-	-	-	-	-	-	-
	20001–30000	1	0.59	-	-	-	-	1	0.38
	30001–40000	-	-	-	-	1	2.08	1	0.38
	>40000	7	4.16	-	-	-	0.00	7	2.65
Family type	Nuclear	76	45.24	22	45.83	16	33.33	114	43.18
	Joint	92	54.76	26	54.17	32	66.67	150	56.82
Family size	Up to 4 (small)	57	33.93	16	33.33	9	18.75	82	31.06
	5–8 (medium)	105	62.50	31	64.58	38	79.17	174	65.91
	>8 (high)	6	3.57	1	2.09	1	2.08	8	3.03
Family income (₹ annum ⁻¹)	Up to 50000	10	5.95	-	-	-	-	10	3.79
	50001–100000	107	63.69	27	56.25	42	87.50	176	66.67
	100001–150000	50	29.76	21	43.75	6	12.50	77	29.17
	150001–200000	-	-	-	-	-	-	-	-
	200001–300000	1	0.60	-	-	-	-	1	0.38

Continue...



Beneficiaries' profile	Category	Beneficiaries							
		Malwa (n ₁ =168)		Majha (n ₂ =48)		Doaba (n ₃ =48)		Overall	
		F	%	f	%	f	%	f	%
Social profile									
Mass media exposure	Low (0-3)	164	97.6	45	93.8	48	100.0	257	97.3
	Medium (4–7)	4	2.4	3	6.2	-	-	7	2.7
	High (8–12)	-	-	-	-	-	-	-	-
Organizational membership	No membership	133	79.17	34	70.83	44	91.67	211	79.92
	Panchayat	-	-	-	-	-	-	-	-
	Mahila Mandal	-	-	-	-	-	-	-	-
	Self-Help group	35	20.83	14	29.17	4	8.33	53	20.08
Sources of information about programme	Panchayat	32	19.04	8	16.67	6	12.50	46	17.42
	Relatives/neighbour/ friend	40	23.82	20	41.67	23	47.92	83	31.44
	NRHM functionaries	96	57.14	20	41.67	19	39.58	135	51.14

respondents i.e. 66.67% were in the age group of 26–30 years followed by 31.44% in the age range of 20–25 years and only 1.89% within 31–35 years. Trend was similar in all three socio-cultural zones. The reason of higher percentage of respondents under the age category of 26–30 years may be conferred to the fact that women in this age group are reproductively active having 1 or 2 children which is the basic requirement of *Janani Suraksha Yojana* scheme for cash assistance. The results of the studies conducted by Ray (2014) also concluded that *Janani Suraksha Yojana* respondents in majority were in 26–35 years of age group. As far as the educational qualification of the respondents was concerned, 30.68% of the respondents were educated up to primary level while 21.2% had education up to matric closely followed by middle level (19.70%) and less than 1% of the respondents were illiterate and graduate. In all the zones, the highest portion of the respondents was educated up to primary level. Kaur et al. (2015) found that 30.4% of the JSY beneficiaries were educated below matric. These results clearly reveal the education scenario of the rural Punjab.

Majority of the respondents (91.29%) belonged to scheduled caste category and only 0.76% to other backward class category. No respondents belonged to general category. Similar pattern was observed in all three zones. The reason for higher proportion of scheduled caste families in this study may be due to the cash assistance facilities of JSY scheme in which cash assistance is provided to the BPL/SC/OBC category of women. The results of the study are supported by Singh and Tamulee (2012). More than half of the respondents were *Sikh* and only 37.12% were *Hindu*. The zone wise analysis also revealed that highest percentage (62.8%) belonged to *Sikh* religion. *Doaba*

had the highest per cent of *Hindu* (62.5%) as compared to *Majha* (41.6%) and *Malwa* (28.5%). The *Malwa* region had the highest percentage (71.4%) of *Sikh* followed by *Majha* (58.34%) and *Doaba* (37.5%). Kaur et al. (2015) conducted a study on utilization of JSY scheme, among beneficiaries in a rural area of Punjab and the findings of the study indicated that majority (67.0%) of the beneficiaries were *Sikh* and only one third of the beneficiaries were *Hindu*. The reason of the high proportion of *Sikh* respondents was the locale of study as Punjab which is a *Sikh* dominant state.

Occupation of the respondents was classified into business, farming, service and housewife. The data regarding the occupation of the respondents showed that a large majority (94.70%) was housewives and only 5.30% were labour class. Zone wise comparison showed that housewives were in majority in *Majha* (100%) while *Malwa* and *Doaba* had 94.5% and 91.67% housewives respectively in the sample. The data shows that 8.33% respondents in *Doaba* were labourer as compared to 5.95% in *Malwa*. The results of the study are in line with the results given by Sharma et al., 2012. Overall a large majority of respondents (95.4%) had no income and nearly 4.0% of the beneficiaries had income up to 10000 thousands annum⁻¹. The trend was similar across zones. These results are due to the sample of the study, as majority of the housewives did not have independent income. More than half of the respondents were from joint families while 43.18% of them were from nuclear families. The similar trend was observed in all the three socio-cultural zones. The results of the study were supported by Chatterjee et al., 2015. Majority (65.91%) of the respondents had a medium family size i.e.

5–8 members followed by 31.06% who had 1–4 members and only 3.41% had more than 8 members in their families. It clearly indicated that majority of the respondents belonged to a medium sized families. Similar trend was observed in all zones. Ade et al. (2014) reported that majority of women (61.0%) had family size less than or equal to 5. Most (65.91%) of the beneficiaries' family income was 50.0 thousands to one lakh annum⁻¹ and only 28.79% beneficiaries' family had one lakh to 1.5 lakh annum⁻¹ family income. Trend was similar across regions.

As far as the media exposure of the respondents was concerned 97.3% of the respondents had low level of media exposure. Only 2.7% of the respondents used media to the medium level. All the three zones had majority of respondents in low level of media exposure. Majority (80.0%) of the respondents had no membership. Zone wise analysis shows that nearly 30.0% of the respondents of *Majha* region had membership followed by *Malwa* (21.0%).

Majority (51.14%) of the respondents' source of information were National Rural Health Mission functionaries (ASHA/ ANM/AWW) while 31.44% respondents' source of information were friends/neighbours/relatives and remaining 17.42% respondents' source of information were panchayat members. Zone wise analysis depicted that majority of the beneficiaries of *Malwa* region mentioned that NRHM functionaries i.e. ANM, ASHA and AWW were the main sources of information about the JSY followed by relatives/neighbours/friends (23.82%). Similar percentage (42.47%) of the beneficiaries of *Majha* region reported that NRHM functionaries and relatives/ neighbour/friend were the main sources of information about JSY while half of the beneficiaries of *Doaba* region mentioned that main sources of information about *Janani Suraksha Yojana* were relatives/friends/neighbours followed by NRHM functionaries (39.58%). Singh and Tamulee (2012) reported that majority (72.0%) of the respondents' source of information were the neighbours and 18.4% had ASHA as their source, 6.2% as members of family and 2.7% came to know from the primary health care centre (PHCs) about JSY while Kaur et al. (2015) found that 45.0% of the beneficiaries had heard about JSY from health workers.

Hence it can be concluded that majority of the respondents were young with education up to middle level and belonged to scheduled caste category. The families were mostly medium size with 5–8 members but had low income level. The membership of organization and the use of media were found to below.

3.2. Extent of awareness regarding different aspects of JSY

This part deals with the awareness of the beneficiaries about different aspects of JSY i.e. Scheme objective, benefits to

rural mothers, benefits to health functionaries and roles and responsibilities of rural mother and functionaries. The mean score of each aspect was calculated by assigning 2, 1 and 0 score to response categories i.e. fully aware, somewhat aware and not aware respectively. Level of awareness was also categorized into low, medium and high according to score range. The awareness related data has been discussed under different categories:

3.2.1. Awareness regarding objective

The data regarding objective of JSY has been given in Table 2. It can be seen that beneficiaries were aware about its objective with mean value 0.95. The zone wise analysis shows that beneficiaries of *Malwa* region were also fully aware about objective of JSY with mean value 1.03 followed by *Doaba* (mean 0.9) and *Majha* (mean 0.89) regions. Mandal et al. (2012) observed that 64.0% women eligible for benefit in West Bengal had heard the name of JSY. Similar results were also reported by Sharma et al. (2012).

3.2.2. Awareness regarding benefits to beneficiaries

The data in Table 2 indicated the awareness of beneficiaries regarding their benefits. The maximum awareness was found regarding 'free transportation facility' with mean value 2.0 and 'cash assistance delivery' with mean value 1.95. The least awareness was found regarding 'functionaries support during post natal care' i.e. 1.16.

Zone wise analysis revealed that respondents of all the zones were fully aware of 'free transportation facility' (2.0) 'cash assistance for delivery (2.0)'. The reason for high awareness about their benefits may be the financial need of the rural mothers and environment of poor families in cash assistance related schemes. The results of the study are in agreement with the study which was conducted by Sharma et al. (2012) who reported that (95.42%) females in Dehradun were aware about the benefits under JSY.

3.2.3. Awareness regarding benefits of functionaries

The data as shown in Table 2 indicates that rural mothers were least aware about the functionaries' benefits (mean 0.48). The zone wise analysis revealed that least awareness was found in *Majha* region with mean 0.73 followed by *Malwa* (0.63) and *Doaba* (0.63). Illiteracy of the respondents was the main reason for not having proper awareness about benefits of functionaries under JSY. The results of the study are in disagreement with the study of Kaushik et al. (2010) who reported that 50.0% of the beneficiaries were aware about the payment which is given to functionaries to accompanying pregnant mothers under JSY.

3.2.4. Awareness regarding roles and responsibilities of beneficiaries

The data given in Table 2 indicated that maximum awareness



Table 2: Mean score differences in awareness among beneficiaries about *Janani Suraksha Yojana* across socio-cultural zones of Punjab (n=264)

Aspects	Beneficiaries				Kruskal Wallis H test
	<i>Malwa</i> (n ₁ =168)	<i>Majha</i> (n ₂ =48)	<i>Doaba</i> (n ₃ =48)	Overall	
Dimensions of programme	Mean	Mean	Mean	Mean	
<u>Objective</u>					
Promote institutional and safe delivery	1.03	0.89	0.94	0.95	2.15 ^{NS}
<u>Benefits for beneficiaries</u>					
Free transportation facility	2.0	2.0	2.0	2.0	NA
Cash assistance for delivery	1.92	2.0	2.0	1.95	4.10 ^{NS}
Functionaries support for post natal care	1.13	1.19	1.27	1.16	0.83 ^{NS}
<u>Benefits for functionaries</u>					
Incentives for beneficiaries help	0.63	0.73	0.63	0.65	0.82 ^{NS}
<u>Roles and responsibilities of the beneficiaries</u>					
Inform the health worker about pregnancy	0.89	1.0	0.85	0.90	0.69 ^{NS}
Register name at the sub centre	0.99	1.23	0.94	1.03	4.64 ^{NS}
Receive at least 3 ANC checkups	0.96	1.04	1.13	1.0	3.98 ^{NS}
Maintain JSY documents	1.18	1.31	1.33	1.23	3.46 ^{NS}
<u>Roles and responsibilities of the functionaries</u>					
Identification of pregnant women	0.74	0.69	0.71	0.73	0.31 ^{NS}
Assist pregnant woman to obtain necessary certifications	0.88	0.96	1.08	0.93	3.36 ^{NS}
Help women in receiving at least three ANC checkups	1.65	1.56	1.58	1.62	0.26 ^{NS}
Identification of a functional Government health centre	1.46	1.25	1.25	1.38	3.98 ^{NS}
Counsel for institutional delivery	0.70	0.67	0.73	0.70	0.11 ^{NS}
Escort beneficiary women to the pre-determined health center	1.58	1.58	1.58	1.58	0.06 ^{NS}
Immunize newborn	0.89	1.10	1.04	0.96	4.04 ^{NS}
Inform about birth or death of child to medical officer	0.68	0.73	0.69	0.69	0.36 ^{NS}
Post natal visit	1.45	1.46	1.48	1.45	0.24 ^{NS}
Counsel for initiation of breastfeeding	1.33	1.54	1.42	1.39	2.67 ^{NS}
Name based tracking of missed and left out ANC cases	0.02	-	0.02	0.02	0.92 ^{NS}
Kruskal Wallis H Test	362.08**	128.75**	143.70**		

Score range (0–2), **Significant at ($p=0.01$) level of significance, # NS-Non significant

was found for items i.e. ‘Receive at least three antenatal check-ups (ANC)’ (1.70), ‘register name at the sub centre’ (1.62) and ‘maintain proper documents’ (1.45). Least awareness was found for item i.e. ‘inform the health workers about pregnancy’ (0.44). The reason of low awareness may be due to the cultural constraints which do not allow rural women to discuss these things with outsiders. The results of the study are in line with the study conducted by Pahwa and Sood (2013) in Mohali, Punjab among the 164 respondents and it was found that majority (50.0%) were registered by ANM and only 46.0% got registered in 1st trimester. More than 50.0% of the mothers received antenatal check-ups (ANC) services and 52.0% of

them completed three ANC visits. Time of registration plays a very important role in evaluating the services from the supply side. The results of the study show that rural mothers are more conscious about their role and responsibilities under JSY.

3.2.5. Awareness regarding roles and responsibilities of functionaries

Roles and responsibilities of the health worker refer to work assigned to them by the government. It is clearly evident from Table 2 that the maximum awareness was shown for items such as ‘help the women in receiving at least three antenatal check-ups’ (1.62), ‘escort beneficiary women to the pre-determined health center’ (1.58), ‘post natal visit’ (1.45), ‘counsel for

initiation of breast feeding' (1.39) and 'identification of a functional government health centre' (1.38) while the least awareness was shown for items i.e. 'Inform about birth or death of the child to medical officer' (0.69), 'counsel for institutional delivery' (0.70) and 'identification of pregnant women' (0.73). The least awareness about above responsibilities of the functionaries may be the reason of illiteracy and lack of interest among beneficiaries.

Zone wise analysis revealed that rural mothers of all the regions were fully aware about 'help the women to receive three antenatal check-ups (ANC)', 'escort the beneficiary to the predetermined health centers', 'counsel for initiation of breast feeding', 'identification of functional Government hospital', 'postnatal visit'. Respondents of all zones were least aware about the items i.e. 'Identification of the pregnant women', 'counsel for institutional delivery', 'inform about the birth or death of the child to MO' and 'name based tracking of missed and left out ANC cases'.

Respondents of *Doaba* region were aware about the item such as 'assist the pregnant woman to obtain necessary certifications' with mean score 1.0 in comparison to *Malwa* (0.88) and *Majha* (0.96) region. Maximum respondents of *Majha* (1.10) and *Doaba* (1.04) region were fully aware about the item such as 'immunize newborn' while *Malwa* respondents were least aware about this (0.89). Thus, overall there is high level of awareness about *Janani Suraksha Yojana* but the differences among the zones were found to be statistically non-significant. Population council (2011) report mentioned that one-quarter of all women (24%) had received the ASHA's help during pregnancy, with more rural than urban women reporting so (28% versus 9%). The type of assistance typically provided by the ASHA included enabling women to get immunised (19%), facilitating antenatal registration (18%) and antenatal check-ups (16%), and helping women to get iron and folic acid supplements (15%). Beneficiaries were overall aware about the different provisions under JSY. It shows the positive sign of improvement of the scheme in the selected districts of Punjab.

The Kruskal Wallis H test values show that significant variations between the response regarding different aspects of the JSY at ($p \leq 0.01$) level, signifying that the extent of awareness of beneficiaries was significantly different regarding different aspects of the JSY.

3.3. Level of awareness of beneficiaries about Janani Suraksha Yojana

Level of awareness of rural mothers about JSY is given in Table 3. Based upon the three variables of awareness it was found that overall awareness of majority (72.3%) of the respondents regarding different aspects of the programme was to a medium level. One fourth of rural mothers were in the high category and very few i.e. 5.30% were in the low

category. Maximum number (29.1%) of the respondents of *Doaba* region had higher level of awareness while very few i.e. 2.0% and 6.5% respondents of *Majha* and *Malwa* had low level of awareness about the programme respectively. Majority (77.0%) of the respondents of *Majha* region were in the medium level category followed by *Malwa* (72.6%) and *Doaba* (66.6%).

The results of the study are in agreement with the findings of the study 'Concurrent assessment of JSY scheme in selected states of India', 2008 which reported the awareness level of 75.9% respondents regarding the scheme in Uttar Pradesh. The results of the study are in disagreement with the results of Ramniwas and Prabhu (2015) who found that majority (51.0%) of the respondents had inadequate knowledge, (40.1%) had moderately adequate knowledge and only 8.9% had adequate knowledge about *Janani Suraksha Yojana*. Similar results reported by Panja et al. (2016). The reason of this difference may be the less involvement of the functionaries with the community people or may be the lack of knowledge among the functionaries about health scheme.

3.4. Association between personal and socio-economic characteristics of the beneficiaries and their level of awareness

The association of different characteristics of the beneficiaries and their family was studied and has been shown in Table 4. Comparing the level of awareness by different age group reveals that maximum beneficiaries (69.84%) were in the age category of 26–30 years and had high level of awareness regarding JSY. The remaining 63.64% and 65.79% in 26–30 years of age range were also in low and medium level category respectively. The chi square value 0.69 is less than table value indicating no association between age and level of awareness of beneficiaries.

Similar results were found in case of education, caste, religion, occupation, family type, family size, respondent's income and mass media exposure. The significant association was found

Table 3: Distribution of beneficiaries according to their level of awareness regarding *Janani Suraksha Yojana* across socio-cultural zones of Punjab n=264

Level of awareness	Beneficiaries							
	<i>Malwa</i> ($n_1=168$)		<i>Majha</i> ($n_2=48$)		<i>Doaba</i> ($n_3=48$)		Overall	
	f	%	f	%	f	%	f	%
Low (0–12)	11	6.55	1	2.09	2	4.17	14	5.30
Medium (13–25)	122	72.62	37	77.08	32	66.67	191	72.35
High (26–40)	35	20.83	10	20.83	14	29.17	59	22.35

Table 4: Association between personal and socio-economic characteristics of the beneficiaries with level of awareness								
Socio-personal characteristics		Level of awareness						χ^2 value
Age (Years)	Low	%	Medium	%	High	%	Total	
20–25	4	36.36	61	32.11	18	28.57	83	0.69 ^{NS}
26–30	7	63.64	125	65.79	44	69.84	176	
31–35	0	0.0	4	2.11	1	1.59	5	
Education								
Illiterate	0	0	1	0.51	1	1.75	2	12.62 ^{NS}
Can read and write	1	8.33	20	10.26	2	3.51	23	
Primary	6	50.0	59	30.26	16	28.07	81	
Middle	3	25.0	39	20.0	10	17.54	52	
Matric	2	16.67	36	18.46	18	31.58	56	
10+2	0	0.0	39	20.0	9	15.79	48	
Graduate	0	0.0	1	0.51	1	1.75	2	
Caste								
General	0	0.0	0	0.0	0	0.0	0	4.51 ^{NS}
Scheduled castes	14	100.0	172	89.12	55	96.49	241	
Scheduled tribes	0	0.0	2	1.04	0	0.0	2	
Backward classes	0	0.0	19	9.84	2	3.51	21	
Religion								
Hindu	1	9.09	74	38.54	23	37.70	98	3.87 ^{NS}
Muslim	0	0.0	0	0.0	0	0.0	0	
Sikh	10	90.90	118	61.46	38	62.29	166	
Occupation								
Business	0	0.0	0	0.0	0	0.0	0	0.42 ^{NS}
Farming	0	0.0	0	0.0	0	0.0	0	
Service	0	0.0	0	0.0	0	0.0	0	
House wife	10	90.90	193	95.07	47	94	250	
Labour	1	9.09	10	4.93	3	6	14	
Type of family								
Nuclear	4	36.36	81	41.75	29	49.15	114	1.22 ^{NS}
Joint	7	63.64	113	58.25	30	50.85	150	
Family size								
Up to 4 (small)	2	16.67	55	28.21	25	43.10	82	6.5 ^{NS}
5–8 (medium)	10	83.33	133	68.21	31	53.45	174	
>8 (high)	0	0.0	7	3.59	2	3.45	9	
Respondent's income (₹ annum ⁻¹)								
No income	10	90.91	181	94.76	61	98.39	252	7.3 ^{NS}
Up to 10000	1	9.09	9	4.71	0	0.0	10	
10001–20000	0	0.0	0	0.0	0	0.0	0	
20001–30000	0	0.0	0	0.0	0	0.0	0	
30001–40000	0	0.0	0	0.0	1	1.61	1	
>40000	0	0.0	1	0.52	0	0.0	1	

Continue...

Socio-personal characteristics		Level of awareness						χ^2 value
Age (years)	Low	%	Medium	%	High	%	Total	
Family income (₹ annum ⁻¹)								
Up to 50000	1	14.29	8	3.65	1	2.63	10	19.5**
50001–100000	2	28.57	154	70.32	18	47.37	174	
100001–150000	4	57.14	55	25.11	17	44.74	76	
150001–200000	0	0.0	0	0.0	0	0.0	0	
200001–300000	0	0.0	1	0.46	0	0.0	1	
Above 300000	0	0.0	1	0.46	2	5.26	3	
Mass media exposure								
Low (0–4)	9	90.0	188	98.43	60	95.24	257	4.0NS
Medium (4–8)	1	10.0	3	1.57	3	4.76	7	
High (8–12)	0	0.0	0	0.0	0	0.0	0	
Organizational membership								
No membership	9	75.0	150	78.53	52	85.25	139	6.33**
Panchayat	0	0.0	0	0.0	0	0.0	0	
Mahila Mandal	0	0.0	0	0.0	0	0.0	0	
Self-Help Group	3	25.0	41	21.47	9	14.75	53	

Significant at ($p=0.01$) level of significance, #NS-Non significant

in case of family income (χ^2 value 19.5) and organizational membership (χ^2 value 6.33). Hence, it can be concluded that only family income and organizational membership are associated with level of awareness.

4. Conclusion

Most of the rural mothers were fully aware about their benefits under JSY scheme but less aware of other aspects of the scheme. The level of awareness of rural mothers was associated with family income and organizational membership. Various media and interventions may be used to create awareness among rural mothers. Thus, it imperative to ensure proper utilization of the JSY facilities by its beneficiaries.

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