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Suggestions of Janani Suraksha Yojana among beneficiaries

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Abstract

The present study entitled “Suggestions of Janani Suraksha Yojana among beneficiaries” was carried in two blocks of Kanpur District to give suggestions of Janani Suraksha Yojana among beneficiaries. The study was conducted in district Kanpur Nagar during the year 2018-2019, in each block three villages were randomly selected therefore 20 respondents from each village were randomly selected from two blocks of six villages. Out of total 51.7 per cent of beneficiaries were belong to the age group of 25 to 30 years whereas late pregnancy were less. 50 per cent of beneficiaries were belonging to OBC category. 51.7 per cent of beneficiaries have annual income Rs. 50,000 to 1 lac and 25 per cent beneficiaries involved in agriculture and labour while 45 per cent beneficiaries were landless. 65.8 per cent of beneficiaries have 5 to 8 members in their family and lived in kachcha house with 50.8 per cent of beneficiaries. 58.33 per cent of beneficiaries got information about JSY through ASHA. It was found that majority of the beneficiaries suggest that families should be educated regarding the risk involved in deliveries at home and incentives should be made available to the beneficiaries as well as care provider under the scheme.

Keywords: Beneficiaries, Janani Suraksha Yojana, suggestions

Introduction

The extent to which the technology has reached these days has opened up new possibilities for the developers to create a wide variety of applications that can greatly serve the community in one way or the other. In countries like India where there is a huge digital divide, the schemes like JSY would take more time to achieve its objective. The community workers in villages are trained for this purpose to better act as ambassadors for the government in explaining the need for proper health care and institutional delivery to the poor women in rural villages. The ASHA workers get in touch with the pregnant women and track their progress over the period of time and report it to their higher authorities during their monthly meeting. The need for breast feeding the infants and the proper ways of doing that is also to be highlighted to reduce the malnutrition rate in children. This kind of interaction greatly helps them in understanding the needs of the pregnant women and also encourages the patients to better utilize the benefits provided by the government. There are incentives for the ASHA workers as well as the women for the institutional delivery. The ASHA workers also get the cash rewards for getting the infant vaccinated in time.

With the vast population in India, it's very difficult for the ASHA workers alone to track all the cases of pregnancies and provide the necessary assistance. To overcome this issue, the technology has to be used effectively right from the registration of the patients for the scheme till the vaccination of the babies.

Timely information is the key when it comes to treating pregnant women. Moreover, in spite of the government spending for the rural welfare schemes like JSY, the lack of awareness about the scheme and inaccessibility of the patients in remote areas by the ASHA greatly affects the initiative of the government in encouraging institutional deliveries. With illiteracy playing a vital role in preventing the women in rural areas to approach the government facility, the issues with traceability of the pregnant women adds woes to the people who are at the ground level of implementation. Proper technological support and the creation of awareness among the rural women is the key to successful implementation of projects like JSY.

Research Methodology: The study was conducted in district Kanpur Nagar during the year 2018-2019, in each block three villages were randomly selected therefore 25 respondents from each village were randomly selected from two blocks of six villages. In the research Dependent and Independent variables, namely age, educational qualification, Caste, annual income, occupation, source of information about JSY, awareness level, satisfaction level, constraints and suggestion were used. The data so collected were subjected to statistical analysis for which statistical tools such as percentage, arithmetic mean and correlation coefficient were used.

Results

Table 1: Distribution of beneficiaries according to age group (N=120)

Age group	Frequency	Per cent
Up to 25 years	30	25.0
25 to 30 years	62	51.7
30 to 35 years	28	23.3
Total	120	100.0

Table 3: Distribution of beneficiaries according to the suggestions to overcome the Constraints (N=120)

S. No.	Suggestions	Symbols	Agree	Undecided	Disagree	Mean Score	Rank
1.	Awareness regarding benefits of institutional delivery through JSY should be spread more vigorously	A	91.7	8.3	0.0	2.92	V
2.	Families should be educated regarding the risk involved in deliveries at home	B	100.0	0.0	0.0	3.00	I
3.	Timely transportation facilities are must for the success of the scheme	C	90.0	10.0	0.0	2.90	VI
4.	Infrastructure facilities at PHC need to be improved	D	91.7	8.3	0.0	2.92	V
5.	Care providers should be trained and educated regarding behaviour to be maintained with the beneficiaries	E	92.5	7.5	0.0	2.93	IV
6.	Incentives should be made available timely to the beneficiaries as well as care providers	F	100.0	0.0	0.0	3.00	I
7.	Providing health supplementary food to the pregnant women is a must especially in rural areas	G	94.2	5.8	0.0	2.94	III
8.	Number of ambulance should be increased	H	95.8	4.2	0.0	2.96	II

Table 3 denotes the distribution of beneficiaries according to suggestions to overcome the constraints, 100.0 per cent of beneficiaries agreed that families should be educated regarding the risk involved in deliveries at home and same incentives should be made timely available to the beneficiaries as well as care providers whereas with mean score value 3.00 and rank I. 95.8 per cent of beneficiaries were agree about number of ambulance should be increased and 4.2 per cent of beneficiaries were undecided with mean score value 2.96 and rank II. 94.2 per cent of beneficiaries agreed about providing health supplementary food to the pregnant women especially in rural areas whereas 5.8 per cent of beneficiaries were undecided with mean score value 2.94 and rank III. 92.5 per cent of beneficiaries agreed that care providers should be trained and educated regarding behaviour to be maintained with the beneficiaries whereas 7.5 per cent of beneficiaries were undecided with mean score 2.93 and rank IV. 91.7 per cent of beneficiaries agreed that infrastructure facilities at PHC need to be improved whereas 8.3 per cent of beneficiaries were undecided awareness regarding benefits of institutional delivery through JSY should be spread more vigorously with mean score value 2.92 and rank V. 90.0 per cent of beneficiaries agreed that timely transportation facilities are must for success of scheme whereas 10.0 per cent of beneficiaries were undecided with mean score 2.90 and rank VI.

Conclusion

Bypassing health facilities for childbirth can be costly both

Table 1 shows that distribution of the beneficiaries according to the age group, maximum 51.7 per cent of beneficiaries were belong to the age group of 25 to 30 years, whereas, 25.0 per cent of beneficiaries were belong to the age group of up to 25 years, followed by 23.3 per cent of beneficiaries were belong to the age group of 30 to 35 years of age group.

Table 2: Distribution of beneficiaries according to the Educational qualification (N=120)

Educational qualification	Frequency	Per cent
Illiterate	13	10.8
Up to primary	25	20.8
High School	35	29.3
Intermediate	23	19.3
Graduate and above	24	20.0
Total	120	100.0

Table 2 reveals the distribution of the beneficiaries according to their education, maximum 29.3 per cent of beneficiaries who were educated up to High School, followed by 20.8 per cent of beneficiaries were educated up to primary.

for women and for the health system. These inefficiencies are likely to be multiplied in the context of the JSY program which has been extremely successful at drawing millions of women into public facilities to give birth. These findings have relevance for the JSY program as they indicate underuse of lower level facilities. Our findings indicate that beneficiaries should be motivated to avail all the services provided by JSY. For women and children emergency medicine to conduct delivery & manage complication should always be available.

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