

# Awareness of *Janani Shishu Suraksha Karyakram* amongst the Pnar Tribal Women of Jaintia Hills District of Meghalaya

SOMA MONDAL<sup>†</sup> & ROUMI DEB

*Amity Institute of Anthropology, Amity University,  
Sector 125, Noida 201303, Uttar Pradesh  
E-mail: tosomamondal@gmail.com*

**KEYWORDS:** *Janani Shishu Suraksha Karyakram (JSSK)*. Jaintia Hills. Thadlaskein and Amlarem blocks. Meghalaya. Child delivery. Human Immunodeficiency Virus (HIV). Awareness. Pnar tribe.

**ABSTRACT:** Maternal Health is an important aspect of the development of any country. In June 2011, Ministry of Health and Family Welfare, Government of India launched 'Janani Shishu Suraksha Karyakram' (JSSK) to reduce infant and maternal mortality. However the utilization of any such schemes depends on the awareness among the beneficiaries. The aim of the present study was carried out to understand the awareness of JSSK amongst the Pnar tribal women of Jaintia Hills district, Meghalaya. A cross-sectional study was carried out among 283 Pnar women belonging to the age-group 15-50 years, attending Government hospitals, CHC, PHC, for any health problem. All the participants were screened for HIV/AIDS using WHO recommended "Determine HIV Rapid Test" kit. It was observed that out of all the women screened around 3.2% were found to be infected with HIV. Though majority of the respondents (85.7%) availed the facilities like free treatment and micronutrients during the antenatal care, but none of them were aware of the JSSK Scheme.

## INTRODUCTION

Globally, 'Maternal Mortality Ratio' is one of the important indicators of the quality of health services in the country. India is the fifth country that accounted for half of the maternal mortality (Tyagi *et al.*, 2016). Approximately 67,000 women die every year for their pregnancy related complications. In India, maternal and child mortality can be reduced by institutional deliveries. Poor households often resort to borrow cash or sell assets to meet the health expenditure (Iyengar *et al.*, 2009; Modugu *et al.*, 2012). Similar pictures are also noted for maternity care, especially in rural and slum areas (Bonu *et al.*, 2009, Mohanty and Srivastava, 2013, Singh *et al.*, 2014). A study in India demonstrated that the free maternity care in the

government run health facilities centre involve costs for transport, drugs, and food as well as registration fees and some other costs (Sharma *et al.*, 2005). Ministry of Health & Family Welfare, Government of India has launched *Janani Shishu Suraksha Karyakram* (JSSK) in 2011, which provides service guarantees in the form of entitlements to pregnant women, sick newborns and infants for free delivery including caesarean section and free treatment in public health institutions. Awareness of JSSK among the women is not much studied in India (Chatterjee *et al.*, 2015; Deshpande *et al.*, 2016). So, the present study was carried out amongst the women in Jaintia Hills district, Meghalaya to assess the awareness of the women regarding 'Janani Shishu Suraksha Karyakram' (JSSK) and also to find out how many individuals have availed the facilities under the scheme.

<sup>†</sup> Research scholar, corresponding author

## MATERIALS & METHODS

A cross-sectional study was conducted in the Thadlaskein and Amlarem block of the Jaintia Hills district, Meghalaya, among 283 Pnar tribal women belonging to the age-group of 15-50 years. (The sample size of 283 was calculated using online calculator <http://www.raosoft.com/samplesize.html> with 95% confidence level). Data was collected from the women visiting Governmental Hospital, Primary Health Center (PHC) and Community Health Center (CHC) by using pre-designed structured schedule. Information was gathered on various socio-demographic parameters and awareness of JSSK scheme such as “free treatment for sick infants, drugs for mothers and their infants, antenatal care, diet for mother and infant etc. All the respondent of the study were screened for HIV using WHO evaluated” “Determine HIV Rapid Test” (following the NACO guidelines) after obtaining written consent from them. The analysis was done by using the software SPSS-version 18. Chi-square test was used to study the association between those who availed the facilities and their socio-demographic variables. The significance level was considered at  $p$ - value <0.05. The test was applied for more than two categorical variables that are present in this study population.

## FINDINGS

Table 1 reveals that the entire respondent (100%) in the present study belonged to Pnar tribe of Jaintia Hills. Majority was Christian (54.82%) and 45.58% belong to Niamtre (an indigenous religion of the Jaintia tribes). Almost 50% women in the present study belonged to the age-group 25-29 years, followed by 36.69% in the age-group 20-24 years, and very few in the higher age-group 35-50 years. Most of the women (64.5%) had primary education, 14.84% went up to middle school, and only two women completed their secondary education, rest were uneducated (16.96%). It was found that 51% women had some small scale business, vendors (33.92%), semiskilled (8.83%), and unskilled (6.36%). Around 50% of the respondents' monthly income was less than ₹ 5000/-, 40.20% between ₹ 5000 to ₹ 10000 and rest 10.6% had more than ₹ ten thousand per month. Majority (97.17%) of them were married. The house types of the subjects were mostly *kuccha* type

(62.54%), and *pucca* houses were 37.46%. Most of the women (74.20%) belonged to the rural villages and rest one fourth of them 25.80%, lived in urban areas.

TABLE 1  
*Socio-demographic characteristics of Pnar tribal women (n= 283) of Jaintia Hills*

Community : Pnar women	N = 283	Percentage
<i>Socio-demographic characteristics</i>		
<i>Religion</i>		
Christian	154	54.42
Niamtre	129	45.58
<i>Age-groups (in years)</i>		
15-19	–	–
20-24	101	36.69
25-29	141	49.82
30-34	023	08.13
35-39	009	03.10
40-44	005	01.77
45-49	003	01.06
50-54	001	00.35
<i>Educational qualification</i>		
Illiterate	048	16.96
Primary	191	64.49
Middle	042	14.84
Secondary	002	00.71
<i>Occupation</i>		
Unskilled worker	018	06.36
Semi-skilled worker	025	08.83
Skilled	144	50.88
Vendors	096	33.92
<i>Family income</i>		
< ₹ 5000	139	49.12
₹ 5000 – ₹ 10000	114	40.28
> ₹ 10000	30	10.60
<i>Marital status</i>		
Married	275	97.17
Unmarried	8	2.83
<i>House type</i>		
Kuccha	177	62.54
Pucca	106	37.46
<i>Locality</i>		
Rural	210	74.20
Urban	73	25.80

It was observed that majority of the Pnar women participants belonged to the age-group 25 to 29 years (50%), 33.93% respondent were in the age-group of 20 to 24 years, and only 7.09% of women belonged in the age-group of 30 to 34 years. In all other age-groups the respondents were very less (see Table 2).

On screening the women for HIV under the present study it was found that a total of nine (3.2%) Pnar women were infected with HIV, and most of the

TABLE 2  
Distribution of age-groups among Pnar tribal women  
(n= 283) of Jaintia Hills

Pnar tribal women Age-groups (in years)	N=283	Percentage
15-19	–	–
20-24	101	35.69
25-29	141	50.00
30-34	23	1.06
35-39	9	3.19
40-44	5	1.77
45-49	3	1.06
50-54	1	0.35

infected i.e. 2.2% women, were found to be in the age-group of 20-24 years, and 1.06% women belonged to the age-group of 30-34 years. No positive cases were found in the higher age- group from 35-50 years, or in the lower age-group of 15-19 years (see Table 3a and Table 3b).

TABLE 3a  
Age-group distribution of Pnar tribal women (n = 283) of  
Jaintia Hills infected with HIV

Age-groups (in years)	HIV +	%	HIV-	%
15-19	–	–	–	–
20-24	6	2.19	95	33.93
25-29	–	–	141	50.00
30-34	3	1.06	20	7.09
35-39	–	–	9	3.19
40-44	–	–	5	1.77
45-49	–	–	3	1.06
50-54	–	–	1	0.35

TABLE 3b  
Age-wise distribution of HIV positive cases among  
Pnar tribal women

Age-groups (in years)	N = 9	Percentage
15-19	–	–
20-24	6	2.19
25-29	–	–
30-34	3	1.06
35-39	–	–
40-44	–	–
45-49	–	–
50-54	–	–

In the study population none of the women were aware of the JSSK or the full form of it. They did not have any knowledge regarding the various facilities under this scheme. It was reported that there was no source of information regarding the full form of JSSK or services provided under the scheme. Though, it was observed that around 81% of women availed the facilities of the free micronutrients (iron, folic tablets, and multi vitamin tablets), free treatment and Rs. 700/- on their first delivery (Table 4).

TABLE 4  
Pnar tribal women availing the various facilities under  
the JSSK scheme

Janani Shishu Suraksha Karyaakram	N	Percentage
Awareness of the term JSSK	–	–
Not Aware of the term JSSK	283	100.00
Free micronutrients availed during pregnancy	229	80.92
Free treatment for sick infants	–	–
Free micronutrients for currently pregnant women	12	04.24
Free diet for pregnant women	–	–
Free diet for sick infants	–	–
Free drug for mother	–	–
Free diet for mother	–	–
Free diagnosis for currently pregnant women	12	04.24
Cash received after delivery	229	80.92

Chi-square test revealed that community, religion, age, educational qualification, socio-economic status did not have any significant relationship with the level of facilities which was given by JSSK. Occupation, income of the family, gestational period, availed free treatment (free micronutrients) and cash received after delivery had significant relationship with the availed facilities (p-value <0.05). Mothers having a previous history of childbirth were more aware of the facilities of the JSSK as compared to those who were pregnant for the first time and those who are not yet pregnant (Table 5).

## CONCLUSION

Majority of the women in the present study preferred child delivery in governmental institutions (such as Primary Health Centre, Community Health Centre and District Hospitals) because of the

TABLE 5

*Relationship between socio-demographic factors and awareness level of the study population (n=283) regarding JSSK*

Characteristics	N=283	%	Chi-square value	df	p-value (= 0.05)
<i>Occupations</i>					
Unskilled worker	018	06.36	618.780	18	0.001
Semi-skilled worker	025	08.83			
Skilled worker	144	50.88			
Venders	096	33.92			
<i>Family income</i>					
< ₹ 5000	139	49.12	575.35	12	0.001
₹ 5000- ₹ 10000	114	40.28			
> ₹ 10000	030	10.60			
<i>Gestational period</i>					
Pregnant women	12	04.24	642.50	15	0.001
Took facilities during first delivery	229	80.92			
<i>Free treatment</i>					
Medicines /drugs	241	85.16	861.00	9	0.001
Not aware	42	14.84			
<i>Cash money received</i>					
Cash received after delivery	241	85.06	861.00	9	0.001

reliability. As a part of 'Janani Shishu Suraksha Karyakram' (JSSK) cash was given to all the women who delivered their first child in the health institution to promote more of institutional delivery. In the present study the awareness regarding JSSK was not found. Minimum knowledge was noticed for the free micronutrients and cash received after delivery though majority of them availed it. However even the HIV infected women in their first pregnancy were given the free micronutrients and other facilities which is provided by the governmental hospital under the scheme of 'Janani Shishu Suraksha Karyakram'. It is suggested that the awareness level should be increased for the rural pregnant women by counseling the pregnant women by the health service providers and they be informed to utilize the benefits of the 'Janani Shishu Suraksha Karyakram' (JSSK) scheme.

#### ACKNOWLEDGEMENTS

We are thankful to ICMR, New Delhi, as the present work is a part of the ICMR funded project entitled "Prevalence and risk factors leading to HIV infection among the tribes of Meghalaya". Our sincere gratitude to all the subjects, health service providers, and health institutions in east and west Jaintia Hills, Meghalaya, for providing us with the valuable information for this project.

#### REFERENCE CITED

- Bonu, S., I. Bhusan, M. Rani and I. Anderson 2009. Incidence and correlates of 2 catastrophic2 maternal health care expenditure in India. *Health Policy Plan*, 24:445-456.
- Chatterjee, S., D. Das, R. Singh, A. Basu, A. Chakraborty and P. Ghosh 2015. Awareness about Janani Shishu Suraksha Karyakram (JSSK) among pregnant mothers – a community based study in a rural area of West Bengal, India. *Journal of Dental and Medical Sciences*, 01-05:14:9: 2279-0861.
- Deshpande, S., S. Gadappa, S. Pagare, R. Dhaduti and S. Andurkar 2016. Awareness regarding Janani Shishu Suraksha Karyakram among pregnant women of Marathwada, Maharashtra, India. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*, 1985-1991:5:6.
- Iyengar, S. D., K. Iyengar, V. Suhalka and K. Agarwal 2009. Comparison of domiciliary and institutional delivery-care practices in rural Rajasthan, India. World Health Organization, *Birth and Emergency Preparedness in Antenatal Care*, 1-6(27): 303-312.
- Modugu, H. R., M. Kumar, A. Kumar and C. Millett 2012. State and socio-demographic group variation in out-of-pocket expenditure, borrowings, and Janani Suraksha Yojana (JSY) programme use for birth deliveries in India. *BMC Public Health*, 12:1048.
- Mohanty, S. K. and A. Srivastava 2013. Out-of-pocket expenditure on institutional delivery in India. *Health Policy Plan*, 28: 247-262.
- Sharma, S., S. Smith, M. Pine and W. Winfrey 2005. *Formal and Informal Reproductive Healthcare User Fees in*

- Uttaranchal, India*, pp. 1-51. United States Agency for International Development: Washington, DC.
- Singh, V. S., S. S. Chavan, P. A. Giri and S. R. Suryavanshi 2014. Study on awareness and knowledge regarding Janani Suraksha Yojana (JSY) among ANC registered women in a primary health centre of tribal area of Thane District of Maharashtra. *International Journal of Research in Medical Sciences*, 2:122-126.
- Tyagi, U., K. Pattabi and P. Kaur 2016. Utilization of services under Janani Shishu Suraksha Karyakram for institutional deliveries in the public sector facilities, Sirmaur district, Himachal Pradesh, India. *Indian Journal of community Medicine*, 4:1.