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**Published Papers Title : Trends in  
Institutional Deliveries since the Launch  
of Janani Suraksha Yojna in Registered  
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## Original Article

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# Trends in Institutional Deliveries since the Launch of Janani Suraksha Yojna in Registered Rural Areas

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### **Declaration**

The Declaration of the authors for publication of Research Paper in Asian Journal of Modern and Ayurvedic Medical Science (ISSN 2279-0772) Dr Arshiya Masood\*, Prof. Z Khan\*\*, Dr Iqbal M Khan\*\*\*, Dr A Ansari\*\*\* the authors of the research paper entitled Trends in Institutional Deliveries since the Launch of Janani Suraksha Yojna in Registered Rural Areas declare that , We take the responsibility of the content and material of our paper as We ourself have written it and also have read the manuscript of our paper carefully. Also, We hereby give our consent to publish our paper in ajmams , This research paper is our original work and no part of it or it's similar version is published or has been sent for publication anywhere else.We authorise the Editorial Board of the Journal to modify and edit the manuscript. We also give our consent to the publisher of ajmams to own the copyright of our research paper.

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### **Abstract:**

**Background:** Janani Suraksha Yojna, a conditional cash transfer scheme, is a safe motherhood intervention under National Rural Health Mission (NRHM) being implemented with the objective of reducing maternal and neo-natal mortality by poor pregnant women. It was launched on 12th April 2005. The success of the scheme is determined by the increase in institutional delivery among the poor families.

**Aims and Objectives:** 1. To know the trends in institutional deliveries 2. To identify roadblocks to institutional deliveries and suggest remedial actions.

**Setting and Design:** Registered areas of Rural Teaching and Health Centre of Community Medicine department of J N Medical College.

**Methodology:** This was a retrospective study. We included all women who delivered during 2004 to 2011. The data was obtained from record section of the centre. Women who delivered during 2011 were traced and interviewed using a semi structured and predesigned questionnaire.



**Results:** An increase in institutional deliveries from 20 (5.59%) in 2005 to 349 (86.39%) in 2011 is found. Major roadblocks to home deliveries (55) in 2011 are time not available to reach the hospital (31 (2), not satisfied with behaviour of health care provider(6), fear of operation(7), no one to accompany the women(4) or look after children at home (3) ), transport not available(2), and customs(2).

**Key words:** JSY, Trends, Institutional deliveries, Roadblocks

**Introduction:**

Janani Suraksha Yojana (JSY) is a safe motherhood intervention launched in April 2005 under National Rural Health Mission (NRHM). The objective of this scheme is to reduce maternal and neonatal mortality by promoting institutional deliveries among the poor pregnant women<sup>1</sup>.

JSY integrates cash assistance with delivery and post-delivery care. A new cadre of link worker ASHA is created to track every pregnancy along with the other link workers<sup>1</sup>. The success of this scheme is determined by the increase in institutional delivery among the poor families<sup>1</sup>. The present study is carried out with the objectives to

1. Know the trend in institutional deliveries.
2. Identify road blocks to institutional deliveries.

**Results:**

Most of the women were from lower and middle class. All women were aware of JSY.

3. suggest remedial actions if required

**Materials and Methods:**

This was a retrospective study conducted in registered areas of the Rural Health and Training Centre of the Department of Community Medicine, J N Medical College Aligarh. We included all women who delivered from 2004 -2011. The data was obtained from record section of the centre with the permission of the chairman. Women who delivered during 2011 were traced and interviewed using a semi structured and pre designed questionnaire. Natures of study were explained to women and consent was taken. Data were entered on excel sheet .Statistical analysis ; was done using Z-test and Test of percentages

Deliveries	Total	Institutional			Home
		Total	Normal	LSCS	
<b>2004</b>	346	22	06	16	324
<b>2005</b>	358	20	03	17	338
<b>2006</b>	341	35	20	15	306
<b>2007</b>	357	159	144	14	198
<b>2008</b>	454	313	289	24	141



<b>2009</b>	471	378	348	30	93
<b>2010</b>	408	337	313	24	71
<b>2011</b>	404	349	382	22	55

## **Results**

Table I shows a significant decline in no. of home deliveries from 338 in 2005 to 55 in 2011 since the launch of JSY. Institutional deliveries increased from 5.59 per cent in 2005 to 86.39 per cent in 2011. ( $Z=.000$ )

**Table 2: Roadblocks to Institutional Deliveries**

<b>S.No</b>	<b>Reasons N=55</b>	<b>No.</b>	<b>%</b>
<b>1</b>	Planned but no time	<b>31</b>	<b>56.36</b>
<b>2</b>	Fear of operation	<b>7</b>	<b>12.73</b>
<b>3</b>	Not satisfied with HCP	<b>6</b>	<b>10.91</b>
<b>4</b>	No one to accompany woman	<b>4</b>	<b>7.27</b>
<b>5</b>	No one to look after children	<b>3</b>	<b>5.46</b>
<b>6</b>	Transport not available	<b>2</b>	<b>3.64</b>
<b>7</b>	Customs	<b>2</b>	<b>3.64</b>

**Table 2** shows that most common reason for home deliveries was it was planned but no time was available (56.36) followed by fear of operation (12.73%), rude behaviour of health care provider (10.91%), no one to accompany woman (7.27%), no one to look after children (5.46%) and customs and unavailability of transport (3.64% each).

**Table 3: Person who conducted Home Deliveries**

<b>S.No</b>	<b>Reasons N=55</b>	<b>No.</b>	<b>%</b>
<b>1</b>	Doctor	<b>00</b>	<b>00</b>
<b>2</b>	Nurse/ANM	<b>00</b>	<b>00</b>
<b>3</b>	Trained Dai	<b>55</b>	<b>100</b>
<b>4</b>	Untrained Dai	<b>00</b>	<b>00</b>
<b>5</b>	Woman from family or neighbourhood	<b>00</b>	<b>00</b>
<b>6</b>	Others	<b>00</b>	<b>00</b>



As per **Table 3** all the home deliveries were conducted by trained dais.

### **Discussion:**

A study<sup>2</sup> revealed that 75.9 per cent women were aware of JSY in UP in 2009 as compared to 100 per cent in our study. 47.5 per cent deliveries were institutional in UP in 2009<sup>2</sup> while our reported 80.25 per cent in 2009 and 86.37 per cent in 2011 institutional deliveries. The difference may be because our areas are registered and catered by our centre. When inquired about the reasons for home deliveries the most common reason was delivery was planned but time was not available (56.36%) followed by fear of operation (12.73%), rude behaviour of health personnel(10.91%) no one to accompany woman (7.27%) or look after children at home (5.46%) . In one study<sup>3</sup> most common reason for non-utilization of scheme was no information about scheme (74%) followed by BPL card was not available (39%), deliveries conducted at home (12%), hospital far away (18%), deliveries in private hospitals(10.5%) and the doctor was not available at PHC (0.3%) In another study<sup>4</sup> in UP most common reason was home is convenient(53.7%) followed by no need since pregnancy is normal.( ) , planned but untimely delivered at home (9.5%), facility far away (around 8%), no one to accompany (8.7%) and take care of family (7.2%).

### **Conclusion & Recommendations**

There is Significant increase ( $P < 0.000$ ) in institutional delivery since the launch of JSY. Most common road block to institutional delivery in our study is Planned but time was not available. They told that they went to the hospital and got admitted there but as it was

taking time they returned to home and delivered untimely. This can be dealt with induction of labour where possible. Fear of operation should be removed with counselling regarding complications in normal delivery where LSCS is indicated. For Rude behaviour of health care provider there should be some help-line in the hospital. For no transport available and no one to accompany they should be informed that ASHA in rural areas gets Rs. 250 to arrange transport and Rs.150 for transactional activities. Those who told that it is customary to deliver at home should be taken care at home. For home deliveries there is provision of giving Rs. 600 one week prior to expected date of delivery to meet out the expenditure of delivery. They should be informed and provided the money.

Counselling regarding birth preparedness and complication readiness during monthly meeting at AWC, ANC check-ups along with IEC can play an important role in removing roadblocks.

### **References:**

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