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EFFECT OF JANANI SURAKSHYA YOJANA ON WOMEN: A STUDY IN BOUDH DISTRICT**SARBANI SANKAR PANIGRAHI****LECTURER****KABI SAMRAT UPENDRA BHANJA COLLEGE OF TEACHER EDUCATION****BHANJANAGAR****ABSTRACT**

Janani Surakshya Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NRHM). It is being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among poor pregnant women. The scheme is under implementation in all states and Union Territories (UTs), with a special focus on Low Performing States (LPS) like Odisha. It was launched in April-2015 by modifying the National Maternity Benefit Scheme (NMBS) where the women get both the services of institutional delivery and financial incentive to take care the baby. Thirty beneficiaries of JSY women from different villages of Boudh district have been selected for the study. Personal interview method has been selected to collect information about benefits of JSY Scheme. After analysis, it has been seen that they are quite happy about the scheme as they get the assistance of ASHA workers for taking care of their health during pregnancy period and after math. They also get financial assistance for taking care of their health and that of the child.

KEYWORDS

JSY, NRHM, ASHA workers, female foeticide, son preference.

INTRODUCTION

Janani Surakshya Yojana (JSY) is an ambitious scheme launched under the National Rural Health Mission (NRHM), the Government of India's flagship health program. The scheme is intervention for safe motherhood and seeks to reduce maternal and neo-natal mortality by promoting institutional delivery, i.e, by providing a cash incentive to mothers who deliver their babies in a health facility. There is also provision for cost reimbursement for transport and incentives to Accredited Social Health Activists (ASHA) for encouraging mothers to go for institutional delivery. The scheme is fully sponsored by the Central Government and is implemented in all states and Union Territories (UTs), with special focus on low-performing states (LPS). There is also provision for roping in the private sector by giving accreditation to willing private hospitals/nursing homes for providing delivery services.

JSY was launched in April. 2005 and has been under implementation for over three years. The Ministry of Health and Family Welfare, Government of India, through UNFPA, commissioned a concurrent assessment of the scheme in large states, namely, Bihar, Madhya Pradesh, Rajasthan, Odisha and Uttar Pradesh which constitute 39 percent of the total population of the country.

REVIEW OF LITERATURE

Review of literature is an essential part of research as it enables the researcher to know in which area researches have been done and which area is untouched by the researchers. Let us focus on few studies undertaken in this field.

Mridula Bhaduria (1992) in "Women in India" describes about the status of health of women. She stated that, the conditions of women in different countries and time varied from total slavery to complete freedom and sometimes even to status superior to that of men. One cannot also say that women have enjoyed an equal status in the West throughout its history or that they have always remained degraded in the West.

A World Bank Report on Women's Health in India released in 1996 has grimly catalogued the variety of ways in which women are discriminated. As girls, they get less vaccination, less education and less nutrition than their male counterparts and succumb more easily to sickness and disease. An alarming number of women also die in childbirth than a man in the West.

Neeraja K.P. (2003) in "Rural Women: Maternal Child Health and Family-Planning Services" stated that utilization of health delivery by rural women, the components of health delivery which encompasses anti-natal, natal, post-natal and child care services and family planning have been seriously analyzed which is a product of some case studies from some regions of Andhra Pradesh.

Ersheng GAO (2003) in "Reproductive Health, Gender and Development: An International perspectives" stated several other issues such as adolescent reproductive health, adult women's reproductive health and strategies for control of STDs: HIV /AIDS and women's development.

Bansal Sadhana (2001) in "Sex and Health Education for Modern Women" explores the role of women in all its dimensions. An insightful representation is made in this work about modern women's education which is a key towards development of the society.

NEED / IMPORTANCE OF THE STUDY

Janani Surkshya Yojana is an ambitious scheme introduced by the government of India for safe motherhood and it also promotes institutional delivery. So the maternal mortality rate has been diminished after the launch of JSY scheme. In developing countries like India and low performing states like Odisha, it is a boon for the people. Many people in the village as well as the urban areas get benefit out of this scheme. It also furthers the development of a country as maternal mortality rate has been checked and the health workers like ASHA will take the total responsibility for keeping the mother and the child in safe condition, providing medicine, vaccine and other medical benefits under JSY. Thus it is accepted by the people as a welfare scheme of the Government.

STATEMENT OF THE PROBLEM

Janani Surkshya Yojana (JSY) is a conditional cash transfer scheme introduced by Government of India to improve the institutional delivery rates and thereby reduce the maternal and infant mortality rate in all states and Union territories of it from April 2005. The pregnant women get the assistance of JSY scheme by the help of ASHA workers appointed under the National Rural Health Mission, Government of India. The assistance includes both the facility of institutional delivery and financial incentive to take care the child after birth.

OBJECTIVES

The present study undertakes the following objectives:

- To assess the survival of healthy mother and children of Boudh District.
- To ascertain the impact of JSY on women.
- To study whether the incentives provided by the state is sufficient.
- To analyze the nexus between motherhood and women's independency.
- To measure the extent of benefits of the JSY.
- To suggest the difficulties for policy makers about the lacuna of the JSY.

HYPOTHESES

The study has been undertaken to examine the following hypotheses:

- There is no significant difference between motherhood and women's independency.
- There is no any pressure on women by family members for conceiving baby.

RESEARCH METHODOLOGY

The present study has been undertaken by following survey method. Thirty women JSY beneficiaries from different villages of Boudh district comprise the sample of the study. The researcher himself conducts face-to-face interview by the help of a structured questionnaire with the subjects to get required data. Other informations were given by the ASHA workers.

RESULTS & DISCUSSIONS

The women of Boudh District expressed their views about the JSY scheme that, they have been benefitted under it only by the help of the ASHA workers of their respective villages. They feel safe and secure while delivering their child. In health centers, they took the advice of ASHA workers from time to time starting from register of their names in health centre to getting financial benefits after delivery of their child and aftermath. The services provided by health centre was good and this was facilitated by ASHA workers even though many of them were denied by their family members at first. To register their names under JSY scheme, the ASHA workers advised them about the benefit and hence both mother and child found safe and secure due to this scheme.

FINDINGS

Following are some of the finding of the study:

- It has been seen that the mothers register their name in JSY scheme before 4/6 months of their pregnancy. They took the help of ASHA workers before the child was born at the health centre and after it also.
- They felt safe while delivering their babies in the health centre.
- They also got financial incentive from the government which served their expenses on the child, even though some of them complained about the bad habit of their husband and family members to utilize the money in household purposes.
- They also felt that, their health condition after returning from health centre was good as the treatment provided was good.
- Few respondents expressed that at first their family members denied them to register their names in JSY scheme but later agreed due to the aid and advice of ASHA workers.
- Almost fifty percent of the respondents expressed that, they conceive children due to the pressure of their family members.
- Few of the respondents expressed that they opt female feticide due to the pressure of their husband and other family members.
- Majority of the respondents expressed their positive reaction towards son preference and it is the major cause of female foeticide. There are also other causes like dowry burden, education expenses and the like.
- Finally, all the respondents felt that JSY scheme was a very good one which helped them to become a healthy mother and child. So the launch of the scheme under NRHM was appreciated by the women of Boudh District.

RECOMMENDATIONS / SUGGESTIONS

In the present study, the researcher has selected thirty women from different villages of Boudh district who are the beneficiaries of JSY scheme. But the study may also be undertaken by taking subjects from other districts of Odisha or other states of India. So that, the result will be more trustworthy and generalized. The feelings of women from urban and rural areas regarding JSY scheme may be compared and contrasted to find out the difference in the results if any.

CONCLUSIONS

It has been seen from the study that the women beneficiaries of JSY expressed their interest in it as it provides the opportunity to deliver their child safely. Side by side, they also expressed about their health which was also safe. They took the advice of ASHA workers and got the benefits of the JSY scheme. Even though there is pressure of family members for conceiving child and son preference, still than the launch of the scheme helped them a lot to have a safe child and mother.

LIMITATIONS

The study has been delimited to thirty women from different villages of Boudh district. It tries to find out the effect of JSY on women who are the beneficiaries of the scheme. It further delimits on the problems faced by women in the family while conceiving and aftermath in the health centre, while taking care by ASHA workers.

SCOPE FOR FURTHER RESEARCH

The present study highlights on the views of women beneficiaries on JSY scheme in Boudh district. The study may be extended to other districts of Odisha to get reliability of the result and to make it more comprehensive and trustworthy. Studies related to other issues of women during pregnancy and aftermath may also be undertaken to find out more problems faced by them while living in the family and in the society.

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APPENDIX / ANNEXURE

TABLE-1: CLASSIFICATION OF RESPONDENTS

Health centre	No.of respondents	Percentage(%)
Boudh	10	33.3
Janhapank	10	33.3
Baunsuni	10	33.3
Total	30	

TABLE – 2: AGE-WISE CLASSIFICATION

Age (Years)	No.of respondents	Percentage(%)
17 - 19	0	0
20 – 24	5	17
25 – 29	19	63
30 – 34	4	3
35 – 39	2	7
Total	30	

TABLE – 3: FAMILY TYPE CLASSIFICATION

Family type	No. of respondents	Percentage(%)
Joint	1	3
Neutral	1	3
Joint patriarchal	25	84
Neutral patriarchal	3	10
Total	30	

TABLE – 4: SON PREFERENCE OF THE FAMILY

Preference	No. of respondents	Percentage(%)
Son	26	87
No preference	4	13
	Total = 30	

TABLE – 5: ANNUAL INCOME OF THE FAMILY

Income	No. of respondents	Percentage(%)
5000 – 10,000	2	7
10,001 – 30,000	8	27
30,001 – 50,000	10	33
50,000 and above	10	33
	N = 30	

TABLE – 6: EDUCATION OF THE RESPONDENTS

Education	No. of respondents	Percentage(%)
Std – V	2	6
Std – VI to X	11	37
Std – X to XII	6	20
B.A./B.Sc./B.Com	11	37
	N=30	

TABLE – 7: RESPONDENTS OPTING FEMALE FOETICIDE

Female foeticide	No. of respondents	Percentage(%)
Yes	8	27
No	22	73
	Total = 30	

TABLE – 8: USE OF FINANCIAL INCENTIVES

Used for	No. of respondents	Percentage(%)
Only child	18	60
Child and other expenses	12	40
	Total = 30	

TABLE – 9: COMPULSION OF FAMILY FOR CONCEIVE

Family compulsion	No. of respondents	Percentage(%)
Yes	15	50
No	15	50
	Total = 30	

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