

Original Research Article

AWARENESS OF JANANI SURAKSHA YOJANA (JSY) AND ITS SOCIODEMOGRAPHIC DETERMINANTS: A CROSS-SECTIONAL STUDY IN JALAUN, UTTAR PRADESH

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ABSTRACT

Background: India's Janani Suraksha Yojana (JSY) promotes institutional deliveries to reduce maternal mortality. The aim is to assess JSY awareness and its sociodemographic determinants among postpartum women in Jalaun, Uttar Pradesh.

Materials and Methods: A cross-sectional study included 440 postpartum women at District Women Hospital, Jalaun (Jan–Dec 2023). Data were collected via semi-structured questionnaires. Associations were analyzed using chi-square tests (SPSS v23).

Results: Only 51.82% (228/440) were aware of JSY. Awareness significantly correlated with: Education: 57.89% of aware women had primary education vs. 46.23% illiterate among unaware Occupation: Employed women had higher awareness (80.7% vs. 16.98% unemployed; Socioeconomic status: Class III (lower-middle) had lowest awareness (30.7% aware vs. 37.74% unaware; ASHA workers were the primary information source (77.1%).

Conclusion: JSY awareness remains suboptimal, heavily influenced by education, employment, and socioeconomic status. Targeted community-based education through ASHAs is recommended.

Keywords: Janani Suraksha Yojana, Sociodemographic Determinants.

INTRODUCTION

The Janani Suraksha Yojana (JSY), launched in 2005 under India's National Health Mission, provides cash incentives for institutional deliveries to reduce maternal mortality, which remains high (97/100,000 live births) in Uttar Pradesh.^[1,2] Despite JSY's decade-long implementation, studies indicate variable awareness (40–78%),^[3-5] disproportionately affecting marginalized groups. Low awareness impedes utilization, perpetuating high home-delivery rates (22.7% nationally).^[6] This study evaluates JSY awareness and its socio-demographic determinants in Jalaun, a high-priority district with suboptimal maternal health indicators.^[7-15]

Aims and Objectives

1. Assess JSY awareness among postpartum women.
2. Identify sociodemographic factors (age, education, occupation, socioeconomic status) associated with awareness.
3. Determine primary sources of JSY information.

MATERIALS AND METHODS

Design & Setting: Cross-sectional study at District Women Hospital, Jalaun (Jan–Dec 2023).

Participants: 440 postpartum women (purposive sampling; inclusion: age >19 years, permanent residents).

Data Collection

Semi-structured questionnaires covered:

Sociodemographics (age, education, occupation, income).

JSY awareness (knowledge of existence, purpose, benefits).

Information sources.

Analysis: Chi-square tests for associations; $p < 0.05$ considered significant.

RESULTS

Key Findings

JSY Awareness: 51.82% (228/440) were aware of JSY.

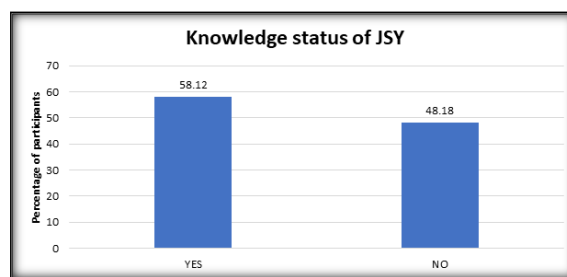


Figure 1. Bar graph showing Knowledge status regarding the JSY scheme among the study participants (%)

Among aware women: 77.1% learned about JSY from ASHAs.

Table 1: Knowledge status regarding the JSY scheme among the study participants (n=440)

Knowledge status	Number	Percentage
YES	228	51.82%
NO	212	48.18%
Total	440	100%

Table 2: Source of information about the JSY scheme in participants having knowledge about the scheme (n=228)

Source of information	YES
ANM	33 (14.47)
ASHA	176 (77.1)
Other/Hospital Staff	20 (8.77)
Total	228 (100)

Table 3: Distribution of participants who had knowledge of JSY regarding what participants think what is the main purpose of the Scheme (N=228)

What is the main purpose of the Scheme	YES (228)	Percentage
Don't know	68	29.82
For diet & drugs	76	33.33
Medical assistance	84	36.84
Total	228	100

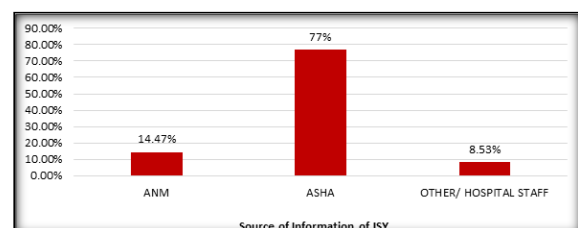


Figure 2: Bar graph showing distribution Source of information about the JSY scheme (%)

Only 36.84% correctly identified its purpose (medical support for delivery).

Sociodemographic Determinants:

Education:

Aware group: 57.89% had primary education; 10.53% were illiterate.

Unaware group: 46.23% were illiterate ($p < 0.0001$). Illiterate husbands were more common among unaware women (48.58% vs. 8.33%; $p < 0.0001$).

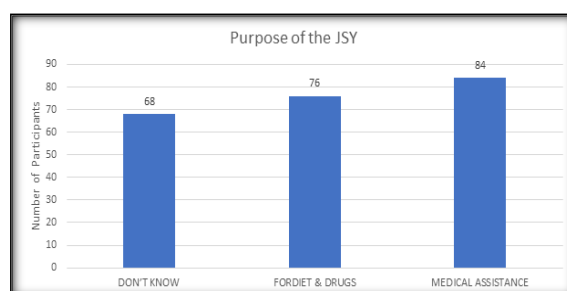


Figure 3: Bar graph showing distribution of participants regarding what participants think What is the main purpose of the Scheme (%)

Table 4: Association of knowledge status of JSY scheme among participants with Educational qualification of participants & husband (n=440)

Educational qualification (Participants)	Yes	No	Total	df	χ^2	P value
Illiterate	24 (10.53)	98 (46.23)	122 (28.86)	4	89.155	<.0001
Primary school	132 (57.89)	50 (23.58)	182 (41.36)			
Highschool	45 (19.74)	34 (16.04)	79 (15.91)			
Intermediate	24 (10.53)	18 (8.49)	42 (9.55)			
Graduate	3 (1.32)	12 (5.66)	15 (3.14)			
Total	228 (100)	212 (100)	440 (100)			
Educational qualification (Husband)						

Illiterate	19(8.33)	103(48.58)	122 (27.73)	4	163.204	<.0001
Primary school	20(8.77)	37(17.45)	57(12.95)			
Highschool	14(6.14)	32(15.09)	46 (10.45)			
Intermediate	53(12.04)	25(11.79)	78 (17.73)			
Graduate	122(27.72)	15(7.08)	137 (31.14)			
Total	228(100)	212(100)	440 (100)			

Occupation: Employed women had higher awareness (80.7% vs. 16.98% unemployed; $p < 0.0001$).

Table 5: Association of knowledge status of JSY scheme among participants with Occupational status of participants & husband (n=440)

Occupational status of participants	Yes	NO	Total	df	χ^2	P value
Semi skilled	184(80.7)	36(16.98)	220 (50)	1	178.41	<.0001
Unemployed	44(19.30)	176(83.02)	220 (50)			
Total	228 (100)	212 (100)	440 (100%)			
Occupational status of the husband						
Clerk	23 (10.09)	6 (2.83)	29 (6.59)	4	23.61	<.0001
Farmer	112 (49.12)	90 (42.45)	200 (45.4)			
Semi-skilled worker	35 (15.35)	75 (35.38)	110 (25%)			
Shopkeeper/s killed worker	48 (21.05)	40 (18.87)	88 (20)			
Professional	10 (4.39)	1 (0.47)	11 (2.95)			
Total	228 (100)	212 (100)	440 (100)			

Socioeconomic Status (Modified BG Prasad): Class III (lower-middle income) had the highest proportion of unaware women (37.74% vs. 30.70% aware; $p < 0.0001$)

Table 6: Association of knowledge status of JSY scheme among participants with Socioeconomic status (Modified BG Prasad classification) (n=440)

Modified BG Prasad classification for May 2022	Yes	No	Total	df	χ^2	P value	Percentage
I	22 (9.65)	6 (2.83)	28	4	31.65	<.0001	6.36
II	60 (26.32)	30 (14.15)	90				20.45
III	70 (30.70)	80 (37.74)	150				34.09
IV	61 (26.75)	55 (25.94)	116				26.36
V	15 (6.58)	41 (19.34)	56				12.73
Total	228 (100)	212 (100)	440				100

Other Associations: ANC Registration: Aware women registered earlier (68.42% in first trimester vs. 40.57%; $p < 0.0001$).

Table 7: Association of knowledge status of JSY scheme among participants with health care worker visit you during ANC period among the study participants (n=440)

Health care worker visits you during ANC period	Yes	No	Total	df	χ^2	P value
No	130 (57.02)	108(50.94)	238 (54.09)	1	1.63	.201
Yes	98(42.98)	104(49.06)	202 (45.91)			
Total	228(100)	212(100)	440 (100)			

Cash Incentives: Unaware women were less likely to receive JSY benefits (25.94% vs. 11.4%; $p < 0.0001$) .

Table 8: Association of knowledge status of JSY scheme among participants with the amount of cash incentives among the study participants (n=440)

Cash incentives	Yes	No	Total	df	χ^2	P value
Not received	26(11.4)	55(25.94)	81 (18.41)	1	15.46	<.0001
Received	202(88.60)	157(74.06)	359 (81.59)			
Total	228(100)	212(100)	440 (100)			

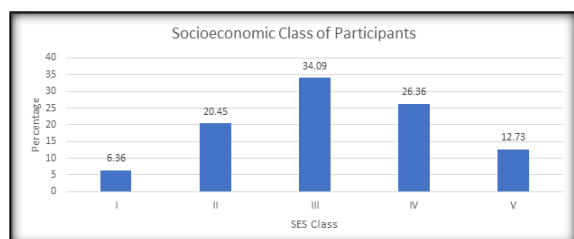


Figure 4: Bar graph showing distribution of participants according to Socioeconomic status (Modified BG Prasad classification) (%)

DISCUSSION

Key Observations

1. Low Awareness: Only half of participants knew about JSY, consistent with studies in Maharashtra (52.7%) but lower than urban Chhattisgarh (78.3%).^[3,5] This highlights rural-urban disparities.

2. Education as Critical Enabler: Illiteracy strongly predicted unawareness, aligning with Singh et al.^[3] and Khes et al.^[5] Education empowers women to

access health information and navigate bureaucratic processes (e.g., incentive claims).

3. Employment & Economic Status: Unemployed and lower-middle-class women had significantly lower awareness, reflecting limited healthcare access and competing survival priorities.^[8]

4. ASHAs as Primary Information Source: Over 75% relied on ASHAs, emphasizing their role as community health liaisons. However, gaps persist in messaging clarity (only 36.84% understood JSY's purpose).

CONCLUSION

JSY awareness remains inadequate in Jalaun, heavily influenced by illiteracy, unemployment, and lower-middle-class status. ASHAs are pivotal information conduits but require enhanced training to communicate JSY's purpose beyond cash incentives.

Recommendations

1. Targeted IEC Campaigns:

- Simplify JSY messaging (visual aids, local language) for illiterate women.
- Engage husbands in community workshops to address patriarchal barriers.

2. ASHAs Capacity Building:

- Train ASHAs to explain JSY's health benefits (not just financial incentives).
- Integrate JSY education into routine home visits.

3. Socioeconomic Support:

- Link JSY awareness with livelihood programs for unemployed women.
- Prioritize outreach in lower-middle-class communities (Class III).

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