Exploring the Socio-Economic Factors and Impact on Services Utilization Associated with Reproductive Rights of the Beneficiaries of JSY in an Urban Slum

By

Mukesh Pant

Dissertation submitted for the partial fulfillment of the
MBA Hospital and Health Management

Academic year, 2016-2018

The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: **www.iihmr.edu.in**

Exploring the Socio-Economic Factors and Impact on Services Utilization Associated with Reproductive Rights of the Beneficiaries of JSY in an Urban Slum

By

Mukesh Pant

Dissertation submitted for the partial fulfillment of the
MBA Hospital and Health Management

Academic year, 2016-2018

IVC Advisory, Ahmedabad

The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: **www.iihmr.edu.in**

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that Mr. Mukesh Pant, student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at IVC Advisory, Ahmedabad from February 5th, 2018 to May 4th, 2018.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.

Dean, Academics and Student Affairs

The IIHMR University, Jaipur

Chairman

The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141- 3924700, 2791431- 32, Fax: 0141 3924738, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

INNER VOICE CONSULTANTS
ADVISORY (LLP)

Date: 05/05/2018

To Whomsoever It May Concern

This is to certify that Mr. Mukesh Pant, a student of MBA, Hospital and Health Management at Institute of Health Management Research (The IIHMR University, Jaipur) has successfully completed three months of dissertation from 5th February 2018 to 5th May 2018 at IVC advisory LLP Gandhinagar **(M/s MJ Solanki Group)**.

During his/her dissertation Mr. Mukesh Pant has worked as a **Project Manager** on various projects.

Apart from general understanding of company, he has undertaken following projects:

1. Exploring the Socio-economic factors and Impact on service utilization associated with Reproductive Rights of the Beneficiaries of JSY in an urban slum.
2. Recruitment for "NHRR Project" with Quintiles IMS.
3. Telemedicine presentations for different states under Medireach.
4. Company Profile Preparation of M/s MJ Solanki.
5. Tender/RFP document preparation.
6. Internal Audit of various department under MJ Group.

He was sincere, hardworking, inquisitive and has successfully carried out the assigned task during dissertation.

We wish him success for his future endeavours.

For IVC Advisory LLP

Neeta Gidwani
Managing Director

303, Radhe Square,
Near Reliance Circle
Kudasan, Gandhinagar-382421

+91 79232 13900
info@ivcl.co.in
www.ivcl.co.in

IIHMR UNIVERSITY

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **Exploring the Socio-economic factors and Impact on service utilization associated with Reproductive Rights of the Beneficiaries of JSY at IVC Advisory, Delhi** and Submitted by **Mr. Mukesh Pant**, Enrollment **No.0448** under the supervision of **Dr. S.D.Gupta** for award of MBA in Hospital and Health Management of the University carried out during the period from **05/02/2018 to 05/05/2018** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Signature

Exploring the Socioeconomic Factorsand Impact on service utilization associated with Reproductive Rights of theBeneficiaries of JSYin an urban slum.

ACKNOWLEDGMENT

The entry level position opportunity with IVC Advisory, Ahmedabad was an incredible shot for learning and expert advancement. I am additionally appreciative for having an opportunity to meet such a variety of great individuals and experts who drove me however this entry level position period.

I am exceptionally appreciative and might want to offer my most profound thanks and extraordinary because of Ms Neeta Tikayani, Advisor(Managing Partner at IVC) at National Health System Resource Centerand my Mentor Dr. S.D.Gupta (IIHMR University) who notwithstanding being exceptionally occupied with their obligations, invested significant time to listen, guide and keep me on the right way and masterminding all offices to make life less demanding and enabling me to complete my venture at their regarded association amid my late spring entry level position. I pick this minute to recognize their commitment appreciatively.

It is my brilliant supposition to put on record my best respects, most profound feeling of appreciation to Mr.M J Solanki(Chairman MJ Group)and the majority of the care staff at M J Solanki Grp, for their cautious and valuable direction which were to a great degree profitable for my examination both hypothetically and for all intents and purposes.

I see as this open door as a major point of reference in my profession improvement. I will endeavour to utilize picked up abilities and learning in the most ideal way.

Sincerely,

Mr. Mukesh Pant

Ms. Neeta Tikyani

Managing Partner (Ivc Advisory LLP)

MJ Solanki Grp IIHMR UNIVERSITY

Place: Ahmedabad

TABLE OF CONTENT

Chapter 1

BACKGROUND: -

Janani Suraksha Yojana (JSY)

Janani Suraksha Yojana (JSY) is a sheltered parenthood intercession under the National Health Mission.

Eligibility for Cash Assistance:

LPS States: - All pregnant ladies conveying in Government wellbeing centres like Sub-centre, PHC/CHC/FRU/general wards of District and state Hospitals or licensed private foundations.

HPS States: - BPL pregnant ladies, matured 19 years or more

LPS and HPS: - All SC and ST ladies conveying in an govt health centres like Sub-centre, PHC/CHC/FRU/general ward of District and state Hospitals or certify private establishments

C.4 Scale of Cash Assistance for Institutional Delivery:

Category	Rural Area		Total	Urban Area		Total
	Mother's Package	Asha's Package	RS.	Mother's Package	Asha's Package	RS
LPS	1400	600	2000	1000	200	1200
HPS	700	200	900	600	200	800

Reproductive Rights: -

- Rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children.
- All couples and individuals have right to information and means to do so
- Right to highest standard of reproductive health
- Right to make decisions concerning reproduction free of discrimination, coercion, violence.

Reproductive Rights inIndia: -

- Reproductive wellbeing and rights were in huge scale wellbeing studies picks up data from respondents on their statistic, financial and social attributes which affect their conceptive conduct and issues, dreariness and general medical issues and furthermore their medicinal services looking for conduct. On socio-mental ground, absence of information on restorative and medical problems, disgraceful finding, absence of clinical testing, varieties in study outline and strategies are in charge of highlighting the connection among free market activity side elements impacting urgent RCH and general wellbeing conditions over space and time. Still the benefits of the group based studies for evoking self-detailed announced medical issues is by all accounts engaging on down to earth grounds like minimal effort, high attainability and speculations (Bhatia, 2000).(http://planningcommission.nic.in/reports" Evaluation Study of National Rural Health Mission (NRHM) in 7 States").

DECISION MAKING POWER :-

Women Decision Making: -

Although much has been composed about the requirement for mainstreaming gender and to improve basic leadership, and on the best way to go about it, the hole amongst expectation and practice is tremendous. National wellbeing approaches and programs that have sexual orientation fundamentally included into their destinations and exercises are uncommon, however National Health Policy 2017 discusses Gender Mainstreaming and Gender based savagery , it needs clearness how it is to be actualized and accomplished. The satisfy all record gloats about expanding ladies' entrance to medicinal services should be reinforce by making open healing centers more ladies neighborly and guaranteeing that the staff have introduction to sexual orientation touchy issues. This approach notes with concern the genuine and far reaching results of sexual orientation imbalance and prescribes that the human services to the ladies and survivors/casualties of sex based brutality should be furnished free and with respect out in the open and private sector.

Wellbeing examination to create sexual orientation and sex-particular information, andintegrating sex inhealthprovider preparing, has gotten rare consideration. Mainstreaming sexual orientation inside organizations has stayed shallow, contributing more on shape than on content. The clear absence of advance in mainstreaming sexual orientation in wellbeing might be credited to: depoliticization and delinking of sex mainstreaming from social change and social equity plans; reception of top-down ways to deal with mainstreaming; developing antagonistic vibe inside the worldwide strategy condition to equity and value concerns; and expanding privatization and withdrawal of the state's part in wellbeing.

History of Reproductive Rights: -

WHO Reproductive Rights: -

"Gender and Reproductive Rights(GRR) aims to promote and protect human rights and gender equality as they relate to sexual and reproductive health by developing strategies and mechanisms for promoting gender equality and human rights in the Departments global and national activities, as well as within the functioning and priority – setting of the Department itself"

A. International (Global Landmarks) on Reproductive Rights: -

IPCD 1994: -

Women have the right to:

1. Decide freely and responsibly the number, spacing, and timing of their children
2. To have the information and means to decide freely and responsibly the number, spacing, and timing of their children
3. Attain the highest standard of sexual and reproductive health which mean to be physically,mentally, and socially healthy with access to medical, mental and social facilities, services and supports to exercise their sexual and reproductive rights.

4. Settle on decisions about their era free of isolation, terrorizing and violence.

Bejing Platform for Action 1995

1. The promotion of reproductive rights should be the fundamental basis for government and community sponsored policies and programmes
2. The government must consider women's rights as a fundamental part of the laws it enacts, the policies it puts in place and the programmes it creates.
3. Right to EQUALITY in Reproductive Decisions:-
    A. Choose whether and when to wed and begin a family, marriage ought to be with the full free, and educated assent of both the people.
    B. Decide freely and responsibly the number and spacing of her children.
    C. Women's have the right to make reproductive decisions when it comes to their body, health and their family.

4. Right to Sexual and Reproductive Security: -
    A. To live a life free of gender – based violence which includes sexual violence, and rape based on the fact that she's a female.
    B. Protection of physical and mental integrity.
5. Right to Reproductive and Sexual Health Services
    A. It includes safe and affordable methods of family planning (delivery of children in a safe environment with medical care assistance, access to family planning services in a safe and hygienic environment).
    B. Management of gynecological problems, infertility, prevention.
6. Right to Access to Information and Education
    A. Access to information regarding sexual and reproductive issues so as to make informed decisions.

B. Information must be provided in a clear, complete and sensitive manner.

B. National landmarks On Reproductive Rights: -

Constitution of India: National Law

- Article 21: The Right to life
  1. "No person shall be deprived of his of her life or personal liberty except according to procedure established by Law". The Supreme Court of India issued that Article 21 includes: -
     A. The right to health;
        Major violation to this is high maternal death in India.
     B. The right to be free from torture and inhuman treatment;
        Major violation to this is high rate of forced abortions in India
     C. The right to dignity;
        Major violation to this is coercive female sterilization
     D. The right to shelter;
        Major violation to this is homeless pregnant and lactating women.
- Article 14: The Right to Equal Access to the law
  1. "equality before the law or the equal protection of the laws within the territory of India"
  2. Every person has equal right to access the law and protections

CHARM vs.State of Bihar and Ors.(2011)

1. Denial of maternal health care in Bihar.
   Violations:
   A. Collection of fees by doctors and nurses for referral and registration of pregnancy.
   B. Dilapidated and unsanitary health facilities without electricity, toilets, running water , and blood supplies
   C. Lack of transport services for pregnant women
   D. Lack of safe abortion services.

E. Lack of grievance redressal system for violations suffered
F. Resulting in maternal deaths

Argument: Bihar government has obligation to ensure access to maternal health services under the Constitution of India and international human rights law.

Dunabai vs. State of MP and Ors.

PIL

A. Fact finding in tribal area where an adavasi women had no choice but to give birth outside a hospital and after repeated denial of medical treatment.
B. Govt. health facilities functioned without blood, emergency obstetric facilities, basic medicines, adequate staff.
C. The High Court ordered state institutions to make immediate and specific changes regarding staff, medicines, equipments and facilities that would bring them up to the prescribed standards. The court also ordered that the semi- government monitoring committee that had initially found violations investigate to ensure that the Court orders were compiled with.

PRIYA KALE VS. NCT OF DELHI & ORS (2013)

A. In January 2013 the Times of India published an article about PriyaKale,a homeless woman who lost her baby to exposure after she delivered on the balcony of the homeless shelter where she lives.
B. A fact finding was conducted at the shelter,families, including pregnant women live in absolute squalor and struggle to provide food to their families.
C. A petition was filed in asking court to issue immediate interim orders in the case for

1. maternal health care; 2. heaters 3. Hot water heaters for bathing 4. Three meals a day for all residents.

LITERATURE REVIEW:-

This record has a goal to fill in as an asset for accomplishing sex fairness in social insurance framework which will incorporate having a solid sex arrangement, giving staff preparing in examination of sexual orientation, coordinating sex affectability into HR procedures, for example, sex delicate occupation enrollment, presenting strategies that are family neighborly and supporting equivalent pay for approach work.

The investigation broadens existing examination on India's wellbeing financing plans by including elements like socio-statistic and obstetric calculates foreseeing utilization of maternity wellbeing administrations. Lion's share of ladies' utilization of JSY to take care of the expense of their institutional births and an abnormal state of maternal training was the main noteworthy indicator of satisfactory ANC in Gujarat.**(Kranti Suresh Vora, Sally A. Koblinsky,and Marge A. Koblinsky[3]"Predictors of maternal health services utilization by poor, rural women: a comparative study in Indian States of Gujarat and Tamil Nadu")**

Study demonstrates that accessibility of safe fetus removal mind is constrained particularly in country ranges. More accentuation on giving safe premature birth administrations, especially at essential care level, is critical to more decrease maternal mortality in India,(.Chaturvedi S, Ali S, Randive B, Sabde Y, Diwan V, De Costa"Availability and distribution of safe abortion services in rural areas: a facility assessment study)

The investigation indicates focusing on troublesome ranges with unique measures and empowering more antenatal visits were fundamental, essentials to enhance the effect of JSY.(Vikram K, Sharma AK, Kannan AT "Beneficiary level factors influencing Janani Suraksha Yojana utilization in urban slum population of trans-Yamuna area of Delhi")

Study indicates disparity in access to institutional conveyance and money motivation program and high MMR in ghetto zone propose that the money motivator alone is not adequate to accomplish value in maternal wellbeing results. Or maybe, the money motivation program should be upheld by the arrangement of value medicinal services administrations.**(Randive, San Sebastian De**

Costa, Lindholm L Inequalities in institutional delivery uptake and maternal mortality reduction in the context of cash incentive program, Janani Suraksha Yojana: results from nine states in India)

AIM: - The aim of this study is to determine the impact of various socio-economic factors affecting decision making power of women affecting service utilization in JSY.

OBJECTIVES: -

- To assess the socio-economic linkages and the level of reproductive rights in beneficiaries of JSY.
- To assess the linkages of service utilization with various socio-economic variables.
- To identify major stakeholders affecting decision making power of a women in society.
- To determine and recommend further changes on to utilization of services and way to empower women decision making.

RATIONALE:

- It is intended to observe the impact of various socio-economic factors on service utilization and to understand the gaps in service utilization as the main goal of the study. The purpose is todecrease MMR,NMR and to increase service utilization.

METHODOLOGY:-

AREA OF STUDY

The present analytical study was conducted among the beneficiaries of the JSY scheme residing in the North East District of Delhi

STUDY POPULATION

A purposive sampling was undertaken of beneficiaries visiting PUHC and DGD where maximum institutional deliveries are conducted by Guru Teg Bahadur Hospital and General Hospital. Beneficiaries who availed delivery services in last 1 year (in either a government or private health centres). Further, those beneficiaries who are currently pregnant were also included. Data was collected over a period of 2 week during the OPD hours. A interview schedule was used to collect the information. Interactions were also undertaken with service providers- ASHAs (25) and ANMs (12)- to understand providers perspective about JSY

RESPONDENTS

Beneficiaries of JSY scheme who had availed benefits of JSY scheme in last one year and those who are pregenant and registered under JSY are the respondents.

SAMPLE SIZE

Total sample size was of 217 was taken out of which 210 agreed to reply the interview schedule.

SAMPLING TECHNIQUE

A purposive sampling was used as sampling technique due to lack of time.

DATA COLLECTION PROCEDURE

Primary data collected through interview schedule.

Interview schedule was used as a study tool in this study. The schedule comprised of following sections.

Section A: Socio demographic variables of beneficiaries
Section B: Awareness about the JSY scheme among beneficiaries
Section C: Utilization pattern of the JSY scheme among beneficiaries.

Section D: stakeholders in decision making.

A total of 24 questions was used to study the effects of various socio economicfactors on decision making during pregnancy in JSY.

DATA ANALYSIS PROCEDURE

Data is analyzed using advanced excel software.

DURATION OF STUDY

Feb 2018 to May 2018

RESULTS: -

The data was analyzed on the basis of 4 factors.

1. Literacy Status vs Decision Making: -
   A. Out of the total no. of respondents (210),31 were found to be illiterate and the major decision maker in that sample was found to be husband(HUS) (55%), followed by mother in law(MIL) who contributes to 35% of decision making.

FOR N=31(15% ILLLITERATE)		
MIL	11	35%
FIL	0	0%
HUS	17	55%
OTHERS	0	0%
MYSELF	3	10%
TOTAL	31	

   B. 14(7%) were found to be othersbelow 10^{th} standard),in which major decision maker is mother in law which contributes to 50% of decision making, followed by husband(29%) and self (21%).

FOR N=14(7% OTHERS)		
HUS	4	29%
MIL	7	50%
MYSELF	3	21%
TOTAL	14	

C. 102(49%) were found to be matriculate (10^{th} and below 12^{th})and the major decision maker in that sample was found to be husband (39%) followed by mother in law (30%) and self (25%).

FOR N=102(49% MATRICULATE)		
MYSELF	25	25%
MIL	**31**	30%
HUS	**40**	39%
OTHERS	**6**	6%
TOTAL	**102**	

D. 42(20%) were found to be educated up to higher secondary level. Among the sample decision making was around evenly split between Mother in law, husband and self.

FOR N=42(20% HIGHER SECONDARY)		
MYSELF	13	31%
MIL	15	36%
HUS	14	33%
TOTOL	42	

E. 21(10%) were found to be graduates, in which major decision maker was evenly distributed between self (33%) and husband (33%).

FOR N=21(10% GRADUATES)		
OTHERS	4	19%
MYSELF	7	33%
HUS	7	33%
MIL	3	14%
TOTAL	21	

2. Occupation vs Decision making
    A. Out of the total sample, 176(85%) were found to be housewives, in which husband (40%) is the major decision maker followed by mother in law (34%).

FOR N= 176(85% OF THE HOUSEWIFE)		
MIL	59	34%
FIL	0	0%
HUS	70	40%
OTHERS	10	6%
MYSELF	35	20%
TOTAL	176	

    B. Only 4(2%) responded to be working in government job, in which she herself was the decision maker.

FOR N=4(2% OF GOVT JOB)		
MYSELF (4)	4	100%
TOTAL	4	

C. 11(5%) of the respondents were found to be working in a private job, in which she herself was able to take her decisions contributing to 64% followed by mother in law(33%).

FOR N=11(5% OF PVT JOB)		
MYSELF (4)	7	64%
MIL (0)	4	33%
TOTAL	11	

D. 15(7%) of the respondents were found to be having own business in which husband (67%) was found to be the major decision maker, followed by self(33%) of decision making.

FOR N=15(7% OF OWN BUSINESS)		
HUSBAND(2)	10	67%
MYSELF (2)	5	33%
TOTAL	15	

E. Only 4(2%) was involved in other kind of work (assignment based jobs), in which self is the major decision maker contributing 100% of total responses.

FOR N=4(2% OF OTHERS)		
MYSELF (4)	4	100%
TOTAL	4	

3. Type of Family vs Decision Making

A. Out of the total no. of respondents(61), 155(74%) were found to be living in a joint family, in which mother in law(40%) was found to be the major decision maker, followed by husband(30%).

B. 55(26%) were found to be living in a nuclear family, in which husband (60%) was found to be major decision maker, followed by self(33%)

FOR N=155(74% OF JOINT FAMILY) %		
MIL(0)	62	40%
HUS(2)	47	30%
OTHERS(3)	12	8%
MYSELF(4)	34	22%
TOTAL	155	

FOR N= 55(26% OF THE NUCLEAR FAMILY)			
MYSELF (4)	18	33%	
HUSBAND (2)	33	60%	
MIL (0)	4	7%	
TOTAL	55		

4. Education status vs Institutional delivery(private and govt combined).
   A. Out of the total no of respondents(210), 31(15%) were found to be illiterate, in which majority of them had a delivery in public health facility(PHF) 61%, followed by delivery in private setup 16%.

for N=31(15% of illiterate)		
PHF(1)	19	61%
PVT(2)	5	16%
HOME(3)	4	13%
YET/NA(4)	3	10%
TOTAL	31	

B. 14(7%) were found to be others (upto 10th), in which most of them had a delivery in public health facility(75%), followed by home delivery(25%)

FOR N=14(7% OF OTHERS(UPTO 10))		
PHF	10	71%
HOME	4	29%
TOTAL	14	

C. 102(49%) were found to be matriculate,in which most of them had a delivery in public health facility (60%),followed by home deliveries(20%).

FOR N=102(49% MATRICULATE)		
PHF (1)	18	60%
PVT (2)	3	10%
HOME (3)	6	20%
YET/NA (4)	3	10%
TOTAL	30	

D. 42(20%) were had higher education, in which 33% of them had a delivery in public health facility, followed by delivery in private set up(33%).

FORN=42(20%OF HIGHER EDUCATION)		
PHF	4	33%
PVT	4	33%
HOME	2	17%
YET/NA	2	17%
TOTAL	12	

E. 21 (10%) were found to be graduates, in which 66% of them had a delivery in public health facility , followed by 33% of deliveries in private set up.

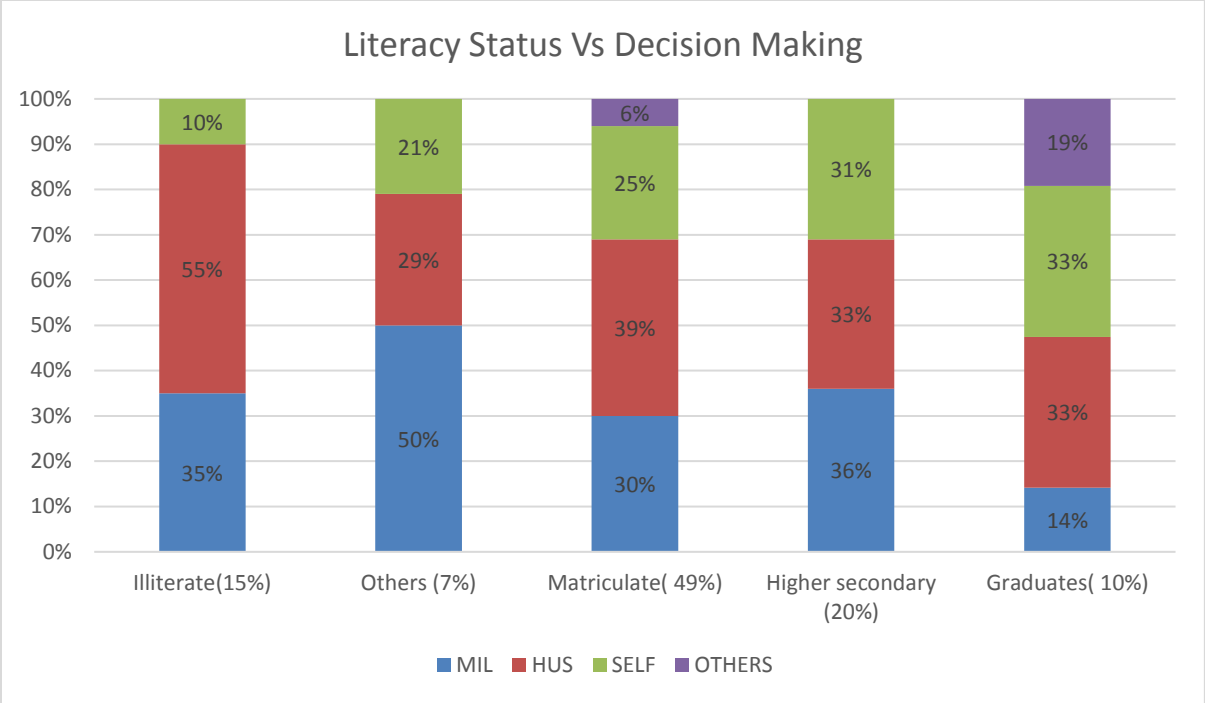
FOR N=21(10% OF GRADUATES)		
PHF(1)	4	66%
PVT(2)	2	33%
TOTAL	6	

DISCUSSION AND CONCLUSION: -

The study reveals the impact of various socio-economic factors on independent decision making of women related to reproductive rights. The impacts of the various factors are: -

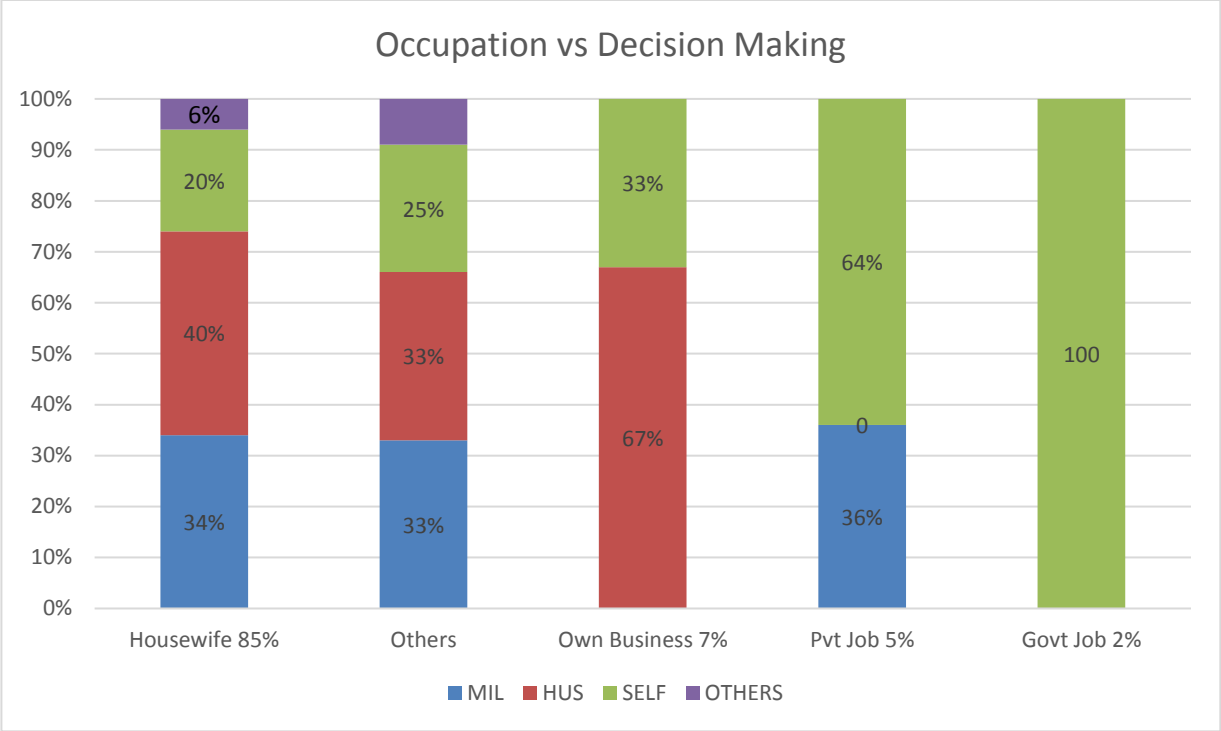
1. literacy status vs decision making

- In literacy status a gradual increase in independent decision making could be seen as the education of pregnant woman increased, however it is seen that this increase stagnates after the education level reaches higher secondary level.
- The targets of reproductive rights say that decision making must be confined to either husband & wife or self. It can be seen here that this is true in the case to graduates. Hence there is a strong linkage between literacy levels & decision making.



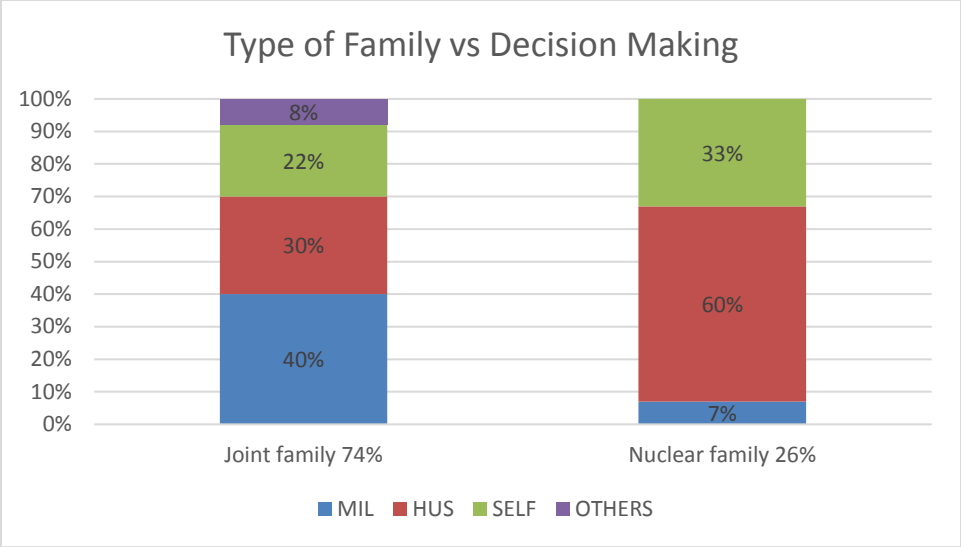
2. Occupation Vs Decision Making.

- It is seen that independent decision making is higher among financial independent Women. However of the total sample only 14% were financially independent,
- Hence this may not represent the overall picture. Among the women who wereHousewives, the major decision continued to be husband/mother in law. This Will require further research.



.3. Type of family vs decision making

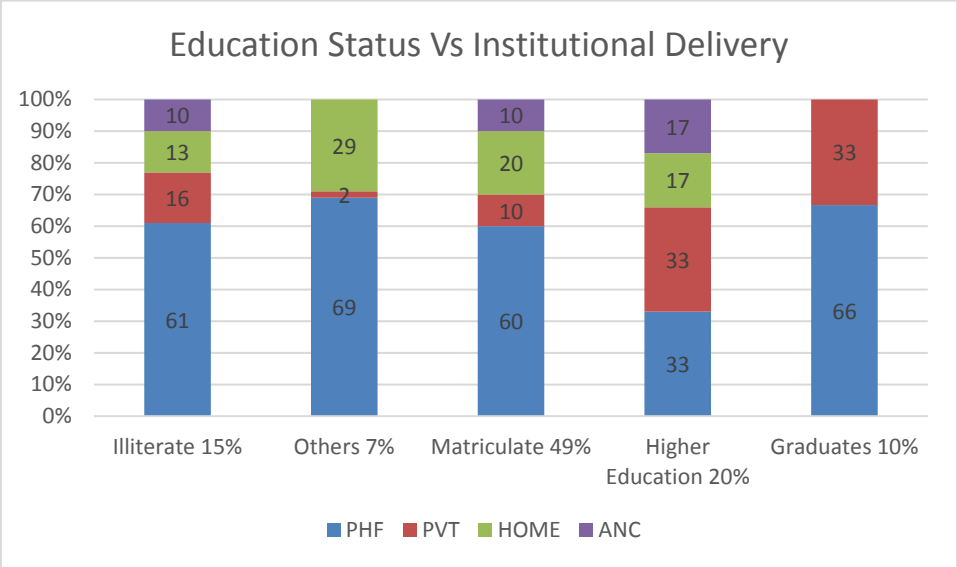
- The pregnant lady living in a joint family set up seems to be less free in decision making and contributes to only 22% of total decision making and mother in law and husband remains the major decision maker.
- In case of nuclear family set up, independent decision making has improved a little bit but husband remains the major decision maker in the nuclear family set up also, but nuclear family contributes only to the 26% of the total respondents.



4 .Educational status vs Institutional delivery

- It is seen that matriculate (from 5th up to 10th) seem to be utilizing the public health facility more but at the same time home delivery percentage is high in this population.
- The highest amount of institutional deliveries at public institutions is among the graduates(66%) and Others(1 to 5th) .However it can also be seen that home deliveries are the highest among matriculate & higher secondary educated .Institutional deliveries in private set up are the highest in higher secondary and graduates.

- It can be seen that the only category with no home deliveries are the graduates. Hence it can be said that while education has a role in improving institutional delivery, it cannot be concluded that is has an impact considering the size of sample of graduates. However it can be said education does not seem to have an impact on choice of facility (Pvt or PHF).



REFERENCES

1. http://planningcommission.nic.in/reports" Evaluation Study of National Rural Health Mission (NRHM) in 7 States").
2. http://nhm.gov.in/nhm.html
3. http://www.nhsrcindia.org
4. https://www.ncbi.nlm.nih.gov/pubmed/10109112
5. https://www.ncbi.nlm.nih.gov/pubmed/10145837
6. https://www.ncbi.nlm.nih.gov/pubmed/10125552
7. Kerenvis.nic.in

8. www.nhp.gov.in
9. India.unfpa.org
10. Mohfw.nic.in
11. Jhpn.biomedcentral.com
12. www.ippf.org
13. www.science.gov
14. www.ncbi.nlm.nih.gov
15. Health.kosmix.com

ANNEXURE-1

.QUESTIONNAIRE FOR BENEFIICIARY

Name of Mother…… Age…….

Adress…… Number of children……

1. Literacy status :-
   a) Illiterate-1 b) Matriculate-2 c) Higher secondary-3d) Graduate-4 e) other-5
2. Occupation:-
   a) Housewife-1 b) Govt job-2 c) Pvt. Job-3 d) Own Business-4 e) Others-5
3. Type of family:-
   a) Joint family-1 b) Nuclear family-2 c) others-3
4. Are you aware about the janani Suraksha Yojna ? Yes-1/No-2
   a) If yes, from where / whom did you get the information regarding the scheme
      …….
   b) Please describe what does scheme
      includes……
      ……
5. When did you know abt JSY scheme?
   a) Before the pregnancy -1 b) During the pregnancy-2 c) After the pregnancy-3
6. A re you familiar with the ASHA in your area .YES-1 /NO-2
7. DO you know the role of ASHA ? Yes-1 / No-2
8. If yes, please describe in brief the servives provided by ASHA.
   ……
   ……
   ……
9. Did you receive 3 antenatal checkups and TT injections during pregnancy? Yes-1/No-2
10. Where had you delivered your baby(for previous Pregnancy)? Public Health Facility-1/ Private-2/Home-3?

    ……

11. What is the sex of your child?.....(M-1/F-2)
12. Do you have JSY And MCH card ? Yes-1 / No-2

13. Do you get any incentives for undergoing delivery at the health centre ? Yes-1/NO-2
14. When did you get incetives ? Immediately at the time of registration/ At time of discharge/ within one week of discharge/ within one month of discharge/ others ……..
15. What was the mode of payment of incentive ? Cash-1/ Cheque-2/DBT-3 ……..
16. Do you own a bank account on your name? Yes-1/No-2
17. Whether the amount was paid to you or your relative-1/ Husband-2?

    ……..h
18. Has any community leader ever tried to influence your health seeking behavior? Yes-1/No-2? …….
19. If yes Did you change your health behavior under the influence of community leader? Yes-1 / No-2…..
20. What motivated you to avail the benefits of the scheme?
    ……
    ……
21. Major Stakeholder in decision Making?
    a) Mother in law -1 b) Father in law -2 c) Husband-3 d) Others-4
22. Will you motivate other women to take benefit of scheme? If yes, why?
    ……
    ……..
23. Are you allowed to freely take decisions related to child birth in your home? Yes--1/ NO-2……
24. Who takes decision for number of kids to be born in the house?.....