Brief communication

Barriers and Challenges for Implementation of Janani Suraksha Yojna (JSY) from Gender Perspective in India

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Background

The Janani Suraksha Yojna (JSY) is a government of India's' vital scheme for speedy decreasing maternal and infant mortality rates with a specific focus on escalating institutional and safe deliveries for the families belongs to the below poverty line (BPL) category in the country. JSY is a part of National Rural Health Mission (NRHM) covering all pregnant women who belong to the true BPL group, are over 19 years of age or those who have had two live births. Actually JSY was launched in the year 2003 was likely to modify the current National Maternity Benefit scheme which provides improved diet for the pregnant women below the poverty line. Apart from supplying a healthy diet plan for pregnant women, the JSY actually provides antenatal care and help in the form of cash during pregnancy stage. this report is based on the authors' experiences in this project.

It is found that over the last two decades a large number of new programmes have been adopted focusing gender approaches with respect to the health care aspects in India stressing better reproductive and maternal health care. Most of the programmes have been implemented focusing rural women because of their vulnerability status. JSY is also such a type of programme designing and implementing attending gender issue. This JYS has been endeavor within current normative structure to improve outcomes for women's reproductive health in a conservative society. Studies have found that there are various socio-cultural barriers including health behavior and health care seeking behavior, health culture, assets ownership, financial autonomy, household decision making and freedom of movement have become some kind of hindrance in the successful implementation of JSY[1] .

Experts felt that effects of financial status and household autonomy invariably affects on institutional or home based delivery especially in rural part of the country. Further it is found that low literacy level among young rural mothers also one of the biggest challenges in implanting JSY. This problem is more vital in case of tribal society. Remoteness, traditional health seeking behaviors, socio-cultural factors, occupation, lack of publicity about the scheme, complex procedure, castes factors are some of the other barriers and challenges as found in various studies[2]. Further it is revealed level of education and health behavior of the husband and the mother- in- law also very crucial factors in implementing JSY programme from the gender point of view in rural part of the country Further, it is found that influence of traditional healers, traditional birth attenders', allocation of duties between men and women, existing gender inequalities, lack of women staffs in PHC's, lack of sufficient numbers of ASHA workers, lack of training for health personals etc are some of the critical issues in case of implementing JSY as revealed by various studies [3].

In majority cases pre natal and postnatal care will be largely depends on decision and attitudes of husband and in-laws, unless their permission a pregnant women cannot take her own decision regarding place of delivery. Hence, more social mobilization and pro-active interventions are required focusing traditional health culture of rural people, to get better result in case of JSY. Though JSY is a part of gender transformative maternal health programme, there is a need for study on how assets, women empowerment, occupation and decision making power will play in accepting JSY among traditional families. active participation of women in tackling healthcare issues is offering new views on how women's educational level plays a vital role in accessing and accepting JSY programmes. Illiterate women are least bothered about anti-natal and post natal care in rural part. Also women's occupation and income has a positive effect on maternal health and is connected with reduced rate of maternal mortality and morbidity in rural areas[4].

Since women face more discrimination and concept

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of ―son preference‖ are more prevalent among the rural people, JSY scheme should have many more benefits including vaccinations for new diseases and providing free health insurances to both child and the baby. Further, evidence of the association between maternal health and violence against women has been accumulating since the early 1990's. Also psychological / emotional abuse on youth mothers in traditional families deprives her from getting JSY benefits as few recent studies found. The sub-ordinate status of women in the Indian society deeply influences their health status. Emphasis is being given on biological aspect (child bearing) leads to early marriage, respected pregnancies, abortions pre-and post natal maternal problems.

It is concluded that the gender dimensions has often been absent and epidemiological approach missing. The social and gender pedigree of maternal health do not ever register‖. The sustained prejudice against women, social exclusion, high illiteracy rate, ignorance in accessing free services, low health awareness, low motivated development behavior, societal denial in accessing to resources as well as to quality health services has unconstructively distressing as barriers in implementing JSY. Experts feels 'there is a requirement to place women's health in the overall macro parameter gender divide in the access of health care and health cost is so sharp that women have to access informal providers and informal care[5].

Finally it is felt that analyzing the performance of Janani Suraksha Yojana (JSY), a conditional cash transfer programme intended in encoring delivery at hospitals only by giving money to poor pregnant women if they deliver in any medical facilities is need of the hour. Regrettably we have limited debates of the proof from cash transfer programmes presently in action in India.

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