

**Implementation Of Janani Suraksha Yojana In Modi Regime:  
A Case Study Of Tribal Women In Jhabua District Of Madhya Pradesh**

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**Abstract**

*Almost after a decade of introduction of Janani Suraksha Yojana- a scheme for providing cash incentive for maternity assistance, more than half women of the Bhil tribe of Jhabua (Madhya Pradesh) are unwilling to avail the benefit. They are scared of insensitive behavior of health service providers and they know that the scheme is not free (?). Post JSY the rate of institutional deliveries have miraculously increased, but the health care facilities and services remain dormant and sluggish. The research paper explores why despite of government hospitals, cash incentives and vast network of accredited social health activists, the women health is still in danger? The answer lies in overall development of Bhilli women, where she is aware and capable to use her rights to avail education, health services and become financially as well as socially independent. The paper explores the functioning of scheme in the backward most pockets of India-through case study of Jhabua.*

**Keywords-** Janani Suraksha Yojana, Maternal Health, Tribal Women, Maternity Assistance Benefit.

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**Introduction**

Poor people most frequently describe ill-health and “ill-being” in multidimensional terms, not only as disease but also as hunger, pain, exhaustion, exclusion, and isolation, bad relations within the family and with other people, insecurity, fear, powerlessness and anger.<sup>1</sup>In this way, the disease itself is a group of many problems that die slowly to humans. In the present world, health has reached the most critical condition under the changing circumstances, due to which there has been concern about it all over the world. A wide-scale work is going on in this direction at the global level, in which the WHO and various government also playing an important role. India is second largest population and fastest economic growing country in this world but health situation is very scary. India's share in the global burden of diseases is quite significant – 20%. It is interesting to note that contrary to this burden, our contribution to the global health-care infrastructure is highly inadequate – we have a meager 9% of the global community health workers, 8% of the doctors globally, 8% nurses, 6% of the beds for patient care, and only 1% laboratory technicians – scarce human resource to tackle the mountain of diseases.<sup>2</sup>From the above things, the pathetic condition of the Indian Health situation can be gauged, where does health stand on our priority. This plight of the health sector affects the most vulnerable groups of the society, mainly Scheduled Castes, Scheduled Tribes, Backward Section of the Society and Women. Though steps are also being taken to improve it, by the government of India and the

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1. “Dying for Change Poor people's experience of health and ill-health World Health Organization,” World Health Organization, September 4, 2019, [https://www.who.int/hdp/publications/dying\\_change.pdf?ua=1](https://www.who.int/hdp/publications/dying_change.pdf?ua=1).

2. Sanjay P Zodpey and Preeti H Negandhi, “Tracking India's Progress in Health Sector after 70 Years of Independence” Indian Journal of Public Health, September 4, 2019, <http://www.ijph.in/article.asp?issn=0019-557X;year=2018;volume=62;issue=1;spage=1;epage=3;aulast=Zodpey>.

states but in some states its condition is very dangerous, such as Madhya Pradesh. In the present study researchers trying to understand the health condition of Madhya Pradesh, especially health related issue of the tribal women in Jhabua.

Jhabua, is the westernmost and the tribal district of state of Madhya Pradesh fails to improve maternal health of women despite launching centrally maternity assistance scheme 'Janani Suraksha Yojana' (henceforth JSY) – more than a decade ago. The scheme emphasizes institutional deliveries in lieu of conditional cash transfer incentives, to reduce maternal mortality. JSY claims to provide universal healthcare access to all women of MP, with only condition being to deliver in public health facility,<sup>3</sup> where women compulsorily stays for 48 hours post-delivery and on discharge is entitled for benefit of 1400 /1000 Rs. The percentage of deliveries post JSY has increased at miraculous rate in the entire country and also in Jhabua. In Madhya Pradesh, 26% women had institutional deliveries in 2005-2006<sup>4</sup> which rose to 80% by 2015-16.<sup>5</sup> In Jhabua the percentage of deliveries rose from 40% in 2005 to 74% in 2015.<sup>6</sup> The success of scheme is widely appreciated and publicized, yet the paper looks into the fact whether the most vulnerable section i.e. tribal women have received

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3. On the other hand, JSY allows women to deliver in private empanelled hospital where she would be paid the cash incentives; however the total expenditure incurred by the woman in private facility will not be re-imbrued.

4. "National Family Health Survey (NFHS 3)," National Family Health Survey, India, September 8, 2019, [http://rchiips.org/NFHS/NFHS-3%20Data/madhya%20pradesh\\_state\\_report\\_for\\_website\\_17feb09.pdf](http://rchiips.org/NFHS/NFHS-3%20Data/madhya%20pradesh_state_report_for_website_17feb09.pdf)

5. "National Family Health Survey (NFHS 4)," National Family Health Survey, India, September 10, 2019, <http://rchiips.org/NFHS/NFHS-4Reports/MadhyaPradesh.pdf>.

6 "District Fact Sheet Jhabua," National Family Health Survey, India, September 12, 2019, [http://rchiips.org/NFHS/FCTS/MP/MP\\_FactSheet\\_464\\_Jhabua.pdf](http://rchiips.org/NFHS/FCTS/MP/MP_FactSheet_464_Jhabua.pdf).

the JSY benefits that they were entitled to and what are the difficulties that women face in accessing the healthcare facility that they are entitled to.

### **1.Janani Suraksha Yojana (JSY) Programme**

Madhya Pradesh is identified as one of the high Empowered Action Group States<sup>7</sup> that has adverse health indicators such as high infant and maternal mortality, high total fertility rate, and less number of health infrastructure facilities. In 2006 JSY scheme was launched to address the maternal health issues in the state. National Rural Health Mission (NRHM) (now rebranded as National Health Mission) to reduce the infant and maternal mortality and increase Institutional deliveries along with ante-natal checkup (ANC) and post-natal checkup (PNC). To motivate women to opt for institutional deliveries, conditional cash incentive of 1400Rs (1000Rs for urban areas) is transferred in woman's account post-delivery. The conditions laid down are at least three ANC's, registration in Mother and Child tracking system (MCTS), post-delivery 48 hours stay in hospital for Post-partum care. The principal idea driving the scheme is that a shift in the place of delivery from the home to a health care institution would reduce maternal and infant mortality.<sup>8</sup> As a motivator in institutional deliveries Accredited Social Health Activist i.e. ASHA is also paid the incentive of 400-600Rs. In the recent years to increase accessibility to health centers additional

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7. Empowered Action Group States are Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Uttarakhand, Uttar Pradesh, Orissa and Rajasthan and Assam.

8 Maya Unnithan, "What Constitution Evidence in Human Right Based Approaches to Health? Learning from Lived Experiences of Maternal and Sexual Reproductive Health," *Health and Human Right*, 17, No, 2, <https://www.hhrjournal.org/2015/11/what-constitutes-evidence-in-human-rights-based-approaches-to-health-learning-from-lived-experiences-of-maternal-and-sexual-reproductive-health/>.

transportation vehicles known as ‘Janani Express’ are introduced focusing on rural areas. Simultaneously, a toll free number is provided to avail this service.

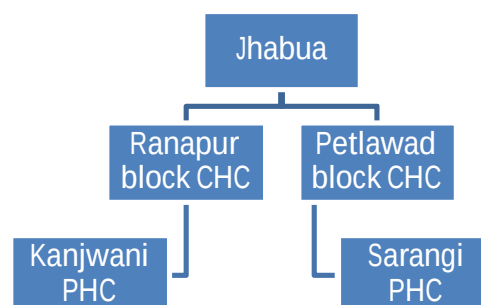
### **2.1 Rationale of the Study**

As per the data of National family Health Survey 2015-2016 for Jhabua indicates that the percentage of educated women is 28% (for rural areas it is 24%), which means more than 70% women are illiterate. The women who have completed at least 10 years of education are less than 10% of the total population. Also, only half of the total eligible women have received Janani Suraksha Yojana benefit of Rs.1400/1000. Thus, the coverage of JSY scheme in Jhabua is one of the lowest in the state of Madhya Pradesh. The research paper explores the questions -

1. What are the barriers to tribal women in availing the benefits of JSY scheme?
2. Has the overall maternal health of tribal women in Jhabua improved in terms of reduction in Anemia, growth in Ante-natal checkup and Post-Partum checkup?

### **2.2 Sample**

Table 1-Sample selected from the district of Jhabua and its blocks



To gain representative sample two blocks were chosen out of four i.e. Ranapur and Petlawad. In these two blocks one PHC each is chosen. Thus six eligible women each under JSY scheme were chosen from 2 PHC, two blocks with CHC and six respondents were chosen

from Jhabua district itself. In this way 30 women were selected who had delivered about a month to twelve months ago. These women were between the age group of 15-49 years and all of them were Bhils. Additionally 10 more respondents were chosen including health officials, ASHA workers, eligible women under JSY and their family members for in-depth interview.

### **2.3 Instrument**

Semi structured questionnaires were used to collect data. These questionnaires were pre-tested. The questions were translated orally in their local dialect and when required. The researcher noted the answers in the questionnaire. The questions were open ended as well as close ended. For in-depth interviews the questionnaire were only used for the sake of reference as the respondents were allowed to give narratives.

## **3. Results**

### **3.1 Education**

In the chosen sample only 30% women were educated. The overall literacy rate of Jhabua for women is 28%. There are various reasons for low literacy in Jhabua. Majority of the young population migrate. In the new city ensuring security of a girl child and access to education is often difficult. Also, often people shift their place of residence in search of work, thus enrolling in school multiple times is next to impossible. Therefore, often young girls accompany their family members as wage laborers or babysit the infants in the family. Also, due to unavailability of secondary schools in proximity, the dropout rate of girls is quite high in Jhabua itself. The young children (more than 13 years or so), who accompany their parents in migration also work as wage laborers. Thus the daily wage of 200-300Rs is preferred over the education. If a family is big, girls are often given responsibility to cook and look after younger siblings, thus leading to her illiteracy. Xaxa emphasizes that school enrollment is

low and drop-out rate is high among tribal women from a lower stratum, however tribal women hardly reach beyond primary education. The struggle for survival compels them to earn and supplement the family income by foregoing the education.<sup>9</sup> Often lack of education is also responsible for low level of awareness and thus due to one or the other reason they are unable to claim benefits of any of the government schemes.

### **3.2 Maternal Health Indicators**

The Annual Health Survey (2010-11) indicates the rate of maternal mortality in Jhabua at 278 and that for Madhya Pradesh at 310. Yet, looking only at maternal mortality indicators would not be an adequate measure to analyze the maternal health situation of tribal women. As a matter of fact, apart from Anaemia, low ante-natal care and post-partum care the prominent yet highly neglected diseases are tuberculosis, Silicosis (prevalent in Jhabua region), Sickle cell disease, Malaria, Sexually transmitted diseases and any such waterborne disease. These diseases combined with pregnancy may prove fatal to the life of a woman and her unborn child.

#### **Anaemia**

It is well established fact that Anemic women are prone to high risk pregnancies as low hemoglobin level of mother directly co-relates to fetal wastage. 74.2% pregnant women of Jhabua were found to be anaemic in the survey conducted by NFHS-4. The same survey also states that only 19% women consumed 100 or more iron-folic acid tablets- the ideal quantity of tablets to cure anaemia. In the present sample all women agreed to have received at least 100 iron-folic acid tablets, but 90% women did not complete the course. The reasons given for non-consumption of IFA tablets were- pucky feeling, metallic taste, disliking the tablets etc.

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9. Virginius Xaxa, "Women and Gender in the Study of Tribes India," *Indian Journal of Gender Study*, 11, No, 3, page. 22.

For years, the same medicines are in circulation with no satisfactory intervention at larger scale. The diet that Bhili women consume is restricted to corn *roti* or *rotlo* with daal and grounded chilly paste. Often vegetable, fruits and milk or daliya is luxury and hard to obtain. Occasionally some of them consume meat. Thus 3/4<sup>th</sup> women carries constant danger of mortality with no suitable intervention done for reduction of anaemia in the district.

### 3.3 Bank Accounts

The conditional cash transfer incentives under JSY were initially transferred in the form of cheques to the beneficiary. Years later the money was to be transferred in the account of the beneficiary. Getting accounts with bank seemed time consuming process. No accounts means women could simply not avail any benefit of the scheme. The sample respondents told that they have at least one bank account. Some of them also had postal accounts. The cash incentives under JSY were transferred by government in either of the accounts. However as the women are married at young age and for the sake of employment they migrate, acquiring identity cards is quite a tough task for them and so is the case with bank accounts. Respondents also told that bank officials pressurized women to maintain some amount of money in their accounts although zero balance accounts could be established and maintained.

### 3.4 JSY incentives

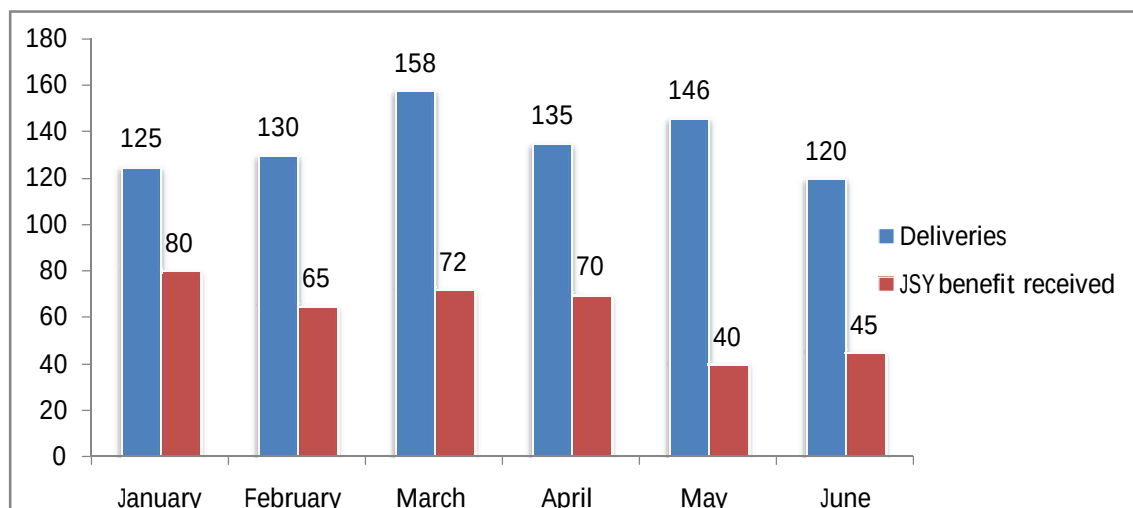


Table-3 JSY incentives against the number of deliveries in DH, Jhabua from Jan-June 2016

The data was acquired from the register maintained in District Hospital, which roughly indicates that only 45% of the eligible women under JSY who delivered in the health facility received the payments. The rest of them awaited the payments, without even knowing whether they would receive the payments at all. Although the procedure for availing incentives for JSY is said to be simplified, there are plenty of hurdles such as inability to procure and submit necessary documents, missing documents or over-dependence on the accountant's will and wish to steer the fund transfer. One of the accountants of district hospital informed that she/he waited for a month before clearing all the bills. The respondents were asked about their opinion of whether the JSY incentives have proved beneficial for them. 30% respondents said yes and the rest 70% said no. Hina Bhuriya claims "*500 Rupaye to sister ne hi le liye. Dawaikharcha 400 rupaye ka ho gaya. Itna kharchakaro fir bank kechakkarkato. Kya fayda yojana ka?*" [500 Rs was given to nurses and 400 Rs in buying medicines prescribed by doctor. Later on she visited bank couple of time to receive the benefit. What is the use of the scheme?] Naku Mandor states that proper care and polite behavior is what she expects from the health staff, money is secondary. Bose in his early research on JSY had aptly remarked that JSY is formulated by health Ministry 'babus', where accountancy dominates healthcare and the scheme emphasizes on doling out incentives to poor families for delivery and conveyance.<sup>10</sup>

### **3.5 48 Hours Stay and Post-Natal Care**

Under JSY scheme, it is compulsory for women to stay in hospital for 48 hours for post-partum care. Given the high post-partum risks care and close observation is must for

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10. Ashish Bose, "Speeding Up Reduction in Maternal Mortality, *Economic Political Weekly* 42, No. 03, 2007: 207.

mother and child both. Is it humane to expect a new born and for mother to stay in such hospitals? The compulsory stay is norm might do more harm than good to woman's health. Moreover, stressed by compulsions women opted to run away from the hospitals avoiding the detention. Will a woman return to any substandard facility for any post-partum care or any complications for that matter? Subhashri and others<sup>11</sup> made similar observations that women in few health facilities were discharged early due to inadequate space and women in other health facilities were compelled to stay without access to toilets so as to receive the cash incentives.

ASHA workers are expected to visit the woman after delivery up to 42 days to ensure that no complications have occurred. ASHA worker visits the newly delivered mother frequently ensuring that she has no post natal complications. Simultaneously, a woman is also encouraged for breastfeeding and taking proper diet.<sup>12</sup> Since, there are no incentives linked to PNC visits, the rate of PNC remains extremely low. Also, in many clusters of Jhabua, including city area, since the induction of ASHA's in 2014 there has been no training

### **3.6 Referrals and Transport Facility**

Without building all weathered roads and providing the necessary equipment's and facility in the health centers, what is the point of dragging women to the health center for institutional deliveries?<sup>13</sup> Isn't this another scandal where people are expected to beg, persuade or fight with ambulance drivers to be picked from their homes, where perhaps no

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11. Sri, S. B., Sarojini, N. & Khanna, R., 2012. An investigation of maternal deaths following public protests in a tribal district of Madhya Pradesh, Central India. *Reproductive Health Matters*, 20(39), pp. 11-20.

12. MoHFW, 2006. *Janani Suraksha Yojana, Guidelines*, New Delhi: MoHFW, Maternal health Division, Nirman Bhavan.

13. Ashish Bose, "Speeding Up Reduction in Maternal Mortality, *Economic Political Weekly* 42, No. 03, 2007: 207.

roads were ever built? For instance, Nawagaon and couple of other villages at a distance of 10km from Jhabua main town remained disconnected during monsoon in absence of concrete bridge and all weathered roads over the river Anas. The villagers from this cluster prefer to remain and suffer in their homes rather than risking their lives to cross the flooded river.

Once in labor every fraction of second is important in saving life of a woman. These step by step referrals result into not only panic but also in building up threat to their lives as crucial time is wasted in travelling. In case the emergency obstetric facility is still unavailable, the patient is referred from Jhabua to Indore. Indore(150km) is approximately thrice the distance to nearby Dahod (50 km), where people usually prefer to take treatment. Dahod (falls in Gujarat) is quite convenient for the people of Jhabua taking less than an hour to reach there. On the other hand with the numerous pot holes and long distance Indore hospital remains low on priority for the people, but the hospital staff without fail refers the patient to Indore only.

### **3.7 Health Service Providers**

Is the healthcare staff sensitive to the needs of the tribal people? To begin with in highly tribal concentrated district the healthcare staff should be from the locals.<sup>14</sup> Every patient that seeks healthcare at government facility comes with the hope for treatment and there is no reason that he/she should be humiliated. Once being neglected or insulted, the chances are that the patient would not return the next time and seek healthcare from bhagat or private doctor. Thirdly, to seek healthcare, the patients are foregoing their daily wages, therefore their time should be equally respected with immense poverty lack of single day's

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14. "Tribal health in India Bridging the Gap and a Roadmap for the future" National Health Systems Resource Centre, October 12, 2019, [https://drive.google.com/drive/folders/1Jpf7CXQ-mXVrLaJDv9PEG\\_4Z-lgIFBU5](https://drive.google.com/drive/folders/1Jpf7CXQ-mXVrLaJDv9PEG_4Z-lgIFBU5).

wage creates major difference. About 50% of the respondents replied that the behavior of the hospital staff was just fine, implying that it was not polite and decent. On further questioning, the respondents told that often the staff was quite rude with them.

### **3.8 Pressure for PPIUCD**

During in-depth interviews stated that they were forced to undergo insertion of Post-Partum Intra-uterine contraceptive device (PPIUCD). Women were neither counsel about PPIUCD nor the side effects were explained. It was only during the labour pain and immediately after the birth of child, they were told /forced to use this temporary contraceptive method. Needless to say government identifies the promotion of PPIUCD as favorable opportunity in the wake of high level of Institutional Deliveries. The women pointed out that this was one of the prime reasons for not availing the facilities of District Hospital, Jhabua. Some women stated that in the pressure they agreed to get PPIUCD, however after these women experienced excessive bleeding the doctor refused to remove the PPIUCD. Women were told to get it removed from the same doctor who inserted and were asked to revisit. Subhash Mori, 50 had come to the District hospital for the delivery of her daughter Soma. It is her third delivery. The doctors are pressurizing the daughter-father duo to get the PPIUCD done. Subhash is weeping, upset and narrating his saga at a tea stall—*“If I agree to PPIUCD for my daughter, what I will answer to my son-in law when he returns couple of months later? If I disagree, I am unsure what they (hospital staff) will do to my daughter.”* The insensitive attitude of service providers cause lot of pressure and harassment. Every patient is entitled to be informed about all contraceptive methods for spacing and their side effects. Moreover, the patient should have right to opt the method and when to get it done. The tactics of pressurization is utterly open violation of a rights with no suitable enquiry into it. The Medical Council of India in its regulations 2002 has clearly stated that consent from

both husband and wife needs to be taken in cases of sterility. The Supreme Court has emphasized in *Samira Kohli vs. Dr. Prabha Manchanda* case 2008, that the patient has inviolable right over his/her body and solely the patient should decide whether to opt for the prescribed treatment or surgery.<sup>15</sup>

### **3.9 High Out of Pocket Spending, Corruption and Missing Grievance Redressal**

The tribal committee report quotes that around Rs 4000 are incurred by a tribal women in child birth, however JSY only pays 1400 Rs. The expenditure incurred on drugs, consumables, informal payments and money lost in form of their wages result in high out of pocket spending's.

Bhoora Damor in his early twenties from Kardawad village came to the District Hospital for birth of his third child. Bhoora explains that it is must to give *bakshis* to sisters (referring to nurse) and *safai karamchari* as they often demand. He also paid the doctor Rs 2000 as the doctor claimed to get the normal delivery done instead of caesarean. In the current study, nearly all the respondents stated that they were demanded money and they paid 200 Rs to 500 Rs as bribe, barring a single woman who delivered in private facility. In case the bribes were not paid then the patients would be abused, harassed and threatened.. On confronting the Civil Surgeon he said that due to lack of written complaint, he was unable to take suitable action. Narsimhan aptly summarizes the impact of informal payments as "For the poorest, all healthcare needs could easily result in financial debts and social ruin, especially in most vulnerable households. In most countries, the financial and time costs of accessing maternal and child healthcare often contributed to household impoverishment. Universal coping

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15. Kajal Bhardwa, Veena Johari, and Vivek Diwan, "Right to Health: A winding Road to Actualization" In *Equality and Access: Health Care Studies in India* ed. Purendra Prasad, Amar Jesani, (New Delhi, Oxford, 2018), 278.

strategies such as borrowing money and reducing consumption of food or education resulted in long term negative impact that extended far beyond the initial direct costs”.<sup>16</sup>

Where 2/3<sup>rd</sup> of the population is illiterate, how is one expected to file a written complaint? The whole mechanism is biased against the illiterate population. Not one respondent could recall if any health staff was scolded, warned or punished for demanding informal payments.

Table-4 Percentage of women who paid *bakshis* to the health staff excluding what was paid to doctors.

| Amount of money | Percentage of women |
|-----------------|---------------------|
| 200-300         | 70%                 |
| 400             | 20%                 |
| 500 and above   | 0%                  |

## Conclusion

Thus the paper identifies various barriers which hold back the most underserved women from availing their right to avail proper healthcare. This was prime objective behind launching the JSY scheme. The intervention at the stage of delivery only and overemphasis on institutional deliveries need to compensate with intersectoral development where migration is curbed, food security is ensured, women education is taken seriously and the attitude of service providers need to be more co-cordial. The focus on institutional delivery was made to reduce out of pocket spending, with wide-spread corruption this seems a distant

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16. Sue Godt, Irene Agyepong, Walter Flores, and Gita Sen, “Healthy Lives for Vulnerable Women and Children,” International Development Research Center, October 20, 2019, <https://idl-bnc-idrc.dspacedirect.org/bitstream/handle/10625/56725/IDL-56725.pdf?sequence=2&isAllowed=y>.

goal. Comptroller and Auditor General in its performance audit of NRHM had warned of irregularities and corruption in JSY scheme, yet there were no measures taken to control or even reduce the instances. The scheme intends to reach the most vulnerable section of the society, however corruption and the other factors such as ambiguity in components of scheme etc. creates barriers gap between vulnerable section and healthcare services.

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