

# Awareness of Janani Shishu Suraksha Karyakram among women in Maharashtra, India

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## Abstract

*JSSK scheme introduced in the year 2011 has an enormous potential to impact the treatment seeking behaviour and can lead to a decline in MMR, IMR, and morbidity. Awareness about schemes and subsequently utilization among the target beneficiaries are one of the key towards success of any programme. However, utilization among target beneficiaries is subject to the awareness about the scheme. This paper brings out the findings on awareness and utilisation of the JSSK services based on a sample of 2,266 women who had recently given birth as representative at the state level. Within the state Amravati, Nanded, Nashik and Pune districts in the urban and rural levels were selected. The findings suggest differential level of awareness among women in rural areas and urban slums. Percentage of women who have heard about the JSSK scheme was found to be quite high in rural areas (52 per cent) than in urban slums (32 per cent). However, among those who are aware of JSSK scheme only 62 per cent of women knew about the JSSK scheme provided to mothers and only 20 per cent of women knew about the JSSK scheme being provided to sick neonates. Nearly, a quarter of women who are aware of JSSK schemes reported free transport, drug, diagnostics, diet, and exemption from all kinds of user charges as entitlements, whereas only 50 per cent and 60 per cent of women were aware of free blood transfusion and free referral transport respectively. Inter-district comparison shows 55 per cent of the interviewed women from Pune were aware about JSSK whereas in Nanded district only 39 per cent of women interviewed were aware about JSSK. Overall, the impact and outreach of JSSK scheme are concentrated in rural areas. Awareness about JSSK with each and every entitlement needs to be further strengthened for mothers and specifically for neonates which is now extended to infants, women in urban slums and in Nanded district.*

## I Introduction

In order to reduce the maternal and infant mortality, Reproductive and Child Health Programme National Rural Health Mission (NRHM) is being implemented by the Government of India. This is expected to promote institutional deliveries so that skilled attendance at birth is available and women and new born can be saved from

pregnancy and birth related deaths. Several initiatives have been launched by the Ministry of Health and Family Welfare (MoHFW), including Janani Suraksha Yojana (JSY) which is a key intervention that has resulted in phenomenal growth in institutional deliveries. More than one crore women benefit from the scheme annually and the outlay for it has exceeded Rs. 1600 crores per year (MoHFW 2013).

However, the phenomenal increase in institutional delivery has not resulted in a desired decline in maternal and infant mortality. Still about 56,000 women in India die every year due to pregnancy-related complications. Similarly, every year, more than 13 lakhs infants die within one year of birth and out of them approximately nine lakhs, i.e., two-thirds of the infant deaths take place within the first four weeks of life. Out of them, approximately seven lakhs, i.e., 75 per cent of the deaths take place within a week of the birth and a majority of them occur in the first two days after birth (MoHFW, 2011).

It is realized that though institutional delivery has increased significantly, the out of pocket expenses being incurred by pregnant women and their families are significantly high. This often acts as a barrier for the pregnant women who deliver at home as well as for sick neonates on account of poor access to health facilities (MoHFW, 2011). Important factors inhibiting access to health facilities include: (a) user charges for OPD, admissions, diagnostic tests, blood tests, etc.; (b) purchasing medicines and other consumables from the market; (c) in the case of a caesarean operation, expenses can be very high coupled with non-availability of diet in most institutions; and (e) dearth of transport to a health facility and back. Out-of-pocket expense for health is an important barrier for poor households to access the institutional health care and it has also an impoverishing effect on households.

In view of the difficulty faced by pregnant women and parents of sick newborn along with a high out of pocket expenses incurred by them for delivery and treatment of sick newborn, MoHFW has taken a major policy initiative to provide completely free and cashless services to pregnant women (including both normal deliveries and caesarean operations) and to sick newborn (up to 30 days after birth) in Government health institutions in both rural and urban areas. The Government of India launched the Janani Shishu Suraksha Karyakaram (JSSK) on 1st June, 2011 and all the states rolled it out immediately. It involves a new approach to health care, for the first time placing utmost emphasis on entitlements and elimination of out-of-pocket-expenses for both pregnant women and sick neonates. The initiative entitles pregnant women free delivery in public institutions and no expense to be incurred in delivery, including caesarean section besides to and fro transport. Similar entitlements have been put in place for all sick newborns accessing public health institutions for health care till 30 days after birth. This has now been expanded to cover infants. They are also entitled to visit free treatment facilities, besides free transport between home and facilities in case of referral.

## **II Key Features of the JSSK**

The new initiative entitles all pregnant women delivering in public health institutions for absolutely free and no expense delivery, including caesarean section. The entitlements include free drugs and consumables, free diet up to 3 days during normal delivery and up to 7 days for C-section, free diagnostics, and free blood wherever

required. The highlight of this scheme and the more popular among entitlements is the provision of free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for all sick newborns accessing public health institutions for treatment till 30 days after birth. The scheme aims to eliminate out of pocket expenses incurred by the pregnant women and sick newborns while accessing services at Government health facilities.

As the scheme has been implemented for more than two years by the states, the present study attempts to evaluate its functioning in Maharashtra in order to improve its functioning by identifying its strengths and weaknesses.

### **III Objective and Sampling**

One of the main objectives of the study is to evaluate the functioning of the JSSK with respect to awareness among target beneficiaries through a field-survey in Maharashtra. The specific objective is also to identify the gaps in outreach and suggest remedial measures.

#### ***Sampling Method***

Since one of the main issues in this study is the care of the neonates, we determined the sample size on the basis of the neonatal mortality rate in Maharashtra. Neonatal mortality is 19-20 per 1000 live births in Maharashtra. Using the coefficient of variation of the District IMRs (on the basis of DLHS-3), the sample size was estimated. It comes out to be 2200 and odd. For the purpose of convenience, we set our target and took 2200 births as the sample size during the preceding year of the survey.

The study was conducted in four districts and the target sample size in each district was set at 550 births from our target-groups viz:

- Tribal
- Non-tribal (Rural)
- Urban Slums

In these areas, the problems of neo-natal healthcare are expected to be more. Taking into account these target groups and the regional representation of the state, the districts of Amravati, Nashik, Pune and Nanded was selected. They have all the three target-groups and come from the four major divisions of Maharashtra.

A total of 550 births is divided into two components: 400 for tribal and non-tribal, rural areas, and 150 for urban slums. For tribal and non-tribal, rural areas, the next allocation is into two tribal, and two non-tribal PHCs with equal sample-size (100 births in each PHC). From tribal and non-tribal PHCs, generally three or four villages were selected by PPS method with a target of 100 births during the reference period, i.e., all the births that have taken place in the selected sampling units during the reference period of one year prior to the survey, i.e., 1.12.2013 to 30.03.2014 (till the date of survey) were covered in the study. The number of villages selected by PPS for tribal PHCs was slightly different from non-tribal PHCs. Wherever the size of tribal villages was small, we selected them till we got 100 births as per the data from ANM.

After selecting the villages, the R15 register maintained by ANM at Sub-Centre was referred to identify the women who delivered the child during the reference period from the selected villages.

From the list of slums in the cities, two slums were selected based on the size of the population/number of households – one at the first quartile and another at the third quartile. The sample of 150 births was distributed proportionately in the two slums. After selecting the slums, the R15 register maintained by the ANM in the Urban Health Post or the register maintained in the Anganwadi Centre was referred to identify the beneficiaries from the slums.

The survey is based on a sample of 2266 women that is representative at the state level within the districts in the urban and rural levels, and their slum and non-slum population. The individual response rate was 100 per cent for eligible women.

#### **IV Source of Information and Awareness about JSSK Services**

Table 1 depicts the awareness levels among women who had recently given birth during the reference period. Percentage of women who heard about the JSSK scheme was higher in rural areas (52 per cent) than in urban slums (32 per cent). Within rural areas women who heard about JSSK was slightly more in tribal areas (54 per cent) than in non-tribal areas (49 per cent) thereby implying 50 per cent of the interviewed women in non tribal areas and alarmingly 70 per cent of women in urban slums never heard about JSSK.

Women who heard about JSSK were further probed about the likely source of information about JSSK. The main sources of information about JSSK as reported by women in rural areas are ANMs (91 per cent), followed by ASHAs (81 per cent), and Doctors (49 per cent). Whereas, ANMs (85 per cent) and Doctors (61 per cent) are the main sources of information about JSSK reported by women in urban slums who have heard about JSSK. Very few women in urban slums also got to know about JSSK from Newspaper/Pamphlets/Posters (15 per cent), Relatives (14 per cent) and Radio/TV (13 per cent).

Level of awareness impacts the health seeking behaviour. Partial awareness of the scheme may lead to out of pocket expenditure which otherwise would have been available free of cost under JSSK.

Hence, awareness of JSSK scheme was further probed by each entitlement for both mother and sick neonates. Among women who reported awareness of JSSK scheme 62 per cent of women mainly from rural areas reported JSSK scheme covers only mothers and only 20 per cent of women were aware of JSSK scheme covers sick neonates.

JSSK scheme is a composite of essential health components leading to safe and timely delivery and neonatal care, such as free pick up transport, free diagnostics, free drugs and consumables, free referral transport if required, free diet, free blood if required, free drop back transport and exemption from all kinds of user charge. It may happen that a woman may not be aware of each and every component under JSSK or she may be under the impression that certain components under JSSK such as free drugs,

diagnostics, and free diet are available free of cost in government health facilities. Hence, women were probed about each of the components under JSSK to find her level of awareness and identify the lacunae in providing the information component wise.

Table 1: Percentage of Respondents by Awareness and Experience Regarding JSSK according to Residence

	Tribal	Non-Tribal	Tribal+non-tribal	Urban-Slums	Total
<i>Heard about JSSK</i>					
Yes	49.8	54.8	52.3	32.2	46.9
No	50.2	45.2	47.7	67.8	53.1
Total	100.0	100.0	100.0	100.0	100.0
No. of respondents	818	839	1657	609	2266
<i>Source of information about JSSK</i>					
ANM	95.6	96.7	96.2	85.7	90.9
ASHA	80.3	81.3	80.9	0.0	80.9
Doctor	42.0	34.8	38.2	61.2	49.7
Relative	5.4	6.3	5.5	14.3	9.9
Friend	0.2	0.4	0.3	7.1	3.7
Newspaper/ Posters/ Pamphlets	0.7	1.5	1.2	15.3	8.2
JSY Card	0.7	0.4	0.6	1.5	1.0
Radio/TV	3.2	6.3	4.8	13.8	9.3
Health Camp/AnganwadiSevika etc.	2.7	2.8	2.8	2.0	2.4
No. of respondents	407	460	867	196	1063
<i>Awareness of services provided during pregnancy &amp; delivery</i>					
Free transport (home to health facility)	76.7	72.0	74.3	41.2	65.4
Free essential diagnostics for pregnant woman	79.3	76.8	78.0	52.4	71.1
Free drugs & consumables for pregnant woman	78.4	77.1	77.7	50.9	70.5
Free provision of blood for pregnant woman	53.1	54.6	53.8	28.9	47.1
Free diet during stay in the facility after delivery	74.4	71.3	72.8	43.3	64.9
Free transport between facilities in case of referral	63.2	60.1	61.1	35.5	54.6
Free drop back from facility to home after 48 hours stay	75.1	71.3	73.1	40.9	64.5
Exemption from all kinds of user charges	71.5	68.1	69.8	41.4	62.1
No. of respondents	818	839	1657	609	2266
<i>Aware about the free services provided for sick neonate/infant)</i>					
Free Transport (Home to Facility) for sick neonate	26.8	27.2	27.0	6.2	21.4
Free Diagnostics for sick neonate	27.0	26.7	26.9	6.4	21.4
Free Drugs & Consumables for sick neonate	27.0	26.6	26.8	6.2	21.3
Free provision of blood for sick neonate	23.2	24.2	23.7	6.1	19
Free Transport between facilities (referral)	24.2	24.3	24.3	5.7	19.3
Free drop back from Facility to Home for sick neonate	25.3	25.5	25.4	5.9	20.2
Exemption from all kinds of user charges for sick neonate	25.6	25.4	25.5	6.4	20.3
No. of respondents	818	839	1657	609	2266

Contd...

Table 1: Percentage of Respondents by Awareness and Experience Regarding JSSK according to Residence

	Tribal	Non-Tribal	Tribal+non-tribal	Urban-Slums	Total
<i>Received phone and toll free number during pregnancy</i>					
ANM/ASHA's phone number	69.9	62.7	66.3	27.6	55.9
Aware of toll free number	3.9	2.1	3.0	0.8	2.4
No. of respondents	818	839	1657	609	2266
<i>Toll free numbers as given by respondents</i>					
102	96.9	88.9	94.0	100	94.5
108	0.0	11.1	4.0	0.0	3.6
18002334600	3.1	0.0	2.0	0.0	1.8
Total	100.0	100.0	100.0	100.0	100.0
No. of respondents	32	18	50	05	55

Nearly, 70-75 per cent of women in rural areas knew about the availability of free transport, free diet, free diagnostics, free drugs and consumables, exemption from all kinds of user charges and free drop back facilities. However, a little more than 50 per cent and 60 per cent of women were aware of free blood transfusion and free referral transport respectively in tribal and non tribal areas.

In contrast, among the women in urban slums who were aware of JSSK only a little more than 50 per cent of women were aware of free drugs and consumables and free diagnostics. Near about 40 per cent of women in urban slums were aware of free diet, free pick up and drop back transport facilities and exemption from all kinds of user charges. This variation in awareness of JSSK scheme by componentwise reflects the women in urban slums were aware that free drugs and consumables and free diagnostics are available in government health facilities and not specifically under JSSK scheme. Further, only 29 per cent of women in urban slums were aware of free blood if required and 35 per cent of women were aware of free referral transport.

The awareness levels among the mothers on the other important aspects of JSSK viz. Free pick up and drop back transport, free diagnostics, free drugs and consumables, free blood and free referral transport if required to sick neonates under this scheme were also obtained.

A little more than a quarter of the women knew about that JSSK scheme covers neonates in tribal and non tribal areas as compared to a negligible (six per cent) of women in urban slums with a little variation in the awareness of each component under JSSK for neonates.

The response from mothers on the receipt of toll free number during pregnancy, shows nearly 70 per cent of women in tribal areas and 62 per cent women in non tribal areas compared to only 27 per cent women in urban slums received the phone and toll free numbers during pregnancy. Only two per cent of women reported being aware of the toll free number. Among those who reported being aware of toll free number nearly 94 per cent reported the correct toll free number.

Differential in awareness may be attributed to differential background characteristics. Identifying these differentials is crucial in extending and strengthening the awareness

about JSSK schemes on a large scale through effective information, education and communication programme.

Table 2 presents the distribution of women who have heard about JSSK by background characteristics. Nearly, 60-66 per cent of women in the older age group of 40 and above and 35-39 years of age have heard about JSSK, and nearly 50 per cent of women in the age group 25-29 and 30-34 years of age have heard about JSSK schemes. Only, 40-46 per cent of women in the age groups 15-19 and 20-24 years of age have heard about JSSK. It needs to be noted that the majority of the births is from women in the age group 20-29 compared to only one per cent birth to women in the age group 35 and above.

District wise comparison of women who have heard about JSSK shows 55 per cent of women in Pune district, followed by 51 per cent of women in Amravati district, 41 per cent of women in Nashik, and 40 per cent of women in Nanded district have heard about JSSK.

Women who have heard about JSSK varies directly with their level of education except for women with no education. The per cent of women with no level of education and who have heard about JSSK is 41 per cent as compared to 34 per cent of women who have heard about JSSK and with 1-4 years of completed level of education. This implies there is not much difference in the level of awareness about JSSK scheme between women with educational level 1-4 years of education and with no level of education. The number of women who heard about JSSK scheme ranges from 43-48 per cent of women with 5-7 and 8-10 years of education to 57 per cent of women with 11-12 years and 12 and above years of completed level of education. Hence, as the level of education increases awareness also increases.

About 50 per cent of women belonging to Hindu religion were aware of the scheme as compared to 34 per cent of Muslim women and 28 per cent of Buddhist women. This is due to the fact that Muslim and Buddhist women were mainly residing in urban slums where only 32 per cent of women heard about the scheme as compared to 52 per cent of women residing in rural areas.

Caste wise only 38 per cent of SC women respondents heard about JSSK compared to 54 per cent of NT women, 47 per cent each of OBC and OPEN caste women and 49 per cent of ST women. This can again be attributed to the fact that SC women mainly reside in urban slums where the awareness level is already low.

By standard of living nearly 43 per cent of women from low SLI, 48 per cent of women from high SLI and 49 per cent of women from medium SLI have heard about JSSK. However, only 43 per cent of women having BPL cards heard about JSSK as compared to 50 per cent of women without BPL cards. Overall, women in younger age groups with lower levels of education, and residing in urban slums did not heard about JSSK.

Table 2: Heard about JSSK by Background Characteristics, 2014

Background characteristics	Heard about JSSK		Total
	Yes	No	
<i>Age</i>			
15-19	39.7	60.3	237
20-24	46.2	53.8	1305
25-29	50.1	49.9	601
30-34	51.4	48.6	105
35-39	60.0	40.0	15
40+	66.7	33.3	3
<i>Place of residence</i>			
Tribal	49.8	50.2	818
Non-tribal	54.8	45.2	839
Urban-slums	32.2	67.8	609
<i>District</i>			
Amaravati	51.2	48.8	564
Nanded	39.9	60.1	582
Nashik	41.1	58.9	565
Pune	55.9	44.1	555
<i>Education</i>			
No education	41.0	59.0	268
1-4 years complete	34.3	65.7	213
5-7 years complete	43.1	56.9	485
8-10 years complete	48.7	51.3	821
11-12 years complete	56.2	43.8	349
12+ years complete	57.7	42.3	130
<i>Religion</i>			
Hindu	49.5	50.5	1936
Muslim	34.2	65.8	161
Christian	25.0	75.0	4
Sikh	50.0	50.0	2
Buddhist/Neobuddhist	28.8	71.2	163
<i>Caste</i>			
SC	38.1	61.9	514
ST	49.6	50.4	673
NT	54.4	45.6	285
OBC	47.1	52.9	333
OPEN	47.9	52.1	461
<i>SLI</i>			
Low	43.0	57.0	865
Medium	49.4	50.6	1284
High	48.7	51.3	117
<i>BPL</i>			
Yes	43.6	56.4	1182
No	50.6	49.4	1084
No. of respondents	1063	1203	2266

The awareness level among mothers about the JSSK scheme and its various components and the sources of knowledge by districts are presented in Table 3. Among the women interviewed the percentage of women who heard about JSSK scheme is 55 per cent in Pune district, 51 per cent in Amravati district, 41 per cent in Nashik district and only 39 per cent in Nanded district.



The main sources of information through which the mother heard about JSSK are ANM (90 per cent), ASHA (71 per cent) and Doctors (38 per cent). Nearly 94 per cent of women who heard about JSSK scheme in Amravati and Nanded districts and 85 per cent of women in Pune and Nasik district heard about JSSK from ANMs. About 80 per cent of women in Amravati and Nanded districts and 60 per cent of women in Pune and Nasik districts heard about JSSK scheme from ASHAs. Doctors are also the main source of information about JSSK to 60 per cent of women in Nanded district and nearly 30 per cent of women in other districts.

JSSK scheme covers both mothers and neonates the awareness level in terms of JSSK scheme for both mother's and neonates was asked to women who had given birth during the reference period. When asked about the beneficiaries of the scheme, the majority of the women (60 per cent) knew about the JSSK scheme to mother and only less than quarter of women were aware of JSSK scheme to sick neonates.

More than 60 per cent of women in Amravati, Pune and Nashik districts knew about free home to facility transport, free diet, and free drop back facilities except in Nanded district where only 54, 55 and 57 per cent of the women knew about the respective facilities under JSSK scheme.

However, availability of free blood transfusion were known to only 47 per cent of women in general with lowest in Nanded district (39 per cent) and in the rest of the districts 50 per cent of women were aware of free provision of blood if required. Further, availability of free referral transport was known to 54 per cent of women and majority 62 per cent is from Amravati district, 53 per cent and 55 per cent of women in Pune and Nashik districts respectively and a lowest of 46 per cent women in Nanded district.

The awareness levels among the mothers on JSSK services provided to sick neonates was also obtained. Less than a quarter of the mothers (20 per cent) knew about the JSSK services for neonates, while this knowledge was mainly concentrated to women in Pune district (25 per cent), followed by Amravati (20 per cent), Nashik (19 per cent) and Nanded (12 per cent).

Around 55 per cent of women received ANM/ASHAs phone and toll free number, with highest from Amravati district (64 per cent), followed by Pune district (60 per cent), Nanded (51 per cent) and Nashik (47 per cent). Only, two per cent of women were aware of toll free number and those who received toll free number, 100 per cent of the women from Amravati and Nashik districts reported correct toll free number, whereas in Pune (94 per cent) and Nanded (87 per cent) of women reported correct toll free number.

Overall, awareness of JSSK was lowest in Nanded district and comparatively better in Pune and Amravati districts.

Table 3: Percentage of Respondents by Awareness and Experience Regarding JSSK according to Districts, 2014

Background characteristics	Amravati	Nanded	Nashik	Pune	Total
<i>Heard about JSSK</i>					
Yes	51.2	39.9	41.1	55.9	46.9
No	48.8	60.1	58.9	44.1	53.1
Total	100.0	100.0	100.0	100.0	100.0
No. of respondents	289	232	232	310	1063
<i>Source of Information about JSSK</i>					
ANM	94.5	94.0	84.9	87.7	90.3
ASHA	82.0	78.4	65.1	61.0	71.4
Doctor	34.9	59.1	34.5	29.0	38.4
TV	4.5	2.6	7.8	9.0	6.1
<i>Aganwadisevika etc.</i>	2.4	1.3	3.0	2.9	2.4
Posters	4.5	1.3	1.7	1.3	2.3
Relative	0.7	1.3	3.0	2.9	2.0
Friend	2.8	0.4	1.7	0.3	1.3
Newspaper	0.7	0.0	3.0	0.3	0.9
Others	1.0	0.4	0.8	2.5	1.4
No. of respondents	289	232	232	310	1063
<i>Aware about the following free services provided during pregnancy and delivery</i>					
Transport (home to health facility)	67.4	54.8	63.9	76.0	65.4
Essential diagnostics for pregnant woman	74.5	66.5	67.6	76.2	71.1
Drugs & consumables for pregnant woman	74.1	64.3	67.8	76.2	70.5
Provision of blood for pregnant woman	49.6	39.5	48.1	51.5	47.1
Diet during stay in the facility after delivery	69.1	55.8	64.4	70.6	64.9
Transport between facilities in case of referral	62.8	46.7	55.6	53.5	54.6
Drop back from facility to home after 48 hrs stay	69.5	57.7	63.5	67.4	64.5
Exemption from all kinds of user charges	66.3	54.6	61.4	66.5	62.1
No. of respondents	564	582	565	555	2266
<i>Aware about free services provided for sick neonate/infant)</i>					
Transport (Home to Facility) for sick neonate	21.1	12.5	19.8	32.6	21.4
Diagnostics for sick neonate	20.9	12.2	20.2	32.6	21.4
Drugs & Consumables for sick neonate	20.9	12.0	20.0	32.6	21.3
Provision of blood for sick neonate	20.4	11.9	17.3	26.7	19.0
Drop back from Facility to Home for sick neonate	20.2	11.9	18.9	30.1	20.2
No. of respondents	564	582	565	555	2266
<i>Information received during pregnancy</i>					
ANM/ASHA's phone number	64.7	51.4	47.4	60.2	55.9
Aware of toll free number	3.0	2.7	0.9	3.1	2.4
No. of respondents	564	582	565	555	2266
<i>Toll free number as given by respondents who are aware of the toll free number</i>					
102	100.0	87.5	100.0	94.1	94.5
108	0.0	12.5	0.0	0.0	3.6
18002334600	0.0	0.0	0.0	5.9	1.8
No. of respondents	17	16	05	17	55

Note: Others include JSY cards, pamphlets, radio and health camps.

Table 4 presents the percentage of women by background characteristics who have heard about JSSK and by districts. More than fifty per cent of women who have heard about JSSK are in the age group 20-24, with not much difference between districts followed by 28 per cent of women in the age group 25-29 years of age with 34 per

cent in Amravati district and the other three districts in the range of 24 to 27 per cent of women.

Table 4: Heard about JSSK Percentage Heard about JSSK by Background Characteristics according to Districts, 2014

Background characteristics	Amravati	Nanded	Nashik	Pune
<i>Age code</i>				
15-19	4.8	8.2	7.3	14.2
20-24	54.0	59.9	57.3	56.5
25-29	34.9	26.7	27.2	24.2
30-34	4.5	4.3	6.9	4.8
35-39	1.4	0.9	0.9	0.3
40+	4.3	0.0	0.4	0.0
Total	100.0	100.0	100.0	100.0
<i>Place of residence</i>				
Tribal	36.3	40.9	38.8	37.7
Non tribal	39.8	41.8	42.2	48.4
Urban slums	23.9	17.2	19.0	13.9
Total	100.0	100.0	100.0	100.0
<i>Education</i>				
No education	11.8	18.1	10.8	2.9
1-4 years complete	4.2	12.9	7.8	4.2
5-7 years complete	11.8	30.6	19.0	19.4
8-10 years complete	34.6	23.3	40.5	49.0
11-12 years complete	27.3	9.9	16.8	17.7
12+ years complete	10.4	5.2	5.2	6.8
Total	100.0	100.0	100.0	100.0
<i>Religion</i>				
Hindu	82.4	86.2	95.7	96.5
Muslim	9.3	8.2	2.6	1.0
Christian	0.0	0.4	0.0	0.0
Sikh	0.0	0.0	0.0	0.3
Buddhist/Neobuddhist	8.3	5.2	1.7	2.3
Total	100.0	100.0	100.0	100.0
<i>Caste</i>				
SC	21.5	15.5	19.8	16.8
ST	33.2	25.9	33.6	32.3
NT	8.0	29.7	7.8	14.5
OBC	24.6	12.9	6.9	12.9
OPEN	12.8	15.9	31.9	23.5
Total	100.0	100.0	100.0	100.0
<i>SLI</i>				
Low	24.2	26.7	16.4	14.5
Medium	24.6	28.0	24.6	23.9
High	51.2	45.3	59.1	67.1
Total	100.0	100.0	100.0	100.0
Total	51.2	39.9	41.1	55.9
Number	289	232	232	310

District wise rural, urban difference was striking with 80 per cent of women in rural areas heard about JSSK compared to only 18 per cent of women in urban slums. The gap between rural areas and urban areas in Pune district was striking with only 14 per cent of women in urban slums heard about JSSK and within rural areas 48 per cent of women in non-tribal areas heard about JSSK as compared to only 37 per cent of women in tribal areas.

In all the districts with the highest per cent of women (37 per cent) who have heard about JSSK were with educational level 8-10 years of completed education, except in Nanded district where the highest per cent of women (30 per cent) were with 5-7 years of completed education.

Castewise in all the districts ST (31 per cent) have heard about JSSK schemes except in Nanded district (29 per cent) with highest per cent were from NT.

The majority of the beneficiaries who have heard about JSSK by districts belongs to a high standard of living of 55 per cent and concentrated mainly in Pune district (62 per cent), followed by Nashik (59 per cent), Amravati (51 per cent) and Nanded (45 per cent). Women with high SLI have greater means to explore IEC as compared to women from lower SLI.

## **V Summary**

Differential level of awareness was observed for women in rural areas (52 per cent) and urban slums (32 per cent) with the majority of the women in rural areas aware about JSSK as compared to women in urban slums. The Inter district comparison shows the proportion of women from Pune (55 per cent) were more aware about JSSK than women in Nanded district (39 per cent). The majority of the women reported awareness about JSSK entitlements to mothers and only a quarter of women respondents were aware about JSSK entitlement to neonates. Within entitlements very few women were aware of the availability of free blood (47 per cent) and referral transport if required (54 per cent) as compared to other entitlements. Women in urban slums were aware of free drugs, diagnostics and diet as compared to other entitlements. This may be attributed due to the fact that women may have perceived of free availability of drugs and diagnostics in government health facilities. The main source of information about JSSK in rural areas was ANM and ASHAs whereas in Urban slums were ANM and Doctors. Very few women (two per cent) were aware of toll free number, however, most of them were aware of ANM/ASHA number. Women belonging to medium and higher SLI were more aware about JSSK compared to women from lower SLI. Overall awareness about JSSK needs to be further strengthened by each and every entitlement to mother and specifically to neonates. Awareness needs to be strengthened for women in urban slums and in Nanded district.