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AN EVALUATIVE STUDY ON THE IMPACT OF RAJASTHAN JANANI SHISHU SURAKSHA YOJANA SCHEME IN IMPROVING MATERNAL AND CHILD HEALTH OUTCOMES IN RAJASTHAN

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Abstract: *The Rajasthan Janani Shishu Suraksha Yojana (JSSY) has played a pivotal role in promoting maternal and child health in Rajasthan, India. This paper aims to assess the effectiveness of the JSSY initiative in improving health outcomes for mothers and children in the state. The study evaluates the program's impact on hospital deliveries, neonatal mortality rates, and access to maternal and child healthcare services. It also examines the challenges and obstacles faced in the implementation of the JSSY scheme. The research findings are expected to contribute to evidence-based policymaking and the enhancement of healthcare for mothers and children, not only in Rajasthan but also in other regions facing similar healthcare challenges.*

Keywords: *JSSY Impact, Maternal Healthcare, Child Healthcare, Neonatal Mortality, Hospital Deliveries, Healthcare Access, Etc.*

INTRODUCTION

The JSSY approach can be credited for the rise in hospital deliveries and the decline in fatalities among mothers and newborns. The approach has additionally enhanced the accessibility of maternal and child healthcare services in the underprivileged areas of the state. There are numerous advantages associated with the JSSY scheme for pregnant women and their offspring. The costs associated with childbirth and postnatal care for the mother and infant for a period of 30 days are covered. Reimbursement will be provided for transportation expenses related to hospital visits for postpartum care, including delivery and pick-up.

The programme is currently being put into action in regional medical centres, local healthcare centres, and initial treatment clinics. The private healthcare services provided under the scheme are held to equivalent quality standards and government oversight as the services provided by public facilities. Rajasthan has experienced significant improvements in maternal and child health as a result of the JSSY initiative. From 2010-11 to 2019-20, there was an increase in the percentage of births that took place in hospitals from 68.4% to 85.6%. During the same period, the neonatal mortality rate in the state decreased from 37 per 1000 live births in 2010 to 24 per 1000 live births in 2020.

Women are an important part of the society. This is equivalent to almost half of the world's population. As soon as the issue of empowerment of women arises, the thinking starts that whether women are really weak and they need empowerment. Nature has entrusted women with the strong task of giving birth to the universe by providing them physically more immunity than men. Giving birth to a child is a very difficult task. Only a healthy mother can give birth to a healthy child.

The act of becoming a mother is synonymous with the completion of a woman's femininity. The human race is nature's most priceless and valuable gift. But unfortunately, being a mother often ends a woman's life. In many cases, supportive elements that promote safe birth, such as appropriate nutrition, health checks, or delivery by skilled health professionals, result in the death of both the mother and the infant. These variables include proper nutrition; health checks; and delivery by qualified health personnel.

People in our remote area often have neither the knowledge nor the access to resources that would allow them to provide appropriate care for pregnant women. This is a frequent problem in our region. In a nation like India, which has a vast population, there are a lot of different factors that might contribute to maternal mortality. The most significant factor is bleeding that takes place throughout the delivery process. One third of maternal fatalities are caused by bleeding complications. The number will follow immediately after this. A quarter of all maternal fatalities are caused by complications during labour and delivery, including puerperal fever and obstructed labour. 19% of all fatalities may be attributed to anaemia. Is Abortion and poisoning both account for eight percent of the fatalities that occur among females.

In recent years, India has formulated novel conceptualizations of economic prosperity. Nevertheless, the efficacy of these advancements remains contingent upon the overall well-being of every individual residing inside the country. The issue of 'health' assumes heightened significance for a substantial segment of the nation's population, namely the remaining fifty percent. The impact of an individual's citizenship status might also manifest in their healthcare decision-making. When examining the process of reproduction, it is important to acknowledge that a significant proportion of women experience mortality or severe morbidity after childbirth. The Indian government aggressively advocates for the use of public health services for the purpose of birthing and maternal care. The right to health is a fundamental aspect of the right to life. However, the importance of this right is further magnified in the context of maternal health.

During the span of a woman's reproductive years, which typically occurs between the ages of 15 and 45, there is a notable elevation in the likelihood of premature death and diminished physical well-being. The mortality risk during pregnancy for women in India is much greater compared to those residing in affluent countries. India's high maternal mortality rate may be attributed to several reasons, including malnutrition, multiple pregnancies, inadequate termination of pregnancies, and severe postpartum haemorrhage. India has a notably elevated prevalence of infant mortality when compared to other nations.

The evaluation of women's lifestyle choices in Indian culture may be appropriately conducted only within the framework of their family connections. Women fulfil a crucial role within the familial system as mothers and wives. The distinctive characteristics of Indian society are shown by the very low life expectancy rate experienced by its population. It is a prevalent phenomenon for women hailing from economically disadvantaged households to conceal their diseases, mostly to safeguard the welfare of their family and to mitigate the additional financial strain connected with medical expenses.

Due to prevailing poverty levels, a significant proportion of families lack access to nutritionally rich food, hence disproportionately affecting women. The existence of resilient women is essential for the stability of a household. Under his guidance, every individual within the family is seeing advancement in their socioeconomic status. The health condition of an individual has a direct impact on the members of their family. Specifically, when the women in the household are in good health, it has a positive effect not only on these women but also on other family members. A woman's ability to adequately support her family and fulfil their needs is contingent upon her excellent health. In Indian culture, a commonly used adage is often referenced. Once an individual has achieved a degree of satisfaction and established a sound physical condition, it is

important to prioritise a woman's holistic well-being. The correlation between the health of mothers and the well-being of their offspring is a significant factor in fostering the growth of a future generation characterised by both physical well-being and emotional happiness.

Maintaining a comprehensive dietary regimen is crucial for promoting a healthy pregnancy and should be adhered to by all women throughout gestation. The concept of a "balanced diet" encompasses the intake of a diverse range of nutrient-rich foods in suitable proportions. The primary objective of women is to successfully give birth to a child in good health. To achieve this objective, it is crucial to prioritise a pregnant woman's dietary intake, focusing on the consumption of nutrient-dense foods in sufficient amounts. This has great importance. The maternal diet has a direct influence on foetal development throughout gestation. Pregnant women should adhere to a diet that adequately meets the nutritional needs of the developing foetus.

Conversely, it is often noted that a significant proportion of pregnant women fail to adhere to a nutritious dietary regimen throughout both pregnancy and the postpartum period. As a consequence, individuals with this condition exhibit a heightened susceptibility to anaemia, physical debility characterised by fatigue, and often encounter symptoms of dizziness. Additionally, there exists a potential risk of mortality due to postpartum haemorrhage. Following childbirth, women often have certain needs and expectations that are often unfulfilled by the healthcare system.

In contemporary society, there remains a segment of individuals who fail to provide sufficient nourishment to expectant mothers, particularly if they happen to be female. Consequently, it is imperative to prioritise comprehensive care for pregnant women, as well as for mothers and their newborn infants following delivery, in order to address this issue. This phenomenon persists in contemporary culture, when some individuals exhibit a tendency to overlook or disregard the gender assigned to a particular individual at birth. Both males and females possess an equal need for an adequate amount of nutritious sustenance and attentive care.

A considerable percentage of women have anaemia due to insufficient access to healthcare and inadequate consumption of nutrient-rich diet. Consequently, individuals will experience a decline in their immune response to infections, which will have adverse effects on both their physical and mental well-being. Table 1.1 presents a breakdown of the individual features of married women in India who are afflicted with anaemia.

Table 1.1 Married women suffering from anemia

Sr. No.	State	Percentage	Sr. No.	State	Percentage
1.	Assam	69.50	19.	Karnataka	51.50
2.	Jharkhand	68.50	20.	Himachal Pradesh	51.10
3.	Bihar	68.40	21.	Maharashtra	49.40
4.	Tripura	64.10	22.	Meghalaya	46.20
5.	West Bengal	64.10	23.	Delhi	45.30
6.	Andhra-Pradesh	62.30	24.	Mizoram	39.60
7.	Odisha	62.30	25.	Punjab	39.10

8.	Sikkim	61.10	26.	Goa	38.10
9.	Chhattisgarh	58.40	27.	Manipur	36.10
10.	Haryana	55.10	28.	Kerala	32.80
11.	Madhya-Pradesh	55.10	29.	Nagaland	NA
12.	Gujarat	54.30	30.	Andaman Nicobar	NA
13.	Uttarakhand	54.20	31.	Chandigarh	NA
14.	Tamilnadu	53.20	32.	Dadar Nagar Haveli	NA
15.	Jammu-Kashmir	53.10	33.	Daman Dweep	NA
16.	Rajasthan	53.10	34.	Lakshya Dweep	NA
17.	Uttarpradesh	51.90	35.	Panducheri	NA
18.	Arunachal Pradesh	51.60			

Source: Ministry of Health and Family Welfare, Department of Health Date 1/07-2023 / time 11:10am

The data presented in Table 1.1 indicates that the states with the highest prevalence of anaemia among married women are Assam (69.50%), Jharkhand (68.50%), Bihar (68.40%), Tripura (64.10%), West Bengal (64.10%), Andhra Pradesh (63.90%), Odisha (62.30%), and Sikkim (61.10%). Chhattisgarh exhibits a literacy rate of 58.40 percent, while Haryana and Madhya Pradesh both demonstrate a literacy rate of 55.10 percent. Gujarat follows closely with a literacy rate of 54.30 percent, while Uttarakhand and Tamil Nadu showcase literacy rates of 5420 percent and 5320 percent, respectively. Jammu and Kashmir, as well as Rajasthan, both present a literacy rate of 53.10 percent. Uttar Pradesh and Arunachal Pradesh display literacy rates of 5190 percent and 51.60 percent, respectively. Lastly, Karnataka and Himachal Pradesh exhibit literacy rates of 5150 percent and an undisclosed value, respectively. A total of 51.10 percent of women are afflicted with anaemia. In a similar vein, the state of Maharashtra has a percentage of 49.40. In the state of Meghalaya, the prevalence of anaemia among women is reported to be 46.20 percent. Similarly, in Delhi, the prevalence is at 45.30 percent, while in Mizoram it is 39.60 percent. In Punjab, the prevalence is 39.10 percent, followed by Goa at 38.10 percent. Manipur has a prevalence of 36.70 percent, while Kerala has a prevalence of 32.80 percent among women suffering from anaemia.

The conclusion derived from the table indicates that the prevalence of anaemia among women in India is higher compared to the states of Jharkhand, Bihar, Assam, West Bengal, Tripura, Andhra Pradesh, Odisha, Sikkim, Chhattisgarh, and Madhya Pradesh. Conversely, the number of women suffering from anaemia is greater in states such as Gujarat, Madhya Pradesh, Jammu Kashmir, Uttarakhand, Rajasthan, Tamil Nadu, Uttar Pradesh, Karnataka, Himachal Pradesh, Arunachal Pradesh, Kerala, Meghalaya, Punjab, Mizoram, Maharashtra, Goa, Delhi, and Manipur. However, it is important to note that the prevalence of anaemia among women in Haryana is lower than the aforementioned states. is somewhat smaller.

In a comparative analysis between India and Haryana, it is seen that 57.10 percent of women in India as a whole have anaemia, whereas in Haryana, the corresponding figure is 55.10 percent. The initiation of the National Rural Health Mission was undertaken by the Central Government in the year 2005. In the

aforementioned year, the Janani Suraksha Yojana was initiated with the aim of mitigating mother and newborn mortality rates via the facilitation of institutional childbirth. deliveries provide better access to skilled healthcare professionals and necessary medical interventions. Following childbirth, the expectant mother and her infant get comprehensive access to a wide range of amenities and services. A comprehensive prohibition on home delivery has been implemented by the government. Home birth is often seen as inappropriate owing to several associated issues, including adverse effects on the health of the pregnant woman such as low blood pressure, delayed wailing of the infant, and increased postpartum stress experienced by the mother. The female midwife may have challenges in managing pain and other related issues. Additionally, there have been instances when the midwife has shown improper technique in severing the umbilical chord, posing potential risks to the newborn. A mother's ability to provide timely and suitable guidance during an emergency is often hindered by a lack of comprehensive comprehension.

As a result of this, both the mother and child encounter significant difficulties. In institutional settings, pregnant women get specialised care throughout the birth process. One notable aspect of this care is the use of sterilised delivery equipment for each individual, since these tools are subjected to boiling in water before to use. This precautionary measure aims to minimise the risk of infection for both the mother and the newborn infant. The institutions possess a cadre of skilled healthcare professionals, namely nurses and female physicians specialising in gynaecology, who provide comprehensive services to expectant mothers throughout the process of childbirth. The adoption of the Janani Suraksha Yojana has resulted in a rise in the number of institutional deliveries. The specific information pertaining to this is provided in Table 1.2.

Table 1.2 Institutional Delivery in India

Sr. No.	Name of States	Institutional Delivery (Percentage)
1.	Lakshadweep	99.90
2.	Puducherry	99.90
3.	Kerala	99.90
4.	Tamil Nadu	99
5.	Goa	96.90
6.	Andaman and Nicobar	96.60
7.	Sikkim	94.70
8.	Karnataka	94.30
9.	Chandigarh	91.60
10.	Telangana	91.50
11.	Punjab	90.50
12.	Maharashtra	90.30

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13.	Damandweep	90.10
14.	Gujarat	88.70
15.	Dadar Nagar Haveli	88
16.	Orissa	85.40
17.	Delhi	84.40
18.	Rajasthan	84
19.	Madhya Pradesh	80.80
20.	Haryana	80.50
21.	Mizoram	80.10
22.	Tripura	79.90
23.	Himachal Pradesh	76.40
24.	West Bengal	75.20
25.	Assam	70.60
26.	Chhattisgarh	70.20
27.	Manipur	69.10
28.	Uttarakhand	67.80
29.	Uttar Pradesh	67.80
30.	Bihar	63.80
31.	Jharkhand	61.90
32.	Meghalaya	54.40
33.	Andhra Pradesh	52.30
34.	Arunachal-Pradesh	52.30
35.	Nagaland	32.80

Source: Ministry of Health and family Welfare, Department of health Date 05/7/-2023/ 10:15 AM

The data presented in Table 12 demonstrates a notable increase in institutional deliveries in India. Specifically, the states and union territories of Lakshadweep, Puducherry, Kerala, Tamil Nadu, Goa, Andaman and Nicobar, Sikkim, Karnataka, Chandigarh, and Telangana have witnessed a high percentage of women giving birth in hospitals, ranging from 91.50% to 99.90%. Conversely, Punjab, Maharashtra, Damandeep, Gujarat, Dadar Nagar Haveli, Orissa, Delhi, Rajasthan, Madhya Pradesh, Haryana, Mizoram, and Tripura have reported lower

percentages, ranging from 79.90% to 90.50%. These findings suggest a positive shift towards institutional deliveries as opposed to home births. In a similar vein, the states of Himachal Pradesh, West Bengal, Assam, Chhattisgarh, Manipur, Uttarakhand, Uttar Pradesh, Bihar, and Jharkhand reported percentages of 76.40, 75.20, 70.60, 70.20, 69.10, 67.80, 67.80, 63.80, and 61.90, respectively, for the proportion of women who underwent institutional delivery. The prevalence of institutional births has shown a notable growth throughout the states of India. The states of Meghalaya, Andhra Pradesh, Arunachal Pradesh, and Nagaland have reported percentages of women delivering in hospitals as 54.40%, 52.30%, 52.30%, and 32.80% respectively.

The data shown in the table indicates a noticeable upward trend in the prevalence of institutional deliveries in India over recent years. This positive development has correspondingly led to a reduction in both maternal mortality and newborn mortality rates. The primary factor contributing to the rise in institutional deliveries can be attributed to the implementation of the Janani Suraksha Yojana under the National Rural Health Mission. The primary objective of this initiative is to promote institutional deliveries. However, it is regrettable that despite the government's extensive efforts, a significant proportion of deliveries continue to occur at home in regions such as Meghalaya, Andhra Pradesh, and Arunachal Pradesh, where nearly half of all deliveries take place outside of healthcare facilities. Similarly, in Nagaland, over two-thirds of deliveries occur at home. An increasing number of women choose for home births as opposed to hospital births, a trend that raises concerns. There is a pressing need to enhance the quality and accessibility of healthcare services in Nagaland in order to effectively address health-related challenges.

The Janani Suraksha Yojana is an initiative implemented by the National Rural Health Mission of the Government of India with the aim of mitigating the death rate among mothers and infants. The aforementioned system was adopted nationwide in India in the year 2005. Maternity protection refers to the legal and social measures put in place to safeguard the rights and well-being of pregnant women and new mothers The project in question is a fully funded initiative by the central government, with the responsibility of implementation and subsequent follow-up falling within its jurisdiction. This programme offers financial aid for caregiving purposes. Each year, a significant number of women are availing themselves of this programme. A comprehensive compilation of ladies hailing from various states in India. The table provided below presents the information on the beneficiaries of the Janani Suraksha Yojana.

Table 1.3 India State Wise Janani Suraksha Yojana (List of Women Beneficiaries) (from 2020 to 2023)

Sr. No.	Names of states	2020-21	2021-22	2022-23
1.	Assam	421351	451748	448143
2.	Bihar	1829916	1695843	1531020
3.	Chhattisgarh	277653	290276	321762
4.	Jharkhand	282169	283562	249455
5.	Jammu and Kashmir	127041	143129	116642
6.	Madhya Pradesh	979822	101 0824	942644
7.	Odisha	547648	530089	498046

8.	Rajasthan	1072623	1106262	1090012
9.	Uttar Pradesh	2186401	2388204	2325010
10.	Uttarakhand	89506	95344	100261
11.	Andhra Pradesh	341041	383135	261558
12.	Goa	1387	1100	828
13.	Gujarat	308880	253005	277433
14.	Haryana	61902	44076	45742
15.	Himachal Pradesh	13626	15766	16182
16.	Kerala	116816	138527	114677
17.	Maharashtra	364039	403405	345761
18.	Punjab	76511	96873	103423
19.	Tamilnadu	358224	457770	470003
20.	Telangana	-	-	-
21.	West Bengal	659996	363655	491356
22.	Andaman Nicobar	-	-	-
23.	Chandigarh	449	899	1713
24.	Dadar Nagar Haveli	786	1203	1713
25.	Daman & Dweep	245	107	25
26.	Delhi	21722	12096	13723
27.	Lakshadweep	992	494	1000
28.	Pondicherry	3728	3754	3527
29.	Karnataka	407611	383251	411423
30.	Arunachal Pradesh	12200	11827	12906
31.	Manipur	18145	17064	21667
32.	Meghalaya	21082	20151	43334
33.	Mizoram	12057	5605	12871
34.	Nagaland	17609	16430	13390

35.	Sikkim	2668	2383	2278
36.	Tripura	18682	15502	17943

Source: Press Information Bureu Government of India Ministry of Health and welfare, Janani Suraksha Yojna. Date: 31 July, 2023 time 11:15 am.

The data shown in Table 1.3 provides evidence that a significant number of women in India are receiving benefits from the Janani Suraksha Yojana. In the fiscal year 2020-21, a total of 10,657,091 female beneficiaries were granted the benefits of the Janani Suraksha Yojana. In the subsequent fiscal year, 2021-22, the number of female beneficiaries who received the benefits of the scheme decreased slightly to 10,648,487. Moving forward to the fiscal year 2022-23, the number of female beneficiaries further declined to 10,438,905. When conducting a comparative analysis of Haryana with other states, it is observed that Bihar, Uttar Pradesh, Rajasthan, Maharashtra, Madhya Pradesh, West Bengal, Odisha, Assam, Gujarat, Karnataka, Tamil Nadu, Andhra Pradesh, Jharkhand, Chhattisgarh, Himachal Pradesh, Jammu and Kashmir, Kerala, Uttarakhand, and Punjab exhibit a significant proportion of women beneficiaries who have successfully accessed the maximum benefits offered by the Janani Suraksha Yojana. In the aforementioned states, namely Delhi, Meghalaya, Tripura, Manipur, Nagaland, Arunachal Pradesh, Pondicherry, Sikkim, Goa, Dadar Nagar Haveli, Lakshadweep, Chandigarh, Andaman Nicobar, Daman and Islands, and Telangana, the count of female beneficiaries enrolled in the Janani Suraksha Yojana is lower compared to that of Haryana. Who were the beneficiaries of the Janani Suraksha Yojana? In the context of India, it is seen that the state of Uttar Pradesh has recorded the highest number of women beneficiaries who have availed themselves of the Janani Suraksha Yojana. Conversely, the region of Andaman Nicobar has reported the lowest number of women beneficiaries who have accessed the benefits provided by the Janani Suraksha Yojana. When comparing Haryana to other states, it is seen that Haryana ranks 20th among the states of India. The current situation has been established.

CONCLUSION

The Rajasthan Janani Shishu Suraksha Yojana (JSSY) has emerged as a vital catalyst in advancing maternal and child healthcare outcomes in Rajasthan, India. This evaluative study underscores the program's effectiveness in elevating hospital deliveries, reducing neonatal mortality rates, and expanding access to maternal and child healthcare services. Furthermore, it acknowledges the JSSY's recognition through accolades like the SKOCH Order-of-Merit Award and the UNICEF Global Award for Best Maternal and Child Health Innovation, demonstrating its substantial contribution to improving healthcare access for marginalized populations in Rajasthan, while also acknowledging the need for ongoing efforts to address obstacles and ensure equitable access to these essential services.

REFERENCES

1. Costa, A. D., Vora, K. S., Ryan, K., Raman, P. S., Santacatterina, M., &Mavalankar, D. (2014, May 01). *The State-Led Large Scale Public Private Partnership 'Chiranjeevi Program' to Increase Access to Institutional Delivery among Poor Women in Gujarat, India: How Has It Done? What Can We Learn?* Retrieved January 05, 2017, from PLOS: http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0095704

2. Carvalho, N., Thacker, N., Gupta, S. S., & Salomon, J. A. (2014, October 10). *More Evidence on the Impact of India's Conditional Cash Transfer Program, Janani Suraksha Yojana: Quasi-Experimental*

Evaluation of the Effects on Childhood Immunization and Other Reproductive and Child Health Outcomes. Retrieved December 10, 2016, from PLOS: http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0109311

3. Deshpande, R. V. (2017). Is Janani Suraksha Yojana (JSY) contributing to the reduction of maternal and infant mortality? An insight from Karnataka. *The Journal of Family Welfare , 57* (1), 1-9.

4. Gupta, S. K., Pal, D. K., Tiwari, R., Garg, R., Shrivastava, A. K., Sarawagi, R., et al. (2012). Impact of Janani Suraksha Yojana on Institutional Delivery Rate and Maternal Morbidity and Mortality: An Observational Study in India. *Journal of Health, Population and Nutrition , 30* (4), 464–471.

5. Gopalan, S. S., & Varatharajan, D. (2012, September 15). *Addressing maternal healthcare through demand side financial incentives: experience of Janani Suraksha Yojana program in India.* Retrieved December 10, 2016, from BMC Health Services Research: https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-12- 319

6. Kumar, V., Misra, S. K., Kaushal, S. K., Gupta, S. C., & Maroof, K. A. (2015). Janani Suraksha Yojana: Its utilization and perception among mothers and health care providers in a rural area of North India. *International Journal of Medicine and Public Health , 5* (2), 165-168.

7. Prinja, S., Bahuguna, P., Gupta, R., Sharma, A., Rana, S. K., & Kumar, R. (2015, September 08). *Coverage and Financial Risk Protection for Institutional Delivery: How Universal Is Provision of Maternal Health Care in India?* Retrieved June 04, 2016, from PLOS: http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0137315

8. Rai, S. K., Dasgupta, R., Das, M. K., Singh, S., Devi, R., & Arora, N. K. (2017). Determinants of utilization of services under MMJSSA scheme in Jharkhand 'Client Perspective': A qualitative study in a low performing state of India. *Indian Journal of Health , 55* (4), 252-259.

9. Rammohan, A., Iqbal, K., &Awofeso, N. (2013, March 27). *Reducing Neonatal Mortality in India: Critical Role of Access to Emergency Obstetric Care.* Retrieved January 03, 2017, from PLOS: http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0057244

10. Randive, B., Sebastian, M. S., Costa, A. D., & Lindholm, L. (2014). 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. *Social Science &Medicine , 123*, 1-6.

11. Sharma, P., Semwal, J., & Kishore, S. (2016). A Comparative Study of Utilization of Janani Suraksha Yojana (Maternity Benefit Scheme) in Rural Areas and Urban Slums. *Indian Journal of Community Health , 23* (1), 11-14.