

Awareness and Utilization of Services under Janani Shishu Suraksha Karyakram: A Cross-Sectional Study in the Department of Obstetrics, J.A. Group of Hospitals, Gwalior

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ABSTRACT

Background: Janani Shishu Suraksha Karyakram (JSSK) was launched by the Government of India in 2011 under the National Health Mission to reduce maternal and infant mortality. It aims to eliminate out-of-pocket expenditure for pregnant women and sick neonates by providing free and cashless services, including institutional delivery, transport, drugs, diagnostics, diet, and user charges in public health institutions. Evaluating the awareness and utilization of these services is crucial to improving the effectiveness of the program and ensuring that beneficiaries fully avail their entitlements. **Aims:** To assess the awareness and utilization of services under JSSK in the Maternity Unit of JA Group of Hospitals, Gwalior. **Objectives:** (1) To assess the level of awareness of different components of JSSK services among beneficiaries. (2) To determine the source of awareness and knowledge about the components of JSSK. (3) To identify factors influencing the awareness and utilization of these services and service satisfaction. (4) To determine gaps in service delivery and information dissemination. **Materials and Methods:** A hospital-based cross-sectional study was conducted from July to September 2025 among 220 randomly selected postnatal women. Data were collected using a pre-tested semi-structured questionnaire on awareness and utilization of JSSK services. Data were compiled in Excel and analyzed in the Statistical Package for the Social Sciences using descriptive statistics and Chi-square tests. **Results:** Among 220 postnatal women, overall awareness of JSSK was high (87.3%), with better knowledge of free delivery (90%) and drugs (80%) than diagnostics (53.6%), diet (57.2%), and user charge exemption (47.2%). Accredited Social Health Activists workers were the main source of information (66.4%). Utilization of key services was good: Free delivery (96.3%), drugs (83.6%), and transport (71.8% home-to-facility; 61.8% while complete utilization of all entitlements was low (33.6%). Full awareness of all components was observed in only 38.6%, and maternal education significantly influenced awareness and utilization. **Conclusion:** The study concluded that although awareness and utilization of major JSSK services, particularly free delivery, drugs, and transport, were satisfactory, awareness and uptake of diagnostics, diet, and user charge exemption remained suboptimal. Maternal education significantly influenced both awareness and utilization. These findings highlighted the need for strengthened counseling, improved diagnostic availability, and better information dissemination to ensure that beneficiaries receive the full range of JSSK entitlements.

Keywords: Beneficiaries, Entitlements, Janani Shishu Suraksha Karyakram

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INTRODUCTION

Maternal and neonatal health remain major public health priorities in India despite substantial improvements in health indicators over the past two decades. Although the country has achieved a significant decline in the maternal mortality ratio, preventable maternal and neonatal deaths continue to contribute considerably to the disease burden.^[1,2] Financial barriers, including the costs of medicines, diagnostics, transportation, and hospitalization, often limit timely access to institutional maternal healthcare and increase out-of-pocket expenditure (OOPE), particularly among economically disadvantaged families.^[3] Reducing these financial barriers and ensuring equitable access to quality maternal and newborn healthcare services are essential for achieving Universal Health Coverage and the Sustainable Development Goals.^[1,3]

To address these challenges, the Government of India launched the Janani Shishu Suraksha Karyakram (JSSK) under the National Health Mission in 2011.^[4] The scheme provides free and cashless services to all pregnant women delivering in public health institutions. These entitlements include free normal and cesarean deliveries, drugs and consumables, diagnostic investigations, blood transfusion, diet during hospitalization, exemption from user charges, referral transport, transport from home to the health facility, and drop-back transport after delivery. In addition, sick newborns up to 30 days of age are entitled to free treatment, medicines, diagnostics, blood transfusion, and

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transport services.^[4] By eliminating user costs, JSSK aims to promote institutional deliveries, improve maternal and neonatal health outcomes, and reduce the financial burden associated with childbirth.

Despite nationwide implementation, evidence suggests that awareness and utilization of JSSK entitlements remain suboptimal. While most beneficiaries avail themselves of free delivery services, many are unaware of other benefits, particularly those related to diagnostics, dietary support, transportation, and newborn care. As a result, eligible women continue to incur OOPE despite the availability of free services.^[5,6] Differences in programme implementation, service

availability, and dissemination of information further influence the utilization of JSSK benefits across healthcare settings.

Limited evidence is available on the awareness and utilization of individual JSSK components among beneficiaries attending tertiary care hospitals. Such information is essential for identifying implementation gaps and improving program effectiveness. Therefore, the present study was conducted among postnatal women attending J.A. Group of Hospitals, Gwalior, to assess their awareness and utilization of various JSSK entitlements, identify factors influencing service utilization, and examine gaps in program implementation and information dissemination.

MATERIALS AND METHODS

Study Design

Hospital-based cross-sectional study.

Study Setting

Department of Obstetrics, J.A. Group of Hospitals, Gwalior.

Study Duration

July–September 2025 (3 months).

Study Population

Postnatal women who delivered in the facility during the study period.

Sample Size

A total of 220 postnatal women were selected through simple random sampling.

The sample size is calculated using the formula:

$$n = Z_{\alpha/2}^2 \times \frac{p \times q}{d^2}$$

Where,

- p = 84.9% (institutional delivery rate in Madhya Pradesh, National Family Health Survey-5),
 - q = $100 - p$ = 15.1,
 - d = 5% (absolute precision),
 - Z = 1.96 (at 95% confidence interval).
- Calculated sample size = 220.

Inclusion Criteria

- Postnatal women who delivered at J.A. Hospital
- Women who were stable and able to respond
- Women who provided informed consent.

Exclusion Criteria

- Critically ill women
- Women admitted for complications after delivering outside
- Non-consenting women.

Data Collection Tool

A pre-tested semi-structured questionnaire covering:

- Sociodemographic profile
- Awareness of JSSK entitlements

- Utilization of services
- Source of information
- Gaps and satisfaction

Data Collection Procedure

After obtaining ethical clearance, a pre-tested semi-structured questionnaire will be used for data collection. Eligible postnatal women delivering in the Department of Obstetrics of J.A. Group of Hospitals, Gwalior will be selected using simple random sampling. Informed consent will be obtained, and face-to-face interviews will be conducted in the postnatal ward using a questionnaire covering sociodemographic details, awareness, and utilization of JSSK services. Each interview will take about 20–25 min, and responses will be cross-verified with hospital records where necessary. Data will be entered in Microsoft Excel, cleaned for completeness, and analyzed using the Statistical Package for the Social Sciences (SPSS). Descriptive statistics will be used to calculate frequencies and percentages, while Chi-square tests will assess associations between variables, with $P < 0.05$ considered statistically significant. Confidentiality will be maintained throughout the study.

Data Analysis

Data were entered in Microsoft Excel and analyzed using SPSS.

- Descriptive statistics: Frequencies, percentages
- Inferential statistics: Chi-square test for associations
- Significance set at $P < 0.05$

RESULTS

Table 1 summarizes the demographic characteristics of the 220 study participants. Nearly half (47.3%) were aged 21–25 years, and 64.5% resided in urban areas. Most participants were homemakers (76.4%), while 38.2% had primary education or less. Multiparous women constituted 58.2% of the study population, and normal vaginal delivery was the predominant mode of delivery (70.9%).

Table 2 presents the awareness and utilization of various JSSK entitlements among the study participants. Awareness was highest for free and cashless delivery (90.0%), followed by free drugs and consumables (80.0%) and free transport from home to

Table 1: Demographic profile of the participants

Variable	Category	Frequency (n)	Percentage
Age (years)	18–20	32	14.5
	21–25	104	47.3
	26–30	62	28.2
	>30	22	10.0
Residence	Urban	142	64.5
	Rural	78	35.5
Education (Mother)	Primary or less	84	38.2
	Secondary	75	34.1
	Higher secondary and above	61	27.7
Occupation	Homemaker	168	76.4
	Unskilled worker	28	12.7
	Skilled/Service	24	10.9
Parity	Primipara	92	41.8
	Multipara	128	58.2
Type of delivery	Normal vaginal delivery	156	70.9
	Cesarean section	64	29.1

Table 2: Awareness and utilization of Janani Shishu Suraksha Karyakram components

Component	Awareness (n)	Frequency (%)	Utilization (n)	Frequency (%)
Free and cashless delivery	198	90.0	212	96.4
Free drugs and consumables	176	80.0	184	83.6
Free home - health facility transport	162	73.6	158	71.8
Free drop-back transport	148	67.3	136	61.8
Free diagnostics	118	53.6	124	56.4
Free diet during stay	126	57.3	132	60.0
User charge exemption	104	47.3	108	49.2
All free entitlements	85	38.6	74	33.6

the health facility (73.6%). Awareness was comparatively lower for free diagnostics (53.6%), free diet during hospital stay (57.3%), and user charge exemption (47.3%). Utilization showed a similar trend, with free and cashless delivery being the most commonly utilized service (96.4%), followed by free drugs and consumables (83.6%). However, only 33.6% of participants utilized all JSSK entitlements, while complete awareness of all available benefits was reported by 38.6% of the participants.

Table 3 shows that Accredited Social Health Activist (ASHA) workers were the predominant source of awareness, reported by 146 (66.4%) participants. This was followed by auxiliary nurse midwives/Staff Nurses (58; 26.4%), Anganwadi workers (42; 19.1%), and family/friends (36; 16.4%). As this was a multiple-response question, participants could report more than one source of information. The findings highlight the pivotal role of frontline healthcare workers, particularly ASHA workers, in disseminating information regarding the JSSK.

Table 4 presents the association between selected demographic characteristics and receipt of entitlements under the JSSK. A statistically significant association was observed between educational status and receipt of entitlements ($\chi^2 = 24.19$, degrees of freedom [df] = 2, $P < 0.001$). However, no statistically significant associations were found with age ($\chi^2 = 2.10$, $P = 0.55$), residence ($\chi^2 = 1.82$, $P = 0.18$), occupation ($\chi^2 = 4.10$, $P = 0.12$), or parity ($\chi^2 = 0.40$, $P = 0.53$). These findings suggest that educational status significantly influences the receipt of program entitlements, whereas the other demographic variables do not.

Figure 1 illustrates the participants' satisfaction with the services received under the JSSK. The majority of participants reported being satisfied (44%), while 22% were very satisfied. Neutral responses accounted for 18%, whereas 12% and 4% of participants reported being dissatisfied and very dissatisfied, respectively. Overall, 66% of the participants expressed satisfaction with the services, indicating a generally favorable perception of the program.

Table 5 presents the perceived gaps in service delivery under the JSSK. The most commonly reported gap was poor display of JSSK information (92; 41.8%), followed by inadequate counseling about JSSK (88; 40.0%) and delay in diagnostics (82; 37.3%). Other frequently reported gaps included inadequate diet provided (74; 33.6%), non-availability of drop-back transport (68; 30.9%), drug stock-out of at least one item (59; 26.8%), and long waiting time (56; 25.5%). As this was a multiple-response question, participants could report more than one perceived gap. These findings indicate that deficiencies in information dissemination, counseling, and service availability remain key challenges in the implementation of JSSK.

Significant associations were observed between maternal education and awareness, utilization, and satisfaction with JSSK services, as well as between residence and satisfaction ($P < 0.05$).

Table 3: Source of awareness (Multiple response table)

Source	Frequency (n)	Frequency (%)
Accredited Social Health Activist worker	146	66.4
Auxiliary nurse midwife/Staff nurse	58	26.4
Anganwadi worker	42	19.1
Family/Friends	36	16.4

Table 4: Association between demographic factors and entitlements received with Janani Shishu Suraksha Karyakram

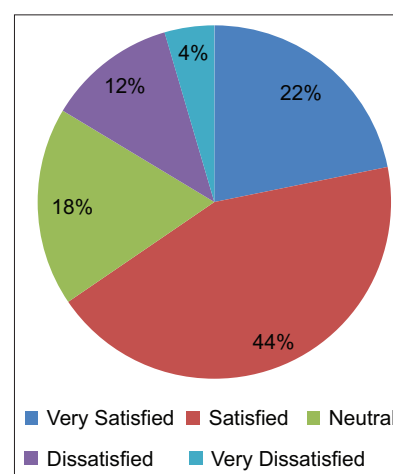
Demographic factor	Chi-square	Degree of freedom	P-value
Age (years)	2.10	3	0.55
Residence	1.82	1	0.18
Education	24.19	2	<0.001*
Occupation	4.10	2	0.12
Parity	0.40	1	0.53

$P < 0.05$ was considered statistically significant.

Table 5: Gaps in service delivery (Multiple response table)

Gaps in service delivery	Frequency (n)	Frequency (%)
Delay in diagnostics	82	37.3
Inadequate diet provided	74	33.6
Drop-back transport not available	68	30.9
Drug stock-out for at least 1 item	59	26.8
Inadequate counseling about JSSK	88	40.0
Poor display of JSSK information	92	41.8
Long waiting time	56	25.5

JSSK: Janani Shishu Suraksha Karyakram

**Figure 1:** Service satisfaction level

No significant associations were found with age, parity, or occupation.

DISCUSSION

This study assessed awareness and utilization of JSSK services among 220 postnatal women in a tertiary care setting. Overall awareness (87.3%) was high, consistent with other studies reporting increasing scheme visibility. Women showed relatively high awareness of core entitlements, such as free delivery and drugs, but much lower awareness of diagnostics (53.6%), diet (57.2%), and user charge exemption (47.2%). Similar trends have been documented in prior studies, indicating persistent informational gaps.

ASHA workers were the primary source of information (66.4%), underscoring their central role in community mobilization. Utilization patterns reflected awareness levels, with high uptake of free delivery (96.3%) but comparatively lower use of transport, diagnostics, and diet services. Only 33.6% fully utilized all entitlements, revealing systemic and informational gaps.

Maternal education showed a strong, statistically significant association with both awareness and utilization, supporting evidence that higher educational attainment improves health-seeking behaviors. Gaps identified in this study—particularly in diagnostics, diet, and user charge exemption—align with national reports highlighting service availability and counseling deficiencies.

Overall, findings suggest the need to strengthen counseling, improve Information, Education and Communication activities, and ensure consistent availability of entitled services.

CONCLUSION

Although awareness and utilization of major JSSK services were satisfactory—particularly free delivery, drugs, and transport—gaps remained in awareness and uptake of diagnostics, diet, and user charge exemption. Maternal education significantly influenced both awareness and utilization levels. Strengthening counseling and ensuring full service availability are essential to achieving comprehensive JSSK coverage.

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ETHICAL APPROVAL

Institutional Ethical Committee, Gajra Raja Medical College, Gwalior, Madhya Pradesh.

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