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Effectiveness of National Maternity Benefit Scheme in Selected Districts of Madhya Pradesh

Prof. Surya Prakash Tripathi, Asst. Professor IBMR, IPS Academy, Indore (M.P), India
Dr.Mansi Kukreja, Asst. Professor IBMR, IPS Academy, Indore (M.P), India
Mr.Robin Thomas, Asst. Professor IBMR, IPS Academy, Indore (M.P), India

Abstract

The National Maternity Benefit Scheme (NMBS) was introduced in 2001 to provide nutrition support to pregnant women. Under this scheme, pregnant women living below the poverty line are given a one-time payment of Rs. 500, 8–12 weeks prior to delivery. In the year 2005, the government of India launched the Janani Suraksha Yojana (JSY) under the National Rural Health Mission (NRHM) to provide cash incentives for women choosing to have institutional deliveries. NMBS was merged into JSY in the same year; however, with Supreme Court's intervention, the benefits under the NMBS were retained, irrespective of the place of delivery. The study covers four relatively backward districts of Madhya Pradesh and a sample survey is conducted in total 40 villages of these districts where 482 women were interviewed who had child births in past 12 months in the year 2009-10. Data is compiled on the place of deliveries i.e. whether at home or institutional deliveries, benefits received through the scheme, corruption in the scheme and household utilized of money received by women. The study concludes that the multitude of schemes available to pregnant women and the failure of the government to communicate them clearly has caused intense confusion and resulted in widespread underutilization of the scheme. And that though JSY encourages women to have their delivery in public health institutions, these institutions are rarely capable of providing safe and competent care. Furthermore it is concluded that Jhabua district had the lowest awareness of the benefits of the scheme and highest level of corruption related to such schemes.

Keywords:

Janani Suraksha yojana, utilization, National Maternity Benefit Scheme (NMBS), ASHA, married women.

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Introduction of NMBS in Madhya Pradesh

Despite India's remarkable economic growth-rate in the last decade, the nutritional health of many of its citizens has fallen. Madhya Pradesh reflects symptoms of this nation-wide trend. According to the National Family Health Survey state report, the number of wasted children under three years of age in Madhya Pradesh increased from 20.2% to 33.3% between 1998-1999 and 2005-06. The number of underweight children under three years of age increased from 53.5% to 60.3% during this same period. The number of women with a body mass index below normal increased from 35.2% to 40.1% 1. These indicators reflect the real impact on health in the last decade. UNICEF estimates that malnutrition is the underlying cause in half of the 2.1 million under-5 deaths in India each year. Further, malnutrition in pregnant women is one of the chief causes of babies with low birth-weight, which is in turn a significant contributor to infant mortality 2.

Around 56% 3of women in Madhya Pradesh are anemic. They need special care during pregnancy. This is especially so with respect to tribal women, 74% of whom live with anemia, out of whom 1.2% is severely anemic. Despite this reality, only 32.5% of pregnant women in rural Madhya Pradesh received the minimum of three ante-natal check-ups for early detection of pregnancy related complications by doctors or other health providers. Less than 10% rural women in the state were administered IFA tablets for a minimum of 90 days in order to raise their hemoglobin levels during pregnancy. Most pregnant women in the state are either not supplied with such tablets or are not made aware of the need of special nutrition during pregnancy.

Rural women are at a disadvantage in terms of maternal care. However, it is far worse in the case of tribal women in the state. For them, motherhood becomes a gamble of life. It appears as if the pregnant tribal woman simply does not have any right to care. Only 25.9% of pregnant tribal women receive a minimum of three ante-natal check-ups and less than 8% get IFA tablets for 90 days. On top of this, 92% of the deliveries of tribal women take place either at home or by the road-side on the way to a health facility, with the support of traditional birth attendants. Only 8% deliveries take place in health facilities.

One of the basic requirements for institutional delivery is a sufficient number of beds in health institutions. But, most distressingly, at present only 26,000 beds are provided in government

[1] Fact Sheet: Madhya Pradesh (Provisional Data) 2005-2006 National Family Health Survey (NFHS-3)www.nfhsindia.org/pdf/MP.pdf

[2] UNICEF webpage. Under-nutrition – Challenge for India. www.unicef.org/india/nutrition_1556.htm

[3] Source- NFHS-3

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hospitals in Madhya Pradesh and out of them only 9,300 beds are there in rural areas. This means that there is approximately one available bed per 6 villages in Madhya Pradesh, which has a total of 55,392 villages.

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Despite such a dire situation, the government of India has released figures related to maternal mortality just once since 1998. These figures claim that the Maternal Mortality Rate (MMR) in Madhya Pradesh has decreased from 498 to 379 (per lakh child-births) during the period[4], though this figure still ranks the state amongst the highest in the country.[5]A whopping 10% of the country's maternal deaths take place in Madhya Pradesh. As per the report published by the government of India, about two-thirds of all maternal deaths in the country occur in a handful of states: Bihar, Jharkhand, Orissa, Madhya Pradesh, Chhattisgarh, Rajasthan, Uttar Pradesh, Uttaranchal (the Empowered Action Group or EAG states), and Assam[6].

The National Maternity Benefit Scheme was initiated to provide nutritional support to BPL women 8-12 weeks before delivery. Later, this scheme was merged into the Janani Suraksha Yojana, a scheme for promoting institutional deliveries introduced in 2005. The objective of JSY is the reduction of maternal and infant mortality through increased delivery at health institutions. The focus of NMBS was the provision of maternity benefits. Since the merger of NMBS in JSY, the guidelines followed in JSY state that "while the NMBS is linked to provision of a better diet for pregnant women, the JSY integrates the cash assistance with antenatal care during the pregnancy period, institutional care during delivery and immediate post-partum period in a health centre by establishing a system of coordinated care by field level health worker." The scheme thus links cash assistance to ante-natal check-ups and an institutional delivery.

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4 Govt. Of India, Registrar General, India in collaboration with Centre for Global Health Research University of Toronto, Canada. October 2006, Maternal Mortality in India: Trends, causes and risk factors - 1997-2003

5 SRS Data, April 2006

6 Govt. Of India, Registrar General, India in collaboration with Centre for Global Health Research University of Toronto, Canada. October 2006, Maternal Mortality in India: Trends, causes and risk factors - 1997-2003

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Under JSY, pregnant BPL women older than 18 also receive Rs. 500 cash assistance if the deliveries take place at home. The cash is supposed to be given at birth, or around 7 days before the delivery for "care during delivery or to meet incidental expenses of delivery."[7]

"If the focus of the scheme is to promote institutional delivery, why should there be a provision for home delivery" is the question included from October 2006 onwards in the frequently asked questions section of the JSY scheme. In reply to its own question, the government states that it indeed wants to discourage home delivery, but that under the Supreme Court's decision in the right to food case it is mandatory to provide money for home delivery.[8]

The question and answer completely miss the point. NMBS and the Supreme Court orders were not intended to encourage home deliveries, but to provide financial support to BPL women before the birth of their child, whether that birth took place at home or in an institution. The focus in NMBS was on supplying money during pregnancy that mothers could use to supplement their nutrition during these critical months. JSY entirely abandons this goal by providing money only at or near the time of delivery.

While in principle, the benefits of the NMBS remained in the newly modified JSY, this caused a lot of confusion on the ground with the objectives of the two schemes being different. As a result, many women who were eligible for benefit under NMBS and had a home delivery were not getting any benefit.

The state government repeatedly emphasizes that women and children are precious assets of the state and that many initiatives have been introduced by the Public Health & Family Welfare department and Women & Child Development department to improve the health status of women and children. It is claimed to be the major thrust area of government planning. According to District Level Health Survey 3 (2007-08), however, the percentage of home deliveries in the state stood at 52.1 %. And, the reality behind the state government propaganda is that in the year 2005-06, not one of the women who had institutional deliveries availed benefits under the JSY scheme. In 2006-07 the state government covered only 0.4 % of the state's women under JSY. The number of women covered in the state under JSY increased marginally in 2007-08 taking the percentage of women beneficiaries to 1.8 %. But, in 2008-09 the number of beneficiaries again decreased, bringing the percentage of women covered down to 1 %. These figures betray how serious the state government is in protecting its 'precious assets'.

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7 Oct. 2006 JSY Guidelines, paragraph 4.13

8 Oct. 2006 JSY Guidelines, Frequently Asked Question 8.

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Witnessing the condition of the scheme as implemented by the state government, the Commissioner of the honorable Supreme Court wrote to the Chief Secretary of Madhya Pradesh on Oct 17, 2008 regarding the implementation of JSY. In his letter he expressed deep concern that only 1% of disbursements are being made for non-institutional deliveries, which constitute 75 per cent of all deliveries. This figure represents a violation of the Court's orders that women who undergo non-institutional deliveries should also be covered without discrimination.

The NMBS scheme has not been publicized in the state. Furthermore, with recent repeated modifications in the scheme, the communication to the people has not been clear as to who the eligible beneficiaries are. The advertisements on Janani Suraksha Yojana focus only on the cash benefits for institutional delivery without mentioning the benefits available to all BPL women under NMBS, irrespective of place of delivery. There is also no mention of the objective of strengthening the nutritional status of pregnant and nursing women.

Apart from this, cases of discrimination have been reported by marginalized women in government institutions at the time of delivery. This is another reason why marginalized sections of society shy away from deliveries in hospitals.

There also a need to take up the debate on limitations within NMBS. According to the scheme, pregnant BPL women delivering at home are eligible for benefits. However, why are not the women that do not qualify as BPL excluded? Do the women above BPL not need nutritional support and awareness at the time of pregnancy? In such a dire environment, is it possible to ensure safe motherhood without special assistance?

Sample Coverage

Table No-1.1

District	No. of Villages Covered	No. of eligible women covered:			Age group	
		No. of home deliveries	No. of hospital deliveries	Total	≥ 19 years	< 19 years
Umariya	10	7 (17%)	34(83%)	41	40	1
Burhanpur	10	59(34.5%)	112(65.5%)	171	170	1
Chatarpur	10	39(35 %)	72(65%)	111	111	0
Jhabua	10	27(16%)	132(84%)	159	150	9
Total	**40**	**132(27.3%)**	**350 (72.6%)**	**482**	**471**	**11**

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The survey of the National Maternity Benefit scheme included visits to all BPL/AAY houses in the selected 40 villages of 4 districts. The findings provide relevant information about each of these houses, i.e. whether there has been a delivery in the last 12 months and whether the mother has received benefits under NMBS or not. The survey shows that in last 12 months, 482 deliveries have been taken place in the BPL/AAY families of the 40 villages. In order to learn about benefits under the scheme, these 482 women have been interviewed. Information from these 482 interviews shows that 132 deliveries took place at home. And, women with ages of less than 19 years had 11 deliveries.

Findings

Coverage under NMBS / JSY

Place of Delivery

Table No-1.2 -Place of Delivery

District	Total Deliveries	Home Deliveries	Institutional Deliveries
Umariya	41	7 (17%)	34 (83%)
Burhanpur	171	59 (34.5%)	112 (65.5%)
Chatarpur	111	39 (35 %)	72 (65%)
Jhabua	159	27 (16%)	132 (84%)
Total	482	132 (27.3%)	350 (72.6%)

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Healthcare in rural areas has been developed as a three tier structure based on predetermined population figures. But due to inadequate health facilities and discrimination, 132 (27.3%) of women of the four districts studied prefer home to institutional delivery. Among all four districts, Chatarpur district has the maximum proportion of home deliveries (35%) followed by Burhanpur district. As the table above shows, Jhabua district has the highest number and proportion of institutional deliveries; however, at the same time many women didn't receive the benefit of the scheme in this district. As far as the state of Madhya Pradesh is concerned, the promotion of safe institutional delivery is a major focus of the government. The department of health has declared that in the past few years the state has succeeded in attaining a decline in maternal mortality by increasing institutional delivery. The government claims that 81.2% of deliveries in Madhya Pradesh are institutional deliveries. But the situation on-ground is

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quite different as it has been found that most of the CHC's and SHC's don't have separate labor rooms and essential facilities like blood storage units and ambulance facilities. Given these realities, the question of safe motherhood is still left unanswered.

B. Received Benefit

Table No-1.3- Received Benefit

District	Total Deliveries	Home Deliveries	Received Benefit	Institutional Deliveries	Received Benefit
Umariya	41	7 (17%)	0	34(83%)	33(97%)
Burhanpur	171	59(34.5%)	0	112(65.5%)	69(62%)
Chatarpur	111	39(35 %)	0	72(65%)	69(95.8%)
Jhabua	159	27(16%)	0	132(84%)	56(42.4%)
Total	**482**	**132(27.3%)**	**0(0%)**	**350 (72.6%)**	**227(65%)**

While both the institutional delivery benefit program and the home-delivery aspect of JSY are grossly under-implemented in the state, JSY benefits are widely received for institutional births. The amount of benefit for institutional delivery is Rs. 1,400 in rural areas and Rs. 1000 in urban areas. For home delivery the financial component is Rs. 500 for both rural and urban areas. The survey shows that none of the women who had home deliveries received benefits under the scheme. There are 123 cases of BPL/AAY families in these 40 villages of 4 districts who didn't get the benefits of institutional delivery. The maximum number of the cases denied benefits were found in Jhabua district. In Jhabua out of 132 cases of institutional delivery only 56 received benefits. However, in the case of institutional deliveries in Umaria and Chatarpur districts more than 95 % of BPL and AAY women received benefits under the scheme. Notable is the fact that in Khadki village, Khaknar block, Burhanpur district, out of 12 deliveries, 11 (91.6%) deliveries took place at home but none received NMBS benefits.

During the survey, beneficiaries interviewed said that only a little of the benefit amount remained with them on discharge from the hospital as amounts had to be given to employees of the hospital as a gift. Therefore, rather than helping the poor, much of the scheme benefit filled the pockets of government employees.

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C. Corruption

Table No-1.4- Corruption				
District	Total amount received by women who had hospital delivery and received benefit		Total amount received by women who had home delivery and received benefit	
	> 1400/-	1400/-	> 500/-	500/-
Umariya	17(52%)	16 (48%)	0	0
Burhanpur	38(55%)	31(45%)	0	0
Chatarpur	28(40%)	41(60%)	0	0
Jhabua	36(34%)	20(36%)	0	0
Total	**119(53%)**	**108(47%)**	**0**	**0**

Pervasive corruption at all levels is making conditions even more dangerous for pregnant women. Women, when interviewed, said that on discharge from hospital they received a cheque worth Rs. 1400 but thereafter the nurse and sweeper took money from them as a gift for delivering the child. The government of Madhya Pradesh started another scheme known as Janani Express Scheme in order to bring pregnant women to hospital at the time of delivery. However, the driver of the vehicle also grabs money from women in labour. Sometimes, due to the unavailability of medicine in the hospital, women have to purchase medicine from outside.

As a result, pregnant women are forced to spend around Rs 500 to Rs 600 on bribing the local health staff to procure the medicine. During the survey it has been found that out of the 227 women who benefited from the scheme in their institutional deliveries 119 (53%) women didn't get the full amount of Rs 1,400. The worst situation is present in Burhanpur district where 38 (55%) out of 69 women had to spend money in bribes. In the case of home deliveries none of the women received benefits under the scheme.

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E. Utilization of cash received under the scheme

The main objective of Janani Suraksha Yojana (JSY) is to provide cash assistance to fulfill the nutrition and health needs of the mother and child. But in reality it has been widely reported during the study that in 41% of FGDs, women who received money under JSY used it for bribing government officials. Many of these cases were reported from Jhabua district, where women spent around 80% of the benefit amount of Rs. 1,400 for bribing the nurse, doctor, sweeper, or driver. On the other hand, 29.4% of the women said that due to poverty and food insecurity they spent the money on the food for the whole family. The situation of poverty is the direst in Chatarpur district of Bundelkhand as the district is reeling under drought from last 5 years, due to which their agriculture has failed and families are facing a severe food crisis. It has also been reported courtesy FGD's that 23% of the women in the village are spending the money in paying off loans or in buying medicines during delivery as the hospitals don't have the medicines.

Table No-1.5- Using the Money

Districts	Villages covered	FGD conducted	Own Nutrition	Loan, Medicines, other expenses	Bribe	Food for whole family
Umaria	10	10	1	2	5	2
Burhanpur	10	10	3	1	2	4
Chatarpur	10	10	0	1	3	6
Jhabua	10	21	0	7	11	3
Total	**40**	**51**	**4(7.84%)**	**12 (23%)**	**21(41%)**	**15(29.4%)**

Unfortunately, the results of the FGDs show that there only few women in 4 hamlets that spent their money for their own nutritional needs. In Chatarpur and Jhabua districts not a single woman said during the FGDs and interviews that she spent money on her own food.

Systems of selection and payment

In all the villages studied, women do not know about the home delivery benefit. However, residents in all the villages say that the selection for the benefit of JSY only depends upon the place of delivery, not on the number of children and age of women. In different districts people have different views regarding the process of application and selection. For example,

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in Umaria district residents said that as soon as the woman is admitted to the hospital her name is registered and after one week of delivery she get the benefit of the scheme. Women of Burhanpur and Chatarpur districts explained that ASHA and anganwadi workers are responsible for getting the women registered in their records and that at the time of delivery they pressure the women to deliver in the hospital. The women of Chatarpur district noted that the benefit depends on the vaccination register of the ANM.

A total of 46 out of 51 FGDs conducted show that women who deliver in hospitals get the requisite amount through cheque. However, in 5 FGDs women said that they unaware about the mode of payment, as in their village maximum of the deliveries occur at home.

During the FGDs none of the women said that they get the payment immediately at the time of delivery. Out of 51 FGDs conducted women present in 23 FGDs said that the payment was made after one week of delivery. It is necessary to mention that these 23 FGDs are limited to Chatarpur, Burhanpur and Umaria districts. Women from Jhabua districts said that they get the benefit 5 to 6 months after delivery.

D. Neonatal Deaths

Neonatal survival is a very sensitive indicator of population growth and socio-economic development in society. Neonatal Mortality refers to the death of a live-born baby within the first 28 days of its life.

Table No-1.6- Neo natal Deaths in Umaria

Block	Village	Name of Mother	Time of child's death	Place of Delivery
Karkeli	Ghanghri	Itwariya Kol	**8 hours after delivery**	**Hospital**
Pali	Ginjari	Suman Baiga	**9 days after delivery**	**Hospital**
Pali	Ginjari	Urmila Bai Baiga	**1 hours after delivery**	**Hospital**

Neonatal survival is closely linked with maternal health, IMR, CMR, MMR, and TFR. Ensuring good maternal health is essential for neonatal survival. The study finds that there are 3 children of Umaria District who died 1 hour, 8 hours and 9 days after their birth. All 3 children were born in hospital and the distressing fact is that all 3 were from the tribal community. It is clear that only institutional delivery cannot help in decreasing IMR and MMR. A mechanism has to be made so that the health and nutrition of the mother is ensured.

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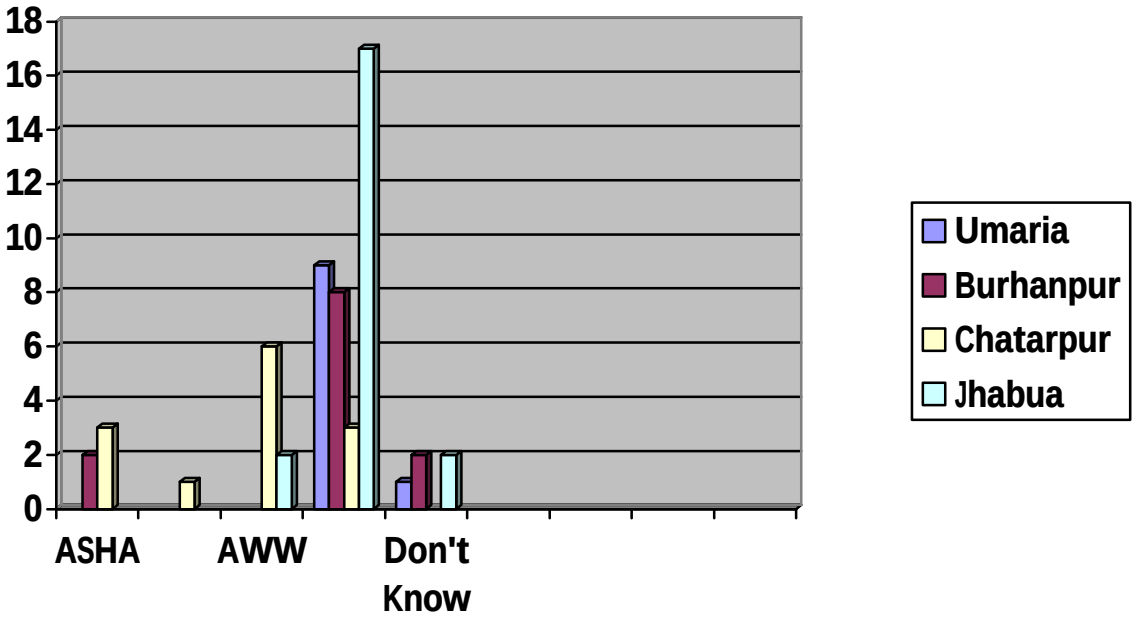

According to the graph above, participants in 37 FGDs explained that the Medical officer of the hospital is responsible for making the payment. However in 8 FGDs participants said that the ANM is responsible for executing the scheme.

Overall Findings related to the Scheme

- Due to inadequate health facilities and discrimination, 132 (27.3%) out of 482 women prefer home delivery to institutional delivery. Of all four districts, Chatarpur district has the maximum number of home delivery (35%) followed by Burhanpur district (34.5%).

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- None of the women who had home delivery got the benefit of the scheme. Furthermore, there are 123 cases of BPL/AAY families of these 40 villages in 4 districts who didn't get the benefit of institutional delivery. The maximum number of cases amongst those that didn't receive the benefits hails from Jhabua district.

- Out of the 227 women that benefited from institutional delivery 119 (53%), women didn't get the full amount of Rs 1,400. The worst-off is Burhanpur district where 38 (55%) out of 69 women spent money in bribes. In the case of home delivery, none of the women got benefits under the scheme.

- Three children of Umaria district died 1 hour, 8 hours and 9 days after their birth. All three children were from the tribal community and were born in hospital.

- Repeated reports that also turned up in 41% of FGDs show that women who received money under JSY used it for bribing officials. Jhabua district had the most reported cases of bribery wherein women had to spend around 80% of their Rs 1400 for bribing the nurse, doctor, sweeper, or driver. Notable is the statistic that 29.4% of women said that due to prevailing poverty and food insecurity they spent the money on the food for the whole family.

- A total of 46 out of 51 FGDs conducted, show that women who getting their deliveries done in hospitals were getting the amount through cheque.

- During the FGDs none of women said that they receive payment at the time of delivery.

- The multitude of schemes available to pregnant women and the failure of the government to communicate them clearly has caused intense confusion and resulted in widespread underutilization of the scheme. Women do not know the eligibility criteria, benefits, and implementing agency for the scheme. This confusion has helped foster a climate of unaccountability in implementation.

- Although JSY encourages women to have their delivery in public health institutions, these institutions are rarely capable of providing safe and competent care. During the study it has been found that the women get debarred from the benefit of the scheme if she had home delivery and have more than 2 children

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