

A study on awareness of women on several schemes OF NRHM (National Rural Health Mission) special reference to Kamrup (Rural) District of Assam

'Rumpa Das, "Dr.Banamali Nath

Research Scholar, Department of Education

"Research Guide, Department of Education, Gauhati University

Abstract

This survey research investigated awareness of women on several schemes OF NRHM special reference to kamrup rural District of Assam. For doing so, a questionnaire was applied on 290 women (mothers) from the selected blocks of Kamrup rural district of Assam. The objectives of the study are to study the level of education of the women residing in Azara, Boko And Chhaygaon blocks and the awareness of the women on NRHM schemes according to their level of education and to compare their awareness. The data is analysed through simple frequency percentage, chi-square and graphical representation.

Key words

Women, awareness, scheme, rural, special. education.

Introduction

The National Rural Health Mission also seeks to provide effective health care to rural population throughout the country with special focus on 18 states which have weak public health indicators and infrastructure. It has also emphasized to rise the, public spending on health from 0.9% of GDP to 2.3% of GDP. It also aims at effective integration of health concerns with determinants of health like sanitation, hygiene, nutrition, and safe drinking water through a district plan for health. Universal access to public health services such as Women's health, child health, water, sanitation & hygiene, immunization, and Nutrition. Prevention and control of communicable and non-communicable diseases, including locally endemic diseases Access to integrated comprehensive primary healthcare Population stabilization, gender and demographic balance. Revitalize local health traditions and mainstream AYUSH Promotion of healthy life styles. The mission also aims to achieve the goal of the National Population policy through improved access to affordable, accountable and reliable primary healthcare. The objectives of the Mission are as follows:

- Reduction to Infant Mortality Rate up to 30/1000 live births by 2012.
- Maternal Mortality Rate to be reduced up to 100/100000 live births by 2012.
- Fertility Rate to be reduced to 2.1 by 2012.

NRHM launched the following programmes for the fulfillment of the above objectives are as:

- Janani Shishu Suraksha Karyakram (JSSK)
- Mamoni for ensuring a safe motherhood.
- Majoni for social, educational and economic development for the girl.
- Mamata for proper care of newborn children.

Government of India has launched Janani Shishu Suraksha Karyakram (JSSK) on 1st June, 2011. The initiative entitles all pregnant women delivering in public health institutions to 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. This initiative also provides for free transport from home to institution,

between facilities in case of a referral and drop back home. Similar entitlements were put in place for all sick newborns accessing public health institutions for treatment till 30 days after birth. In 2013, the scheme was expanded to cover complications during ante-natal and post-natal period and also sick infant's upto 1 year of age. To implement this scheme, over Rs 5500 crores have so far been allocated to the States under NHM.

Majoni- is a special financial assistance scheme for girl child in Assam state of India. It is a Assam government scheme established under Chief Minister's Assam Bikash Yojana. The Majoni scheme was launched in Assam on February 27, 2009. The scheme is applicable only to would-be-mothers who get their check-ups done at a government hospital and girl child born at a government of charitable hospital. Majoni scheme is executed by the National Rural Health Mission (NRHM).

Mamoni- Cash assistance to Pregnant Women for Nutritional support @Rs. 1000/- in two instalments. "Mamoni" is a scheme of the Government of Assam that encourages pregnant women to undergo at least 3 ante-natal checkups which identify danger signs during pregnancy (needing treatment) and offer proper medical care. Under this scheme, at the time of registration, every pregnant woman receives a booklet on tips on safe motherhood and newborn care titled 'Mamoni'. During subsequent ANC check up, the pregnant women are provided with an amount of Rs. 1000 (in two instalments, first for 2nd ANC an amount of Rs. 500/- is given and second instalment of Rs. 500/-for 3rd ANC as nutritional support) for expenses related to nutritional food and supplements. Every Govt health institution offers this services for the women who have registered in their place. It is under "Assam Bikash Yojana", State Govt. sponsored schemes under Health & Family Welfare Department. Till 20013-14, total 36, 50, 453 numbers of cheques has been disburse

Mamata – The 'Mamata' scheme seeks to reduce IMR and MMR, by insisting on a post-delivery hospital stay of 48 hours of the mother and the newborn. Any complication that may arise during this period is addressed by skilled doctors available at Govt. health institutions. During discharge from hospital, the mother receives a gift hamper called the 'Mamata' kit. This kit contains essential products for the baby viz. baby powder, baby oil, a mosquito net, a flannel cloth etc. After 48 hours of stay in government hospital, the 'Mamata kit' is given to the mother. Till date 10,01,923 'Mamta

kit' has been distributed since 2010-11 to 2013-14.

POLIO- India completed 3 years without reporting any case of polio due to wild polio virus. The last case was reported on 13th Jan 2011. On 24th Feb 2013, WHO removed India from the list of countries with active wild polio virus transmission. This is unprecedented achievement considering that until 2009, India accounted for more than half the world's polio incidence.

Total immunization- Immunization is one of the key interventions for protection of children from life threatening conditions, which are preventable. India has one of the largest immunization programmes in the world. Under the Universal Immunization Programme (UIP), vaccination is provided free of cost against seven vaccine preventable diseases i.e. Diphtheria, Pertussis, Tetanus, Polio, Measles, severe form of Childhood Tuberculosis and Hepatitis B. 2.7 crore new-born are targeted for vaccination each year through 90 lakh immunization sessions held annually.

Need of the study

As mentioned the aim of NRHM is to bring down reduction of maternal mortality rate, reduction of infant mortality rate, reduction of total fertility rate etc. It is seen that the programmes launched by the government of India are yet to reach all the areas to the desired level. Hence, there is a need to make a study the awareness of the women on the programmes according to their education level and how far this programmes have been effective in the area selected.

Objective

The Objectives of the present study are as follows:

1. To study the level of education of the women residing in Azara, Boko And Chaygaon blocks.
2. To study the awareness of women on NRHM schemes according to their level of education.
3. To compare the awareness of women in the three blocks (AZARA, CHAYGAON, BOKO)

Hypotheses

H₀₁ There is no significant difference of awareness of women on NRHM schemes and their level of education.

Delimitation of The Study

- 1). This study is delimited to the selected three blocks of the Kamrup (Rural) District.
- 2). The study is delimited the schemes like JSSY, Mamata, Majoni, Mamoni, Total immunization, Polio, Family Planning

Statement of The Problem

On the basis of the need and significance of the study the investigator states the problem with the following title:

A study on awareness of women on several schemes OF NRHM special reference to kamrup rural district of Assam

Methodology

The present study is based on Descriptive study method.

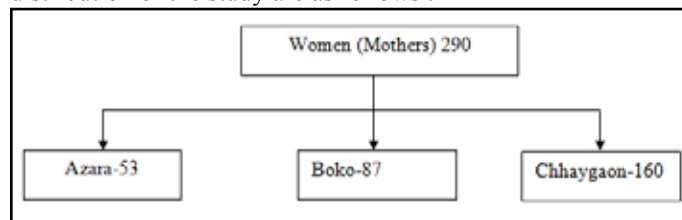
Population

The population of the study is constituted of all the mothers of kamrup (Rural) District of Assam.

Sample

In this study, a sample of 290 women (mothers) has been taken with the help of simple random technique. Out of which 53 from

Azara, 87 from Boko and 160 from Chhaygaon. The sample distribution of the study are as follows :-



Tools used

The present study was carried out with the help of a questionnaire

Statistical implications

Statistical technique used in the study are:

1. Percentage
2. Chi-square.
3. Graphical Representation

Data Analysis and Interpretation

Objective-1: To study the level of education of the women residing in Azara, Boko And Chaygaon blocks.

Table 1: (level of Education) of the women in AZARA block

	level of education				Total
	illiterate	upto primary	Hslc passed	HS passed	
Age of the less than 20 women	2	7	0	0	9
21-30	5	18	6	2	31
31-40	3	3	3	1	10
41 and above	2	0	1	0	3
Total	12	28	10	3	53

Interpretation

Out of 53 correspondent in AZARA block, 9 were under the age less the 20 years and out of which 2 of them were illiterate, 7 of them attained up to primary level of education and no one HSLC and the above level of education.

Out of 31 correspondents under the age 21-30 years, it is found that 5 among them were illiterate, 18 among them attained up to primary level of age, 6 among them attained HSLC, 2 among them attained HS and no one has attained HS.

Out of 10 correspondent under the age 31-40, 3 among them is illiterate, 3 among them attained up to primary level of education, 3 among them attained HSLC, 1 among them attained HS.

And under the age 41 and above it is found that 2 one among them were illiterate, no one attained up to primary level of education, 1 among them attained HSLC, no one attain HS level of education.

Table 2 : level of Education)of the women in Chhaygaon block

Chhaygaon							
		level of education					Total
		ILLITERATE	UPTO PRIMARY	HSLC PASSED	HS PASSED	GRADUATE AND POST GRADUATE	
Age of the women	less than 20	7	35	11	0	0	53
	21-30	5	29	17	9	5	65
	31-40	1	7	7	5	3	23
	41 and above	11	4	3	0	1	19
Total		24	75	38	14	9	160

Interpretation

Out of 160 correspondent in Chaygaon block, 53 were under the age less the 20 years and out of which 7 were illiterate , 35 have attained up to primary level of education, 11 among them attained HSLC and no one attained HS and above level of education. Out of 65 correspondents under the age 21-30 years, it is found that 5 among them were illiterate, 29 among them attained up to primary level of age, 17 among them attained HSLC, 9 among them attained HS and 5 of them were graduate. Out of 23 correspondent under the age 31-40, 1 among them is illiterate, 7 among them attained up to primary level of education, 7 among them attained HSLC, 5 among them attained HS and 3 of them were graduate.

And under the age 41 and above it is found that no one among them were illiterate, 4 of them attained up to primary level of education, 3 among them attained HSLC, no HS passes women is found and 1 graduate woman were there.

Table 3 : (level of Education)of the women in BOKO block

Boko							
		level of education					Total
		ILLITERATE	UPTO PRIMARY	HSLC PASSED	HS PASSED	GRADUATE AND POST GRADUATE	
Age of the women	less than 20	0	5	7	1	0	13
	21-30	0	20	10	3	9	42
	31-40	1	9	3	2	3	18
	41 and above	7	7	0	0	0	14
Total		8	41	20	6	12	87

Interpretation

Out of 87 correspondent BOKO block, 13 among them were under the age less the 20 years and out of which no one among them are illiterate , 5 have attained up to primary level of education, 7 of them pass HSLC and one among them attained HS and above level of education.

Out of 42 correspondents under the age 21-30 years, it is found that no one among them were illiterate, 20 has attained up to primary level of age, 10 has passed HSLC, 3 passed HS and 9 of them were graduate. Out of 18 correspondent under the age 31-40, 1 among them is illiterate, 9 of them has attained up to primary level of education, 3 has passed HSLC, 2 passed HS and 3 of them were graduate. And under the age 41 and above it is found that 7 among them were illiterate, 7 of the attained up to primary level of education, no one has attained HSLC and above level of education.

Table 4: Block wise level of education.

Blocks→	Azara	Boko	Chhaygaon
Level of education↓			
illiterate	12 (23%)	8 (9%)	24 (15%)
up primary	28 (53%)	41 (47%)	75 (47%)
HSLC	10 (19%)	20 (23%)	38 (24%)
HS	3 (6%)	6 (7%)	14 (9%)
Graduate and above	0	12 (14%)	9 (6%)

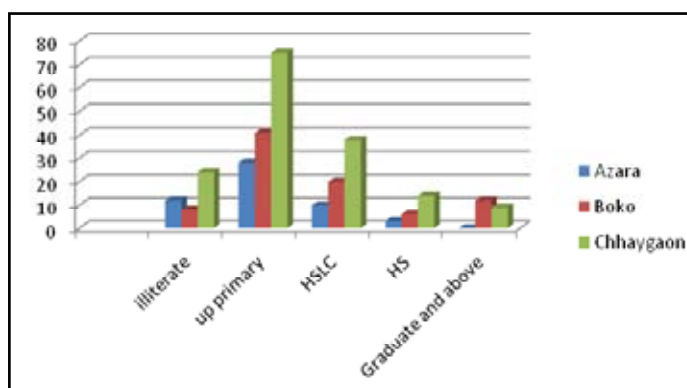


Fig. 1.0 : Diagrammatic representation on level of education

2. To study the awareness of women on NRHM schemes according to their level of education.

Table 5: Level of education, Aware, not aware, χ^2 values of women's awareness of different schemes of NRHM, and p value.

AZARA BLOCK

	Level of education	Aware	Not Aware	Total	χ^2	p-value	Remark
JANANI AND SISHU SURAKSHA YOJNA	<i>illiterate</i>	2	10	12			Not significant at 5%
	<i>Up to primary</i>	14	14	28	14	0.002	
	<i>HSLC</i>	9	1	10			
	<i>HS</i>	3	0	3			
	<i>Total</i>	28	25	53			

	Level of education	Aware	Not Aware	Total	χ^2	p-value	Remark
MAMONI BOOKLET	<i>illiterate</i>	2	10	12			Not significant at 5%
	<i>Up to primary</i>	17	11	28	14.921	0.002	
	<i>HSLC</i>	9	1	10			
	<i>HS</i>	3	0	3			
	<i>Total</i>	31	22	53			

	Level of education	Aware	Not Aware	Total	χ^2	p-value	Remark
MAMATA KIT	<i>illiterate</i>	4	8	12			Not significant at 5%
	<i>Up to primary</i>	16	12	28	9.428	0.024	
	<i>HSLC</i>	9	1	10			
	<i>HS</i>	3	0	3			
	<i>Total</i>	32	21	53			

	Level of education	Aware	Not Aware	Total	χ^2	p-value	Remark
MAJONI SCHEMES	<i>illiterate</i>	6	6	12			Not significant at 5%
	<i>Up to primary</i>	14	14	28	8.413	0.038	
	<i>HSLC</i>	10	0	10			
	<i>HS</i>	2	1	3			
	<i>Total</i>	32	21	53			

	Level of education	Aware	Not Aware	Total	χ^2	p-value	Remark
TOTAL IMMUNIZA- TION	<i>illiterate</i>	12	0	12			-
	<i>Up to primary</i>	28	0	28	-	-	
	<i>HSLC</i>	28	0	10			
	<i>HS</i>	3	0	3			
	<i>Total</i>	53	0	53			

	Level of education	Aware	Not Aware	Total	χ^2	p-value	Remark
FAMILY PLANNING	<i>illiterate</i>	10	2	12			Significant at 5%
	<i>Up to primary</i>	28	0	28	7.101	0.069	
	<i>HSLC</i>	10	0	10			
	<i>HS</i>	3	0	3			
	<i>Total</i>	51	2	53			

	Level of education	Aware	Not Aware	Total	χ^2	p-value	Remark
POLIO BENEFIT	<i>illiterate</i>	12	0	12			-
	<i>Up to primary</i>	28	0	28	-	-	
	<i>HSLC</i>	10	0	10			
	<i>HS</i>	3	0	3			
	<i>Total</i>	51	0	53			

Interpretation

Statistical significance is tested using Chi-square test for independence of attributes and significance level is considered at p- value < 0.05.

Chi-Square (χ^2) test for independent of attributes is used to study the association between the level of education and several schemes of National Rural Health Mission (NRHM).

The study show that the level of education of the respondents has highly significant association with the awareness level of NRHM schemes like JSY, Mamoni schemes, Majoni schemes, Mamata Schemes, total immunization and polio benefit except with the case of family planning.

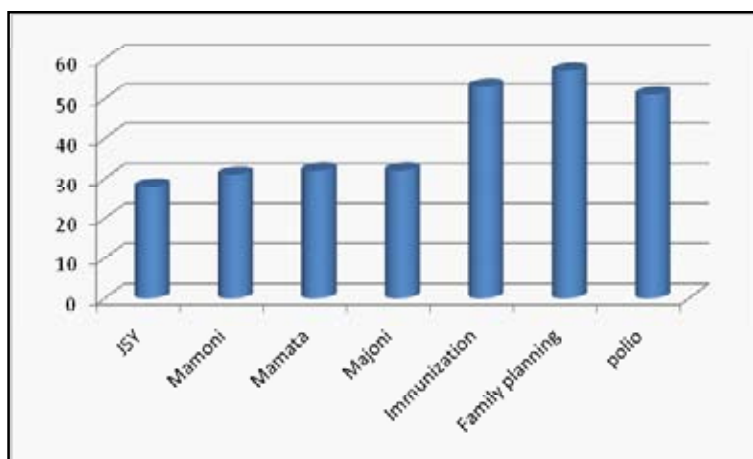


Fig:2 Diagrammatic representation of women awareness on various schemes of NRHM.

Table 6: Level of education, Aware, not aware, χ^2 values of women’s awareness of different schemes of NRHM, and p value.
BOKO BLOCK

JANANI AND SISHU SURAKSHA YOJHNA	Level of education	Aware	Not Aware	Total	χ^2	p-value	Remark
	<i>Illiterate</i>	2	6	8			Not significant at 5%
	<i>Up to primary</i>	20	21	41	13.99	.008	
	<i>HSLC</i>	10	10	20			
	<i>HS</i>	4	2	6			
	<i>Graduate and above</i>	12	0	12			
	<i>Total</i>	48	39	87			

MAMONI	Level of education	Aware	Not Aware	Total	χ^2	p-value	Remark
	<i>Illiterate</i>	2	6	8			Not significant at 5%
	<i>Up to primary</i>	20	21	41	10.529	.032	
	<i>HSLC</i>	10	10	20			
	<i>HS</i>	4	2	6			
	<i>Graduate and above</i>	11	1	12			
	<i>Total</i>	47	40	87			

MAMATA	Level of education	Aware	Not Aware	Total	χ^2	p-value	Remark
	<i>Illiterate</i>	1	7	8			Not significant at 5%
	<i>Up to primary</i>	10	31	41	31.540	.000	
	<i>HSLC</i>	13	7	20			
	<i>HS</i>	5	1	6			
	<i>Graduate and above</i>	12	0	12			
	<i>Total</i>	31	46	87			

MAJONI SCHEMES	Level of education	Aware	Not Aware	Total	χ^2	p-value	Remark
	<i>Illiterate</i>	0	8	8			Not significant at 5%
	<i>Up to primary</i>	22	19	41	25.875	.00	
	<i>HSLC</i>	14	6	20			
	<i>HS</i>	6	0	6			
	<i>Graduate and above</i>	12	0	12			
	<i>Total</i>	54	23	87			

POLIO BENEFIT	Level of education	Aware	Not Aware	Total	χ^2	p-value	Remark
	<i>Illiterate</i>	3	5	8			
	<i>Up to primary</i>	37	4	41	27.863	.00	
	<i>HSLC</i>	20	0	20			
	<i>HS</i>	6	0	6			
	<i>Graduate and above</i>	12	0	12			
	<i>Total</i>	78	9	87			

TOTAL IMMUNIZATION	Level of education	Aware	Not Aware	Total	χ^2	p-value	Remark
	<i>Illiterate</i>	0	8	8			Not significant at 5%
	<i>Up to primary</i>	21	20	41	23.461	.000	
	<i>HSLC</i>	18	2	20			
	<i>HS</i>	6	0	6			
	<i>Graduate and above</i>	12	0	12			
	<i>Total</i>	53	3	87			

FAMILY PLANNING	Level of education	Aware	Not Aware	Total	χ^2	p-value	Remark
	<i>Illiterate</i>	8	0	8			
	<i>Up to primary</i>	38	3	41	3.486	.480	
	<i>HSLC</i>	20	0	20			
	<i>HS</i>	6	0	6			
	<i>Graduate and above</i>	12	0	12			
	<i>Total</i>	84	3	87			

Interpretation

Statistical significance is tested using Chi-square test for independence of attributes and significance level is considered at p- value < 0.05.

Chi-Square (χ^2) test for independent of attributes is used to study the association between the level of education and several schemes of National Rural Health Mission (NHRM).

The study show that the level of education of the respondents has highly significant association with the awareness level of NRHM schemes like JSY, Mamoni schemes, Majoni schemes, Mamata Schemes, Total immunization and polio benefit except with the case of Family planning.

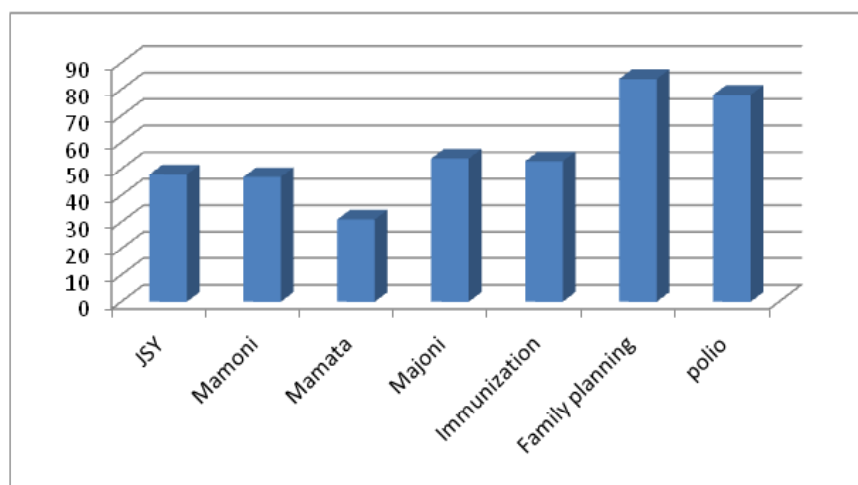


Fig 3: Diagrammatic representation of awareness of women on various schemes of NRHM

A study on awareness of women on several schemes on NRHM

Table 7: Level of education, Aware, not aware, χ^2 values of women’s awareness of different schemes of NRHM, and p value.

CHHAYGAON BLOCK

JANANI AND SISHU SURAKSHA YOJHNA	Level of education	Aware	Not Aware	Total	χ^2	p-value	Remarks
	<i>Illiterate</i>	10	14	24			
	<i>Up to primary</i>	27	48	75	55.800	.00	
	<i>HSLC</i>	36	2	38			
	<i>HS</i>	14	0	14			
	<i>Graduate and above</i>	9	0	9			
	<i>Total</i>	96	64	160			

MAMATA KITS	Level of education	Aware	Not Aware	Total	χ^2	p-value	Remark
	<i>Illiterate</i>	14	10	24			
	<i>Up to primary</i>	49	26	75	21.214	.00	
	<i>HSLC</i>	35	3	38			
	<i>HS</i>	14	0	14			
	<i>Graduate and above</i>	9	0	9			
	<i>Total</i>	121	39	160			

MAJONI	Level of education	Aware	Not Aware	Total	χ^2	p-value	Remark
	<i>Illiterate</i>	9	15	24			Not significant at 5%
	<i>Up to primary</i>	21	54	75	58.457	.00	
	<i>HSLC</i>	36	2	14			
	<i>HS</i>	12	2	14			
	<i>Graduate and above</i>	8	2	9			
	<i>Total</i>	86	74	160			

TOTAL IMMUNIZATION	Level of education	Aware	Not Aware	Total	χ^2	p-value	Remark
	<i>Illiterate</i>	19	5	54			Significant at 5%
	<i>Up to primary</i>	70	5	75	12.800	0.12	
	<i>HSLC</i>	38	0	38			
	<i>HS</i>	14	0	14			
	<i>Graduate and above</i>	9	0	9			
	<i>Total</i>	150	10	160			

FAMILY PLANNING	Level of education	Aware	Not Aware	Total	χ^2	p-value	Remark
	<i>Illiterate</i>	12	12	24			Not significant at 5%
	<i>Up to primary</i>	50	52	75	29.458	.00	
	<i>HSLC</i>	37	1	38			
	<i>HS</i>	14	0	14			
	<i>Graduate and above</i>	9	0	9			
	<i>Total</i>	122	38	160			

POLIO BENEFIT	Level of education	Aware	Not Aware	Total	χ^2	p-value	Remark
	<i>Illiterate</i>	19	5	24			Not significant at 5%
	<i>Up to primary</i>	63	12	75	29.458	.00	
	<i>HSLC</i>	37	1	38			
	<i>HS</i>	14	0	14			
	<i>Graduate and above</i>	90	0	9			
	<i>Total</i>	142	10	160			

MAMONI	Level of education	Aware	Not Aware	Total	χ^2	p-value	Remark
	<i>Illiterate</i>	14	10	24			Not significant at 5%
	<i>Up to primary</i>	71	4	75	35.311	.00	
	<i>HSLC</i>	37	1	38			
	<i>HS</i>	14	0	14			
	<i>Graduate and above</i>	9	0	9			
	<i>Total</i>	145	15	160			

Interpretation:

Statistical significance is tested using Chi-square test for independence of attributes and significance level is considered at p- value < 0.05.

Chi-Square (χ^2) test for independent of attributes is used to study the association between the level of education and several schemes of National Rural Health Mission (NHRM).

The study show that the level of education of the respondents has highly significant association with the awareness level of NRHM schemes like JSY, Mamoni schemes, Majoni schemes, Mamata Schemes and family planning except with the case of Total Immunization.

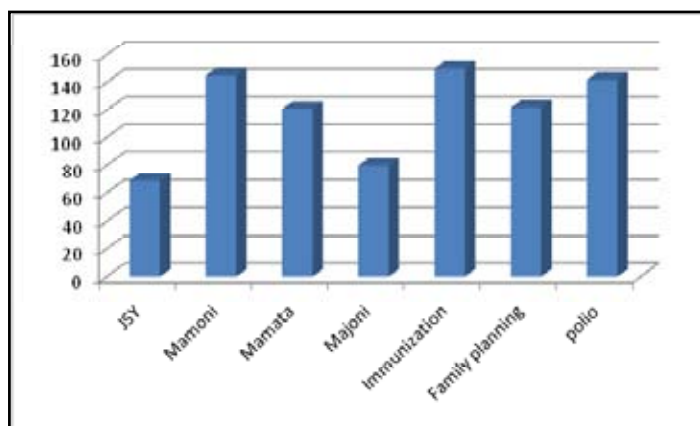


Fig 4: Diagrammatic representation of awareness on women on various schemes on NHRM

Objective 3 To compare the awareness of women in the three blocks (AZARA, CHAYGAON, BOKO)

Table 8: Awareness table of Different schemes on NRHM

Schemes	Azara	Boko	Chhaygaon	Total
JSY	28 (52%)	48 (55%)	96 (60%)	172 (57%)
Mamoni booklet	31 (58%)	47 (54%)	145 (90%)	223 (74%)
Mamata kits	32 (60%)	31 (35%)	121 (75%)	184 (61%)
Majoni	32 (60%)	54 (62%)	86 (53%)	172 (57%)
Total immunization	53 (100%)	53 (60%)	150 (93%)	256 (85%)
Family planning	51 (96%)	84 (96%)	122 (76%)	257 (85%)
Polio	51 (96%)	78 (89%)	142 (88%)	271 (90%)

Interpretation

From this table, we can say that awareness on Janani and sishu yojna is maximum in Chaygaon block and least in Azara with 60% awareness; Awareness on Mamonni booklet is maximum in Chaygaon(60.6%) and least in BOKO(54%); Awareness on Mamata kits is maximum in Chaygaon and least in Boko with only 35.5%; Awareness on Majoni Schemes is maximum in Boko (62.9%) and least in Chaygaon; Awareness on Polio benefit is maximum in Azara block and least in Boko block with 60.9% ; Awareness on total immunization is maximum in Azara block and least in Chaygaon; and aware on family planning is maximum in Azara block and least in Chaygaon.

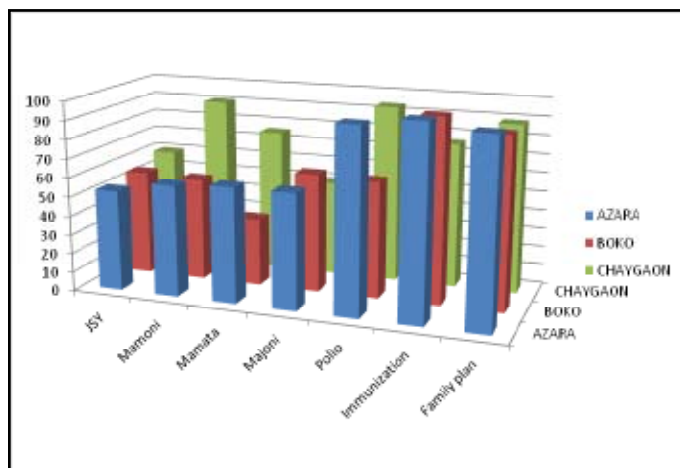


Fig 5: Diagrammatic representation of awareness of different schemes on NRHM of different blocks

Findings

The key finding of this study have been identified in the survey and discussed in the following points:-

1. It is evident that on the whole, a large majority 48% of the women in the three blocks has passed HSLC. Where as it is recorded that only 7% women of the total sample are graduate or post graduate and 14% of the women are illiterate.
2. The highest number of illiterate is found in Azara block with 22.64% with respect to the sample taken in that block followed by Chhaygaon with 15% and last is in Boko with only 9.1% respectively.
3. The highest number of literate is recorded in Boko Block
4. In Azara block Level of education higher than HS were not recorded.
5. In our study it is also observed that with the increase of level of education their awareness on the Schemes like JSY, Mamata kits, Majoni Schemes etc. increases except with the case of Family Planning and total immunization (only in Boko).
6. 90% of the whole samples are aware of polio benefit schemes which are recorded as highest among all awareness of the schemes.
7. Even though Azara has recorded the highest illiterate mothers, their awareness on total immunization is highest compared to the two other blocks.
8. 48% of the mother attained upto primary level of education.
9. More than 40% of the total samples unaware of Majoni schemes.
10. The study reveal that the women of chhaygaon are more aware about the NHRM schemes in comparison with the other two blocks.
11. Maximum mothers are in between 21-31 year of age were recorded..

Conclusion

The purpose of this study is to make the awareness of the women on the programmes according to their education level. The finding of the study shows that there a strong association between the level of education and the NHRM schems like Janani and sishu Suraksha yojna, Mamata, Majoni, and Polio benefit schemes. The study revel that highest number of literate is recorded in Boko Block. The study revel that the women of chhaygaon are more aware about the NHRM schemes in comparison with the other

two blocks. The study also reveals that awareness on Janani and sishu suraksha were recorded maximum in Chhaygoan.

Reference

- [1]. *National Health Mission (NHM), Ministry of Health and Family welfare (MoHFW), Govt of India. Website: nrhm.gov.in*
- [2]. *Janani Suraksha Yojana (JSY), NHM, MoHFW, Govt of India. Website: nrhm.gov.in*
- [3]. *Prasad Amit M, Bhatia Salima, Agrawal Ritu, 2013 The effect of the National Rural Health Mission on health services and outcomes for childbirth in India: a retrospective analysis of survey data*
- [4]. *Ministry of Health and Family Welfare. 2002. National Health Policy – 2002. <http://mohfw.nic.in/> [accessed on 19 April 2013].*
- [5]. *Ministry of Health and Family Welfare. u.d. 'Framework-Latest'. http://www.mohfw.nic.in/NRHM/Documents/NRHM_Framework_Latest.pdf [accessed on 18 April 2013].*
- [6]. *CHANDAVARI VEENA ANDBADIGER CHHAYA 2013- "National Rural Health Mission: Impact on rural mothers and children"*
- [7]. *Ray Suresh Kumar A, 2014- "Wareness & Utilization Of National Rural Health Mission Services Among People Of Selected Rural Areas In The State Of Maharashtra"*
- [8]. *Punjgotra, Nishtha 2016- Impact Of National Rural Health Mission On Womens Health\ -A Study Of Jharkhand District*
- [9]. *Dutta Bornali, Barman Manash Pratim 2017- "A Study on Awareness of Maternal and Child Health Care Schemes under National Health Mission in Majuli, Assam"*
- [10]. *Dr. D.C. Nanjunda, 2017- "Programme and Financial Management of JSY Scheme under NRHM: a Qualitative Study in Three South Indian States"*