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Original Research Article

Awareness about Janani Suraksha Yojana among women: a community-based study

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ABSTRACT

Background: Janani Suraksha Yojana (JSY), a maternity-benefit scheme launched by GOI (Government of India) in April 2005 under the national health mission aims to lessen maternal and neonatal deaths by promoting institutional birth among underprivileged pregnant women. The current research aimed to assess pregnant and post-partum women's awareness about JSY scheme and to examine how the various components of the scheme were utilized by them.

Methods: The study followed a cross-sectional approach to collect data through in-person interviews after obtaining informed consent, using a pre-tested predesigned questionnaire. Women who were pregnant or delivered baby after the implementation of JSY were included in the study.

Results: Out of the total 85 women interviewed, it was seen that more than half of the women (63.5%) had heard about the JSY programme and their source of information was from auxiliary nurse midwives (ANMs) and anganwadi workers (AWWs) (35.8%) followed by radio/ T. V. (30.6%). Less than half of the respondents (35.3%) were unaware about cash incentives offered to pregnant women in rural areas. The study also revealed that a high correlation exists between family income and respondent's awareness about the JSY scheme.

Conclusions: It was concluded from the findings that there is a dire need to improve the awareness about the utilization of JSY scheme among the urban population. Efforts should be enhanced to educate the health staff, AWWs and ASHA about the scheme as they are the agents of delivery and social change.

Keywords: Janani Suraksha Yojana scheme, Institutional delivery, Monetary benefits, Pregnant women, Awareness

INTRODUCTION

The maternal mortality rate is one of the most critical indicators for assessing maternal and child health (MCH) services in a country. It reflects the quality of healthcare available to mothers as well as the overall socio-economic conditions and living standards. Despite a long history of family welfare policies and recent government efforts, maternal and child mortality in India remains significantly high, accounting for 72,000 maternal deaths annually more than any other country. Between 1997-98 and 2010-12, maternal mortality in India fell by 47%, from 398 to 178 deaths per 100,000 live births.¹ To address the slow progress in improving maternal and neonatal health, the GOI launched the JSY in April 2005. This initiative aims to encourage institutional deliveries by providing financial

incentives to women from socio-economically disadvantaged backgrounds, including those from scheduled caste, scheduled tribe, and below poverty line (BPL) families, with the ultimate goal of reducing maternal and neonatal mortality.² In Uttar Pradesh, a state experiencing rapid demographic transitions and urban migration, JSY has been crucial in addressing the increased demand for healthcare services and ensuring public health schemes reach vulnerable populations. The programme identifies accredited social health activists (ASHAs) as pivotal facilitators who link government health services with underprivileged pregnant women. ASHAs, each covering a village population of about 1,000 people, provide vital support in registering pregnancies, organizing antenatal care, identifying complications, and arranging transport for institutional deliveries.³ The

acronym ASHA symbolizes "hope," reflecting their essential role in reducing maternal and neonatal risks. Despite its notable success in increasing institutional deliveries, reducing out-of-pocket delivery expenses, and improving antenatal care, JSY still faces challenges that require attention. Enhancing the quality of clinical care in government facilities remains necessary to build trust and further promote institutional births. Additionally, while past studies have focused on outcomes from healthcare providers' perspectives, less emphasis has been placed on understanding the perceptions and awareness levels of mothers regarding JSY services. Awareness and knowledge of the scheme are key to its successful implementation and full utilization. Therefore, this study aims to assess the awareness of the JSY scheme among pregnant and postpartum women in post-implementation phase, examining the relationship between their socio-demographic profiles and knowledge levels, and exploring correlation between education and awareness about JSY to provide insights for further strengthening the programme.

METHODS

The present study employed a cross-sectional, action-oriented research design conducted in three government hospitals of Prayagraj district-Swaroop Rani medical college, Dufferin hospital, and Colvin hospital-over a period of one month from August 1, 2023, to September 1, 2023. The study utilized a random sampling method, targeting 85 postpartum women who had delivered a live child following the implementation of the JSY. Data collection was facilitated using a pre-tested, pre-designed, semi-structured questionnaire that gathered information on socio-demographic characteristics, antenatal care, delivery care, and postnatal care services accessed by these women.

The procedure for data collection was carried out in two phases. In phase I, permission was obtained from the chief medical officer of Prayagraj city to conduct research within the selected government hospitals. Subsequently, data collection was performed by interviewing pregnant and postpartum women attending the hospital outpatient departments (OPDs) during the study period. In Phase II, the collected data were systematically codified and entered into a computer for analysis.

Data analysis

The statistical package for social sciences (SPSS) version 21 was employed for data entry and statistical analysis. Results were presented in tabular form, accompanied by appropriate statistical tests and interpretations to draw meaningful conclusions about awareness and utilization of JSY services among the study population.

RESULTS

In the present study, the analysis focuses on evaluating the existing knowledge and awareness among antenatal care (ANC) registered women regarding the JSY in Prayagraj

city. This aspect of the study aims to understand how well-informed these women are about the scheme, its benefits, and the services it provides. By examining the level of awareness, the study seeks to identify gaps in knowledge and assess the effectiveness of information dissemination efforts related to JSY.

The socio-demographic profile of the study subjects revealed that a significant proportion of the respondents (47%) were within the age group of 31-40 years. A majority (90.6%) resided in urban areas, reflecting the urban-centric nature of the study setting. In terms of religious affiliation, 68.2% of the participants identified as Muslims, while 34.1% belonged to the other backward classes (OBC) category. Educational attainment showed that 27.1% of the respondents were literate up to the senior secondary level. Marital status data indicated that 90.6% of the women were married, with 55.3% reporting having two children. Regarding occupational status, most respondents were housewives, and a significant portion had a monthly family income exceeding 10,000 rupees. This socio-demographic information provides essential context for analysing awareness and utilization patterns of the JSY among the study population, highlighting key factors that may influence access to maternal healthcare services and benefit uptake.

The findings presented in Table 2 indicate that 63.5% of beneficiaries were fully aware of various government schemes aimed at promoting the well-being of pregnant women. Among these, the most common sources of information were ANMs and AWWs (35.8%), followed by radio and television (30.6%), hospital staff (21.8%), and ASHAs (11.8%). A significant majority (82.3%) of respondents reported receiving information about the JSY during their previous pregnancy. Additionally, 70.6% were aware that JSY provides cash assistance for delivering a child in a government health facility, though only 35.3% knew the exact amount of cash incentive offered under the scheme. Postnatal care utilization was relatively high, with 78.8% of respondents visiting healthcare facilities for postnatal check-ups. However, awareness of the transport facility provided by JSY was limited, with only 27.1% of respondents familiar with this benefit. Half of the women (50.6%) stated that they had never received advice from ASHA workers or ANMs regarding institutional deliveries. When asked about the purpose of JSY, 36.5% correctly identified its primary objective as promoting institutional deliveries. Despite this, 72.9% of respondents had not received a JSY card, a crucial component for accessing scheme benefits. Regarding the disbursement of financial assistance, 51.8% of the respondents were aware of how payments are made to beneficiaries. However, opinions varied on the timing and process of payment: 43.5% indicated that payments are made immediately after delivery, while 45.9% reported that the payment is facilitated through ASHA workers.

The analysis presented in Table 3 revealed that there was no statistically significant association between

respondents' knowledge of the JSY and their age, family income, educational status, residential area, or the type of card they possessed, as the p-value for each variable was greater than 0.05. This finding indicates that these socio-demographic factors did not have a measurable impact on the awareness levels of the respondents regarding JSY. The lack of correlation suggests that awareness about the scheme is not necessarily influenced by commonly assumed determinants such as age, income, education, or urban-rural residence.

Table 4 demonstrates a strong positive correlation between the respondents' family income and their awareness about

the JSY scheme, with a significance level of 0.792. This indicates a statistically significant relationship, suggesting that higher income levels are associated with better awareness and understanding of the scheme. One possible explanation is that increased income facilitates greater access to resources, information, and opportunities provided by the government for social upliftment and healthcare improvement. The majority of respondents who exhibited good knowledge about JSY belonged to the income bracket of ₹10,000 to ₹15,000 per month. These findings align with previous research, such as the study by which highlighted a positive association between income and awareness levels.⁴

Table 1: Socio-demographic characteristics of women.

Parameters	N	Percentage (%)
Age (In years)		
Below 20	01	1.2
21-30	38	44.7
31-40	40	47.0
Above 40	06	7.10
Religion		
Hindu	22	25.9
Muslim	58	68.2
Sikh	05	5.9
Caste		
General	12	14.1
OBC	29	34.1
SC	28	32.9
ST	16	18.8
Area		
Urban	77	90.6
Rural	08	9.40
Educational status		
Primary school (1-5)	21	24.7
Middle school (6-8)	18	21.2
Secondary school (9-10)	12	14.1
Senior secondary school (11-12)	23	27.1
Graduate	11	12.9
Marital status		
Single	08	9.4
Married	77	90.6
Occupational status of the respondents		
Housewife	50	58.8
Working	35	41.2
Occupation of the husband		
Service	27	31.8
Business	35	41.2
Labourer	23	27.1
Income of the family (in INR)		
<5000	13	15.3
5000-10000	21	24.7
Above 10000	51	59.9
Number of children		
One	14	16.5
Two	47	55.3
Three	24	28.2

Continued.

Parameters	N	Percentage (%)
Family status		
Nuclear	26	30.6
Joint	59	69.4
Type of ration card		
Above poverty line	44	51.8
BPL	41	48.2
Total	85	100.0

Table 2: Awareness about the different parameters of JSY among women.

Different parameters indicating awareness about JSY among women	Frequency of women giving response (N)	Percentage (%)
Had you ever heard about JSY		
Yes	54	63.5
No	31	36.5
Source of information about JSY		
ASHA	10	11.8
Hospital staff	18	21.8
Radio/T.V.	26	30.6
ANM/AWW	31	35.8
When was JSY information received		
During this pregnancy	33	15.3
During previous pregnancy	50	82.3
After previous pregnancy	2	2.4
Do you know that JSY offers cash assistance when delivering child in institutional delivery?		
Yes	60	70.6
No	25	29.4
Had you ever visited the institution for post-natal check up		
Yes	67	78.8
No	18	21.2
Were you aware about transport facility offered by JSY		
Yes	23	27.1
No	62	72.9
Cash incentive offered to pregnant women in rural areas (in INR)		
1400/-	30	35.3
600/-	17	20.0
200/-	27	31.7
100/-	11	12.9

Table 3: Association between socio-demographic characteristics and women's knowledge about JSY.

Variables	N	Percentage (%)
Had you ever got advice by ASHA/ANMs for delivering child in health facility		
Yes	22	25.9
No	63	74.1
What are the facilities offered under JSY		
Cash disbursement	3	3.5
Transport	7	8.2
Promote institutional delivery	31	36.5
Mother and infant care	13	15.3
All of the above	11	12.9
Have you received your JSY card?		
Yes	23	27.1
No	62	72.9
Money is disbursed to the beneficiary after delivery through		
Cheque	41	48.2
Cash	44	51.8

Continued.

Variables	N	Percentage (%)
When the payment is given to beneficiary		
At the time of discharge	22	25.9
Immediately after delivery	37	43.5
After few days of delivery	12	14.1
Uncertain or no specified time	14	16.5
Beneficiary received payment through		
ANM	9	10.6
ASHA	39	45.9
Medical officer or LHV of PHC or CHC	24	28.2
Any other	13	15.3

Table 3: Association between socio-demographic characteristics and women's knowledge about JSY.

Variables	Category	Have you heard about JSY (N)		Total	P value
		Yes	No		
Age group (in years)	Below 20	1	0	1	0.166
	21 to 30	25	13	38	
	31 to 40	19	21	40	
	Above 40	5	1	6	
	Total	50	35	85	
Income of the family (in INR)	<5000	10	3	13	0.553
	5000-10000	13	8	21	
	10000-15000	19	10	29	
	15000-20000	8	3	11	
	Above 20000	5	6	11	
	Total	55	30	85	
Educational status	Primary school (1-5)	13	8	21	0.374
	Middle school (6-8)	11	7	18	
	Secondary school (9-10)	8	3	12	
	Senior secondary school (11-12)	18	5	23	
	Graduate	5	6	11	
	Total	66	21	85	
Area	Rural	7	1	8	0.363
	Urban	56	21	77	
	Total	63	22	85	
Type of card	Above poverty line	13	31	44	0.744
	BPL	34	7	41	
	Total	47	38	85	

Table 4: Correlation between income, education and awareness level about JSY in women.

Variables		What is your education status	What is your family income per month (in INR)	Awareness
What is your education status	Pearson correlation	1	0.792**	0.079
	Sig. (2-tailed)		0.000	0.473
	N	85	85	85
What is your family income per month	Pearson correlation	0.792**	1	-0.001
	Sig. (2-tailed)	0.000		0.996
	N	85	85	85
Awareness	Pearson correlation	0.079	-0.001	1
	Sig. (2-tailed)	0.473	0.996	
	N	85	85	85

**Correlation is significant at the 0.01 level (2-tailed).

DISCUSSION

The socio-demographic information provides essential context for analysing awareness and utilization patterns of the JSY among the study population, highlighting key factors that may influence access to maternal healthcare services and benefit uptake. The results of the study showed that among 85 women interviewed, 47% belonged to the age group 31-40 followed by 44.7% in 21-30 years of age group. More than half (63.5%) of the women interviewed, were aware about monetary benefits scheme running by government. The findings were similar with many previous studies conducted in UP showing good knowledge of JSY among women.⁵⁻⁷ A study conducted in New Delhi among urban slums populations reported that the awareness among respondents regarding JSY scheme was 62.3%.⁸ Similarly another study revealed that 76% of the study subjects were aware about the fact that there is provision of cash benefit by the government for those females who deliver child in a public health facility.⁹ In the present study it was found that very few (36.5%) of the respondents knew the name of the scheme. Similar findings were reported in a study wherein less number of females (24%) included in the study knew the scheme's name i.e. JSY.¹⁰ The low level of awareness among urban women may be due to existing improper mechanism for creating awareness about JSY for promoting safe and institutional delivery among pregnant women. These insights underscore the need for improved community outreach, structured health education programs, and strengthened involvement of frontline healthcare workers to increase scheme visibility and ensure that women are fully informed about available maternal healthcare services.

Each of the respondents was asked about the facilities offered under JSY scheme. One tenth (8.2%) knew about the component that there is provision of accompanying person to escort pregnant women to health care facility. Very few (3.5%) of the respondents were aware about cash disbursement as a component of JSY. 15.3% of the respondents stated that the care of the mother and infant is a crucial component of JSY and should be paid heed to. The most common answers cited by respondents about the facilities offered under JSY were to promote institutional and safe delivery for good health and well-being of pregnant women (36.5%), and mother and infant care (15.3%). The results are somewhat similar to a study conducted in Maharashtra wherein it was stated by the respondents that the major component of JSY was to promote institutional and safe delivery.¹¹ The low level of awareness regarding specific components such as cash disbursement and transportation support indicates a need for more focused and comprehensive communication strategies to ensure that beneficiaries are fully informed about all aspects of the scheme. This would not only enhance the utilization of JSY benefits but also contribute to better maternal health outcomes through improved access to essential services.

In the present study it was seen that a vast majority of the respondents (35.8%) had learnt about the JSY scheme and its components through the AWWs or ANMs appointed at the PHCs. The reason cited by them was that ASHA/ANMs act as a resource person in creating awareness at the grassroot level about the new and vivid health schemes of the government among pregnant and post-partum women for their well-being and that of the unborn child. This is in conformity with the study conducted in Uttar Pradesh wherein majority of the women (88 percent) were aware about JSY and the incentives offered by it for institutional delivery.¹² The role of ASHAs/ANMs in reaching out to communities is essential for the effective implementation of health schemes like JSY, as they help bridge the gap between government services and rural or underserved populations. Their involvement is vital in ensuring that the benefits of such schemes are well understood and accessed by those who stand to gain the most from them.

The study revealed that majority of the respondents (43.5%) received payment immediately after birth of child, 25.9% at the time of discharge, 16.5% responded uncertain or no specified time whereas 14.1% of the respondents received payment after few days of delivery. The variation may be attributed to low level of awareness about JSY and its components (monetary benefits, transport facility, promotion of safe and institutional delivery, mother and infant care) in urban population. Another reason cited by them was that parents are busy in taking care of the new born child, so they are less focused in receiving payment at the correct time under the JSY scheme. The results are contradictory to the study conducted in Jamnagar district where it was seen that 77.30% of respondents received their amount after a week of delivery in spite of receiving immediately after the birth of a child.¹³

About 63% of the study population was not aware of exact monetary benefit awarded under JSY scheme. The reason cited by respondents were attending less number of antenatal check-ups or delivering the child in private health care facilities. The findings were similar with the study conducted in Yamuna area of Delhi that reported 72% of the study subjects were unaware about the monetary benefits offered under JSY scheme for promotion of safe and institutional delivery among pregnant women.¹⁴

Majority (78.8%) of the respondents in the present study had visited PHCs for post-natal check-up. They cited that constant motivation by ASHA'S at the grass root level helped in raising awareness of health issues among the pregnant women. Similar results were obtained in a study conducted in Rajasthan where more than half (57%) of the respondents had received PNC under the JSY scheme for good health and well-being of mother and that of her new born child.¹⁵

Concerning the response of the women about the utilization of JSY card, 72.9% of the respondents reported that they had not received JSY card after the delivery of their child. The reasons behind this might be non-availability of all certificates (documents) with the parents after the delivery of child. Another reason cited by the respondents for not receiving JSY card was that a new born child demands heavy time on the parent's part for its well-being and therefore they could focus less on preparing the documents for the same. Similar results were reported from the study conducted in Madhya Pradesh, where it was found that 80-93% of the women had not received JSY card after the delivery of child in PHCs (UNFPA, May 2009).

As per results obtained in Table 2, majority of the respondents received JSY related information during previous pregnancy (82.3%), which is similar with a previous study which reported that 51.62% of the respondents had received JSY related information during previous pregnancy and 48.38% during their current pregnancy (Khes et al).¹⁷ Respondents cited the reason that they had received the information prior to pregnancy and they didn't realize the need of upgrading their knowledge according to the change in needs and plans of the scheme. To overcome this issue, it becomes imperative for ASHA workers to educate women about the timely up gradation of prior knowledge which would be beneficial for them in future.

CONCLUSION

JSY, a key intervention under the national health mission, aims to promote safe motherhood, yet the study found that while many respondents were aware of the scheme's name; they lacked knowledge about its monetary benefits and specific details like the beneficiary and objectives. To address these gaps, it is recommended to implement effective information, education, and communication (IEC) strategies, such as street plays and posters during village health days, to increase awareness. Additionally, greater emphasis should be placed on the training and motivation of ASHAs, who are crucial in connecting the government with pregnant women, to improve the execution of the scheme at the grassroots level. Health workers, NGOs, and self-help groups should also be encouraged to raise awareness, particularly among the urban population. Finally, essential safety measures, including ultrasound, free transport, and professional healthcare providers, should be consistently implemented at urban PHCs and community health centres (CHCs) to ensure the health and well-being of mothers and infants.

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