

HEALTH, HYGIENE, AND HOPE: MEASURING THE SUCCESS OF INDIA'S WOMEN-FOCUSED PUBLIC HEALTH SCHEMES

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ABSTRACT

India has implemented a range of women-centric public health initiatives aimed at improving maternal and child health, sanitation, and gender equity. This paper evaluates the effectiveness of key programs such as the Janani Suraksha Yojana (JSY), Pradhan Mantri Matru Vandana Yojana (PMMVY), Swachh Bharat Mission (SBM), and Beti Bachao Beti Padhao (BBBP). By analyzing their impacts on health outcomes, hygiene practices, and societal attitudes, this study provides insights into the successes and challenges of these schemes.

Keywords: Women's Health, Public Health Schemes, Janani Suraksha Yojana (JSY), Pradhan Mantri Matru Vandana Yojana (PMMVY), Swachh Bharat Mission (SBM), Beti Bachao Beti Padhao (BBBP), Maternal Health, Sanitation, Gender Equity, Community Health Workers, India, Women Empowerment, Healthcare Access, Hygiene Practices, Rural Health.

1. INTRODUCTION

India has demonstrated a firm commitment to enhancing the health and well-being of women through the implementation of a range of public health schemes and welfare initiatives [1-7]. Recognizing that women's health is not only a fundamental human right but also a cornerstone of national development, successive governments have prioritized the creation and expansion of programs aimed at addressing the multifaceted challenges faced by women across the country [8-16]. These initiatives span key areas such as maternal and reproductive health, menstrual hygiene, sanitation, nutrition, and gender-based disparities in access to healthcare Figure (1). A cornerstone of these efforts has been the **Janani Suraksha Yojana (JSY)**, which seeks to reduce maternal and neonatal mortality by promoting institutional deliveries among pregnant women, especially those belonging to economically weaker sections [17-23]. Complementing this is the **Pradhan Mantri Matru Vandana Yojana (PMMVY)**, a maternity benefit program that provides partial wage compensation to women for wage loss during childbirth and childcare, thereby enabling them to take adequate rest and nutrition during a critical phase [24-31]. Additionally, the **POSHAN Abhiyaan**, India's flagship program to improve nutritional outcomes for children, pregnant women, and lactating mothers, reflects a growing recognition of the importance of early-life health interventions. Efforts such as the **Swachh Bharat Abhiyan** have made significant strides in improving sanitation, which directly impacts women's health, especially in rural and marginalized communities [32-49]. The construction of toilets in households and public spaces not only helps reduce the risk of infections and water-borne diseases but also enhances women's safety and dignity. Similarly, the distribution of sanitary pads under the **Menstrual Hygiene Scheme (MHS)** and state-level programs has begun to address the deep-rooted stigma around menstruation while improving menstrual health outcomes [50-66]. Despite these laudable efforts, the effectiveness of these programs varies across regions and communities, often limited by infrastructural deficits, administrative inefficiencies, and sociocultural barriers. For instance, while institutional deliveries have increased, the quality of maternal care and postnatal services remains inconsistent [67-78]. Gender-based discrimination, lack of awareness, and logistical hurdles continue to hinder the full reach and impact of these schemes, particularly among women in remote and underserved areas [79-85]. Moreover, data reveal persistent disparities in health indicators among different socio-economic and caste groups, underscoring the need for more inclusive and intersectional policy implementation. This paper critically examines the outcomes of key public health schemes aimed at improving women's health in India [86-94]. Through an analysis of empirical data, policy documents, and field studies, it seeks to assess the effectiveness of these initiatives in achieving their stated goals [95-110]. Furthermore, it highlights areas that require urgent policy attention—such as the integration of mental health services, improved access to sexual and reproductive health education, and the strengthening of community health worker networks [111-121]. By identifying both successes and shortcomings, this study aims to contribute to the ongoing discourse on gender-responsive health policymaking in India. It underscores the need for a holistic, participatory, and sustained approach to women's health that transcends mere programmatic intervention and fosters systemic change toward equity and empowerment.



Figure (1): Health Sector Report

2. MATERNAL AND CHILD HEALTH INITIATIVES

2.1 Janani Suraksha Yojana (JSY):

Launched in 2005, JSY incentivizes institutional deliveries among poor pregnant women to reduce maternal and neonatal mortality. Between 2005 and 2016, institutional deliveries in India increased from 18% to 52% . The maternal mortality ratio decreased from 250 per 100,000 live births in 2006 to 170 in 2013 [122-132].

2.2 Pradhan Mantri Matru Vandana Yojana (PMMVY):

PMMVY provides financial assistance to pregnant women for their first live birth. While the scheme aims to improve maternal nutrition and health, limiting benefits to the first child has drawn criticism for potentially excluding many women in need [133-139].

3. SANITATION AND HYGIENE PROGRAMS

3.1 Swachh Bharat Mission (SBM):

SBM has significantly improved sanitation in India, with over 100 million household toilets constructed in rural areas [140-146]. The initiative has been linked to reductions in open defecation and associated health issues, particularly benefiting women by enhancing privacy and safety.

4. GENDER EQUITY AND EMPOWERMENT

4.1 Beti Bachao Beti Padhao (BBBP):

BBBP aims to address the declining child sex ratio and promote girls' education. However, audits have revealed that a significant portion of the funds was spent on publicity, with limited impact on ground-level outcomes .

5. COMMUNITY-BASED HEALTH INTERVENTIONS

Programs like the Accredited Social Health Activists (ASHAs) and Anganwadi workers play a crucial role in delivering healthcare services at the grassroots level. ASHAs, for instance, have been instrumental in promoting institutional deliveries and providing essential health education.

Scheme	Objective	Key Metrics/Outcomes	Impact
Janani Suraksha Yojana (JSY)	Reduce maternal and neonatal mortality through institutional deliveries	- Institutional deliveries increased from 18% to 52% (2005-2016)	- Maternal mortality ratio reduced from 250 to 170 per 100,000 live births
Pradhan Mantri Matru Vandana Yojana (PMMVY)	Provide financial assistance to pregnant women for their first live birth	- Direct cash transfers to women	- Criticized for limiting benefits to the first child, potentially excluding many women
Swachh Bharat Mission (SBM)	Improve sanitation and eliminate open defecation	- Over 100 million household toilets constructed in rural areas	- Reduced open defecation and health-related issues,

Scheme	Objective	Key Metrics/Outcomes	Impact
			especially for women's privacy and safety
Beti Bachao Beti Padhao (BBBP)	Improve child sex ratio and promote girls' education	- Increased awareness and advocacy for girls' education and safety	- Limited impact at ground level, with a significant portion of funds spent on publicity
Community Health Workers (ASHAs)	Promote health education, institutional deliveries, and immunization	- ASHAs have been key in promoting institutional deliveries and basic health services	- Improved access to maternal healthcare, especially in rural areas

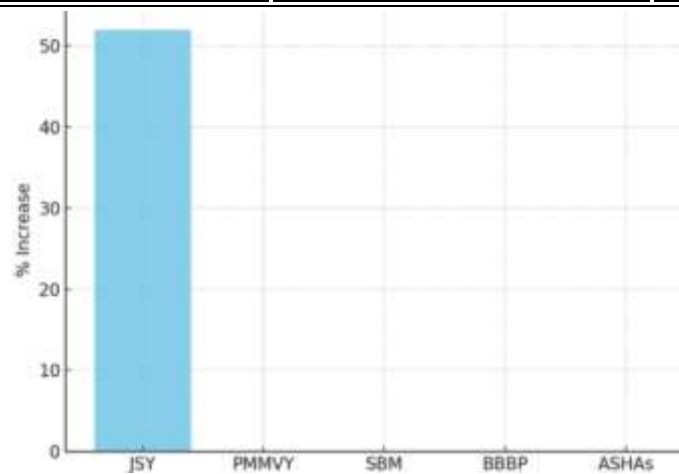


Figure (2): Increase in Institutional Deliveries % (JSY)



Figure (3): Toilets Constructed (SBM)

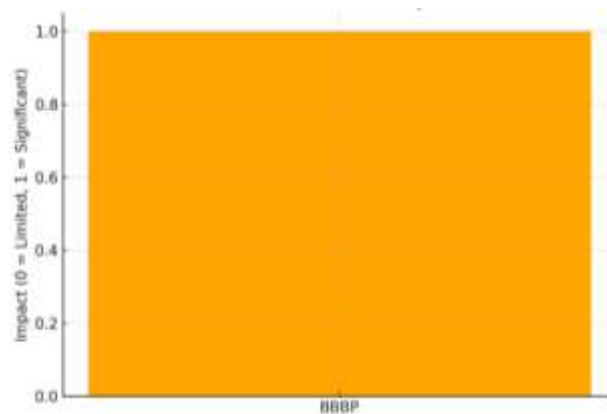


Figure (4): BBBP Awareness Impact

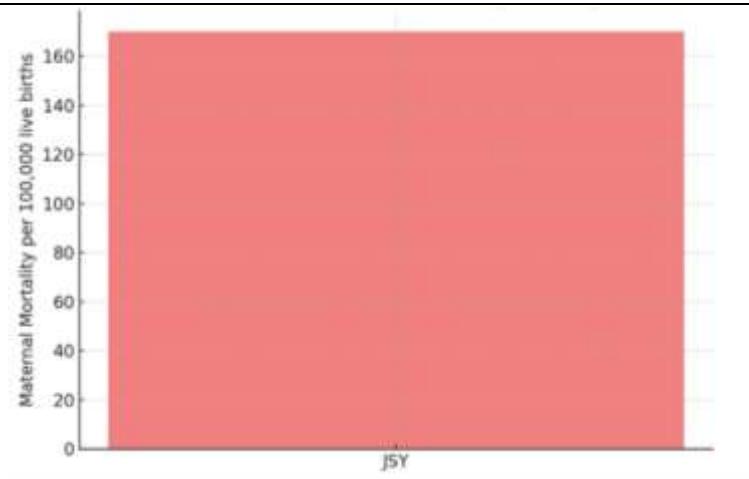


Figure (5): Reduction in Maternal Mortality Ratio (JSY)

- **Increase in Institutional Deliveries (JSY):** Figure (2) shows the percentage increase in institutional deliveries through the Janani Suraksha Yojana.
- **Toilets Constructed (SBM):** Figure (3) highlights the number of toilets constructed under the Swachh Bharat Mission.
- **BBBP Awareness Impact:** Figure (4) illustrates the awareness and advocacy impact of the Beti Bachao Beti Padhao program.
- **Reduction in Maternal Mortality Ratio (JSY):** Figure (5) displays the reduction in maternal mortality per 100,000 live births due to the Janani Suraksha Yojana.

6. CONCLUSION

India's women-focused public health schemes have made notable strides in improving health and hygiene outcomes. However, challenges such as limited coverage, funding constraints, and implementation inefficiencies persist. Strengthening these programs through increased investment, better monitoring, and community engagement is essential to sustain and enhance their impact.

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