

India's Janani Suraksha Yojana: Challenges Ahead

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In August of 2016, an article was published in *The Hindu* detailing a terrible story. The article, written by Vidya Krishnan and entitled "Labour pain: Sitapur's maternity racket," tells of a young India couple in the state of Uttar Pradesh who were gouged for money while trying to participate in a free government program to promote births by trained professionals called the Janani Suraksha Yojana, or JSY. This program was designed to help families stay safe during the process of childbirth in compliance with the World Health Organization's goals.^[1] The extortion came in the form of demanded tips from the people involved and threats were made when the victims did not initially comply. The program offers enough money to the participants to pay for the birth with some leftover, but, due to a loophole in the system, this young couple had yet to receive anything.

In September of 2000, the United Nations signed an agreement in the hopes of improving the quality of life for people all over the world. This agreement, outlining eight major goals to be completed by 2015, is entitled "The United Nations Millennium Declaration."^[2] Of note is goal 5: "Improve Maternal Health." This goal involves reducing maternal death by 75% and expanding access to reproductive health.^[3] Overall, this has been relatively successful, with the worldwide maternal mortality ratio reduced by 45% and 71% of births being overseen by health professionals, a drastic increase from 1990.^[4]

India, however, initially struggled to achieve this goal despite India's efforts and support programs, such as the JSY. In the 2015 report, the country had only achieved an overall 61% reduction in maternal mortality ratio. This is largely due to four states, Uttar Pradesh, Assam, Rajasthan and Madhya Pradesh, comprising 67% of the maternal mortality ratio for the entire country.^[5] Several challenges still persist to prevent the reduction of maternal mortality. Many care centers participating in the JSY program are avoided by the population, as they are often poorly staffed, lack critical medications and participate in corrupt practices like the ones mentioned in the article.^[1,6] Participants are also likely to spend additional money on services not fully covered by the JSY, such as C-sections or medications.^[7] A final challenge is the lack of awareness of the existence of the program^[8] and general public misconceptions about the safety of home deliveries.^[9]

On the other hand, there have been many successes with continued development of the program. Studies have shown an increase in hospital deliveries, which have decreased maternal mortality.^[7] The JSY was also associated with increased immunization rates as well as decreased neonatal mortality rates. The Accredited Social Health Activists (ASHAs) likely played a major role by encouraging families of lower economic status and helping them navigate the program. The program itself is evolving as well, as it is shifting towards focus to increase availability and quality of institutional

delivery.^[9] This is a trend that will hopefully continue to rise, but there are continuous opportunities for improvement.

Improvements can be geared towards two areas; providing education and increasing the infrastructure of the program. Increasing public awareness of the program and its features are critical for increasing demand bringing in more resource investment by the state and having more informed utilizers. Information should be circulated in areas with families of low socioeconomic backgrounds. Emphasis on awareness of the dangers of home delivery should increase patient participation.

Increasing the infrastructure and resources of the programs will only serve to benefit the people of India. Better financial compensation for both the families and the ASHAs should increase participation by both parties. Regulation for care centers should ensure availability of medications, prevent understaffing and decrease corrupt practices by the staff, which would in turn increase patient willingness to use these facilities. Finally, increasing the availability of emergency vehicle services at night would allow increased access to hospitals, especially in rural areas.

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