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Performance of Pradhan Mantri Matru Vandana Yojana: An empirical evaluation in Karnataka

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Abstract

Malnutrition is a global concern affecting both children and women, including in India, where one in three women is undernourished and anaemic. The Indian government has implemented various programmes, including the Pradhan Mantri Matru Vandana Yojana (PMMVY), to provide financial support and improve the health and nutrition-seeking behaviour of pregnant and lactating women. PMMVY has reduced the financial burden on women, increased awareness about antenatal care, and empowered them to make informed decisions about their health and that of their children. Although women from low socio-economic backgrounds still face challenges, the scheme has contributed to achieving nutritional sustainability among the people, and it has helped reduce maternal and infant mortality rates. The study aims to evaluate the factors affecting the satisfaction of beneficiaries of the PMMVY programme. Multiple Regression tool is used to evaluate the perception and satisfaction of beneficiaries of the programme against three different dimensions i.e., Adequacy of the programme, Financial Benefits and Health and allied services. The study reveals that the factor of financial benefits has more influence on the satisfaction of beneficiaries of the programme followed by Adequacy of the programme and health allied services. PMMVY supports pregnant and lactating women by providing partial wage compensation for rest and improved health and nutrition. Policies for comprehensive wage compensation can further empower expectant mothers. To ensure satisfaction, there is a need to study the factors influencing the PMMVY scheme with a wider scope.

Keywords: PMMVY, community-based initiatives scheme, malnutrition, satisfaction, adequacy of the programme, financial benefits, health and allied services

Introduction

Malnutrition is a sign of under and over-nutrition in children and women and has affected all parts of the world's population to varying degrees. Long-term malnutrition leads to stunting, wasting, and underweight, leading to illness and death among children and women. It affects women by creating health issues and reducing workability. In India, every third woman is undernourished and anaemic. It is also seen that most pregnant women have Haemoglobin levels below 10gm %. An undernourished mother almost certainly gives birth to a low-birth-weight baby. When poor nutrition starts in utero, the effects of malnutrition persist throughout the life cycle since the changes are primarily irreparable.

Women play an important role in nation-building, so their health is equally essential to achieving growth and development in all aspects of the country. The country's sustained development can thus be achieved only if we take holistic care of our women and children. Contemporarily it is essential to focus on improving health and nutrition-seeking behaviour among pregnant and lactating women. This can be accomplished through targeted education programs that emphasize the importance of a balanced diet and regular prenatal care. Women from low socio-economic backgrounds must work for their families during their pregnancy until the last days and may need to resume work within a few days of delivery even though they are supposed to take rest and breastfeed their child. Still, because of the family situation, they cannot give themselves time to recover from the physiological changes during pregnancy. It also obstructs their ability to breastfeed their infant exclusively in the first six months.

Compared to the global entail, the prevalence rates of maternal and child mortality and malnutrition in India have significantly increased.

Nevertheless, when comparing India to developing nations that share comparable health profiles, it is evident that India performs favourably in terms of both infant mortality rate (IMR) and under-five mortality rate (U5 MR). It is vital to acknowledge and address these challenges to ensure the effective implementation of government programmes such as Integrated Child Development Services, POSHAN Abhiyan, National Health Mission, Midday Meal, and Maternal Benefit Scheme (PMMVY) to reach all intended beneficiaries at grassroots levels. Improving awareness and fostering transparency in the execution of these interventions can yield advantageous outcomes in eradicating malnutrition in India (Jameel & Ahmed, 2021) [3].

To overcome the challenges in gaining nutritional sustainability among the people, the Government of India has taken various initiatives and has made policies and strategies. These government policies and programmes are often converging in nature. They are taking steps to combat malnutrition and started national health programmes like ICDS, Janani Suraksha Yojana etc., to improve the health of antenatal mothers. However, the most critical factor that can bring a more significant response to these programmes is the awareness and will to have a Behavioural change among the individuals and the communities.

In January 2017, first time, a maternity benefit programme - 'Pradhan Mantri Matru Vandana Yojana' (PMMVY), was implemented in all the districts in India by the provision of the National Food Security Act 2013. Under the PMMVY, a cash incentive of rupees five thousand will be transferred directly to the bank account of eligible pregnant women and lactating mothers for the family's first child. The PMMVY has two primary objectives - first is to provide partial wage compensation to allow a pregnant/lactating woman adequate rest before and after the delivery of her first child, and second is to improve health and nutrition-seeking Behaviour and practices amongst the pregnant and lactating women.

Pradhan Mantri Matru Vandana Yojana has been instrumental in addressing the issues pregnant women face in India. By offering financial support to women during their pregnancy and postpartum period, the government aims to alleviate the burden of poverty and maternal challenges. Through this initiative, women can take much-needed rest before and after delivering their first child without worrying about the loss of wages. This ensures better health outcomes for both mother and child and empowers women to make informed decisions regarding their reproductive health by recognizing the importance of supporting women during this crucial phase of their lives.

Providing monetary support has alleviated the financial burden on these women, enabling them to seek timely medical care and nutrition. As a result, there has been a noticeable reduction in maternal and infant mortality rates. Moreover, the scheme has also empowered women by promoting their overall well-being and encouraging them to make informed decisions regarding their health and that of their children. Additionally, the PMMVY has played a crucial role in increasing awareness about the importance of antenatal care and immunization among pregnant women.

The World Bank Group Survey of 2017 revealed that 21% of Karnataka's population is below the poverty line, and many women continue to work to earn a living for their families right up to the last days of their pregnancy. Furthermore, they resume working soon after childbirth

even though their bodies might not permit it. To reduce these poverty problems and maternal challenges, the government launched PMMVY in 2017 to provide partial compensation for the wage loss incentives so that the woman can take adequate rest before and after delivery of the first living child of the family.

PMMVY is a community-based initiatives scheme established to create a supportive environment for pregnant and lactating women. Provide partial wage compensation to allow adequate rest and to improve health and nutrition-seeking Behaviour and practices amongst pregnant and lactating women before and after the birth of their first child.

In this setup, a question arises policies that provide comprehensive wage compensation for pregnant and lactating women would ensure the scheme's support to rest adequately before and after childbirth. By relieving them of financial burdens, these policies would enable expectant mothers to prioritize their health and well-being during this critical period. To respond to this problem, there is a need to study the satisfaction towards the PMMVY scheme and the factors influencing that satisfaction.

Therefore, this study has been intended to evaluate the factors affecting the satisfaction of beneficiaries of the PMMVY programme.

Objectives of the Study

1. To know the background of the maternity benefit scheme-PMMVY Programme and its status.
2. To analyse the factors affecting the satisfaction of beneficiaries of the PMMVY programme.

Review of Literature

The factors that affect the perception towards Pradhan Mantri Matru Vandana Yojana (PMMVY) have been studied in different contexts. A study conducted in a block of West Bengal found that the coverage of the PMMVY scheme was satisfactory, but there were challenges related to antenatal care, scheme documents, and payment issues that needed to be addressed. However, no specific research was found that directly addresses the factors that affect the perception towards Pradhan Mantri Matru Vandana Yojana (Shukla *et al.*, 2023) [7]. Factors that contribute to the perception of the government's maternity support and health programs include the design of public policies, their generosity, and the national context (Ogbuabor & Nwankwor, 2021) [5]. Other factors include women's characteristics such as age at marriage, employment status, and participation in household decisions (Pezer, 2018) [6]. The type of facility where women receive care, such as health centres or private/mission hospitals, also influences perception (Newham *et al.*, 2016) [4]. In addition, the timing of antenatal care, experience of pregnancy complications, and delivery by skilled or non-skilled attendants play a role in shaping perception (Biswas *et al.*, 2020) [1]. Economic performance, education levels, poverty levels, and gender equality in a country's national context can also impact the perception of maternity support and health programs (Farrow *et al.*, 1996) [2]. Other factors include the availability and accessibility of services (Newham *et al.*, 2016) [4], as well as the quality of care provided during antenatal and postnatal periods (Pezer, 2018) [6]. Additionally, women's characteristics such as age, employment status, and participation in household decisions

can influence their perception of maternity care (Biswas *et al.*, 2020) ^[1]. The type of facility where delivery takes place, the presence of skilled attendants, and the experience of pregnancy complications also shape women's perception of maternity support (Taylor, 1986) ^[8]. Governments need to consider these factors when developing and implementing maternity support and health programs to ensure that they meet the needs and expectations of women.

After studying extensive literature, it is found that no studies have attempted to evaluate the government's maternity support and health programs in different dimensions and factors. Hence, there is a need for the study of the factors affecting the satisfaction of beneficiaries of the PMMVY maternity benefits programme in different dimensional factors. The study proposed a model through an all-embracing literature survey to measure the perception and satisfaction of beneficiaries of the programme in three different dimensions i.e., Adequacy of the programme includes the need for the programme at pre- and post-maternity, Financial Benefits consisting of compensating wage loss timely transfer money, compensating wage loss and health, and Health and allied service delivered through this programme.

Hypotheses for the study

H₀: There is no significant impact on the satisfaction of beneficiaries in the PMMVY programme.

H₁: There is a significant impact of the adequacy of the programme on the satisfaction of beneficiaries.

H₂: There is a significant impact of the programme's financial benefits on the satisfaction of beneficiaries.

H₃: There is a significant impact of health allied services of the programme on the satisfaction of beneficiaries.

Research Methodology

The research uses the perception of pregnant/lactating women who are beneficiaries of the PMMVY programme in Hassan City of Karnataka. This research instruments a structured questionnaire containing twenty-one questions, to evaluate the different satisfaction level about PMMVY programme aspects in the targeted geographical areas, i.e., in Hassan city of Karnataka. The convenience sampling method was employed to select the sample for the study. Questionnaires are distributed among the pregnant/lactating women who are the core beneficiaries of the PMMVY programme. The questionnaire is formed based on three aspects, Adequacy of the programme, financial benefits, and health allied services.

Research Model

The study proposed a model through an extensive literature survey to measure the perception of beneficiaries of the PMMVY programme.

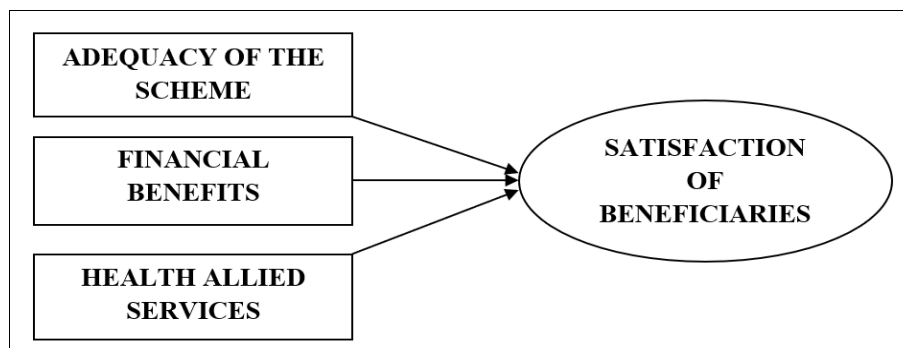


Fig 1: Shows the extensive literature survey to measure the perception of beneficiaries of the PMMVY programme

In this study, to draw the inference about Satisfaction with the PMMVY programme, the Multiple Regression tool is used on the three aspects against the Satisfaction level of beneficiaries of the PMMVY programme. It represents the collected data and interpretation of the relationship between the outcome variable and predictive variables. The regression equation is explicated as follows:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3$$

Dependent Variable: Satisfaction on PMMVY programme (Y)

Independent Variables

(X₁) - Adequacy of the programme

(X₂) - Financial benefits

(X₃) - Health allied services

Descriptive statistics Mean, Standard deviation and variance were used to analyse the data. Multiple regression test is conducted through SPSS software to identify the effect of different factors on the satisfaction level of the PMMVY

programme in Karnataka.

As the data is used for analysis, the reliability of the internal accuracy of data must be documented. The most familiar reliability measure is Cronbach's alpha value, which evaluates whether the internal instruments are reliable. A reliability coefficient that is more significant than 0.6 usually shows substantial data accuracy.

Results and Discussions

a. Reliability analysis

Table 1: Show that Cronbach Alpha

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.730	.728	4

The findings show that Cronbach Alpha is more than 0.6, and the dimensions were proper and could be used in the study to describe the satisfaction level of beneficiaries of the PMMVY programme.

b. Multiple Regression Analysis

Table 2: Multiple Regression Analysis

Model Summary ^b									
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.778 ^a	.605	.597	.218	.605	74.600	3	146	.000
a. Predictors: (Constant), Health allied services, financial benefits, adequacy of programme									
b. Dependent Variable: Satisfaction Level									

According to the model summary, a 59.7% variation in the satisfaction level of beneficiaries of the PMMVY programme is explained by independent variables, namely

Adequacy of the programme, financial benefits, and health allied services. The P value is less than 0.05, and therefore, the model is of best fit.

Table 3: Shows independent variable, all three variables significantly impact the satisfaction level of beneficiaries of PMMVY programme

Coefficients ^a							
Model	Unstandardised Coefficients		Standardised Coefficients	T	Sig.	Collinearity Statistics	
	B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	.543	.313		1.734	.085	
	Adequacy of programme	.331	.051	.450	6.471	<.000	.558
	Financial benefits	.386	.058	.350	6.700	<.000	.902
	Health allied services	.180	.044	.286	4.122	<.000	.561
a. Dependent Variable: Satisfaction Level							

In this case of each independent variable, all three variables significantly impact the satisfaction level of beneficiaries of PMMVY programme currency, i.e., Adequacy of the programme, financial benefits, and health allied services. The first factor influencing the satisfaction level of beneficiaries of the PMMVY programme is financial benefits ($p < 0.05$, $t = 6.700$). The second influencing factor is the Adequacy of the programme ($p < 0.05$, $t = 6.471$). The third factor is health allied services ($p < 0.05$, $t = 4.122$). According to the Table, the variance inflation factor (VIF) values are less than 10; therefore, there is no severe multi Colinearity issue with the independent variables under the study.

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3$$

Satisfaction Level (Y) = .543 + Financial benefits (.386) + Adequacy of the programme (.331) + Health allied services (.180)

Table 3: Shows the Hypotheses Status

Hypotheses Status	
H ₁ : H ₁ : There is a significant impact of the adequacy of the programme on the satisfaction of beneficiaries.	Accepted
H ₂ : H ₂ : There is a significant impact of the programme's financial benefits on the satisfaction of beneficiaries.	Accepted
H ₃ : H ₃ : There is a significant impact of health allied services of the programme on the satisfaction of beneficiaries.	Accepted

Interpretation

It is found from the study that there is a great significant impact of adequacy of the programme, financial benefits, and health allied services on the satisfaction of the beneficiaries from the results of regression analysis to test the hypothesis of the study.

Findings

1. Besides the sanctioned amount from the central government of Rs. 1088.36 crore to the scheme, the State government has taken wise initiative of

- sanctioning an additional Rs. 295.11 crore.
- 2. This scheme is successful in reaching most of the women who are economically poor and who do not possess higher education.
- 3. The study observes that this scheme benefits low-wage women workers in backward societies. The beneficiaries enrolled are 16,260,522. This can be found in the data published by the Ministry of Women and Child Development, GoI, by PIB Delhi in February 2022.
- 4. Most of the responses to the study show that the amount released to the beneficiaries is reached through Women and Child Development with the help of Anganwadi and Asha workers and effectively utilized during pre- and post-pregnancy, enhancing the adequacy of the program.
- 5. It is observed from the primary data collection that there was an issue concerning documentation, withdrawal of money, hospitalization, and post-pregnancy care, which has to be minimized by taking the initiative from the government of Karnataka.
- 6. Special steps have also been taken to create awareness among women residing in rural and semi-urban areas through the employment of Asha workers and the education of pregnant women regarding the scheme's benefits. Still, it is found that there needs to be more coverage for those BPL women workers who are residing in urban areas.
- 7. There is an implementation Gap that has reduced coverage of the scheme and reached all who need it. This may be because of a need for creating more awareness of targeted beneficiaries and process-level challenges.
- 8. The Government must provide proper training and remuneration for the people who work at the grassroots level, like Anganwadi and Asha workers, to reach the beneficiaries. In this regard, the government must also take measures to promote family planning.
- 9. The introduction of this scheme has reduced the maternal mortality rate in India compared to the last three years. As per the statistics derived from a sample

survey of the Ministry of Health and Family Welfare, the country has witnessed a progressive reduction in MMRs to 97 per lakh live births in 2018-20 from 113 for 2016-18.

10. The study finds that the clubbing of PMMVY under the SAMARTHYA Scheme has led to a decline in allocation in the budget of PMMVY compared to other schemes of Mission Shakti.
11. Most women continue to work after pregnancy as they cannot afford to lose wages. In addition, they incur out-of-pocket expenses during pregnancy, which the Government has to think of compensating to benefit the lactating mothers.
12. The Maternity Benefit Act of 1961 mandates a minimum of 12 weeks of maternity leave for women with two or more children. Pregnant and lactating mothers are not compensated with a minimum wage for at least 12 weeks.
13. The present registration procedure requires a mother and child protection card, husband's Aadhaar card, bank passbook, and registration form for each of the three instalments, which delays getting benefits and leads to more rejections and pending applications.

Suggestions

1. The PMMVY should be given a new and improved structure and included as a sub-scheme under Mission Shakti, in which maternity benefits of at least Rs. 6,000/- should only be provided to the second child if the second child is a girl.
2. It is imperative to include second live births under this scheme to benefit and cover them, particularly for women who are in the unorganized sector and are more vulnerable to economic constraints and loss of nutrition during childbirth.
3. Since the primary objective of PMMVY is to provide partial wage compensation, it is essential to revisit the benefit amount offered in the scheme.
4. Special training should be provided to the employees of PMMVY, including Anganwadi and Asha workers, to increase their coverage and attract attractive remuneration, increasing the scheme's efficiency.
5. The procedure for registration should be simplified to a minimum, which may result in increased registration of beneficiaries.
6. Today, digitalization has entered all fields. There is a need for digitalization in the registration process, even at the grassroots level, and to educate the Anganwadi and Asha workers regarding the same for simplified procedural aspects. The beneficiaries also must be educated regarding this.

Conclusion

To fulfil India's commitment towards the Sustainable Development Goal of improving maternal health, the Pradhan Manthri Mathru Vandana Yojana is a promising initiative by the government. However, there is a need to revisit the procedural and implementation gaps in the scheme. Schemes like PMMVY are essential but should be appropriately implemented to avoid leakages and be corrupt-free. In the case of Infant mortality, if she has claimed all three instalments, a woman could not claim any such benefits of the scheme in the future. Considering this, the scheme has to be revisited to benefit women who have

lost their children. In India, there is no shortage of policies regarding welfare provisions, but implementation issues are the real problem that must be tackled effectively. In the case of PMMVY, design and implementation issues also exist, specifically in receiving the three instalments from local government functionaries. Therefore, adequate training, incentivization, and accountability are needed, and a qualitative study must be made to ensure proper utilization of the scheme.

In this consequence, PMMVY aims to address the various challenges pregnant and lactating women face, ensuring their well-being and that of their newborns. Offering partial wage compensation enables these women to take sufficient rest during this crucial period, promoting better health outcomes for both mother and child. PMMVY also focuses on improving nutrition-seeking behaviour among these women, emphasizing the importance of a balanced diet and proper nourishment during pregnancy and lactation. Community-based initiatives foster a supportive environment where women can access the necessary resources and information to make informed decisions about their health. PMMVY recognizes the significance of continuous care and assistance throughout this transformative journey by extending its support before and after the birth of its first child. Ultimately, this scheme plays a vital role in empowering pregnant and lactating women, enabling them to lead healthier lives and ensuring a brighter future for themselves and their children.

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