



MATERNITY BENEFIT SCHEME IN TRICHY DISTRICT: AN ANALYSIS

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Abstract

This study is based on women beneficiaries under the Dr. Muthulakshmi Reddy Maternity Benefit Scheme in Tiruchirappalli district, Tamil Nadu. The main objectives of this paper focus with to analyze the socio-economic condition of beneficiaries of Dr. Muthulakshmi Reddy Maternity Benefit Scheme, to study the health infrastructure, to find out the eligibility criteria for Dr. Muthulakshmi Reddy Maternity Benefit Scheme, and to analyze the Dr. Muthulakshmi Reddy Maternity Benefit Scheme's success rate in selected area. Systematic random sampling technique has been adopted. A sample of 112 respondents has been selected for the study. The collected data have been analyzed by using percentage method and econometrics tools. Overall, most of the women who delivered first and second order births in the sample received monetary assistance under the scheme. The institutional delivery and utilization of PHC facilities are high under the scheme. Less number of schedule caste women was receiving benefits under this scheme. However after implementing the Dr. Muthulakshmi Reddy Maternity Benefit Scheme the infant mortality rate is low.

Introduction

Tamil Nadu successive government has come out with many innovative pro-poor policies to promote social equity. Dr. Muthulakshmi Reddy Maternity Benefit Scheme is implemented by Tamil Nadu Government under which financial assistance of Rs. 12,000 is given in 3 installments to women from poor families in order to compensate the wage loss during pregnancy, to get nutritious food and to avoid low birth weight babies. The MRMBS was meant for the first two deliveries of BPL women, excluding those who not owned mobile phones, motor vehicles and land. Eligible women have to submit the application forms of their respective villages to the Village Health Nurse. The VHNs are authorized to certify the poverty status of the pregnant women and the application must be submitted the following documents: 1) Family income certificate provided by the Village Administrative Officer (The annual house-hold income should be below Rs.24,000), 2) Copy of the antenatal care service card provided by the public health facility, 3) Ration card provided by the civil supplies and consumer protection department. If the woman is a Sri Lankan repatriate, a certificate of repatriate status is also needed. The pregnant mother should be of age 19 years and above. The pregnant woman should be in the below poverty line group. This cash assistance will be given to every pregnant woman.

Profile of Mugavanur Panchayat

This study area of Mugavanur Panchayat is in Manapparai Taluk of Tiruchirappalli District, Tamil Nadu. The total area of this is around 975.38 hectares. There are above 800 households were living in this Panchayat and the total population is 9857 persons. Mugavanur Panchayat has 21 villages. Every village has primary school runs by the government. There is only one Sub Health Centre in this Panchayat. This study is based on both primary and secondary data.

For the primary data Mugavanur Panchayat, Manapparai taluk of Tiruchirappalli District has been selected. More than 500 families are living in Mugavanur Panchayat. Primary data have been collected through a structural questionnaire. The secondary data have been collected from the village primary health centre in Vaiyampatty block. Systematic random sampling techniques have been adopted. A sample of 112 respondents has been selected for the study. The collected data have been analyzed by using percentage methods and econometrics tools.

Table and Discussion

The main objectives of this paper focus with to analyze the socio-economic condition of beneficiaries of Dr. Muthulakshmi Reddy Maternity Benefit Scheme, to study the health infrastructure, to find out the eligibility criteria for Dr. Muthulakshmi Reddy Maternity Benefit Scheme, and to analyze the Dr. Muthulakshmi Reddy Maternity Benefit Scheme's success rate in selected area.

Age of the Respondents

Age is one of the eligibility criteria of MRMBS. Above 19 years completed woman only eligible for this scheme.

Table 1: Age of the Respondent

S. No	Age Group	No. of Respondent				Percentage
		BC	MBC	SC	Total	
1	19-25	19	45	23	87	77.8
2	26-30	4	10	6	20	17.8



3	31-35	1	1	1	3	2.6
4	35-40	0	1	1	2	1.8
Total		24	57	31	112	100

Source: Primary data

The above table reveals that majority (77.8 per cent) of the respondents were belong to the age group of 19-25 years and (17.8 per cent) of the respondents were belong to the age group of 26-30 years. The low percentages i.e. 2.6 per cent and 1.8 per cent of the respondents belong to the age groups of 31-35 years and 35-40 years respectively. In this study area above 31 years age group of women are not willing to pregnancy.

Respondents' Educational Level

Education level of the respondents is ranged from illiterate to degree holders. On the basis of formal education, the respondents are classified as illiterate, school going and college going. The classification of respondents is based on the education level which is presented in the following table.

Table 2: Respondents' Educational level

S. No	Educational Level	No. of Respondent				Percentage
		BC	MBC	SC	Total	
1	Illiterate	1	11	2	14	12.5
2	School	21	43	27	91	81.3
3	College	2	3	2	7	6.2
Total		24	57	31	112	100

Source: Primary data

The above table envisages that maximum (81.3 per cent) of the respondents were get school level of education, and only 6.2 per cent of the respondents were having college degree as their education status in this study area. They do not have colleges nearby their villages so most of respondents unable to get college degree, and school are there nearby the villages so school level education were more in this study area. Because of poor economic condition 12.5 per cent of the respondents were illiterate.

Respondents Occupations

Details of occupations of respondents are classified as agriculture, housewife, professional, business, employees and others like coolie. The classification of occupational status is presented in Table-3.

The above table explained that more than 55 per cent of the respondents were housewife, it was found that almost all were unemployed, and 25.8 per cent of the respondents were involved in agriculture work, remaining 18.8 per cent of the respondents were involved other type work like coolie, MGNREGP, because of majority of the respondents were getting school level of education and illiterate so they are not eligible for professional related works from rural areas. The number of housewife was more in this study area because of they had more responsibilities and works in their homes.

Table 3: Occupation of the Respondents

S. No	Occupation	No. of Respondents				Percentage
		BC	MBC	SC	Total	
1	Agriculture	6	17	6	29	25.8
2	Housewife	15	28	19	62	55.4
3	Professional	0	0	0	0	0
4	Business	0	0	0	0	0
5	Employees	0	0	0	0	0
6	Others (coolie)	3	12	6	21	18.8
Total		24	57	31	112	100

Source: Primary data

Wage per Day of the Respondents' Spouse

The day wages of respondents range from minimum amount of Rs.500. On the basis wage per day are classified in to five categories. The detail of per day wage of respondents is presented in the table.



Table 4: Wage per Day of the Respondents' Spouse

S. No	Wage/day (Rs)	No. of Respondents				Percentage
		BC	MBC	SC	Total	
1	Upto - 100	5	7	6	18	16.1
2	101-200	7	12	11	30	26.8
3	201-300	2	29	11	42	37.5
4	301-400	7	6	2	15	13.4
5	401-500	3	3	1	7	6.2
Total		24	57	31	112	100

Source: Primary data

From the above table shows that 37.5 per cent of the respondents were earning per day wage of Rs.201-Rs.300, and 26.8 per cent of the respondents were earning per day wage of Rs.101-Rs.200 and 16.1 per cent of the respondents were earning per day wage upto-Rs.100, only 6.2 per cent of the respondents were earning per day wage of less than Rs.500. In this study area per day wage upto Rs.300 earning person was more because more respondents were getting school education so they are eligible for non-professional work. The per day wage above Rs.400 earning person was less in this study area because of college degree holders was low.

Family Monthly Income

The monthly income of respondents range from Rs.1000 to Rs.15,000 and it is classified into three categories. It is one of the important variable and eligibility criteria for applying of MRMBS. The details of income of the respondents presented in below table.

Table 5: Family Monthly Income of the Respondents

S. No	Family Income (Rs)	No. of Respondent				Percentage
		BC	MBC	SC	Total	
1	Upto – 5,000	20	39	24	83	75
2	5,001-10,000	1	13	5	19	16.1
3	10,001-15,000	3	5	2	10	8.9
Total		24	57	31	112	100

Source: Primary data

It is found from the above table that three-fourth (75 per cent) of the respondents were earning their monthly income upto Rs.5,000, and 16.1 per cent of the respondents were earning their monthly income from Rs.5,001 to Rs.10,000 and only 8.9 per cent of the respondents were earning income between Rs.10,000 to Rs.15,000. In this study monthly income of Rs.5,000 earning persons were high because of the agriculture and tailor work was seasonality work and also per day wage earning persons were more. It is evident from the analysis that low income people were utility more this MRMBS.

Family Monthly Expenditure

The monthly Expenditure classification of respondents refers to expenditure of their families. The details of expenditure of respondents are presented in the following table.

Table-6 clearly shows that high level of 83.1 per cent of the respondents (93) were spending their monthly expenditure upto Rs.5,000, 13.4 per cent of the respondents (15) were spending from Rs.5,001 to Rs.10,000 and 3.5 per cent of the respondents (4) were spending their monthly expenditure between Rs.10,000 to Rs.15,000. It is identifying from the analysis that except 9 per cent of the respondents (10) all respondents were spending more or less equal to their family monthly income.

Table 6: Family Monthly Expenditure

S. No	Family Expenditure (Rs)	No. of Respondent				Percentage
		BC	MBC	SC	Total	
1	Upto -5,000	20	46	27	93	83.1
2	5,001-10,000	3	8	4	15	13.4
3	10,001-15,000	1	3	0	4	3.5
Total		24	57	31	112	100

Source: Primary data



Family Size

Family size refers to the number of members in the family of respondents. The family size of respondents range was from 2 to 15 members. On the basis of family size, it is classified into three categories. The details of family size are presented in the following table.

Table 7: Classification of Family Size

S. No	No. of Family Members	No. of Respondents				Percentage
		BC	MBC	SC	Total	
1	2-5	18	36	17	71	63.4
2	6-10	6	17	14	37	33.1
3	11-15	0	4	0	4	3.5
Total		24	57	31	112	100

Source: Primary data

The above table explained that 63.4 per cent of the respondents were having below five members in their family, and nearly 33 per cent of the respondents between 6-10 members because they were living in joint family system. Only 3.5 per cent as the respondents were having more than 11 members in their family because of they have strong faith in joint families. In this study area most of the respondents families were having less members in their family because of those respondents were like to live in the nuclear family.

Number of Babies

The number of babies has an important role to play for eligibility to apply for MRMB. For the first two babies' only family can apply for this scheme. The details of number of babies are presented in this following table.

Table 8: Number of Babies of the Respondents

S. No	No. of Babies	No. of Respondents				Percentage
		BC	MBC	SC	Total	
1	1 Baby	12	22	15	49	43.8
2	2 Babies	10	24	11	45	40.2
3	3 Babies	1	6	4	11	9.8
4	More than 3 Babies	0	1	1	2	1.8
5	No Baby	1	4	0	5	4.5
Total		24	57	31	112	100

Source: Primary data

From the above table present the details about number of babies of the respondents, highly of 43.8 per cent of the respondents were having only one baby in their family because of those respondents all babies were first babies, and 40.2 per cent of the respondents were having two babies in their family, and 9.8 per cent of the respondents were having three babies in their family, and 4.5 per cent of the respondents were not having any baby in their family due to bad health condition of infant. The infants died because of those respondents' babies had heart dieses. An interacting thing has noticed that 1.8 per cent of the respondents were having more than three babies in their families because of expectancy to have a male child. Nearly 20 per cent of the respondent undergone family planning, remaining 18 per cent of the respondents was waiting for the second and third babies.

Acres of Land

The acres of land holding respondents range from 1 acre to more than three acres. On the land area basis, size of land is classified as 1 acre, 2 acres, 3 acres and more than three acres. The details of acres of land holding are presented in the below table.

Table 9: Land Holding of the Respondents

S. No	Acres of Land	No. of Respondents				Percentage
		BC	MBC	SC	Total	
1	No Land	5	15	24	44	39.2
2	1 acre	7	18	2	27	24.1
3	2 acres	7	11	3	21	18.8
4	3 acres	3	6	2	11	9.8
5	More than 3 acres	2	7	0	9	8.1
Total		24	57	31	112	100

Source: Primary data



The above table clearly shows that about 39.2 per cent of the respondents were not having the land because of most of the respondents were earning daily wage in this study area. So those respondents were not able to buy the land and most of the respondents were belonging to the schedule community and they were without land. Only 8.1 per cent of the respondents were having more than three acres of land because of the respondents family were living in joint families.

Details of Delivery Treatment

To get the delivery treatment of respondents range is SHC to house. On the basis of the getting the delivery treatment of respondents is classified SHC, PHC, GH, Private Hospital, and House. It is an important role play for apply of MRMBS. Those are getting delivery treatment in government institution that person only eligible for get full amount in this scheme.

The below table shows about 38.4 per cent of the respondents undergone the delivery treatment through the private hospital because of the respondents' first delivery treatment were care about their parent's cost and some respondents were bad health condition. So, most of the respondents were taking delivery from the private hospitals. And 31.2 per cent of the respondents were taking delivery treatment from the Primary Health Centre because of the PHC where having more health facilities and also the PHC were there nearby the study villages. Remaining 30.4 per cent of the respondents were taking delivery treatment from Government hospitals. Some of the respondents to prefer private hospital through parents' decision since the first delivery were care of their parents.

Table 10: Details of Delivery Treatment

S. No	Details of Delivery Treatment	No. of Respondents				Percentage
		BC	MBC	SC	Total	
1	SHC	0	0	0	0	0
2	PHC	10	13	12	35	31.2
3	GH	1	23	10	34	30.4
4	Private Hospital	13	21	9	43	38.4
Total		24	57	31	112	100

Source: Primary data

Satisfaction of Doctors Treatment

On the basis of satisfaction with Doctors treatment are scaled four categories, which are highly satisfied, moderately satisfied, just satisfied and not satisfied. The details were collected from regular user of respondents in the study area's primary health centre.

Table 11: Satisfaction of Doctors Treatment

S. No	Satisfaction of Doctors Treatment	No. of Respondents				Percentage
		BC	MBC	SC	Total	
1	Highly Satisfied	5	20	6	31	27.6
2	Moderately Satisfied	11	25	19	55	49.1
3	Just Satisfied	8	12	6	26	23.3
4	Not Satisfied	0	0	0	0	0
Total		24	57	31	112	100

Source: Primary data

The above table envisages that around 50 per cent (55) of the respondents were moderately satisfied with the doctors treatment at the PHC level, and 27.6 per cent (31) of the respondents were highly satisfied with the doctors treatment at the PHC level, and only 23.3 per cent (26) of the respondents were just satisfied with doctors treatment of the PHC level. In this study area majority of the respondents were mostly satisfied with doctors treatment at the PHC level because of the respondents were using more time basic health care facilities.

Reasons to Choose PHC & GH

The reason to choose the government institution for getting the delivery treatment are classified a good treatment, good medicine, infrastructure, amount and other reason. The reasons to choose the government institutions are presented in the following table.



Table 12: Reasons to Choose PHC and GH

S. No	Reasons	No. of Respondents				Percentages
		BC	MBC	SC	Total	
1	Good Treatment	2	8	1	11	9.8
2	Good Medicine	2	11	10	23	20.5
3	Infrastructure	1	3	0	4	3.6
4	Monetary benefit	1	2	1	4	3.6
5	Daily checkup	5	12	10	27	24
6	Private Hospital	13	21	9	43	38.5
Total		24	57	31	112	100

Source: Primary data

Table-12 presents the details about reasons for preparing PHC for treatment. Majority (62 per cent) of the respondents were choosing Government hospital and PHC for delivery treatment, because of good treatment (11), Good Medicine (23), Infrastructure (4), monetary benefit (4) and other reasons (27). Other reason was those respondents went check-up regularly in government institution so those respondents were choosing the GH and PHC for delivery and 38 per cent of the respondents were prefer private hospital for delivery treatment because, the respondent's first delivery was care of their parents since the first delivery was under care of their parents. Most of deliveries were successful in government hospital. All the delivery except one or two were successful under the MRMBS.

Monetary Benefit of MRMBS

There are eligibility criteria such as age, cell phone, motor vehicle, land and first two babies only for availing this facility. The detail of amount of MRMBS under old scheme was Rs.6,000 and the new is Rs.12,000. It has been given to the beneficiaries' through bank account number on the basis of installments.

Table 13: Monetary Benefit

S. No	Amount (Rs)	No. of Respondents				Percentage
		BC	MBC	SC	Total	
1	6,000	4	11	8	23	20.5
2	6,000+12,000	1	5	2	8	7.1
3	6,000+8,000	2	0	2	4	3.5
4	6,000+4,000	3	2	0	5	4.5
5	12,000	3	14	10	27	24.1
6	12,000+8,000	1	2	0	3	2.7
7	8,000	4	5	2	11	9.9
8	4,000	3	11	3	17	15.2
9	Not Get Money	3	7	4	14	12.5
Total		24	57	31	112	100

Source: Primary data

The above table evident that about 24.1 per cent of the respondents were getting full amount as per new MRMBS based on the installment amount of Rs.12,000 around 21 per cent of the respondents received monetary assistance under from scheme amount of Rs.6,000 then 15.1 per cent of the respondents received money under the old and new scheme with the amount of Rs.6,000+ Rs.8,000 because the respondents received money for first two babies. Nearly 13 per cent of the respondents did not get any amount under the scheme because of some respondents applied very late for this scheme and some respondents did not submit full documents in right time. The money is distributed on installment basis through bank account and previously it was distributed in the form of cheque.

Number of Babies

The MRMBS is giving monetary assistance under this scheme for first two babies only in the family. From the Table-14, it is clearly reveals that more than 51.8 per cent of the respondents were getting the monetary assistances for the first baby only under the new MRMBS, 24.1 per cent of the respondent were receiving the money for second baby from under the scheme, 20.5 per cent of the respondents were receiving the money from under this scheme for the first and second babies and remaining 3.6 per cent of the respondent did not receive any amount of money under this scheme because the respondents were economically well and they did not apply for this scheme.



Table 14: Number of Babies for Monetary Benefit

S. No	No. of Baby	No. of Respondents				Percentage
		BC	MBC	SC	Total	
1	1 st Baby	13	30	15	58	51.8
2	2 nd Baby	2	17	8	27	24.1
3	3 rd Baby	0	0	0	0	0
4	4 th Baby	0	0	0	0	0
5	1 st and 2 nd Baby	7	9	7	23	20.5
6	Not Apply	2	1	1	4	3.6
Total		24	57	31	112	100

Source: Primary data

Way of Settlement

The details related to settlement is presented in the below table.

Table 15: Way of Settlement of Amount

S. No	Get in Amount	No. of Respondents				Percentage
		BC	MBC	SC	Total	
1	In Total	5	10	8	23	20.5
2	Installment	16	40	19	75	67
3	Not Get Money	3	7	4	14	12.5
Total		24	57	31	112	100

Source: Primary data

Above table envisages that maximum (67 per cent) of the respondents received the amount on the basis of installments under new MRMBS, because the new scheme is giving the amount in three installments. The new schemes beneficiaries were more in this study area. Around 21 per cent of the respondent received the money in total. The remaining 12.5 per cent of the respondents did not receive any money from the both scheme.

Usage of MRMBS

From the Table-16, it clearly reveals that majority (54.2 per cent) of the respondents felt very useful of this scheme for delivery cost and babies treatment cost and 42.8 per cent of the respondents opinioned about this scheme was useful for during pregnancy time and also after delivery time, because during pregnancy the respondents were not able to work and earn money, those time this scheme was very useful for the respondents. All the respondents felt that application procedure is simple because they were getting guidance from village health nurse.

Table 16: Usage of MRMBS of the Respondents

S. No	Opinion	No. of Respondents				Percentage
		BC	MBC	SC	Total	
1	Useful	11	26	11	48	42.8
2	Very Useful	13	31	20	64	54.2
3	Not Use	0	0	0	0	0
Total		24	57	31	112	100

Source: Primary data

Logistic Model on the Factors Determining the MRMBS

The earlier analysis provided discussion on the socio economic status of the sample respondents and the factors determining the demand for MRMBS. Though the earlier analysis could explain the opinion of the sample respondents of the factor that were identified as influencing the demand for the applying of MRMBS, the relative influence of the factor identified could not be estimated. Such an analysis would help the policy makers for the purpose of the policy formulation. The impact is being estimated by using a logit-model.

The following table gives Coefficients for the independent variables along with their significance. Positive beta coefficients for Age, Family Income, Acres of Land and Baby Health mean that increasing in MRMBS has an improvement in Family Income; Acres of land and Baby Health. Rests of the variables are negative (Negative Impact) improvement with MRMBS. The respective table value 1.025, 1.000, 2.191, and 4.098 for Age, Family Income, Acres of land, and Baby Health indicates increasing in MRMBS.



Table 17: Logistic Model on the Factors Determining the MRMBS

S. No	Variable	Coefficient
1	Constant	0.185 (0.951)
2	Age	0.025 (0.765)
3	Education	-0.501 (0.529)
4	Occupation	-0.133 (0.762)
5	Religion	-1.057 (0.439)
6	Community	-0.134 (0.749)
7	Family monthly Income	0.001 (0.208)
8	Family member	-0.236 (0.158)
9	Numbers of babies	-0.278 (0.578)
10	Cell Phone	-0.242 (0.861)
11	Motor Vehicle	-.0558 (0.494)
12	Piece of land	-1.865 (0.121)
13	Acres of land	0.784 (0.081)
14	Babies health after delivery	1.410 (0.171)
	R ²	0.95
	Adjusted R ²	0.89
	F Value	73.19
	Degree of Freedom	98
	No. of Observations	112

Source: Primary data

From the overall analysis it is clear that except Acres of land, Family Income, Baby Health and age all other variables are not statistically significant and does not improve the MRMBS.

Conclusion

The state government's initiative in providing financial assistance to poor mothers for improving their maternal health status has yielded good results in increasing the rate of institutional delivery. In particular, the utilization of government health facilities for pregnancy and delivery care is high. This was very useful for pregnancy women because pregnancy women was not able to go for outside work during pregnancy and after delivery that time scheme amount very use for all the pregnancy women. Overall, this study shows that most of the beneficiary women belong to higher caste groups in this scheme and this scheme is mainly for below poverty line group of pregnancy women. However after implementing the Dr.Muthulakshmi Reddy Maternity Benefit Scheme the infant mortality rate was low.

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