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A STUDY ON Dr. MUTHULAKSHMI REDDY MATERNITY BENEFIT SCHEME IN MUGAVANUR, TIRUCHIRAPPALLI DISTRICT

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A theme explored in this paper is a study on Dr. Muthulakshmi Reddy Maternity Benefit Scheme in Mugavanur, Tiruchirappalli district. The main objective of this paper focuses with i) to analyse the socio-economic conditions of beneficiaries of Dr. Muthulakshmi Reddy Maternity Benefit Scheme, ii) to study the health infrastructure, iii) to find out the eligibility criteria for Dr. Muthulakshmi Reddy Maternity Benefit Scheme, and iv) to analyse the Dr. Muthulakshmi Reddy Maternity Benefit Scheme's success rate in selected area. This study is based on both primary and secondary data. All the 112 beneficiaries have been covered for the study. The collected data have been analysed by using statistical tools. After implemented the Dr. Muthulakshmi Reddy Maternity Benefit Scheme the infant mortality rate was low and institutional delivery was high. The aggregate statistics show that most of the women received benefit from the MRMBS. Overall, this study shows that most of the women belongs to higher caste groups and economically sound. They were benefiting through receiving the money from this scheme. But this scheme is established only for below poverty line groups of pregnancy women. The government should take necessary steps and increase the scheme amount because after the delivery baby's health expenditure will be high.

Keywords: Health, Maternity benefit, Child health

INTRODUCTION

Tamil Nadu is successive governments have 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

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to certify the poverty status of the pregnant women and the application must be submitted 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.

Eligibility and Procedures

The MRMBS was meant for the first two deliveries of BPL women, excluding those who owned mobile phones, motor vehicles and land. All the BPL women who access the service of a primary health centre are eligible for the benefits, but the annual household income limit has been raised to Rs. 24,000 from Rs. 12,000. Sri Lankan repatriate women are also eligible for the benefits. However, the scheme continues to cover only the first two deliveries. Eligible women have to submit the application forms of their respective villages to the village health nurse. The application and the necessary documents are duly forwarded to the block medical officer through the sector health nurse, the community health nurse and the medical officer of the PHC covering the women's village.

Statement of the Problem

India has a very large population and its rate of increase is also fast. As a result every year the addition made to the population is very large. This population growth is undesirable. It obstructs faster

economic growth and the economic growth that takes place is not fully reflected in the rising income level. Per capita income has been rising at a rate lower than the rate of increase in national income. It has also aggravated the problem of unemployment and poverty which in turn has created many social and political tensions. The existing shortage of infrastructural facilities such as electricity, transports etc. become more acute. And above all the quality of human life remains poor which is reflected in low literacy rate, low life expectancy, non-availability of drinking water to vast population, poor housing and malnutrition and high infant mortality rate. At the same time the government has also introduced new schemes like Dr. Muthulakshmi Reddy Maternity Benefit Scheme and it is indirectly encouraging the population growth through the monetary benefit scheme. The present study tries to identify the real situation of rural beneficiaries of Maternity Benefit Scheme in Tiruchirappalli District.

Profile of Mugavanur Panchayat

This study area of Mugavanur Panchayat is in Manapparai Taluk of Tiruchirappalli District. The total area of this is around 975.38 hectares. There are above 800 household were living in this Panchayat and the total population is 1303 persons. Among these population, male are 638 and female are 665 and 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.

RESULTS AND DISCUSSION

The paper has explained that Human Development Index rate of in selected developed and developing countries. The main objectives of this paper focus with i) to analyze the socio-economic condition of beneficiaries of Dr. Muthulakshmi Reddy Maternity Benefit Scheme, ii) to study the health infrastructure, iii) to find out the eligibility criteria for Dr. Muthulakshmi Reddy Maternity Benefit Scheme, and iv) 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.

The above table reveals that majority (77.8%) of the respondents were belong to the age group of 19-25 years, and (17.8%) of the respondents were belong to the age group of 26-30 years, and 2.6% of the respondents were belong to the age

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

group of 31-35 years, and remaining 1.8% of the respondents were in the age group of 35-40 years. In this study area above 31 years age group of woman 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 2.

The above table envisages that maximum of 81.3% of the respondents were get school level of education, and only 6.2% of the respondents were having college degree as their education status in this study area. There have no colleges near by the villages so most of respondents unable to get college degree, and school are there near by the villages so school level education were more in this study area. Nearly 12.5% of the respondents were illiterate.

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

Respondents Occupations

Details of occupations of respondents are classified as agriculture, housewife, professional, business, employees and others like coolie. The below table reveals that more than 55.4% of the respondents were housewife, it was found that almost all were unemployed, and 25.8% of the

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

respondents were involved in agriculture work, remaining 18.8% of the respondents were involved others 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 home.

Wage Per Day of the Respondents

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 4.

Table 4: Wages 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 highly of (37.5%) of the respondents were earning per day wage of Rs. 201-Rs. 300, and 26.8% of the respondents were earning per day wage of Rs. 101-Rs. 200, the 16.1% of the respondents were earning per day wage upto-Rs. 100, only 6.2% of the respondents were earning per day wage of less than Rs. 500. In this study area per day wage up to Rs. 300 earning person was more because more respondents were getting school education so they are eligible for non-professional work only like driver, dialer and sail work, agricultural 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. 1,000 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 5.

It is found from the above table clearly shows that (75%) of the respondents were earning their monthly income upto-Rs. 5,000 then 16.1% of the respondents were earning monthly income from Rs. 5,001 to Rs. 10,000, and only 8.9% of the respondents were earning income between Rs. 10,000 to Rs. 15,000. In this study monthly

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

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.

The below Table 6 clearly shows that more than 83.1% of the respondents (93) were spending their monthly expenditure up to Rs. 5,000, 13.4% of the respondents (15) were spending from Rs. 5,001 to Rs. 10,000, and 3.5% 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% of the respondents (10) all respondents were spending more or less equal to their family monthly income.

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 sizes of respondents range from 2 to 15 members. On the basis of family size it is classified in to three categories. The Table 7 shows that majority (63.4%) of the respondents were having below

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

Source: Primary Data

five members in their family, and nearly (41%) of the respondents between 6-10 because they were living in joint family system. Only 3.5% as the respondents were having more than 11 members in their family because of them were living as 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 living the nuclear family.

Number of Babies

The number of babies has an important role to play for eligibility to apply for MRMBS. For the first two babies' only family can apply for this scheme. The details of number of babies are presented in this following Table 8.

The above table clearly reveals that about 43.8% of the respondents were having only one

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

baby in their family because of those respondents all babies were first babies, and 40.2% of the respondents were having two babies in their family, and 9.8% of the respondents were having three babies in their family, and 4.5% 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 diseases. An interesting thing has noticed that 1.8% of the respondents were having more than three babies in their family because of expectancy to have a male child. Nearly (20%) of the respondents' undergone family planning, remaining 18% of the respondents were waiting for the second and third babies.

Acres of Land

The acres of land respondents range from 1 acre to more than three acres. On the land area basis, size of land is classified as 1 acres, 2 acres, 3 acres and more than three acres. The details of acres of land are presented in the below Table 9.

The above table clearly reveals that about 39.2% 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

Table 9: Acres of Land 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

schedule community and they were without land. Only 8.1% of the respondents were having more than three acres of land because of the respondents family were living joint family.

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. Who is getting delivery treatment in government institution that person only eligible for get full amount in this scheme.

The below Table 10 shows that about 38.4% of the respondents were getting 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% of the respondents were taking delivery treatment from the Primary Health Centre because of the PHC were having more health facilities and also the PHC were there nearby the study villages. Remaining 30.4% of the respondents were taking delivery treatment from Government hospitals. Some of the

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

respondents to prefer private hospital parents decision. Since the first delivery was care of their parents.

Satisfaction of Doctors Treatment

The level satisfaction of doctors’ treatment was classified four categories, i.e., highly satisfied, moderately satisfied, just satisfied, and not satisfied. The details have been collected from respondents in the study area.

The above Table 11 clearly shows that around 50% (55) of the respondents were moderately satisfied with the doctors treatment of the PHC level, and 27.6% (31) of the respondents were highly satisfied with the doctors treatment of the PHC level, and only 23.3% (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 and 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 reason to choose

Table 11: Satisfaction of Doctors Treatment

S. No	Level of Satisfaction	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 government institutions presented in the following Table 12.

The Table 12 shows that majority (62%) of the respondents were choosing Government hospital and PHC for delivery treatment, because for the purpose 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.

Table 12: Reasons to Choose PHC and GH

S. No	Reasons	No. of Respondents				Percentage
		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

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 of old scheme was Rs. 6,000 and the

new is Rs. 12,000. It was given to the beneficiaries' through bank account number on the basis of installments.

Table 13 clearly shows that about 24.1% of the respondents were getting full amount as per new MRMBS based on the installment amount of Rs. 12,000 around 21% of the respondents received monetary assistance under from scheme amount of Rs. 6,000 then 15.1% 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% 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 correct time. The money is distributed on installment basis through bank account and previous it was distributed in the form of cheque.

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

Number of Babies

The MRMBS is giving monetary assistance under this scheme for first two babies only in the family. It is presented in this following Table 14.

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

From the above Table 14, it is clearly reveals that majority (51.8%) of the respondents were getting the monetary assistances for the first baby only under the new MRMBS, 24.1% of the respondent were receiving the money for second baby only from under the scheme, 20.5% of the respondents were receiving the money from under this scheme for the first and second babies and remaining 3.6% 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.

Way of Settlement

The way of settlement to the beneficiaries has been presented in Table 15. It reveals that majority (67%) 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% of the respondent received the money in total. The remaining 12.5% of the respondents did not receive any money from the both scheme.

Usage of MRMBS

The collected opinions about the usage of

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

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

MRMBS from the respondents have been presented in Table 16. It clearly reveals that majority (54.2%) of the respondents felt very useful of this scheme for delivery cost and babies treatment cost and 42.8% 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. All the information from given by VHN to village area.

CONCLUSION

This scheme amount is very useful for both health expenditure and other expenditure. 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. After implemented the Dr. Muthulakshmi Reddy Maternity Benefit Scheme the infant mortality rate was low and institutional delivery high. The utilization of government health facilities for pregnancy and delivery care is high. The aggregate statistics show that most of the women received benefit from the MRMBS. Overall, this study shows that most of the women belongs to higher caste groups and economically sound. They were benefiting through receiving the money from this scheme. But this scheme is established only for below poverty line groups of pregnancy women. The government should take necessary steps and increase the scheme amount because after the delivery baby's health expenditure will be high.

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