



# INTERNATIONAL JOURNAL OF ADVANCE RESEARCH, IDEAS AND INNOVATIONS IN TECHNOLOGY

ISSN: 2454-132X

Impact Factor: 6.078

(Volume 8, Issue 2 - V8I2-1188)

Available online at: <https://www.ijariit.com>

## Beneficiaries of Maternity Benefit Programmes: A case study of Chittoor District

Bukke Ravi Naik

[ravisvudace@gmail.com](mailto:ravisvudace@gmail.com)

Department of Adult and Continuing Education, Sri Venkateswara University, Tirupati, Andhra Pradesh

### ABSTRACT

*Women constitute half of the total population in India. Though, their contribution to workforce is also significant, their work has not been considered as economical. But during the 21<sup>st</sup> Century, the situations have changed and their work is also considered as economical. Due to globalization, the women too coming out of the homes for earning and they were given with more opportunities at all levels at their workplaces both in organized and unorganized sectors. But, it is well known factor that women have to contribute for reproductive spheres also and it will be difficult to them to discharge their work responsibilities during the prenatal, natal and postnatal periods. Hence, the Government has implemented several Maternity Benefit Schemes for facilitating the women at prenatal, natal and post natal conditions. The present study is an attempt to identify the profile of the beneficiaries of Maternity Benefit Programmes in Chittoor district of Andhra Pradesh. The study revealed that majority of the beneficiaries of Maternity Benefit Programmes in Chittoor district are younger in age group, belongs to backward communities, highly educated, working as employees and earning less than Rs. 20000/- as income, got married before reaching 20 years and conceived before attainment of 20 years, the gap between first and second pregnancy is one to two years, had institutional deliveries, particularly in government hospitals and adopted family planning after second delivery, undergone family planning operation in government hospital.*

**Keywords :** *Maternity Benefit Scheme, Beneficiaries, Age At Marriage, Conception, Contraception, Deliveries, Pregnancy, Prenatal, Natal, Postnatal*

### 1. INTRODUCTION

India is the second largest populous country in the world having women as half of the total population. Most of them are living in rural areas involved in domestic and unorganized sectors. In addition, of late some of them have entered in to the organized sector at all levels. Their involvement is also increased in the service sector as skilled man power. Apart from all these, they are the key players in reproduction and production spheres. Realizing their significant role in grooming future generations and health of the family, the government has enacted Maternity Benefit Act in 1961 for the benefit of the women employees working in the organized sector to extend the welfare measures to safe guard the health of the employees and up brining of the children. Some of the welfare measures were maternity leave, paternity leave, nutritional and monetary support etc.,

Realizing the impact of these measures, the maternity benefit scheme was extended to the all sections of the women as national wide schemes such as Janani Suraksha Yojana, Janani Shishu Suraksha Karyakram, Indira Gandhi Matritva Sahyog Yojana, Pradana Manthri Matri Vandana Yojana, etc, Integrated Child Development Scheme etc, by the central government. In addition, the respective state governments have also launched their own schemes for the benefit of pregnant and lactating women and new born children such as Thaiy Bhagya scheme and Bhagya Lakshmi Scheme by (Karnataka), MAMATA scheme (Orissa), Dr. Muttulakshmi Reddy Maternity benefit Scheme (Tamil Nadu), Talli-Bidda express (Andhra Pradesh) etc, are some examples. Though the schemes were in operation, very few attempts have been made to understand the background characteristics of the beneficiaries of these schemes. No doubt a number of attempts have been made to study the various other aspects relating to the scheme components. Some of the studies conducted were as follows.

### 2. REVIEW OF LITERATURE

The studies conducted shows that they were made on different issues pertaining to the maternity legislation in India and its impact on the women employees (Prinyanka and Srilatha 2018), Stake holder's expectations, Benefits, Barriers and facilitators for the

Janani Suraksha Yojana for maternity service delivery.(Vikas Yadav et al 2017) . Gayatri Devi and Logasakthi (2020) conducted a comparative analysis on maternity benefits in India and other countries and Kranti et.al (209) analyzed the impact of Maternity Health situation in India. Under the National safe Motherhood programme the attitudes of women regarding antenatal, natal and post-natal services was evaluated by (Naseera 2020). Raghunatha Reddy et.al (2017) assessed the awareness and source of information on government Maternity Benefit schemes and Rajesh Kumar (2017) estimated the awareness about the government Maternity Benefit Schemes among women attending antenatal clinics in rural hospitals. Lakshamma (2017) studied the awareness of pregnant and lactating women towards ICDS. Knowledge, Attitude and Practices prevalent among lactating mothers (Harnagle and Chawla 2013) and employed mothers about breast feeding was studied by Pradhan (2017). On the other hand Kalayani (2019) assessed the knowledge,attitude and knowledge on practice regarding post-natal care.

The review clearly shows that attempts have been made to study various aspects relating to the maternity and maternity benefit scheme issues. The studies directing towards the background of the beneficiaries of maternity benefit schemes and extent and preference of institutional deliveries and adoption of family planning are few and need focus to throw light on them so as to make the maternity benefit schemes more popular, accessible and relevant to the target. In the light of the above, the present study was formulated to study the background characteristics of the beneficiaries, age at marriage, age at pregnancy and gap between first and subsequent deliveries, adoption of family planning etc.,

**Objectives of the Study**

The study was designed with the following objectives:

1. To identify the socio-demographical background of the sample in terms of age, caste, education, occupation and income.
2. To study the age at marriage, age at first pregnancy and gap between first and second delivery and
3. To identify the place of delivery, type of hospital and adoption of family planning, place of family planning operation

**3. METHODOLOGY**

The state of Andhra Pradesh has three distinct regions viz., Rayalaseema with four Districts viz, Kadapa, Kurnool, Chittoor and Anantapur, Costal Andhra with six Districts viz, Nellore, Prakasam, Guntur, Krishna, East Godavari and West Godavari. The North coastal Andhra region consists of three districts viz, Vishakapatnam ,Vijayanagaram and Srikakulam. For the purpose of the study, Chittoor district from Rayalaseema Region was selected as area of study keeping in view of its backwardness. The Chittoor district comprises with 66 mandals with an acreage of 15152 Sqk.m and density of 275 per Sqk.m. The sex ratio is 997 females per 1000 male. Majority of the population are Hindus followed by Muslims (10%) and Christians (0.6%). There are 3 Municipalities Viz., Chittoor, Madanapalli and Tirupati. Keeping in view of the distinctiveness of the district, for the purpose of the present study, 300 beneficiaries of maternity benefit scheme was selected randomly both from rural and urban areas.

**Research contrivance**

Keeping in view of the objectives of the study, the investigator has developed a simple schedule consisting of two sections viz, section one to elicit the information on personal information like Age, caste, Education, occupation and income. The section two was designed to collect the information on the age at marriage, age of first pregnancy, the gap between first and second pregnancies, information of the place of delivery, nature of hospital etc., to elicit the information from the sample women.

**Data collection**

The research tool thus designed was administered to the selected sample of the study. The investigator with the help of district administration identified the beneficiaries of the maternity benefit scheme and contacted them. The sample was explained about the nature of the study and the type of information required. The selected sample has readily accepted to share their information with the investigator. The investigator has circulated the schedule to the sample those who are capable of responding to the schedule themselves. In case of those who are low educated and not able to answer, the investigator personally administered the schedule and recorded their responses. It has taken about 30 minutes for collecting the information from each sample.

**Analysis of the data**

The information thus collected was pooled together and analysed keeping in view of the objectives of the study. Simple statistical techniques like percentages were calculated to analyse the data and to portray the profile of the sample. Further the information on the place of delivery and type of hospital and adoption of family planning were pooled together and segregated according to the information provided by the sample women. The details of the findings of the study, conclusions drawn and suggestion made are presented below.

**Profile of the Sample**

In order to identify the personal characteristics of the beneficiaries of Maternity Benefit Scheme, the information such as Age, Caste, Education, Occupation, Personal income of the sample of the study were collected, categorized into different groups and presented in the table along with their share of percentage. The details of the findings are presented in the Table 1.

**Table 1. Socio-demographic Characteristics of Sample Women**

S.No.	Character	Group	Sector				Total	
			Organised		Unorganised		F	%
			F	%	F	%		
1	Age	21-30 years	19	12.70	98	65.30	117	39.00
		31-40 years	65	43.30	31	20.70	96	32.00

		41 and above	66	44.00	21	14.00	87	29.00
2	Caste	SC and ST	33	22.00	33	22.00	66	22.00
		BC	64	42.70	69	46.00	133	44.30
		OC	53	35.30	48	32.00	10	33.70
		School education	44	29.30	53	35.30	97	32.30
3	Education	Intermediate	55	36.70	45	30.00	100	33.30
		Graduate	51	34.00	52	34.70	103	34.30
		Government employee	68	45.30	103	8.70	171	57.00
4	Occupation	Govt employee temporary	44	29.30	1	0.70	45	5.00
		Industrial worker	0	0.00	20	13.30	20	6.70
		Private employee	38	25.30	26	17.30	64	21.30
		Less than 20000	75	50.00	126	84.00	201	67.00
5	Income(pm)	20001 and above	75	50.00	24	16.00	99	33.00

### 1.The Age wise classification of the Sample

The classification of the sample shows that 39% of the sample belongs to the age group of 21-30 years. About 32% of them falls under the group 31-40 years. However, the findings also shows that 29% of sample were above 41 years of age group. Similarly, the sample were also classified as organized and unorganized sectors. Further they were also classified according to different age groups in their respective sectors. In case of the organized sector, approximately an equal number of sample (44%) comes under 31-40 years and 41 years respectively. Contrary to the above, only 12.7% were younger in age group of 21-30 years. In contrast to the above, the sample from unorganized sector indicates that nearly 2/3 of the sample were younger in age group of 21-30 years, whereas 20.70% and 14% were from 31-40 years and 41 and above years respectively. The overall trend shows that the sample from organized sector is 31 and above years and the representation of younger group is more from unorganized sector.

### 2.Caste wise classification of the Sample

The sample was divided into three groups as SC & ST, Backward and other communities to distinguish their representation in the total sample. The result of the division presented in the table shows that majority of the sample were from backward communities followed by other communities. The representation of sample from SC& SC is only 22%. The same trend prevails in sector-wise representation also. In other words, the proportion of the sample from the population appears to be appropriate.

### 3.Classification of the sample based on Education

The sample was classified into three groups as School educated, Intermediate and Graduates and above based on their level of education. The trend of the findings reveals that there is more or less an equal representation from three educational groups. However, in specific, the sample from school education group has less representation than the graduates and above group. In sector-wise category also shows the similar trend in case of school education and graduates and above. The people from intermediate are more in comparison with the other two groups in organized sector. In case of unorganized sector, it is quite contradictory where in majority are from school education followed by graduates and above. Whereas the representation from intermediate is less than the other two groups. The overall trend shows that the graduates were represented equally from organized and unorganized sectors and it is more from school educated in unorganized sector and it is equal in intermediate educated from organized sector.

### 4.Division of sample based on employment:

The sample were classified into Government employees, Permanent, and Temporary private employee and Industrial workers. The sample representation indicates that there is an equal sample represented from Government employees and private employees. The representation from industrial sector is more in comparison with the other three groups (40%). The representation from government temporary employee is only (14.66%). In other words, the sample is more represented from industrial sector and less in Government cadres. The sector wise division of the sample indicates that 45% of them were Government permanent employees followed by government temporary employees. One fourth of the sample were represented from private employee and the representation is nil from industrial workers under organized sector. In case of unorganized sector, the representation from government side, it is nil and it is 80% and 20% from industrial workers and private employees respectively.

### 5. Income wise distribution of the sample:

In order to bring out the distribution of the sample from different income groups, they were classified into two groups as less than Rs. 2000/- income per month and more than Rs. 20000/- income groups. The representation of the sample is two thirds and one third each from upper and lower-income groups.

### Age at marriage, Age of first pregnancy and gap between first and later pregnancies of the sample women

The sample of the study was divided into five groups under different categories based on their age at marriage, age of first pregnancy and gap between first and later pregnancies and their frequencies and percentages were calculated and presented in the following pages.

The age at marriage of the sample shows that they were ranged between less than 18 years to above 25 years. An equal proportion of representation of younger age groups i.e., below 18 years and 19-20 years was seen in the sample followed by 21-22 years with 18%. The representation is 13% and 8.30% respectively among the age groups of 23-24 years and 25 and above years. In other words, the results reveals that the sample representation in age at marriage is young age marriages are more in comparison to the sample of more than 20 years of age. The sector wise information on age at marriage shows that 38% of the sample got married at the age of less than 18 years followed by 19 and 20 years. An equal sample represented in the age groups of 21-22 and 23-24 years. The sample who got married after 25 years is found to be 6.70% only in organized sector. In case of unorganized sector, the sample with 19-20 years got married followed by 21-22 and below 18 years and only 14% of them got late marriage respectively. The same trend is prevailed in organized sector and it is more in below 18 years group in organized sector and less in 25 years and above group in unorganized sector

**Age at pregnancy**

The age of the pregnancy affects the health of the both mother and child. The details of the first pregnancy show that majority of the sample got pregnancy at the age of 19-20 years followed by 21-22 years. On the other hand, the women 17.3% and 18.3% in the age group of 21-22 years and 23-24 years got first pregnancy respectively. It also shows that only 9.3% of the sample got pregnancy below 18 years. The sector wise information also reveals the same trend. On the whole, it appears that the majority of the sample got pregnancy at the age of 19-24 years which is an optimum age. However, it is necessary to counsel the younger women to avoid the early pregnancies.

**Table.2 Classification of sample based on Age at marriage, Age of first pregnancy and gap between first and later deliveries**

S.NO	Variable	Group	sector		sector		Total	
			organised		unorganised		F	%
			F	%	F	%		
1	Age at marriage	below 18 years	57	38.00	34	22.70	91	30.30
		19-20 years	47	31.30	44	29.30	91	30.30
		21-22 years	18	12.00	36	24.00	54	18.00
		23-24 years	18	12.00	21	14.00	39	13.00
		25 and above	10	6.70	15	10.00	25	8.30
2	Age at first pregnancy	Below 18 years	21	14.00	7	4.70	28	9.30
		19-20 years	50	33.30	45	30.00	95	31.70
		21-22 years	34	22.70	36	24.00	70	23.30
		23-24 years	18	12.00	34	22.70	52	17.30
		Above 25 years	27	18.00	28	18.70	55	18.30
3	Gap between first and second pregnancies	1	45	30.00	20	13.30	65	21.70
		2	42	28.00	59	39.30	101	33.70
		3	27	18.00	24	16.00	51	17.00
		No second delivery	36	24.00	47	31.30	83	27.70

**The gap between first and subsequent deliveries:**

The quality of the health of the mother depends on the number deliveries and the gap between them. It is necessary to encompass space between deliveries so as to avoid the ill health conditions both among mothers and children. The information collected about the spacing between first delivery and subsequent deliveries shows that in majority of the cases, it is two years followed by one year and three years. Further 27.70% of the sample indicated that they haven't undergone for the second delivery. The sector wise details shows that 30% of the women spaced one year followed by two years (28%) and three years (18%) and 24% haven't undergone for second delivery in the organized sector. In case of unorganized sector, it was found that majority of the sample have given two years of spacing followed by three years and one year and 31.3% haven't gone for second issue. On the whole majority of the sample both from organized and unorganized sectors have adopted one to three years of spacing between first and subsequent deliveries. Hence it is advised that the concerned dept. should go for large scale campaign for motivating the couples to go for more spacing between deliveries.

**3.: Place of delivery, adoption of family planning**

One of the objectives of the maternity benefit scheme is to promote institutional deliveries and motivating the people to use the governmental machinery to safeguard their health. Further it is also intended to encourage young couples to use modern contraceptives for spacing between the deliveries and to change their attitudes towards adoption of family planning methods. Keeping the above in view, an attempt has been made to collect the information relating to the delivery and the method of adoption of family planning. The collected information was presented in the following table.

The information presented in the table 3 shows that majority of the sample have delivered in the hospital (96.30%) and very few i.e., 3.70 percent have delivered in their house. Similar trend can be seen both in the organized and unorganized sectors. The trend clearly indicates that the sample adopted the institutional delivery which indicates the attainment of objective of the maternity benefit scheme. Later, further probe was made to identify the type of hospital they have chosen for delivery. The information shows that the government hospital was found to be the popular destination of the pregnant women for their delivery. It is also true that around 30% of the pregnant women chosen private hospitals than the government hospitals. The sector wise preferences of the sample also collaborate with the general trend. It is welcoming trend which shows their confidence on institutional deliveries.



**Adoption of family planning:**

The culmination of all population and welfare programs end up the adoption of family planning by the eligible couples. An effort has been made to see to what extent the sample has adopted the family planning. Family planning plays key role in controlling the population. The results presented in the table indicate that 60% of the sample chosen for the study is the habitual adopters of family planning methods. Contrary to the above, 40% are non-adopters. Similar trend can be seen in the organized sector also. On the other hand, it was found in unorganized sector that majority of sample are non-adopters, 52% and only 48% of them are adopters. The information clearly shows that the sample from unorganized sector is not considering the pregnancies seriously. Hence it is suggested that the mass media unit of district medical and health office should take adequate steps to motivate and change the attitudes of the eligible couples to understand the importance of family planning and its methods.

**Table.3: Place of delivery, adoption of family planning**

S.No	Variable	Group	Sector				Total	
			Organised		Unorganised		F	%
			F	%	F	%		
1	Place of delivery	hospital	142	94.70	147	98.00	289	96.30
		house	8	5.30	3	2.00	11	3.70
2	Type of hospital	Government hospital	87	61.30	116	78.90	203	70.20
		Private hospital	55	38.70	31	21.10	86	29.80
3	Family planning	Adopters	107	71.30	72	48.00	179	59.70
		Non adopters	43	28.70	78	52.00	121	40.30
4	FP after the issue	1	4	3.70	3	4.20	7	3.90
		2	89	83.20	59	81.90	148	82.70
		3	11	10.30	10	13.90	21	11.70
		4	3	2.80	0	0.00	3	1.70
5	Place of FP	Government hospital	80	74.80	55	76.40	135	75.40
		Private hospital	27	25.20	17	23.60	44	24.60

The additional details like stage of adoption of family planning and place, where they have undergone for family planning operation was enquired and documented. It is observed from the table that majority of the sample i.e., 82.7% have adopted family planning after the second delivery. Contrary to the above, 11.70% and 1.70% have adopted the family planning after third and fourth delivery respectively. However, 3.9% of the sample has adopted family planning after the first delivery. The trend clearly indicates that the sample preferred to have two children and later they have gone for family planning.

**Place of family planning operation:**

The family planning can be adopted through a simple surgery namely vasectomy and tubectomy. In order to find out the place where they have undergone for the family planning operation shows that three fourths of the sample have undergone at the government hospitals and one fourth have chosen private hospitals. Similar trend can be seen both in the organized and unorganized sectors. It is a welcoming drift that the majority of the people were approached Governmental institutions and few preferred to have at private hospitals. Hence concerted efforts are required to empower the women about the merits of the government health departments and to motivate them to adopt them to congregate their future health needs.

**4. CONCLUSIONS**

Majority of the beneficiaries are younger in age group, belongs to backward communities, highly educated, working as employees and earning less than Rs. 20000/- as income. 60% of them got married before reaching 20 years and conceived within 20 years. The gap between first and second pregnancy is one to two years. Majority of them delivered in hospitals particularly in government hospitals and 60% of them have adopted family planning and out of them 82.7% after second delivery. Three fourths of them undergone family planning operation in government hospital. The findings clearly demonstrate that the women were inclined towards institutional deliveries. However, the findings also shows that the girls are getting married before crossing 20 years and also conceiving before that age. But the government has enhanced the marriage age for the girls until 21 years. Hence it is advised that the concerned authorities should take suitable measures to create awareness among the parents to postpone the marriage of their daughters until they reach 21 years of age. The cash incentive for the institutional deliveries needs to be raised to Rs. 15000 and to be paid in three installments viz, on entry to the hospital for delivery, after delivery and on completion of vaccination of the child. The expenditure on delivery even in private hospitals needs to be reimbursed by the government. The maternal and paternal leave may be made mandatory for the people working in unorganized sector also. The women need to be reimbursed their labor cost equivalent to the duration of maternal and paternal leave in addition to cash incentive. All the departments such as health, ICDS, employment bureau etc, should be made responsible to look after the health of the mother and child and they need to be coordinated to cater the needs of the mother and child. These measures enhance the health of the mother and child and family as a whole which will be the first step for creating healthy India.

**5. REFERENCES**

[1] Priyanka B, and A. Srilatha (2018), Effective Implementation of Maternity Benefit Act of 1961, International Journal of Pure and Applied Mathematics Vol.12(5), PP 1320-1338.  
 [2] Vikas Yadav, Somesh Kumar, Sudhassanam, Balasubramaniam, Ashish Srivastava, Suranjeen Pallipamula, Parvez Memon, Dinesh Singh, Saurabh Bharagava, Greeshma Ann Sunil, Bulbul Sood (2017), Facilitators and Barriers to Participation

of Private sector Health facilities in government-led schemes for maternity services in India : a Qualitative Study, BMJ Open Access first published as 10.1136/bmjopen-2017-017092 on June 2017. Downloaded from <http://bmjopen.bmj.com/>.

- [3] Gayathri Devi M. and K.Logasakthi(2020) ,A Comparative Analysis on Maternity Benefits in India with other Countries, European Journal of Molecular & Clinical Medicine,Vol.07.
- [4] Kranti S.Vora,Dileep V.Mavalankar,K.V.Ramana,Mudita Upadhyaya,Bharati Sharma,Sharad Iyengar,Vikram Gupta,and Kirti Iyengar(2009), Maternal Health Situation in India: A Case Study Journal \*\*\*\*\*PP 184-201.
- [5] NaseeraMusthafa(2020),Knowledge Attitude and Practices Regarding Maternal Health Care Services,Health Care Current Reviews,Vol.8(248),PP 1-6.
- [6] Raghunatha Reddy A, D. Raja Rajeswary and E. Shireesha (2017) Awareness of Government Maternity Benefit Schemes among rural women cited in Venkat Rao, Umadevi and P. AdinarayanaReddyMaternity Benefit for the women: Issues and Strategies ParikramaPrakasan, New Delhi 2017 pp 15- 21.
- [7] Rajesh Kumar G, (2017) Awareness of Government Maternity Benefit Schemes in India cited in Venkat Rao, Umadevi and P. AdinarayanaReddyMaternity Benefit for the women: Issues and Strategies, ParikramaPrakasan, New Delhi 2017 pp 50-58.
- [8] Lakshumamma(2017), Awareness of Pregnant Lactating women towards integrated child development services in Chittoor District, cited in Venkat Rao, Umadevi and P. AdinarayanaReddyMaternity Benefit for the women Issues and Strategies ParikramaPrakasan, New Delhi 2017 pp 161-165.
- [9] Harnagle,R and P.S Chawla(2013), A Study of Knowledge, Attitude and Practices (KAP) of Lactating Mothers on Breast Feeding, Weaning Immunization and Dietary Practices of Jabalpur Cantonment, India, International Journal of Current Micro Biology and Applied Sciences. Vol2(11),PP 393-403
- [10]Pradhan (Thaiba) A, Rani U, (2017), Knowledge and Practice on Selected Aspect of Postnatal Care Among Postnatal Mothers, Journal of Universal College of Medical Science, Vol. 5, issue 15.
- [11]Kalivani. L, A Study to Assess the Knowledge, Attitude and Practice regarding Postnatal Care among Prime Mothers, (2019), International Journal of Science and Research (IJSR), Vol. 5, [www.ijsr.net](http://www.ijsr.net)