

A Study On Dr. Muthulakshmi Reddy Maternity Benefit Scheme In Korakkavadi, Cuddalore District

Dr. N. Mani M.A., M.Phil., Ph.D.,

Associate Professor and H.O.D,

Department of Economics

Erode Arts and Sciences College – Erode – 638009.

Mr.G.Arivalagan

Ph.D Research Scholar (F/T)

Department of Economics

Erode Arts and Sciences College – Erode – 638009.

ABSTRACT

The article is a study on Dr. Muthulakshmi Reddy Maternity Benefit Scheme in Korakkavadi, Cuddalore district. The main objective of this article 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

1. 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 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.

2. 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.

3. Statement of the Problem

India has a very large population and its rate of 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 Cuddalore District.

4. Profile of Mangalure 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 Mangalure Panchayat has 21 villages. Every village has primary school runs by the government. There is only one Sub Health Centre in this Panchayat.

5.1 Results and Discussion

The article 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 socioeconomic 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 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

Socia – Economics Respondents

S.No	1.1 Age of the Respondents					Percentage
	Age Group	Number of Respondents				
01		BC	MBC	SC	Total	
02	19-25	19	45	23	87	77.8
03	26-30	4	10	6	20	17.8
04	31-35	1	1	1	3	2.6
05	35-40	0	1	1	2	1.8
Total		24	57	31	112	100
1.2 Respondents’ Educational Level						
S.No	Education	BC	MBC	SC	Total	Percentage
01	Illiterate	1	11	2	14	12.5
02	School	21	43	27	91	81.5
03	College	2	3	2	7	6.2
Total		24	57	31	122	100
1.3 Respondents Occupations						
S.No	Occupation	BC	MBC	SC	Total	Percentage
01	Agriculture	6	17	6	29	25.8
02	House Wife	15	28	19	62	55.4
03	Profession	0	0	0	0	0
04	Business	0	0	0	0	0
05	Employees	0	0	0	0	0
06	Others (Coolies)	3	12	6	21	18.8
Total		07	57	31	112	100
1.3 Family Monthly Expenditure						
S.No	Expenditure	BC	MBC	SC	Total	Percentage
01	< - 5,000	20	46	27	93	83.1
02	5001 – 10000	3	8	4	15	13.4
03	10001-15000	1	3	0	4	3.5
Total		24	57	31	112	100

1.4 Number of Babies of the Respondents						
S.No	No.of Babies	BC	MBC	SC	Total	Percentage
01	1 Baby	12	22	15	49	43.8
02	2 Babies	10	24	11	45	40.2
03	3 Babies	1	6	4	11	9.8
04	More than 3 Babies	0	1	1	2	1.8
05	No Baby	1	4	0	5	4.5
Total		24	57	31	112	100
1.5 Way of Settlement of Amount						
S.No	Get in Amount	BC	MBC	SC	Total	Percentage
01	In Total	5	10	8	23	20.5
02	Installment	16	40	19	25	65
03	Not Get Money	3	7	4	14	12.5
Total		24	57	31	112	100
1.6 Usage of MRMBs of the Respondents						
S.No	Opinion	BC	MBC	SC	Total	Percentage
01	Useful	11	26	11	48	42.8
02	Very Useful	13	31	20	64	54.2
03	Not Use	0	0	0	0	0
Total		24	57	31	112	100

Sources: Primary Data

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 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.

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 1.3 It is found from the above table clearly showsthat (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.

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.

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.

6.1 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.

REFERENCES

1. Balasubramanian P and Sundari Ravindran T K (2012), "**Pro-Poor Maternity Benefit Schemes and Rural Women Findings from Tamil Nadu**", *Economic and Political Weekly*, Vol. XLVII, No. 25, pp. 19-22.
2. Deepa KylasamIyer and Francis Kuriakose (2012), "**Impact of Maternal Education on Infant Health**", *Kurukshetra*, Vol. 60, No. 10, pp. 26-28.
3. Mostata Kamal S M (2012), "**Maternal Education as a Determinant of Neonatal Mortality in Bangladesh**", *Journal of Health Management*, Vol. 14, No. 3, pp. 269-281.
4. Parvathy Sunaina (2011), "**Comprehensive Health Insurance Scheme (CHIS) in Kerala Some Issues of Comprehensiveness and Equity**", *ArthaVijnana*, Vol. LIII, No. 4, pp. 353-368.
5. Zakir Husain (2011), "**Health of the National Rural Health Mission**", *Economic and Political Weekly*, Vol. XLVI, No. 4, pp. 53-57.

WEBSITES

1. www.answer.ask.com/health/reproductive
2. www.hss.iitm.com.in
3. www.mrmbs.tn.nic.in