

Executive Summary of DMMAS Study

Introduction

In the last fifty years, research leading to new discoveries about health, nutrition, child development and reproduction has impacted health services considerably but, with less effect on maternity protection. Also, women's work and their economic contribution continue to be undervalued and there is little appreciation of women's multiple roles which have implications for them as both workers and mothers. From a health perspective, the nutrition and health of both mother and child, in both the pre-natal and post-natal periods, are taken partly or wholly into account. From a labour perspective, the right of the working woman to social support for dealing with her role in bearing and rearing children calls for wage compensation.

While India provides, since 1961, maternity benefits for working women in the organized sector, who still form only 9% of the female work force, it is out of reach for the vast majority of women working in the unorganized sector. With growing demand for universal maternity entitlements, Government of India has started a conditional cash transfer scheme of maternity benefits on a pilot basis in 95 districts (IGMSY). The IGMSY provides for Rs.4000/ in three installments, for women above 19 years of age for the first two live births with conditionality. Only health-related objectives are mentioned. Objections have been raised with regard to the low amount, the conditionality, the age criterion, wage compensation and exclusive breastfeeding for six months following childbirth. In this context, it was considered important to review the pioneering Tamil Nadu scheme, the only one to reach a large number of poor women in the unorganized sector, and learn from its experience.

The Scheme

The Dr. Muthulakshmi Maternity Assistance Scheme (DMMAS) was launched as early as 1987 with a one-time grant of Rs.300/ (later 500/) to provide assistance for expenses of childbirth. In 2006, it became a full-fledged maternity assistance of Rs.6,000/ to poor women in the unorganized sector, to be given in six monthly installments from the seventh month of pregnancy (later reduced to two installments -- before and at childbirth). Still later, in 2009, it was made one installment (at childbirth) for administrative convenience.

Objectives of the study

The objectives of the study were, to a) study and analyse the working of the present scheme and its utilization by the mothers who availed of it and b) to make recommendations for its improvement as well as suggestions for the proposed Central scheme.

Methodology

The primary data were collected through structured interviews with a field-tested questionnaire from 207 mothers who had obtained assistance, in the two districts of Kancheepuram and Dharmapuri, ranked 2nd and 29th respectively among the 29 districts in the HDI, and purposively including both rural and urban areas, with a roughly equal number of women (50) in each of the four sub-groups. This was done with a view to representing both rural-urban and developed-underdeveloped regions. From the sample frame,

women/mothers were selected by convenience sampling.. In addition, in-depth interviews were conducted with 32 VHNs/ANMs and 33AWWs from the concerned villages/localities, selected by snowball sampling.

Findings

An innovative aspect of the scheme's implementation is the way the mothers are selected by avoiding the pitfalls of taking the BPL alone as a criterion for selection. Additional criteria have been laid down, such as nature of occupation, housing and transport of the family, seasonality of labour, women-headed families, and inability to educate children, as well as to exclude those in the organized sector or with higher incomes. In 2008-09, the number of women benefitting was 46% of total deliveries in the State, while the BPL cut-off is at 32% of the population, suggesting no or minimal exclusion of the poor, though many from higher incomes groups may be included.

Findings from the women

In DMMAS, among the women, 72% were between 18-25 years of age, and only 17% had never gone to school or studied less than Class V. 93% of the spouses were in the unorganized sector, and 88% of the women were in unpaid work, either household or family labour, with only 12% in paid work. Two-thirds live in nuclear families.

All the women had received the full amount. The money was received post-delivery, and none received any during pregnancy. 86% received the money within the first six months after delivery. The women reported that the money was mainly spent on medical expenses (39%), savings and investment for the child's future,(31%) and food items(29%). Eighty per cent got the information from health functionaries and about a quarter from AWWs.

Communication about the scheme and advice were received during pregnancy, while the money was received much later, hence reporting on this issue was mixed. Most knew broadly that the scheme was intended for financial assistance to mothers and infants, but the responses on details were mixed, and the same is the case regarding advice on how to spend the money. The common themes were nutrition for the mother during pregnancy and after childbirth. Other responses were to breastfeed, take rest, and take care of mother and child. No mention was made of wage compensation or exclusive breastfeeding.

95% of the women knew about the nutritious supplement distributed at the anganwadi, and 90 % of those continued to collect it regularly. Breastfeeding continued till at least one year in most cases, but the information about exclusive breastfeeding was inconclusive. Less than 6% faced any difficulty either in applying for the scheme or in getting the money. In the case of many of the above indicators, (delays, information from ANMs, knowledge of nutritional supplements, conditionality, difficulties in applying and getting) rural women were in a significantly better position than urban, reflecting the greater efficiency of rural health services. 80% offered suggestions for improvement of the scheme, relating to lack of delay, two rather than one installments, enhanced amount of entitlement and with no conditionality attached.

Supporting evidence

VHNs, the main link between DMMAS and mothers/women, are involved in identifying the women, providing information and guidance and in distributing the financial assistance. Though the objectives of the scheme have been specifically laid out and all said they had

received training on it, their responses on objectives were varied but general, related to mother and child health and welfare. About 75 % mentioned nutritious diet during pregnancy to have healthy baby (and avoid LBW) as the main objective, and a few mentioned rest before and after delivery. Only one each mentioned wage compensation or exclusive breastfeeding. On advice, the main message was on giving nutritious food. Twenty had advised mothers to save the money in a bank for the child's future (since they had received the money after the delivery) . On impact, they gave specific examples to illustrate the main point regarding improved health and welfare of women and child. The group was evenly divided on the issue of whether the scheme has helped women to avoid early return to work. They also gave many practical suggestions on improvement of the scheme, especially with regard to administrative issues.

AWWs are closely involved with women in the day-to-day business of child care and welfare, but not directly involved in implementation of the scheme. Their perceptions were broadly similar to that of the VHNs, but lacked in certain crucial details regarding eligibility, and in the perception that savings and investment was one of the intended benefits of the scheme. They also had more positive perceptions about improvements in breastfeeding, and reported much greater awareness about and practice of breastfeeding. Some said the nutritional support itself would encourage breastfeeding. 29 felt that they could play a useful role in implementing the scheme and also made many practical suggestions for its improvement, including implementation through anganwadis, and distribution of food instead of cash.

Common to suggestions from all three groups were no delay and paying in two installments

Discussion and Conclusions

The first and only scheme to attempt maternity entitlements for poor women in the informal sector, DMMAS emphasizes health-related outcomes and mentions wage compensation.

The focus is on nutrition during pregnancy. Child care post-delivery and exclusive breastfeeding are not mentioned.

The scheme is nearly universal in application, with hardly any exclusion, no evidence of corruption or leakages, and few difficulties reported in applying for or getting the money or opening bank accounts. and thus is a tribute to the governance environment in the State. Further, the SNP programme for women in ICDS continues to work well, and DMMAS has not had a negative impact on it.

The major weakness is with regard to delays, arising from mismatch between the numbers concerned and the level of budget and staff. The decision to pay in only one installment has undercut the possibility of maternal nutrition during pregnancy or wage compensation for the first few months after birth, since only 20% received it in the first month. However, the money was mostly used for medical expenses, food items and savings and investment for the child. In terms of delivery of services, the urban areas fared far more poorly.

Through only 15% received information from the VHN/ANM alone, other functionaries, especially awws, did not get any incentives. The training given to VHNs/ANMs seems to have focused on procedural elements rather than on content, and there was an absence of messages on several issues.

Recommendations.

1. Further research on a large scale is needed, using quantitative indicators like maternal weight gain, anaemia and mortality, LBW, neonatal and infant mortality, breast feeding indicators and delay in return to work, to validate the findings of this exploratory study
2. Schemes of maternity entitlement should be based on clear understanding of the full conceptual framework of this right, and provide wage compensation for a period pre-delivery and six months post-delivery, in order to meet all objectives and offer equity with the organized sector.
3. Schemes should be of universal application, with no conditionalities.
4. There should be no confusion of objectives with other schemes or overlap with other strategies for other purposes, such as family planning or incentives for delivery in hospitals.
5. Implementation must focus on the timely release of money so that it can be used for the intended purpose.
6. Capacity building of functionaries at all levels and communication regarding this scheme needs to be strengthened.
7. ICDS is well placed to collaborate in delivering such schemes and an arrangement needs to be worked out between the two departments.
8. More attention needs to be paid to delivery to the urban poor