

## **Empowering Women Beyond Money: Assessing The Impact Of Pradhan Mantri Matru Vandana Yojana (PMMVY 2.0) On Beneficiary Satisfaction**

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### **Introduction:**

Empowering women involves fostering the growth of their self-esteem, their capacity to make independent choices, and their ability to influence social change for themselves and others. Empowering women means offering them more autonomy and sovereignty over their lives (Nayak & Mahanta, 2015; Sharma, 2020). Enhancing women's status in politics, society, business, and health is intrinsically crucial. Moreover, it is essential to accomplishing equitable development (Priyadarshini et al., 2016). In India, the issue of women's empowerment is highly divisive. Nearly half of the population of the World is female, yet India has an uneven gender distribution, meaning there are comparatively fewer women than men (Rani, 2020). Nearly 67.7% of Indians are women and children, according to the 2011 census (Census, 2011). The necessity of women's empowerment is a widely recognized issue in a variety of economic sectors. Without the socioeconomic advancement of women, an economy is unable to endure for an extended period. According to several studies, women's financial security and the health and nutrition of their offspring are related (Grown et al., 2005). It is possible to enhance the general health and well-being of women by giving them access to vital health services including family planning, maternity care, and screenings for conditions like cervical cancer. In addition, educating women about their reproductive rights and health can assist them in making informed decisions regarding their bodies and obtaining the necessary care (Mitroi et al., 2016). At the end of the day, spending money on women's health supports not just the individuals but also their families, communities, and society itself.

### **Research Methodology**

**Research Design:** A quantitative research approach with a descriptive research design was adopted in the study to quantify the impact of various variables affecting beneficiary satisfaction.

**Research Settings:** The study was conducted in Haryana, the six selected districts are Rohtak (226), Palwal (150), Karnal (138), Rewari (69), Ambala (61), and Panchkula (45). The reason for selecting this setting was that out of these six districts, Rohtak, Palwal, and Karnal have the highest Maternal Mortality rate (MMR) and rest three Rewari, Ambala, and Panchkula have the lowest MMR in Haryana as per 2018-20 data released by Registrar General of India.

**Research Method and Tools:** The study used a structured questionnaire consisting of nineteen questions, focusing on eight dimensions: awareness and knowledge, financial security, decision-making power, social mobility, empowerment, local support systems and perceptions, implementation challenges, and access to healthcare. The questionnaire was pilot-tested to ensure clarity and relevance. The data analysis was done using descriptive study, reliability analysis, and multiple regression to better understand eight selected aspects of beneficiary satisfaction with PMMVY.

**Population:** The target population of the study was the women of the age group (19-42 years) residing in six districts of Haryana. The study was conducted for the period October 2022 to March 2023, especially after PMMVY 2.0.

**Sample and sampling technique:** The sample consisted of 300 women selected by using the Purposive sampling technique. The method ensures that the sample enhances the relevance and reliability of findings based on the study objective.

### **Conclusion**

The analysis reveals that the satisfaction of the beneficiaries is significantly influenced by factors such as the level of awareness and knowledge, financial security, decision-making power, social mobility, empowerment, local support systems and perceptions, implementation challenges, and access to healthcare.

**Keywords:** Pregnant and lactating women, Pradhan Mantri Matru Vandana Yojana, PMMVY implementation, maternity care, financial security, regression analysis, Haryana

### **Review of Literature**

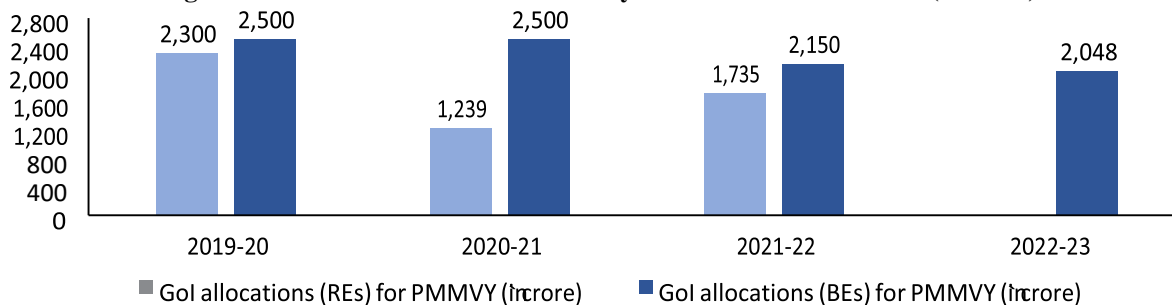
India's performance in maternal and child nutrition has been inadequate despite the government's persistent efforts in this field. Only 21% of pregnant women had comprehensive ante-natal exams, while 37 out of every 1000 children died during their first year of life (MoW&CD, 2018). To overcome these hurdles government of India came up with so many

maternity-related schemes. One of these initiatives is Pradhan Mantri Matru Vandana Yojana, a comprehensive economic initiative that is specifically designed to assist women who work daily. The program places a lot of focus on educating individuals about how important diet is to achieving specific objectives. Even though the majority of expectant mothers notify Anganwadi of their pregnancy on schedule, many of the recipient mothers have difficulties. About one-fifth of the women questioned said they had trouble getting documentation, and 19% said they had problems using Aadhaar, such as getting their husbands' names added to their cards, getting bank account paperwork, and taking out cash. While the majority of women reported no difficulty visiting the hospital for checkups, 20% reported having complications during their hospital appointments (GOI, 2019-20). The PMMVY (Pradhan Mantri Matru Vandana Yojana) is India's largest Conditional Cash Transfer (CCT) program, with a financial allocation of 27 billion rupees (US\$ 400 million) in 2017-2018 (PIB, 2017). Only 96,460 recipients of the PMMVY program have received installment payments via direct cash transfer, compared to the government scheme's yearly goal of helping 1.8 percent of the projected 51.6 lakh women. As a result, the program did not reach the targeted number of women or operate to its full capacity (Capital Market, 2018). Inadequate IT infrastructure at the block level hindered the government's ability to precisely monitor the recipients and the amounts that were disbursed to them. It was therefore a drawn-out process to create an escrow account inside a state. Additionally, there were disagreements between the State and the Center on when to transfer the corresponding amount of money to these accounts (Chandra, 2018). In general, Indian women are susceptible to inadequate nutrition, particularly during pregnancy and lactation. There is evidence to suggest that the mother's nutritional state has a greater overall influence on birth weight than other factors. There have been reports of pregnant women in rural areas consuming less food than is advised. On average, newborns with low weight are delivered to mothers who have undernutrition and poor health (Manoharan & Kowsalya, 2017). The program primarily serves as a measure to address the disparity in wealth distribution, enabling a financially disadvantaged woman to finance her prenatal care. A well-nourished woman benefits her unborn kid as well. According to the World Bank, a well-nourished infant possesses a 33% higher likelihood of escaping poverty compared to those who are malnourished. These youngsters will not only possess good physical health but also exhibit enhanced academic performance, ultimately becoming valuable contributors to the nation (World Bank, 2013). The fertility decisions of individuals in terms of sustaining spacing deliveries have been influenced by PMMVY. Consequently, the majority of individuals strategize regarding the timing of their subsequent children's births. Both the mother's and the child's health will improve as a result of this. In addition, it is evident that the beneficiaries are entirely reliant on these financial incentives and retrieve them immediately upon redemption (Arya, 2018).

During the Financial Year (FY) 2021-22, the Pradhan Mantri Matru Vandana Yojana (PMMVY) was included as part of the Samarthyaa sub-scheme under Mission Shakti. This sub-scheme aims to promote women's economic empowerment. PMMVY 2.0 is the new name for the sub-scheme, which accounted for 78% of the allocations made in FY 2022-2023. The principal objectives of PMMVY 2.0 are to partially compensate pregnant and lactating women for their lost wages, allowing them to have sufficient rest both before and after giving birth. Another objective is to enhance health-seeking behavior among pregnant women and to encourage good behavioral changes toward the female child (PIB, 2022; PI, 2023). The scheme offers a total of 5,000 in two installments for the first live birth, conditioned upon the completion of specific health-seeking practices. For the second live delivery, a single payment of ₹6,000 is given following the birth of a girl to encourage good behavioral change towards female children. Anganwadi Centres (AWCs) run by the departments of social justice or Women and Child Development are used by the program at the state level (MoW&CD, 2022).

The total number of eligible individuals enrolled under the PMMVY in the fiscal year 2021-22 was 96.9 lakh, which is 10 lakhs less than the number enrolled in the fiscal year 2019-20. In FY 2020-21, there were 193.74 lakh institutional deliveries overall, a 4% decline from FY 2019-20 (Finance Ministry, 2021-22).

**Figure: 1.1 PMMVY allocation between years 2021-22 and 2022-23 (in crore)**



**Source:** (1) Union Expenditure Budget, 2019-20 to 2020-21, <https://www.indiabudget.gov.in/>. Last accessed on 7 December 2022. (2) Allocations for FYs 2020-21, 2021-22, and 2022-23 from RTI response by MWCD, dated 17 January 2023.

PMMVY 2.0 has tied the first installment of money disbursement to pregnancy registration and at least one ANC check-up to encourage ANC (PIB, 2022). A comparison has been conducted between the fourth and fifth rounds of the National

Family Health Survey (NFHS) to observe changes in health-seeking behavior since PMMVY was implemented in 2017, according to Key Performance Indicators (KPI) under study Haryana has shown eighth place gain with significant improvement (Geographic Insights Lab, 2022). There have been advancements in the registration process for pregnancies and the receiving of antenatal care (ANC). According to the NFHS-5 (2019-21) (NFHS, 2019-21, pp. 22-26), 94 percent of pregnancies were officially recorded, showing an increase of around 9 percentage points compared to NFHS-4 in 2015-16. In the years 2019-21, the percentage of women who got at least four or more ANC visits increased from 51% in 2015-16 to 59% (NFHS, 2015-16, pp. 23, 24).

Delayed disbursement of benefits to beneficiaries is one of the most frequently reported challenges in the implementation of PMMVY. As some researchers have pointed out, late payments can make women less likely to utilize the scheme's advantages which makes it less effective (Rao D. K., 2020). Finding and focusing on qualified recipients is another problem brought up in the research. According to a NITI Aayog study findings, just 19% of the initial payments have been paid within 150 days of the last month period (LMP), and only 13.3% of the recipients reported receiving a mobile message regarding money being credited to their bank accounts. Mothers who are divorced, widowed, or abandoned by their husbands may have challenges in accessing the benefits of the plan due to the requirement of submitting their husband's Aadhaar card. Individuals who are not married or were married before reaching the legal age are unable to receive the advantages of the program (NITI Aayog, 2020).

### Objective of the Study

1. To understand the status, objective, and background of the PMMVY scheme.
2. To examine the variables impacting the satisfaction level of beneficiaries under the scheme.

### The Hypothesis of the Study

1. H<sub>0</sub>: There is a significant impact on the satisfaction of beneficiaries in the PMMVY program.
2. H<sub>1</sub>: There is a significant impact of the level of awareness and knowledge of the program on the satisfaction of beneficiaries.
3. H<sub>2</sub>: There is a significant impact of the program's financial security on the satisfaction of beneficiaries.
4. H<sub>3</sub>: There is a significant impact of the level of decision-making power among beneficiaries on the satisfaction level.
5. H<sub>4</sub>: There is a significant impact of the level of social mobility gained from the program on the satisfaction of beneficiaries.
6. H<sub>5</sub>: There is a significant impact of the level of empowerment achieved from the program on the satisfaction of beneficiaries.
7. H<sub>6</sub>: There is a significant impact of the level of local support systems and perceptions among beneficiaries on the satisfaction level.
8. H<sub>7</sub>: There is a significant impact of the implementation challenges faced by the beneficiaries of the program on the satisfaction level.
9. H<sub>8</sub>: There is a significant impact of the level of accessibility of health care among beneficiaries on the satisfaction level.

### Data Analysis and Interpretation

*Table: 1 Descriptive Analysis of Satisfaction Level of Beneficiaries of the PMMVY*

Variables	Mean	Std. Deviation	Cronbach Alpha
<b>Awareness and Knowledge</b>			
How did you first hear about the PMMVY 2.0 scheme?	3.23	.321	.784
Were you aware of any other government schemes related to women's health or financial security before PMMVY 2.0?	3.48	.435	.895
Did you receive any information sessions on managing PMMVY 2.0 benefits?	3.12	.284	.753
<b>Financial Security</b>			
Since receiving PMMVY 2.0 benefits, has your household's financial security improved?	4.19	.428	.812
How often do you use the PMMVY 2.0 benefits to purchase essential household items (food, clothing)?	3.93	.381	.804
<b>Decision-Making Power</b>			
Who primarily decides how the PMMVY 2.0 benefits are used in your household?	3.02	.428	.792

Compared to before receiving PMMVY 2.0 benefits, do you feel you have more control over your finances?	4.21	.393	.831
<b>Social Mobility</b>			
How likely are you to pursue income-generating activities outside the home due to the financial security provided by PMMVY 2.0?	4.34	.428	.811
In your experience, has receiving PMMVY 2.0 benefits changed your family's attitude towards your financial contributions to the household?	3.82	.512	.805
How likely are you to pursue income-generating activities outside the home due to the financial security provided by PMMVY 2.0?	3.41	.483	.782
<b>Empowerment</b>			
do you feel more confident in expressing your opinions within your households?	3.82	.412	.772
In your opinion, how effective is PMMVY 2.0 in achieving the goals of Mission Shakti (women's empowerment)?	3.72	.329	.791
<b>Local Support Systems and Perceptions</b>			
How helpful was the level of assistance from ASHA workers or Anganwadi services during the application process?	3.29	.263	.817
How well do you think the PMMVY 2.0 scheme is reaching women in your community who need it most?	3.67	.439	.762
How satisfied are you with the level of support local government officials provide regarding PMMVY 2.0?	3.82	.513	.751
<b>Implementation Challenges</b>			
How accessible were the Anganwadis or local government offices for applying for or receiving PMMVY 2.0 benefits?	4.02	.332	.821
Did you face any challenges due to language barriers during the application process?	4.83	.494	.832
<b>Access to Healthcare</b>			
You believe that PMMVY 2.0 benefits to access prenatal healthcare services (check-ups, vitamins) for better healthcare.	3.98	.372	.795
How satisfied are you with the availability of healthcare services in your community since receiving PMMVY 2.0 benefits?	3.24	.302	.773

The Multiple Regression tool is employed in this study to ascertain the level of satisfaction with the PMMVY program by comparing the three aspects to the satisfaction level of beneficiaries of the PMMVY initiative. It denotes the data that has been gathered and the interpretation of the relationship between the outcome variable and predictive variables. The regression equation is presented as follows:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \beta_5 X_5 + \beta_6 X_6 + \beta_7 X_7 + \beta_8 X_8$$

Dependent Variable: Satisfaction with the implementation of the PMMVY program (Y)

Independent Variables:

- (X<sub>1</sub>) - Awareness and Knowledge of the program
- (X<sub>2</sub>) - Financial Security
- (X<sub>3</sub>) - Decision-making power
- (X<sub>4</sub>) - Social Mobility
- (X<sub>5</sub>) - Empowerment
- (X<sub>6</sub>) - Local Support Systems and Perceptions
- (X<sub>7</sub>) - Implementation Challenges
- (X<sub>8</sub>) - Access to Healthcare

For descriptive statistics analysis, the data was analyzed using the mean, standard deviation, and variance. To ascertain the impact of various factors on beneficiaries' satisfaction levels, multiple regression analysis was conducted using SPSS software.

Documentation of the data's internal accuracy and reliability is necessary when it comes to analysis. Cronbach's alpha value is the most well-known reliability metric, which assesses the reliability of internal instruments. A reliability coefficient that is greater than 0.75 typically indicates that the data is very accurate and internally consistent.

**I. Reliability analysis**

*Table: 2 Reliability Analysis through Cronbach Alpha*

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.824	.873	9

The findings show that the value of Cronbach Alpha is more than 0.75, and the dimensions were proper, reliable, and could be used in the study to describe the satisfaction level of beneficiaries of the PMMVY program.

**II. Multiple Regression Analysis**

*Table: 3 Multiple Regression Analysis*

Model Summary										
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					
					R Square Change	F Change	df1	df2	Sig. Change	F
1	.838 <sup>a</sup>	.725	.542	.205	.725	73.680	8	291	.001	
a. Predictor (Constant): Awareness and knowledge, financial security, decision-making power, social mobility, empowerment, local support systems and perceptions, implementation challenges, and access to healthcare.										
b. Dependent (Variable): Satisfaction Level among beneficiaries										

According to the model summary, a 54.2 % variation in the satisfaction level of beneficiaries of the PMMVY program is explained by independent variables, namely awareness and knowledge, financial security, decision-making power, social mobility, empowerment, local support systems and perceptions, implementation challenges, and access to healthcare. The P value is less than 0.05, and therefore, the model is of best fit.

*Table: 4 Coefficient value statistics of Variables and Constants*

Coefficients <sup>a</sup>									
Model		Unstandardised Coefficients		Standardized Coefficients	T	Sig.	Collinearity Statistics		
		B	Std. Error	Beta			Tolerance	VIF	
1	(Constant)	.587	.319		1.438	.003			
	Awareness and knowledge	.431	.047	.354	5.423	<.000	.458		1.082
	Financial security	.412	.052	.310	6.182	<.000	.632		1.428
	Decision-making power	.298	.044	.262	5.183	<.000	.711		1.381
	Social mobility	.274	.131	.250	3.734	<.001	.628		1.394
	Empowerment	.426	.057	.232	4.715	<.000	.392		1.082
	Local support systems and perceptions	.372	.039	.228	6.210	<.001	.515		1.523
	Implementation challenges	.519	.042	.217	4.312	<.000	.621		1.003
	Access to healthcare	.317	.023	.268	3.984	<.001	.412		1.121
a. Dependent Variable: Satisfaction Level of PMMVY beneficiaries									

From the analysis, it can be inferred that in the case of each independent variable, all eight variables for instance awareness and knowledge, financial security, decision-making power, social mobility, empowerment, local support systems and perceptions, implementation challenges, and access to healthcare significantly impact the satisfaction level of beneficiaries of the PMMVY program. The first factor that is awareness and knowledge influencing the satisfaction level of beneficiaries of the PMMVY program is significant at  $p < 0.05$ ,  $t = 5.423$ . The second influencing factor is financial security with a significance value of  $p < 0.05$ ,  $t = 6.182$ . The third factor is decision-making power is significant at  $p < 0.001$  ( $p < 0.05$ ,  $t = 5.183$ ). The fourth influencing factor social mobility is significant at  $p < 0.001$  ( $p < 0.005$ ,  $t = 3.734$ ). Empowerment is the fifth influencing factor significant at  $p < 0.000$  ( $p < 0.05$ ,  $t = 4.715$ ). The sixth factor local support system and perceptions affecting the satisfaction level at significance  $p < 0.001$  ( $p < 0.05$ ,  $t = 6.210$ ). The seventh factor

is implementation challenges influencing that satisfaction level ( $p < 0.00$ ,  $t = 4.312$ ). The last factor access to healthcare is influencing the satisfaction level of PMMVY beneficiaries at a significant level ( $p < 0.001$ ,  $t = 3.984$ ).

Figure: 1 Beta value with standard errors for various variables



According to the analysis in the above Table, the variance inflation factor (VIF) values are less than 10; therefore, there is no severe multicollinearity issue with the independent variables selected under the study.

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \beta_5 X_5 + \beta_6 X_6 + \beta_7 X_7 + \beta_8 X_8$$

Satisfaction Level among Beneficiaries (Y) = (.587) + (.431) Awareness and knowledge + (.412) Financial security + (.298) Decision-making power + (.274) Social mobility + (.426) Empowerment + (.372) Local support systems and perceptions + (.519) Implementation challenges + (.317) Access to healthcare

It is concluded from the analysis that there is a significant impact of the level of awareness and knowledge, financial security, decision-making power, social mobility, empowerment, local support systems and perceptions, implementation challenges, and access to healthcare on the satisfaction of the beneficiaries from the results of regression analysis to test the hypothesis of the study. Hence, all the hypotheses of the study are accepted at a significant level.

### Suggestions

1. The government should require women to register with both the plan incentives and a local health worker. such registration during pregnancy can help with prenatal checks, iron-folic acid supplement use, vaccines, newborn feeding and therapy sessions, and educating new mothers.
2. The government could provide pre- and post-natal care to women using platforms, rather than merely providing financial assistance.
3. As the main goal of PMMVY is to provide partial wage compensation, it is important to examine the amount adequacy and utilization.
4. The government should establish programs for women to address their lack of awareness, decision-making power, motivation, social mobility, and interpersonal support.
5. The government should enhance technological infrastructure, state government involvement, adequate financial investment, and other infrastructure factors like the Aadhar system and verification procedure.
6. There should be more involvement of local-level government with proper integration and coherence at the Anganwadi level for better ground realities and understanding.

### Conclusion

To support India's Sustainable Development Goal of improving maternal health, the Pradhan Manthri Mathru Vandana Yojana is a promising government effort. The objective of the Pradhan Mantri Matru Vandana Yojna is to enhance the inclination of pregnant and breastfeeding women towards obtaining healthcare services. Although this is a welcome step, more attention should be paid to the mechanisms of implementation to make sure that the women's activities reflect the spirit of the program. Therefore, to ensure the well-being of both the expectant mother and her unborn child, PMMVY seeks to address the many issues faced by these women. Additionally, PMMVY aims to enhance these women's nutrition-seeking behaviors by highlighting the significance of a well-balanced diet and enough hydration throughout pregnancy and breastfeeding. PMMVY acknowledges the importance of providing ongoing care and help during this transforming process by offering support both before and after the birth of the first child. Overall, the majority of the mothers who



received benefits have reported accurately on the registration procedure, the paperwork, the goal of the program, etc. It is necessary to review the procedural and implementation deficiencies in the plan. It is crucial to execute PMMVY schemes properly to prevent leakages and prevent corruption. Hence, there is a need to enhance the level of awareness and knowledge, financial security, decision-making power, social mobility, empowerment, local support systems and perceptions, implementation challenges, and access to healthcare for better healthcare delivery and satisfaction among scheme beneficiaries.

### Declaration of Conflicting Interests

The author has declared that there are no conflicts of interest with the research, writing, and publishing of this paper.

### Limitations of the study

The sample size is limited to 300 women from six districts, and may not represent the entire state and country for generalizability. The responses being self-reported may be subjected to biases for instance social desirability bias.

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