

Towards Universalisation of Maternity Entitlements

An Exploratory Case Study of the
Dr. Muthulakshmi Maternity Assistance Scheme, Tamil Nadu

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Introduction, Objectives and Methodology

Introduction

Maternity entitlements are deeply linked to the health of women and children and have been recognised as part of labour rights for working women the world over. However, the issue of how to deliver maternity entitlements to the poorest women in the largest majority, those working in the informal sector has remained a vexing problem, not just because of an utter lack of political will, but also because of genuine operational complexities. One of the pioneering attempts in this regard is the Dr. Muthulakshmi Maternity Assistance Scheme¹ (henceforth DMMAS) of Tamil Nadu which came into being in 1987 but has evolved to its present status only in 2006. Despite its existence for some period of time, this scheme has never been formally studied.

Currently, a pilot project has been proposed by the Ministry of Women and Child Development to launch a conditional maternity benefits scheme, Indira Gandhi Matritva Sahyog Yojana (henceforth IGMSY), in 95 identified districts from all the States/UTs across the country, with a view to universalise it in coming years and Rs. 4,500 crores has been set aside for 2010-2011.

It was considered appropriate to formally study the DMMAS in this context to make recommendations that would be useful for the pilot as well as the scale up of any such scheme, so that the objectives of maternity entitlements, i.e. support to the health of women and children, and wage compensation for poor labouring women be well met.

Objectives

Thus the objectives of the study are as follows:

1. To trace the history and developments in maternity entitlements concepts and delivery through a review of literature
2. Analyse the current implementation of DMMAS scheme vis a vis its own objectives as well as the objectives of maternity entitlements
3. Make recommendations for better implementation of the DMMAS as well as for the proposed IGMSY on the basis of the study

Methods and Tools

The research study on DMMAS was undertaken jointly by three organisations that work on public health and food security. The organisations are Public Health Resource Network

¹ The literal translation of the name of the scheme from Tamil to English is Dr. Muthulakshmi Maternity Assistance Scheme in the name of Dr. Muthulakshmi Reddy (1886-1968) who was an eminent medical practitioner and social reformer. In many policy documents on the scheme, the term 'assistance' and 'benefits' are used interchangeably. For the purpose of the study we are using the title 'Dr. Muthulakshmi Maternity Assistance Scheme (DMMAS)'.

(PHRN), M S Swaminathan Research Foundation (MSSRF) and Tamil Nadu FORCES. The present scheme is being implemented in the state of Tamil Nadu since 2006. This is a pioneer as well as the only scheme on maternity entitlements in the country and, therefore, of considerable interest. This study was undertaken in Tamil Nadu to identify processes, problems and outcomes of such a scheme.

To explore and understand various issues of maternity entitlements, primary and secondary data were collected. The secondary data include censuses, surveys, reports, organisational records and also previous studies on similar schemes in other countries. Primary data on DMMAS were collected from the districts of Kancheepuram and Dharmapuri in October-November 2009. The two districts in Tamil Nadu were purposively selected to include backward and well developed areas. According to the Tamil Nadu State Planning Commission (2001), out of the total 29 districts in Tamil Nadu, Kancheepuram ranks 2nd and Dharmapuri ranks 29th in Human Development Index. Moreover the districts also had a well-established network of NGOs that helped in collecting the background information and providing the logistics necessary for data collection. Data was collected from:

1. Mothers who received financial assistance from DMMAS;
2. Village Health Nurses (VHN) / Auxiliary Nurse Midwife (ANM)² and;
3. Anganwadi Workers (AWWs).

In order to understand the working of the scheme from the perception of the mothers and, the linkages with various domains of their life, structured interviews were conducted with a total of 207 women/mothers who received the financial assistance. In both the districts, the study team selected the sample purposively to include rural and urban areas. The list of the women/mothers who benefited was provided by the AWWs and this list was complemented by getting more information from the VHNs union. A comprehensive list was then generated and it was used as the sample frame. The selection of the women/mothers who received financial assistance from the overall sample frame was done by convenience till the investigators completed interviewing 50 women/mothers in each area (rural/urban). The survey comprises 50 women/mothers who received the assistance from Urban Dharmapuri and 54 from Rural Dharmapuri. Similarly 50 women/mothers from Urban Kancheepuram and 53 from Rural Kancheepuram were interviewed.

The research team also conducted structured in-depth interviews with the VHNs and AWWs. Within the villages where the women who benefited from DMMAS were interviewed, the VHNs/ANMs and AWWs were also interviewed and they were selected through snowball sampling technique. This sample comprises 32 VHNs/ANMs and 33 AWWs from both the districts. Prior to the data collection, the research team had a discussion with three senior VHNs. These nurses were initially selected to include those persons expected to have deep knowledge about the scheme. This discussion was subsequently used to validate information gained generally about the scheme and also to shape the tools. Similarly, a pilot survey was

² In rural areas VHNs were interviewed and in urban areas ANMs were interviewed.

also conducted to pre-test the tools of data collection. The tools of data collection were developed in local language.

All interviewers were fluent in both English and the local language and they underwent two days' training in ethical issues, conducting in-depth interviews, probing and in documenting the observations.

Data Analysis

The data collection was conducted in local language. The interview schedules and additional notes were translated into English and entered in computer in MS-Excel spread sheets. The open-ended responses in the interview schedules were organised and listed. They were later coded for quantitative analyses. For urban-rural differences, test of significance (t-test) was carried out for data collected from the mothers. The data collected from VHNs/ANMs and AWWs were thematically analysed. The reading and re-reading of the interview responses helped in listing and coding key ideas, perceptions and facts according to the themes. The data was finally arranged according to major themes and sub-themes.

Limitations of the Study

There are two limitations that need to be acknowledged and addressed regarding the present study. The first limitation concerns the outcomes of the study. Information on nutritious food for mothers, wage compensation for poor working women, delay in getting back to work and exclusive breast-feeding are some of outcomes of the study. However, the responses on these outcomes elicited from the women/mothers, anganwadi workers and village health nurses are only perceptions. These perceptions do have recall bias and the responses are not measured through any scales. There is degree of triangulation based on information from VHNs/ANMs and AWWs but no other means of verification have been used. Therefore, the outcomes have been studied within the context of qualitative understanding (perception).

The second limitation has to do with the extent to which the findings can be generalised beyond the cases studied. The number of cases is too limited for broad generalisations. However, the four different clusters in two districts of Tamil Nadu represent rather different aspects of the social and economic factors. So, the findings represent rural-urban and developed-underdeveloped regions. Further empirical evaluations, however, are needed to compare the findings in different contexts and surroundings.