

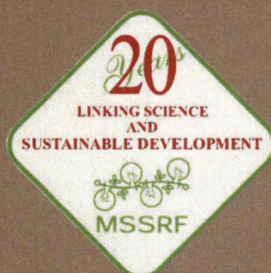
Towards Universalisation of Maternity Entitlements

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

Public Health Resource Network

M.S. Swaminathan Research Foundation

Tamil Nadu – Forum for Crèche and Child Care Services



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Maternity Entitlements: Past and Present

Historical Developments in Maternity Entitlements

The Background: International Experience

The history of maternal protection goes back only to the period after the Industrial Revolution. In the pre-industrial period, the vast majority of the people, both men and women, were workers, and women everywhere managed childbirth and child care as best they could, with the help and support of other female members of the family. The upper classes employed domestic servants, including wet-nurses, for the care of their children and to feed infants, and neither childcare nor breastfeeding were seen as appropriate activities for more privileged women. With the entry of large numbers of women into factories and other establishments, the workplace and the home became separate entities, sometimes physically far apart, working hours that were long and tiresome and the conditions of work extremely difficult. Children could not be brought to the workplace, except those who were able to take part in the work, in order not to introduce diversions into the speed and order of the "assembly line". Child care was more of a nuisance than childbirth, so informal institutions for child-minding sprang up in the community. Meanwhile, for a long time only young unmarried girls were employed in such establishments wherever possible to avoid the problems that inevitably accompanied married women. These were all considered private problems of the workers, and employers were not seen to have any responsibility on that score (Swaminathan, M. 1993).

Early History

It was only in the twentieth century, especially as a result of World War I, that the consciousness of welfare support to working women grew because of the need to attract women in the work force during the war, and some efforts began to be made. Two major streams of events made their mark in developing welfare measures to ameliorate the conditions of women in the industrial work force. The first was the Communist Revolution which led to the setting up of the Soviet Union, and the second was the combined and powerful effect of several movements - the Socialist movement, the Labour movements and the women's movement which together led to the Welfare State in Europe, its full flowering being only after the Second World War. These, especially the Soviet model, led to some schemes both for maternity and for child care services of various kinds. However, they were all conceived in terms of the needs of the female industrial work force, and other kinds of "work" were not taken into consideration, except in the Soviet countries, when agriculture was also collectivised for a period. The main difference was only that among Soviet countries, since all enterprise

was in the State sector, all welfare measures were also in the State sector. In the Western democracies, the burden continued to be on the employer, as far as maternity was concerned, but the strong influence of Labour parties during this period and the emphasis on charity led to its acceptance even in a capitalist world. The concept of rights was yet to be born (ibid. 1993).

With globalisation, there has been an increasing informalisation of the economy in all countries. In 1993, a comparative study of maternity and child care provision in many countries based on ILO data attempted to rank countries according to the level of provision and explore the reasons for the similarities and differences (ibid, 1993). It was found that those with the most generous provisions were either the highly developed countries with democratic Socialist Governments committed to welfare policies, or those following the Soviet model of State-owned or nationalised enterprises, whether poor or rich. Thus, Cuba and Vietnam figured in the second group, along with their much richer counterparts in Russia and Eastern Europe. On the other hand, in the first group, the best providers were the Scandinavian countries, followed by the small countries of Western Europe, with Britain trailing behind. How did this group of high performers face the challenge of globalisation and informalisation? On the whole, the economies of most of the Soviet-style economies, with the exception of Cuba, found it difficult after the collapse of the Governments to adjust to the economy of market mechanisms, and faced lay-offs, unemployment and poverty, followed by out-migration of both men and women and a rise in crime, and the almost invisible growth of an underground informal sector. Governments had no funds even to meet their basic expenses, so welfare measures had to take a back seat, and benefits became the preserve, as in India, of government employees, for reasons already mentioned (ibid. 1993). The wealthier democratic Welfare States, on the other hand, have been able to face the challenge with greater resilience, partly because of their high level of development, the willingness to increase taxes and subsidise those considered to be needy, though many, especially immigrants and unregistered persons fall through the gaps. Thus, the informal sector is a big challenge to any government's ability to provide welfare, and more so to a developing country with limited resources and already large informal sectors.

Simultaneously, there is growing trend for even the 'organised sector' to become more casual with many appointments being made on contract even within government service sectors (Palriwala, R. and N. Neetha, 2009). Contractual appointments manage to evade many welfare requirements even as laws have been amended to safeguard against this.

International Conventions on Maternity Entitlements

There are two conventions that followed one another in the 1970s:

1. *International Covenant on Economic, Social and Cultural Rights (ICESCR)* on Maternity benefits, 1976 that listed the following benefits

Article 10:
Special protection should be accorded to mothers during a reasonable period before and after childbirth. During such period working mothers should be accorded paid leave or leave with adequate social security benefits.

2. *The Convention on the Elimination of All Forms of Discrimination against Women* (CEDAW), on Maternity benefits, 1979 that listed the following benefits

Article 11

In order to prevent discrimination against women on the grounds of marriage or maternity and to ensure their effective right to work, States Parties shall take appropriate measures:

(b) To introduce maternity leave with pay or with comparable social benefits without loss of former employment, seniority or social allowances;

Article 12

States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.

3. International Labour Organisation (ILO) felt the need to revise the *Maternity Protection Convention* of 1952 in 2000 (C183-Maternity Protection Convention, ILO 2000) and stated the following on maternity protection.

Article 4: On Maternity Leave

On production of a medical certificate or other appropriate certification, as determined by national law and practice, stating the presumed date of childbirth, a woman to whom this Convention applies shall be entitled to a period of maternity leave of not less than 14 weeks.

Article 6: On Benefits

Cash benefits shall be at a level which ensures that the woman can maintain herself and her child in proper conditions of health and with a suitable standard of living.

Article 10: On Breastfeeding

A woman shall be provided with the right to one or more daily breaks or a daily reduction of hours of work to breastfeed her child.

Comparative data on parental leave worldwide shows that European countries are way ahead in providing parental leave and benefits with Sweden and Estonia topping the list. Sweden provides 16 month paid leave per child. Other Scandinavian countries follow suit. In the Americas, it is only Canada that provides benefits to parents for up to 50 weeks. In most African and Asian countries, maternity benefits on an average extend to 12 weeks and in some cases much less (ILO, 2000).

The Indian Case

In India, early post-Independence labour legislation was based on Article 41 of the Constitution (Directive Principles) which clearly stated that it was “the duty of the State to provide for just and humane conditions of work, and for maternity relief.” But when it came to working out laws, there was nothing to draw upon but the colonial inheritance, so it closely modelled itself on the model we knew best, the British one, though, even at that time, that was not relevant to our economy. It was built on Nehruvian concepts of industry as the prime mover of development in the future, and forgot to notice that the maximum number of women at the time were working elsewhere, for example, in agriculture, not in large establishments where they could easily be enumerated. The first three Acts, the Factories Act (1948), the Plantations Act (1949) and the Mines Act (1951) dealt with three industries which were important to British interests and all of which employed a relatively large female work force as manual labour, and the provision of crèches at the work site was made mandatory where a certain number of women were employed. There are seven legislations relating to crèches³ in India and two that focus on maternity benefits. The latter two are the Employees State Insurance Act, 1948 that has provisions for maternity benefits and the Maternity Benefit Act, applicable to a broader swathe of the population, came only in 1961. Both apply to the organised sector.

These Acts were to be the harbingers of a new era in industrial welfare. All these Acts focused only on women working in ‘establishments’ of a certain size and above, that is, what we call the ‘formal sector’ or the ‘organised sector’, even though the ‘informal sector’ was always much larger in India.

It is interesting to note that Tata Iron and Steel Company was one of the first private corporate sector in India to introduce schemes of maternity benefits in 1928-29. Subhas Chandra Bose as the President of Jamshedpur labour Association was the one to sign an agreement with the Company representative N B Saklatwala.

The Informal Sector

Today, more than 80 percent of the entire work force (both men and women) is in the informal sector, while taking women alone, the ratio is more than 90 percent.

³ The seven legislation relating to crèches include– Factories Act 1948; Plantation Labour Act 1951; Mines Act 1952; Beedi and Cigar Workers Act 1966; Contract Labour (Regulation and Abolition) Act 1970; Inter-state migrant Workers Act 1980; Building and Construction Workers Act 1966.

Table 2.1: Distribution of Informal and Formal Sector Workers by Sector and Sex, 2004-05 (in percentage)

Overall work force	Informal sector			Formal sector		
	Male	Female	Total	Male	Female	Total
Rural India	90.34	94.50	91.84	9.66	5.50	8.16
Urban India	68.52	75.5	69.77	31.48	25.5	30.23
All India	83.96	91.26	86.32	16.04	8.74	13.68

Source: Computed from NSSO (2004-05), 61st Round Survey on Employment-Unemployment.

This entire informal sector, which today accounts for most of the poor, and for most of the female work force, does not have any support for maternity. Social activists also emphasise that all poor women should be considered working women, since they contribute economically to the family, whether they earn wages or not.

New Developments and Issues

Meanwhile, during the same fifty-year period, there has been an enormous amount of research and many new discoveries about / within the whole area of women's reproductive and children's health, linking nutrition, pregnancy, and child development and casting new light on topics like low birth weight and its causes, anaemia in women, brain growth of infants, genetics, immunity to disease, breastfeeding and so on. These delineate certain "critical periods" when some interventions/inputs are desirable or essential and lack of which could be damaging. These have influenced health care practices considerably, but the implications for maternity protection have yet to be thought through in India.

Similarly, there has been a great expansion of knowledge about the economy and its different sectors, and in techniques of measurement of work, output and its value. Unfortunately, women have been seriously neglected in these calculations, not only because most of them are in the informal sector, but also because of many of them are engaged in unpaid labour either in family enterprises, or in gathering natural resources, or in activities which are classified as being in the household domain, since they cannot show direct monetary returns for this kind of activity. These contributions are never taken in to consideration while calculating the economic contribution of women thus reinforcing the invisibility of their labour. For example, the Census of 2001 registered only 25.79 percent women as being working.

Table 2.2: Work Participation Rate by Sex in India (2001)

Total/ Rural/ Urban	Persons	Males	Females
Total	39.22	51.75	25.79
Rural	41.96	52.22	31.12
Urban	32.23	50.56	11.91

Source: Census of India (2001) Office of the Registrar General, India.

*Excludes Mao Maram, Paomata and Purul sub-divisions of Senapati district of Manipur

Subsequently, in recognition of the invisibility of women's work, a conscious effort has been made to rectify the situation. Fortunately, the methodology of *Time Use Studies* points to new possibilities (Palriwala, R. and N. Neetha, 2009). Their paper makes a detailed examination of current status of problems related to enumeration of women in workforce and of schemes in support of childcare. Policies generally tend to neglect the huge investment of time that people spend on care work. Based on Time Use Studies in 1998-99, they state that, "on average men spent 36 minutes per day on unpaid care work, while women spent about 5 hours. If the average is calculated only for those who actually participate in care work, men spent 1 hour and 12 minutes on such work, while women spent 5 hours and 36 minutes, the pattern of change in the average time indicating that the proportion of men engaged in care work is small. The gendered patterns were more or less as expected. Men spent less time on unpaid care work than on paid work, while women spent much more time on it than on paid work" (ibid. 2009).

Thus, when the health of the mother and infant are taken into consideration from pregnancy to early childhood, as well as women's status as worker, as well as a mother, urgent social solutions are needed that relate to maternity entitlements. Besides, once the language of rights enters the discourse, laws and schemes must have universal applicability. All this implies an obligation to look at the vast majority of poor women in the informal sector, most of whom are extremely poor.

Policy Issues

Three main issues need to be considered and each points to different policy outcomes:

- i. If Low Birth Weight is the outcome of poor maternal nutrition, then support must be provided in the later stage of pregnancy. How can food and rest, adequate and appropriate, be provided at the right time to poor pregnant women? Is it better to provide food directly or cash? Can special foods be added on to existing food distribution programmes?
- ii. If exclusive breastfeeding is essential for infants for six months (and no other foods are to be given to the baby till that period is over), how can poor mothers be induced to stay away from work to feed the child on a round-the-clock schedule for such a long period? Can cash allowances do the job? How much should be provided? What other incentives are needed? Is monitoring possible and how? Can these two objectives be combined in one law or scheme?
- iii. While the first two issues pertain to child health and child rights, the third issue pertains to the rights of the working woman to avail support for the social business of bearing and rearing children. It needs to be noted that precisely in those countries (such as the Scandinavian ones) that both place a premium on promoting child birth and where women play a major and recognised role in the economy do the most liberal maternity benefit laws exist.

The Present Provisions in India

The Maternity Benefit Act of India (1961), following the British model, provided 12 weeks of paid leave, of which 2 to 4 weeks could be taken prior to the expected date of childbirth, for reasons of health, thus reducing the available post-partum leave to two months or a little more. At this point, protection of the health of the mother was the main justification. It also, through several amendments, gave legal assurance that the women could return to her job after leave, without fear of dismissal, transfer, or lack of promotion. Since then, some other amendments have been introduced, such as providing six week paid leave for miscarriage, pregnancy or tubectomy at the same rates, and reducing the period of employment for eligibility for maternity leave from 160 days to 80 days.

However, even this narrowly focused Act has not been effectively implemented for several reasons; while government establishments are obliged to follow the law, most in the private sector prefer to avoid it, seeing it as an unnecessary burden caused by the employment of women. Women, fearing discrimination, prefer not to ask for it, nor do Trade Unions fight for it. Sometimes, indeed, leave is given, but rarely is it paid leave. As a result, after fifty years, about 2 percent of the "eligible" women (that is those who are permanently employed) have been getting the "benefits". So even the group the Act targeted has not benefited much. Meanwhile, the entire informal sector, which today accounts for about 91 percent of the female work force, does not have any support for maternity.

The Tamil Nadu Story

Meeting the challenge, the Tamil Nadu Government, has built up a long tradition during the 40 year post-Congress regime of the Dravida parties of welfare measures for the needy, and has maintained a focus on the social sector. These include scholarships for girls and Dalit students, pensions for widows and old people, marriage support and grants for inter-caste marriages and many more, including of course the "jewel in the crown", the Midday Meal Scheme. The first attempt to enter the informal sector with support for maternity came in 1987, when Tamil Nadu launched a modest Childbirth Assistance scheme in the name of Dr. Muthulakshmi Reddy. It was soon followed by a clutch of States (including Andhra Pradesh, Gujarat and Haryana) and to begin with, Rs.300/- was offered, one-time, to cover the expenses of childbirth. In 1995 the amount was raised to Rs 500/- to encourage more takers, and in 1996 was made payable in a single instalment at childbirth to reduce administrative difficulties. A study conducted in 1995 showed that the uptake of this scheme was low (Narayanan, R. 1997).

Table 2.3: Utilisation of the Scheme (N = 370)

Eligible	Aware	Applied	Partially received	Fully received
370	185	114	34	20

Source: Narayanan, R. 1997

This was partly due to lack of awareness, but also due to delays, the need for repeated visits and paperwork, transport expenses and corruption. Many of the women questioned actually said the small amount received (average Rs.200) was not worth the trouble of getting it, and that too sometimes months after the childbirth.

Current Situation

A year later, in 1995-96 the Central Government adopted the model, calling it the National Maternity Benefit Scheme (NMBS), again with a similar paltry one-time payment of Rs. 500/- eight to twelve weeks prior to delivery, that was hardly enough for immediate expenses. Later in 2005 the scheme was subsumed into the Janani Suraksha Yojana (JSY) or Maternal Protection Scheme. The JSY had a clear health objective, as the payment was conditional on an institutional delivery, and aimed, by that method, to promote safe childbirth and reduce maternal and neonatal mortality, especially in those States where the levels of institutional delivery are very low. In fact, it had to be argued through the Supreme Court Right to Food Case that the NMBS be protected to ensure that Rs 500 be given to every BPL woman for nutrition during pregnancy regardless of her place of delivery and that this amount be considered separate from the JSY amount which was an incentive for institutional delivery. Confusions between the NMBS and JSY have hindered any monitoring of the NMBS at state level.

Increasing the gross inequity still further, the Sixth Pay Commission in 2008 has given as maternity benefit, a generous allowance of 180 days of maternity leave on full pay, (as opposed to the present 135 days) further extendable for a period of up to two years as part of maternity entitlements. In addition two years child care leave is granted to women employees having minor children (see box). This privilege has been given, not indeed for all workers in the organised sector, nor even to all government employees, but only to employees of the Central Government, thus conferring upon a minuscule fragment of women, an "island within an island" of privilege (Swaminathan, M. 2009).

Recommendations: Sixth Pay Commission

- The existing ceiling of 135 days **Maternity Leave** provided in Rule 43(1) of Central Civil Services (Leave) Rules, 1972 shall be enhanced to 180 days.
- Leave of the kind due and admissible (including commuted leave for a period not exceeding 60 days and leave not due) that can be granted in continuation with **Maternity Leave** provided in Rule 43(4)(b) shall be increased to 2 years.
- Women employees having minor children may be granted **Child Care Leave** by an authority competent to grant leave, for a maximum period of two years (i.e. 730 days) during their entire service for taking care of upto two children whether for rearing or to look after any of their needs like examination, sickness etc. **Child Care Leave** shall not be admissible if the child is eighteen years of

age or older. During the period of such leave, the women employees shall be paid leave salary equal to the pay drawn immediately before proceeding on leave. It may be availed of in more than one spell. Child Care Leave shall not be debited against the leave account. Child Care Leave may also be allowed for the third year as leave not due (without production of medical certificate). It may be combined with leave of the kind due and admissible.

Source: GOI (2008), *Sixth Central Pay Commission*, Ministry of Finance. Available at <http://india.gov.in/govt/paycommission.php> (Accessed: 15th March 2010)

Dr. Muthulakshmi Maternity Assistance Scheme (DMMAS), 2006

Adopting an Integrated Approach

It is only in its latest version of 2006 that the DMMAS was modified sufficiently to qualify as a maternity support scheme and not as one-time child birth support. The scheme was to provide Rs.6000/- spread over two instalments. The amount has obviously been chosen arbitrarily, without reference to prevailing wages, which, if taken as the basis for calculation would point to a far higher sum. At first the scheme was intended only for agricultural labour in rural areas, but after protests from urban groups, was modified to include all women below the poverty line. To begin with, it was to be paid in six monthly instalments of Rs.1,000/- each; then that was found too cumbersome administratively and it was altered to two 3-monthly instalments, one in the seventh month of pregnancy for registered mothers and the second after childbirth. Thus, the scheme has already tried to include two objectives, one of providing additional income for nutrition during pregnancy and the other of partial wage compensation for three months after childbirth.

Thus the scheme states its aim as:

“Financial assistance of to Rs. 3000 before delivery and Rs. 3000 after delivery is provided to poor pregnant women, to compensate their loss of income during the delivery period and for consuming nutritious diet so that they give birth to a healthy child. This financial assistance is provided only for two deliveries.” (Government of Tamil Nadu, 2008; translated from Tamil)

Regrettably, since 2009, it has again gone back to being paid only in one instalment, after childbirth, thus subverting one of the original objectives of nutritional support during the last phase of pregnancy.

Selection criteria are stated as follows:

- Application form should not be issued in case the annual income of the pregnant women is more than Rs. 12,000 per annum
- Those who are living in thatched huts; daily waged labourers

- Those who are living in small tiled houses
- Those who are living in small rented houses under poverty conditions
- Landless poor
- Those who own small amount of dry / unirrigated lands yielding meagre income
- Those who are so poor as not to be able to send their children to school and send them to work
- Those who are so poor as not to afford three square meals.
- Those whose head of family go for seasonal labour work in outstations and support the family
- Poor families headed by women due to inability of the husband to earn.

The following are debarred:

- Families of those who have regular income (Large private sector organisations, Government organisations, Government companies, private schools, etc.)
- Those who own motor bike, car, tractor, minitar (*sic*), auto, lorry, etc.
- Those who own comfortable houses
- Those who are doing business with good income and are well off.
- Those who have telephone connections

Innovative Solutions and Specificities

An interesting aspect of this scheme is the way it has sought to meet the challenge of the informal sector. Instead of trying to define the potential beneficiaries in terms of their work status and employment, it goes by another route and defines them by relative poverty. It has also bypassed the usual income definition, in money terms, which is notoriously hard to capture, and goes by several other indicators such as the kind of house occupied, whether husband and/or wife are daily labourers, the ownership of household assets, type of transport used and so on which can be observed and checked more easily. Thus, the scheme is fairly realistic and open in defining ‘poverty’ and applies little conditionality apart from being for the first two children only.

Financial Outlay

An amount of Rs.100.00 crores was sanctioned for implementing the scheme in 2006-07. So far an amount of Rs.723.69 crores has been disbursed to 14, 65,845 pregnant women (Government of Tamil Nadu, 2009-10).

Table 2.4: Year wise fund allocation and women/mothers who received financial assistance

Year	Fund Sanctioned (in crores)	Total number of women/mothers who benefit	Average number of women / day	Average per woman/mother (in Rs.)
2006-07	Rs. 100	241095	661	4148
2007-08	Rs. 300	679831	1863	4413
2008-09	Rs. 350	579821	1589	6036

Source: Government of Tamil Nadu (2008-09), Annual Public Health Administration Report 2008-09, Department of Public Health and Preventive Medicine, Chennai.

Table 2.5: DMMAS, 2008-09 (for the two study districts)

S. No.	Name of District	No. of women benefiting	Amount allotted (in Rs.)	Amount disbursed (in Rs.)	Average per woman (Amount disbursed/No. of women who received financial assistance) in Rs.
1.	Dharmapuri	18626	11,22,53,000	11,17,53,000	6000
2.	Kancheepuram	9460	5,81,61,000	5,81,37,000	6145
	Total for all districts	574395	3,50,00,00,000	3,46,69,06,000	6035

Source: Government of Tamil Nadu (2008-09), Annual Public Health Administration Report 2008-09, Department of Public Health and Preventive Medicine, Chennai.

Some Contradictions

During the year 2008-09 a sum of Rs. 350 crores was allotted to the DMMAS. The scheme benefited 5, 74,395 women which is 46 percent of total deliveries⁴ in the State of Tamil Nadu.⁵ The number of live births occurring below poverty line is less than the number of women benefiting from the scheme. However, this calculation is merely indicative and there may be a possibility that the poorest might still be excluded while benefitting more middle and upper income households.

The government 'Form 2' that relates to complaints of irregularities in identifying women/mothers uses BPL as the regular way of identifying them; non BPL is seen as an 'irregularity.'

However, it is noteworthy that it does not see a role for itself either in the promotion of breast feeding or in wage compensation following delivery.

Towards Universal Maternity Entitlements

The implementational approach taken by the DMMAS paves the way for universal maternity entitlements, since obviously the needs of the poorest section of the population deserve priority attention, while the better-off may be brought in later and may need only partial support.

⁴ The total number of live births for Tamil Nadu is 12, 49,326 lakh births for the year 2008-2009 (Government of Tamil Nadu, 2009).

⁵ The latest estimates of poverty for Tamil Nadu given in Tamil Nadu government Annual report for 2008-09, states that 32.1 per cent of the State's population lives below the poverty line (Government of Tamil Nadu, 2009).

Such a plan for universal maternity entitlements has indeed been developed on a four-tier basis by the Second National Labour Commission (2002) which made a thorough study of the issue. In their proposal they suggest four levels: a) the lowest level, for the destitute and those with no visible source of income; b) the second level for women who are working but where the employer cannot be identified or who are self-employed, c) the third level, where both workers and employers can be clearly identified and the fourth and highest level for voluntary participation. The first two levels are to be funded entirely by the State, which may draw upon additional resources like a labour cess or tax-exempt donations to build up the Fund; the third is to be with the contribution of both employers and employees but without attempting to put the entire burden on either; and the last is intended for the better-off sections who can voluntarily contribute to something like an insurance scheme. This innovative scheme, which can be put in place step by step, has unfortunately received no publicity or attention from the authorities, illustrating the neglect of women's issues.

Indira Gandhi Matritava Sahyog Yojana

Currently, a scheme is being proposed for implementation by the Ministry of Women and Child Development; the Conditional Maternity Benefits Scheme (Indira Gandhi Matritava Sahyog Yojana). This scheme is to be piloted in 95 districts and Rs 4,500 Crores has been allocated for the purpose. It applies to pregnant women of 19 years of age and above for first two live births and its objectives are to improve the health and nutrition status of pregnant, lactating women and infants by:

- promoting appropriate practices, care and service utilisation during pregnancy, safe delivery and lactation,
- encouraging the women to follow (optimal) Infant and Young Child Feeding (IYCF) practices including early and exclusive breast feeding for six months,
- contributing to better enabling environment by providing cash incentives for improved health and nutrition to pregnant and nursing mothers.

Notably, only health-related objectives are mentioned, and not labour-related, or wage compensation.

It will provide Rs 4000 to eligible women (over and above JSY incentives), that is less than the amount provided by DMMAS, in three instalments conditional upon utilisation of ANC and immunisation of the child. The scheme has been welcomed but has given rise to various questions and debates leading to the following recommendations by health and nutrition activists (Letter from WGPU6 to Secretary, Ministry of Women and Child Development, 2009):

“Conditionalities: Conditional cash transfers (CCTs) are most effective where 'supply side' problems have already been taken care of. The persons who most need CCTs are also the most likely to face supply side issues. We are concerned

that the conditionalities are attached to services such as immunisation which may not even exist in the neediest areas since coverage is still quite deficient, specially in tribal and other difficult – to reach areas. Thus we would recommend that conditionalities be removed for now and the cash be transferred with an intensive focus on behaviour change communication for IYCF (breastfeeding and nutritional counselling) with adequate training of the AWW and helper to deliver the same.

Age Eligibility Criteria: The age of 19 years should not be kept as a criterion for eligibility since the children of underage mothers are more prone to Low Birth Weight and malnutrition. This is also part of the Supreme Court order dated 20th of November 2007 on National Maternity Benefit Scheme stating that benefits will be given “irrespective of number of children and the age of the women”.

Wage Compensation: The amount should be increased to 6 months of compensation at atleast minimum wage to make it more equitable with what women in the organised sector receive as maternity benefits.”

These recommendations, in turn, fail to specifically demand wage compensation for a period of six months *following delivery* in addition to a period during late pregnancy.

The proposal for introducing the pilot IGMSY makes it even more urgent that the experience of the DMMAS be understood, documented, analysed and used for better scale – up of maternity entitlements especially in terms of balancing the administrative requirements with the objectives, and adhering to judgments and court orders.

The present study is expected to throw light on some of these issues and point the way forward in order to be able to achieve all the objectives of maternity entitlements; namely to enable rest and nutrition of the woman during late pregnancy and the post natal period, prevention of low birth weight, and care and exclusive breast feeding of the newborn child for the first six months, with wage compensation at the prevailing minimum wage.

The following sections give the findings from the field study and discuss some of the key findings. The final section gives the recommendations.

Data and Findings

The data is presented in three sections relating to A) women/mothers who have received financial assistance B) VHNs/ANMs and C) AWWs

A. Response from women/mothers receiving financial assistance from DMMAS

Demographic Profile of Respondents

Among the respondents, 72 percent of the women were in the age group of 18- 25 years out of which 50 percent are between 22-25 years. Another 25 percent were between 26-30 years.

Forty four percent of the respondents were from the *most backward classes*, 30 percent of the total were *Scheduled Castes* and 24 percent were *backward castes*. 64 percent of the *most backward classes* in the sample were from the rural area. 90 percent of the sample mothers were Hindus, 6 percent Christians and remaining were Muslims.

Seventeen percent had qualified Class 10th and 16.5 percent were qualified till Class 9th. Only around 4 percent who had studied beyond 12th. 11 percent had never gone to school and 25 percent studied till seventh class or below.

Table 3.1: Educational Qualification of Respondents

Educational Qualification	No. of women	Percentage
Not gone to school	23	11.11
Below 5th class	13	6.28
5 th class	14	6.76
6 th to 7 th	25	12.08
8 th class	28	13.53
9 th class	34	16.43
10 th class	35	16.91
Plus 1	2	0.97
Plus 2	25	12.08
More than plus 2	8	3.86
Total	207	100

Ninety three percent of the spouses of the women respondents were in the unorganised sector. Only 6 percent were employed in the organised sector and 1 percent unemployed.