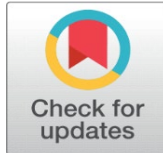# EVALUATING THE IMPACT OF GOVERNMENT POLICY ON MATERNAL HEALTH: A STUDY OF PRADHAN MANTRI MATRU VANDANA YOJANA IN DAKSHIN BIDYANAGAR VILLAGE OF HOJAI DISTRICT, ASSAM

K. Mohima Singha1, DR. Barnali Hazarika2

ABSTRACT

The Pradhan Mantri Matru Vandana Yojana (PMMVY) is a flagship maternity benefit program launched by the Government of India in 2017. Its primary objective is to provide financial assistance to pregnant and lactating women, aiming to improve their overall health and nutritional status. This initiative plays a pivotal role in enhancing maternal health and promoting the well-being of both mothers and newborns across India. Despite the program's potential, several factors influence the accessibility and utilization of PMMVY benefits. Understanding these determinants is crucial for maximizing the scheme's reach among eligible beneficiaries. Variables such as age, education, awareness, the application process, and socioeconomic conditions are key in determining how effectively the program's benefits are accessed. Each of these factors can either facilitate or obstruct the successful implementation of PMMVY. The study tries to examines the effect of the independent variables like age, education, and awareness on the benefits of PMMVY scheme. It also explores the potential association between PMMVY beneficiaries and their preferred place of delivery. Additionally, the paper analyzes obstacles in availing PMMVY benefits and proposes measures to overcome these challenges.

Keywords: Maternal Health, Pregnancy, PMMVY, Healthcare Access, Maternal Benefit.

1. INTRODUCTION

Maternal health refers to the health of women during pregnancy, childbirth, and the postpartum period. It encompasses a broad range of healthcare services and interventions aimed at ensuring the well-being of both the mother and the child. Maternal health is a critical aspect of public health as it directly influences the survival and development of newborns and contributes to the overall health of the family and community. The key components of maternal health are a) Antenatal care (ANC) that refers to the regular medical check-ups and health monitoring a woman receives during pregnancy. It helps detect potential health issues early and ensures that both the mother and baby are healthy, routine antenatal visits include screenings for anaemia, gestational diabetes, infections, and monitoring the baby's growth and development, proper nutrition, vaccination, and supplements like iron and folic acid are provided during ANC to prevent complications like anaemia and neural tube defects. b) safe delivery: ensuring a safe delivery is essential to reduce maternal and infant mortality. The presence of skilled healthcare professionals during childbirth can significantly reduce risks related to complications like obstructed labour, haemorrhage, or infection, institutional deliveries (in hospitals or health centres) are promoted to ensure that mothers have access to emergency care, surgical intervention (if necessary), and proper postnatal care. c) postnatal care (PNC): It is the care provided to mothers and their newborns immediately after birth and during the postpartum period (up to six weeks after delivery). This period is critical for detecting any

complications that may arise in both the mother and the child, such as infections, postpartum depression, or excessive bleeding. Newborn care includes ensuring proper breastfeeding, vaccinations, and monitoring the infant's growth and health. d) Nutrition: Adequate maternal nutrition is crucial for a healthy pregnancy and reduces the risk of complications like low birth weight, preterm birth, and developmental issues in the baby. During pregnancy, a balanced diet rich in essential nutrients (proteins, vitamins, minerals) is recommended, along with iron and folic acid supplements to prevent anaemia and other deficiencies. e) family planning: family planning services allow women to plan and space their pregnancies, which can help reduce the risks associated with closely spaced pregnancies or high-risk pregnancies. Access to contraceptive methods and education on reproductive health helps in managing maternal health more effectively and can reduce unintended pregnancies.

However, there are many challenges to maternal health. In many parts of the world, especially rural and low-income areas, women may face barriers in accessing quality maternal healthcare services. These barriers include distance to healthcare facilities, lack of transportation, and inadequate medical infrastructure. A shortage of trained healthcare professionals, particularly midwives, nurses, and doctors, is a common challenge in ensuring proper maternal care. Skilled birth attendants are essential for reducing complications during pregnancy and delivery. Social determinants such as poverty, education level, and cultural practices can affect maternal health. Women in certain communities may have limited autonomy over their healthcare decisions, leading to delayed care or unsafe practices during pregnancy and childbirth. Maternal mortality refers to the death of a woman due to complications from pregnancy or childbirth.

One of the targets under SDG 3 (Good Health and Well-being) is to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030. WHO provides guidelines and support to improve maternal and child health, advocating for universal access to reproductive health services, proper nutrition, and skilled care during pregnancy and childbirth. Various national programs like India's Pradhan Mantri Matru Vandana Yojana (PMMVY) aim to address maternal health challenges by providing financial support, nutrition, and healthcare services to pregnant and lactating women.

Thus, maternal health is a critical component of public health, with far-reaching implications for the health of mothers, children, and families. Addressing the challenges associated with maternal health, particularly in low-resource settings, requires concerted efforts to improve healthcare access, provide skilled care, and educate women about their health. By enhancing maternal healthcare, countries can significantly reduce maternal and infant mortality rates, contributing to healthier and more resilient societies.

The Pradhan Mantri Matru Vandana Yojana (PMMVY) is a flagship maternity benefit scheme launched by the Government of India in 2017. The primary goal of PMMVY is to provide financial assistance to pregnant and lactating women to support their health and nutrition during pregnancy and after childbirth. The scheme is designed to improve maternal and child health by encouraging safe delivery, better nutrition, and proper medical care. Under PMMVY, eligible women receive a direct cash benefit of ₹5,000 in three instalments, provided they meet specific health and documentation milestones. The First instalment of ₹1,000 is paid at early registration of pregnancy i.e. (within 150 days). The Second instalment of ₹2,000 is given after at least one antenatal check-up and the third instalment ₹2,000 is paid after childbirth registration and completion of the first cycle of vaccinations. The incentive is paid directly into the recipient's bank or post office account. The program aims to compensate for partial wage loss and encourage institutional deliveries. PMMVY is aimed primarily at women who are pregnant with their first live birth. The scheme is designed to improve health and nutritional outcomes for both the mother and the newborn, particularly during the critical stages of pregnancy and early motherhood. The main objectives of PMMVY are to reduce maternal and infant mortality by promoting institutional deliveries, improve maternal health by providing financial support for better nutrition and healthcare and ensure mothers have adequate rest and medical care during pregnancy and postpartum periods. The pregnant women and lactating mothers who are not government employees are eligible for the scheme and the financial benefit is only applicable for the first live birth, as the focus is on supporting the first-time experience of motherhood. While the PMMVY has the potential to improve maternal and child health outcomes, several challenges have been noted in its implementation. Limited awareness of the scheme, especially in rural areas, has hindered its full utilization. Complex paperwork and eligibility verification often delay or prevent women from receiving the benefits.

Women from marginalized communities or remote areas may face additional barriers in accessing healthcare services necessary for meeting the scheme's requirements. The PMMVY is a crucial step towards improving maternal health and reducing maternal and infant mortality rates in India. By addressing the gaps in the program's reach and simplifying its processes, the scheme can further enhance maternal healthcare and ensure that more women benefit from it.

2. SIGNIFICANCE OF THE STUDY

According to the World Health Organization (WHO), maternal health is important for women and their babies to reach their full potential for health and well-being. Childbirth is a critical stage in maternal health, and ensuring safe childbirth practices is essential. Postpartum care is equally important, as it focuses on the physical and emotional recovery of the mother after childbirth. The State of Assam continues to be the state with the highest MMR (195), followed by Uttar Pradesh, Uttarakhand, and Rajasthan (*Ministry of Health and Family Welfare, 2021*). The maternal mortality rate (MMR) is a measure of the number of women who die during pregnancy, childbirth, or within 42 days of termination of pregnancy, per 100,000 live births. It is a key indicator of the health and well-being of women and their access to quality healthcare (*World Health Organization).*

Research on the Pradhan Mantri Matru Vandana Yojana (PMMVY) is highly significant for several reasons, as it provides insights into the effectiveness, challenges, and opportunities of the scheme, helping policymakers improve maternal and child health outcomes in India. By studying the impact of the financial assistance provided, research can shed light on how the cash incentive influences maternal health practices, nutrition, and antenatal care uptake among beneficiaries. It helps in assessing accessibility and utilization. The research would highlight whether the benefits of PMMVY are reaching the target population, particularly in rural and marginalized communities where access to healthcare services may be limited. It can reveal disparities in the utilization of the scheme based on factors like age, education, geographic location, and socioeconomic status. This allows for a better understanding of the barriers preventing eligible women from accessing the scheme and how to address them.

Such a study would help in identifying implementation challenges as PMMVY involves multiple processes, including health checkups, documentation, and registration. Research can identify implementation challenges such as delays in payment, bureaucratic hurdles, and a lack of awareness about the scheme. Understanding these challenges would enable the government to streamline processes, improve the delivery system, and make the scheme more accessible and user-friendly. Such research further helps assess the broader impact of PMMVY on infant health, particularly in terms of promoting institutional deliveries and improving postnatal care. By focusing on the child's birth registration and early vaccination milestones required by the scheme, studies can reveal whether PMMVY contributes to reducing infant mortality and morbidity. Moreover, the financial assistance provided under PMMVY can have broader economic implications, particularly for women from low-income families. Research can explore how this assistance affects household spending on healthcare, nutrition, and well-being during pregnancy and postpartum periods. Socially, the scheme can empower women by improving their autonomy and decision-making regarding their health and pregnancies. Research on the scheme can explore how receiving financial aid influences the status of women within their families and communities. Further findings from research on PMMVY can inform future policy decisions by providing data-driven insights into which aspects of the scheme are working well and which require improvement. It can lead to the identification of best practices and innovative solutions that can be replicated in other maternal health programs, helping the government refine the scheme for greater impact. Also, that such type of research acts as a tool for monitoring the effectiveness and accountability of government spending on maternal health. It ensures that public funds are being used efficiently and achieving the intended outcomes. Periodic research helps track the progress of the scheme over time, making it easier to adjust strategies and allocate resources to areas where the program is lagging.

India has committed to reducing maternal and infant mortality as part of the Sustainable Development Goals (SDGs). Research on PMMVY helps measure the country's progress toward achieving SDG 3, which focuses on ensuring healthy lives and promoting well-being for all, particularly by reducing maternal mortality to less than 70 per 100,000 live births. Insights from PMMVY research can also be shared globally, contributing to international discussions on maternal health and poverty reduction. Such kinds of research can reveal whether PMMVY is reaching women from vulnerable populations, such as those in remote or tribal areas, or women from disadvantaged socioeconomic backgrounds. Understanding whether the scheme promotes equitable access to maternal healthcare services can help ensure that no

group is left behind, fostering greater social inclusion. In other words, research on Pradhan Mantri Matru Vandana Yojana (PMMVY) is essential for evaluating its impact on maternal and infant health, identifying barriers to its successful implementation, and enhancing its design for greater inclusivity and effectiveness. By providing evidence-based insights, research helps the government refine the scheme, ensure efficient resource allocation, and contribute to broader goals of reducing maternal mortality and improving public health.

The following study is an attempt to evaluate the Impact Pradhan Mantri Matru Vandana Yojana, a Govt. of India flagship maternity benefit programme on the PMMVY beneficiaries residing in a village named Dakshin Bidyanagar in the district of Hojai, Assam. An attempt has also been made to discuss the obstacles and suggestions in availing PMMVY scheme.

A study on the Pradhan Mantri Matru Vandana Yojana (PMMVY) is essential as it allows us to evaluate the scheme's effectiveness in reaching its target population. It also provides an opportunity to analyze the economic impact on beneficiary households, specifically assessing whether the financial assistance is being used for its intended purposes, such as improving nutrition and accessing healthcare. Moreover, the study can offer valuable insights for policy adjustments, identifying areas where the PMMVY may need modifications to enhance its efficiency. It will also shed light on any challenges faced during the scheme's implementation, such as gaps in awareness or issues with the disbursement of funds.

3. OBJECTIVES OF THE STUDY
1. To analyze the impact of the variables like age, education, and awareness on the PMMVY beneficiaries.
2. To evaluate the health-seeking behaviour of PMMVY beneficiaries.
3. To assess the barriers to accessing the benefits of PMMVY.
4. To propose strategies for overcoming the challenges faced in availing PMMVY benefits.

4. HYPOTHESES OF THE STUDY
For Objective no1
$H_0 1$: There is no significant impact of education, age and awareness of PMMVY on the beneficiaries.
$H_0 2$: There is no significant impact of age on PMMVY beneficiaries.
$H_0 3$: There is no significant impact of awareness on PMMVY beneficiaries.

For Objective no 2
H_0: There is no significant association between being a beneficiary of PMMVY and preferred place of delivery.

5. METHODOLOGY
LOCALE OF THE STUDY
Hojai was officially declared a district in Assam on August 15, 2015, with an area of 1,456 square kilometers and a population density of 639.6 people per square kilometer. The district's headquarters is the municipal town of Hojai, with the administrative center located at Sankardev Nagar. Hojai district was formed by merging three revenue circles from the former Nagaon district: Hojai, Doboka, and Lanka. The district comprises three legislative assembly constituencies—Jamunamukh, Hojai, and Lumding—and falls under the Nowgong Lok Sabha constituency. Hojai district is divided into five blocks: Binakandi, Jugijan, Dhalpukhuri, Udali, and Lumding. Among these, the Jugijan block was randomly selected for the study, and Dakshin Bidyanagar village, one of the 98 villages in the block, was purposively chosen for the survey. This village is located 1.5 km from Hojai Civil Hospital and 5.4 km from HAMM Hospital, a private healthcare facility in Hojai. Several other private healthcare centers are also situated within 1.5 km of the village. According to the 2011 census, Dakshin Bidyanagar has a population of 3,250, with a sex ratio of 969 females per 1,000 males, higher than Assam's state average of 958 females per 1,000 males. The village also boasts a higher literacy rate of 83.78%, surpassing Assam's literacy rate of 72.19%. The Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme was launched in Dakshin Bidyanagar during its nationwide rollout in 2017, providing vital financial assistance to pregnant women and lactating mothers to improve their health and nutrition. The village's characteristics make it an ideal setting for the study, as the presence of PMMVY beneficiaries, along with local factors like infrastructure, healthcare access, and cultural norms, is expected to significantly influence the research outcomes

6. CONCEPTUAL FRAMEWORK

In this analysis, the beneficiary status under PMMVY serves as the dependent variable, while education level, age, and awareness of the PMMVY program are treated as independent variables. Educational qualification is defined as the formal acquisition of knowledge, skills, and competencies as recognized by an educational institution across different schooling levels. In this study, the scope of education ranges from being a literate to graduation, with stages including lower primary, upper primary, HSLC (High School Leaving Certificate), HS (Higher Secondary), and graduation.

The preferred place of delivery refers to the choice of location where an expecting mother opts to give birth, influenced by factors such as accessibility, perceived quality of care, cost, and cultural or personal preferences. In this study, the place of delivery is limited to two categories: public healthcare and private healthcare. Public healthcare refers to government-run facilities that offer basic maternity and childbirth services at little to no cost, while private healthcare refers to privately owned facilities known for their perceived superior quality of care, better infrastructure, more personalized services, and specialized medical staff.

7. DATA SOURCE AND STATISTICAL TOOLS

The present study is both analytical and descriptive in nature, utilizing both primary and secondary data. Primary data were gathered from 178 women through a structured questionnaire, while secondary data were sourced from various government websites where both published and unpublished data were considered. (Data for these variables were collected over a period of five years i.e. 2019 to 2023). The village for the survey was selected purposively to assess the extent to which the PMMVY benefits are influenced by three independent variables—age, education level of the applicant, and awareness of PMMVY.

To evaluate whether the collected data adequately explains the dependent variable, a multiple regression analysis has been conducted. Additionally, a chi-square test which is useful in determining whether there is a significant association between their healthcare choices and the scheme's objectives has been employed to assess whether PMMVY beneficiaries are more likely to opt for public or private health care. Given that PMMVY beneficiaries typically come from economically disadvantaged backgrounds, they are generally expected to utilize public healthcare services. The chi-square test helps assess whether this expectation aligns with their actual behavior, highlighting any deviations from the intended use of public healthcare services

The data were analysed using SPSS, with the dependent variable regressed against the predictor variables such as: age, education, and awareness of PMMVY. The study conducted an analysis of variance (ANOVA) to assess the significance of the model and to evaluate whether all independent variables were significant predictors of the dependent variable.

8. RESULTS AND DISCUSSION

The following tables gives an analysis of the impact of the variables like age, education and awareness on PMMVY beneficiaries (Objective 1 of the study). The dependent variable i.e. the chance of getting benefitted from PMMVY was regressed on predicting variables of age, education, and awareness of PMMVY. The F statistic was found to be $F_{(3,175)}$ = 5254, P<0.01, which indicates that the independent variables significantly impact the dependent variable. Moreover, the R^2 = 0.989 indicates that the model explains 98.9% of the variance in the dependent variable.

Table:1

ANOVAᵇ						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	5160.927	3	1720.309	5.254E3	.000ᵃ
	Residual	57.296	175	.327		
	Total	5218.223	178			
a. Predictors: (constant), PMMVYAWAREID, EDUCATIONID, AGE						
b. Dependen t Variable: PMMVYBENIFICIARYID						

Table: 2

Model Summary[b]									
Model	R	R Square	Adjusted R Square	Standard . Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.994[a]	.989	.989	.572	.989	5254.367	3	175	.000
a. Predictors: constant, PMMVYWAREID, EDUCATIONID, AGE									
b. Dependent Variable: PMMVYBENIFICIARYID									

Additionally, the coefficients were further assessed to ascertain the influence of each of the factors on the dependent variable. The results revealed that education does not have a significant impact on the dependent variable (B=-0.59, t=-1.331, p=0.185). Hence, $H_0 1$ was supported.

The results revealed that age does not have a significant impact on the dependent variable (B = 0.002, t = 0.146, p = 0.884). Hence, $H_0 2$ was supported.

The results revealed that awareness of PMMVY has a significant impact on the dependent variable (B = 1.413, t = 125.118, p = 0.000). Hence, $H_0 3$ was not supported, which indicates that awareness of PMMVY impacts the dependent variable.
RESULTS (The results are presented in tables 3 and 4)

Table:3

Hypotheses	Regression weights	B	T	P-value	Results
$H_0 1$	ED→BPM	-0.59	-1.331	0.185	Supported
$H_0 2$	AG→BPM	0.002	0.146	0.884	Supported
$H_0 3$	AWP→BPM	1.413	125.118	0.000	Not Supported

Note: ED: education, AG: age, AWP: awareness of PMMVY, BPM: benefit from PMMVY

Table: 4

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	-1.050	.275		-3.821	.000
	EDUCATIONID	-.059	.044	-.012	-1.331	.185
	AGE	.002	.011	.001	.146	.884
	PMMVYWAREID	1.413	.011	.994	125.188	.000
a. Dependent Variable: PMMVYBENIFICIARYID						

Based on the coefficients, we obtain the following regression equation:
$Y = -1.050 - 0.059x_1 + 0.002x_2 + +1.413x_3$
Where x_1=education, x_2=age, x_3=awareness of PMMVY

On one hand, it is observed that educational qualification does not have a significant impact on the outcomes for PMMVY beneficiaries, while awareness does. However, it is often assumed that educated individuals are generally more aware. This raises an important question: is the awareness being measured in depth or is it merely superficial? The concern is whether those who are considered 'aware' of the scheme genuinely understand its full implications, or if their awareness is limited to a surface-level understanding.

9. ASSOCIATION BETWEEN PMMVY BENEFICIARY AND PREFERRED PLACE OF DELIVERY
The paper also tries to examine if there is any association between a beneficiary of PMMVY and their preferred place of delivery (objective no.2 of the study)

Chi-square statistics were used to examine the association between categorical variables (PMMVY beneficiary and preferred place of delivery). The results revealed that there is no significant association between PMMVY beneficiary and preferred place of delivery at 5% significance level ($\chi 2$ = 2.064, df = 1, p = 0.151) -*Annexure:3*

The study found that many PMMVY beneficiaries deliver their children in private hospitals, which is far more expensive. Since PMMVY is designed to support financially poor women, the fact that a significant number of beneficiaries are opting for private healthcare raises a critical concern whether the rightful beneficiaries are truly being reached and supported by the scheme, or if there a possibility that those who do not fully meet the eligibility criteria are benefiting instead.

Table:3

Chi-Square Test						
	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	2.064[a]	1	.151	.171	.099	
Continuity Correction[b]	1.649	1	.199			
Likelihood Ratio	2.073	1	.150	.171	.099	
Fisher's Exact Test				.171	.099	
Linear-by-Linear Association	2.052[c]	1	.152	.171	.099	.044
N of Valid Cases	178					
a. 0 cells (.0%) have an expected count less than 5. The minimum expected count is 33.71.						
b. Computed only for a 2x2 table						
The standardized statistic is 1.433.						
d. For 2x2 crosstabulation, exact results are provided instead of Monte Carlo results.						

10. CHALLANGES FACED BY THE BENEFICIARIES

Awareness is critical to the effective implementation of any scheme. Without a clear understanding of its objectives, benefits, and procedures, achieving the desired outcomes becomes difficult. Among the 178 women surveyed, 135 were aware of the PMMVY scheme, while the remaining were not. According to Anganwadi workers, one significant issue hindering access to PMMVY benefits is the change in a mother's name after marriage. If there is a discrepancy between the names on her documents during the verification process, she may be unable to receive the benefits. Updating official documents, such as voter ID and Aadhaar card, after marriage can be a lengthy process, often requiring proof of marriage and other supporting documents.

Additionally, the Anganwadi workers highlighted another challenge related to residence. Women living in rented houses may also face difficulties accessing the scheme, as their residential addresses may have changed over time. In several cases, the address listed on a woman's identity documents did not match the address linked to her bank account, as the documents were created while residing in different locations. This mismatch of addresses presents yet another obstacle to availing PMMVY benefits. Another obstruction is absence of bank account in the names of the women. Most of the households had male members as the account holders.

11. SUGGESTIONS

Lack of awareness is a major factor contributing to the failure of the PMMVY programme. The following suggestions are forwarded to raise awareness among women.

Campaigns: Grassroot campaigns should be initiated by engaging local leaders, self-help groups, and community health workers. These groups can conduct door-to-door visits, hold community meetings, and leverage local gatherings to educate women about the scheme. Also, Mass media campaigns in local languages and dialects for better understanding should be given emphasis. Use of loudspeakers can be made to disseminate information about PMMVY.

Village panchayat meetings: Village panchayats should be actively involved in promoting awareness. Panchayat meetings and gram sabhas can serve as platforms to share information about the scheme. Additionally, cultural events, fairs (melas), and local festivals, which attract large crowds, can be used to further promote PMMVY.

Close observation/Monitoring: The PMMVY scheme is designed to support pregnant women from economically disadvantaged backgrounds, yet data shows that over 50% of beneficiaries are delivering their children in private

hospitals. This trend suggests that stricter monitoring of the registration and verification process is needed to ensure that the scheme benefits its intended low-income recipients.

The data also shows that out of 134 women who applied for PMMVY benefits, 75 successfully received them, while 59 could not. Several factors may contribute to this failure, including:

Mismatch of personal details on documents: Discrepancies in personal information across different documents often create issues during the verification process. These mismatches can arise due to name changes after marriage or formatting differences across various agencies. To address this, it is essential to provide sufficient time for individuals to correct these discrepancies before the verification process. The discrepancies are usually found in the following parameters

Age: Current PMVY regulations require beneficiaries to be at least 19 years old at the time of their first live birth, likely to discourage child marriage and teenage pregnancies. However, women who marry and become pregnant before 18 are among the most vulnerable, often lacking access to education, healthcare, and economic opportunities. For these women, PMMVY support is critical for their well-being and that of their children.

Residence-related issues: Anganwadi workers highlighted that women living in rented homes also struggle to access the scheme, as their residential addresses may change over time. In many cases, the address listed on identity documents does not match the one on bank account details, as the documents were created while residing in different locations. To resolve this issue, address proof requirements should be made more flexible, allowing multiple forms of address verification, such as current rental agreements or certificates from local authorities.

Disbursement timing: To ensure the PMMVY scheme operates effectively, pregnant women should receive the necessary supplements during pregnancy to support their health and that of their unborn child. Moreover, the cash incentive provided under the scheme should be disbursed at the time of delivery, ensuring the funds are used specifically for delivery-related expenses, thus contributing to a safer and healthier childbirth experience.

12. CONCLUSION

Our study of a sample of 178 women shows that 75% of the participants are aware of the PMMVY scheme, while 25% are not. Among the 135 women who applied for the scheme, only 55% were able to receive the benefits. The success of the scheme's implementation is influenced by factors such as the applicants' age, education level, and awareness of the program. In our analysis, where the dependent variable was regressed on these predictors, we found that age and education level did not significantly impact the dependent variable. However, awareness of the scheme had a notable and significant influence. Additionally, the study found no significant association between being a PMMVY beneficiary and the women's health-seeking behavior.

ACKNOWLEDGEMENTS

CONFLICT OF INTEREST

The authors declare no conflict of interest between them.

REFERENCES

Admute, A. & Symbiosis College of Nursing (SCON). Symbiosis International (Deemed University) SIU, Pune. (2023). Knowledge of antenatal women regarding Pradhan Mantri Matritva Vandana Yojana. In *Journal of Survey in Fisheries Sciences* (Vol. 10, Issue 2S, pp. 1982–1988).

Basu, K., Roy, R., Neogi, S., Gautam, A., Rupsha Mitra and Vivek U. Padvetnaya, & Ajay Gautam. (2020). JINDAL JOURNAL OF PUBLIC POLICY. In Indranil and Shraman Banerjee (Ed.), *JINDAL JOURNAL OF PUBLIC POLICY* (Vol. 4, Issue 1).

Bordoloi, R., & Baruah, M. (2020). Maternal Mortality Rates and Health Status of Women: A Block Level Study in Hojai District of Assam. *International Journal of Scientific and Research Publications*, *10*(11), 55–65. https://doi.org/10.29322/ijsrp.10.11.2020.p10707

Dr`Eze, J., Khera, R., Somanchi, A., Department of Economics, Ranchi University, Indian Institute of Technology, Delhi, Kanika Sharma, Chaupal in Ambikapur, Sanjana Patro, Shyamasree Dasgupta, Sachin Jain, Rajkishor Mishra,

Sangeeta Sahu, Sulakshana Nandi, Gangaram Paikra, Aarushi Kalra, & Aditi Priya. (2021). *Maternity Entitlements in India: Women's Rights Derailed*.

Gopalakrishnan, S., Eashwar, V. M. A., & Muthulakshmi, M. (2019). Health-seeking behaviour among antenatal and postnatal rural women in Kancheepuram District of Tamil Nadu: A cross-sectional Study. *Journal of Family Medicine and Primary Care*, *8*(3), 1035. https://doi.org/10.4103/jfmpc.jfmpc_323_18

Ravitch, S. M., Riggan, M., & SAGE Publications, Inc. (2021). CHAPTER TWO CHAPTER OVERVIEW AND GOALS. In *CONCEPTUAL FRAMEWORKS IN RESEARCH* (pp. 32–34). https://us.sagepub.com/sites/default/files/upmassets/110533_book_item_110533.pdf

Sekher, T. V., & Alagarajan, M. (2019). *Concurrent Monitoring and Process Review of the Pradhan Mantri Matru Vandana Yojana (PMMVY) in Assam, Bihar and Maharashtra* (By UNICEF – India, NITI Aayog, & International Institute for Population Sciences (IIPS)).

Sinha, A. R. & Department of Humanities & Social Sciences National Institute of Technology Patna. (2022). Impact of maternity benefit schemes on maternal & child health, with special reference to Bihar. *Journal of Pharmaceutical Negative Results*, *13*(Special Issue 10). https://doi.org/10.47750/pnr.2022.13.S10.224

V. Kionner, P. Stefan., Maternal cash for better child health? The impacts of India's IGMSY/PMMVY maternity benefit scheme, 2020, University of Heidelberg, Department of Economics, Heidelberg

https://main.mohfw.gov.in/sites/default/files/Chapter415.pdf

https://www.who.int/data/gho/indicator-metadata-registry/imr-details/26

https://www.unicef.org/rosa/stories/what-eat-during-and-after-pregnancy

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7926714/table/nutrients-13-00692-t001/

https://www.censusindia2011.com/assam/nagaon/hojai-population.html