International Journal for Multidisciplinary Research (IJFMR)
E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

Pradhan Mantri Matru Vandana Yojna and Sustainable Development Goals: A Critical Feminist Analysis

Dr Samreen Hussain[1], Dr Isha Yadav[2], Mr Zeeshan Raza[3]

[1,2]Assistant Professor, Dr Ram Manohar Lohiya National Law University, Lucknow
[3]Student, Indian School of Business

Abstract

Initiated in 2017, the Pradhan Mantri Matru Vandana Yojna (PMMVY) aims to empower women during one of the most critical periods of their lives – pregnancy and childbirth. This centrally sponsored scheme provides financial assistance of Rs. 5,000 to eligible pregnant and lactating mothers to enhance their nutritional health and improve prenatal and postnatal care. By incentivizing institutional deliveries and ensuring that mothers receive comprehensive healthcare, the PMMVY seeks to reduce maternal and infant mortality rates while promoting maternal health. Additionally, the program aligns with the National Food Security Act to improve nutrition outcomes for mothers and their infants, which is crucial for establishing a foundation for healthy childhood development. Furthermore, the PMMVY reflects a broader commitment to gender equality and women's rights by directly addressing economic barriers that hinder women's access to maternal healthcare services. This scheme is congruent with various Sustainable Development Goals (SDGs) and is instrumental in tackling the challenges associated with maternal and child health. Assessment should focus on the identified gender barriers in order to comprehend the advancement of the transition of such barriers into opportunities for enhancement.

Introduction

The Sustainable Development Goals are a set of 17 global goals established by the United Nations in 2015, aimed at addressing various social, economic, and environmental challenges by 2030. They are relevant to reproductive justice as they encompass health, gender equality, and social equity, which are critical for ensuring reproductive rights and access to healthcare for all individuals.

Reproductive health is the core of human well-being and is directly linked to achieving the United Nations Sustainable Development Goals (SDGs). Access to quality reproductive healthcare is not only a fundamental human right but also a key driver of social and economic progress. By ensuring women's health and rights, we are advancing towards accomplishing the the goals of gender equality, poverty reduction, and health outcomes for all. Commitment to reproductive health is not only an indispensable stride towards achieving the SDGs but one that informs every aspect of life – health, education, equality and economic development. Access to family planning services is essential for reproductive justice, allowing individuals to make informed choices about their reproductive health. This access aligns with several SDGs, particularly those related to health and gender equality, as it empowers individuals to control their reproductive lives. Societies flourishes when women are empowered with the

knowledge, resources and care they need. Consequently, inequalities are reduced and sustainable futures built.

The Pradhan Mantri Matru Vandana Yojna (PMMVY) aims to improve maternal health by providing financial assistance (5000 for the first live birth) to pregnant women, thereby directly addressing a critical issue within the broader framework of women's health in India. By offering monetary support during the perinatal period, the scheme not only alleviates economic pressure but also encourages women to access necessary healthcare services, such as regular check-ups and institutional deliveries. This financial incentive has been associated with a reduction in maternal mortality rates, allowing women to prioritize their health without the burden of economic constraints. Moreover, the program fosters an environment where women are empowered to make informed choices regarding their pregnancies and childbirth, which is essential for long-term health outcomes and overall wellbeing. Therefore, the PMMVY serves as a significant intervention, aiming to shift the societal norms surrounding maternal health and reinforce the importance of accessible healthcare for women. According to the Ministry of child and women development the criteria for determining socially and economically disadvantaged sections of society will be the following:

1. Women belonging to scheduled castes and scheduled tribes
2. Women who are partially (40%) or fully disabled (Divyang Jan)
3. Women holder of BPL ration Card
4. Women Beneficiaries under Pradhan Mantri Jan Aarogya Yojana (PMJAY) under Ayushman Bharat.
5. Women holding E-shram card
6. Women farmers who are beneficiaries under Kishan Samman Nidhi
7. Women holding MGNREGA Job Card
8. Women whose net family income is less than Rs. 8 Lakh per annum
9. Pregnant and Lactating AWWs/ AWHs/ ASHAs
10. Any other category as may be prescribed by the Central Government

Further, all pregnant women and lactating mothers in regular employment with the central Government or State Government or Public Sector Undertaking or those who are in receipt of similar benefits under any law for the time being in force shall not be entitled to benefits under PMMVY.

The effectiveness of this scheme is contingent upon various social determinants that influence women's healthcare accessibility, such as socio-economic status, educational attainment, and geographical location. Disparities in access can lead to a range of negative maternal health outcomes, including increased instances of pregnancy-related complications and fatalities. Furthermore, while the initiative provides financial support to expectant mothers, it must be accompanied by continuous efforts to enhance health infrastructure and promote awareness about maternal health services, particularly in marginalized communities. A comprehensive approach that addresses these barriers could ultimately improve not only individual health outcomes but also create a sustainable framework that promotes equity in healthcare access for all women.

The Pradhan Mantri Matru Vandana Yojna represents a crucial policy initiative aimed at enhancing maternal health and well-being in India, but its socioeconomic implications extend far beyond health outcomes. By providing cash benefits to women for antenatal and postnatal care, the scheme seeks to directly alleviate the financial burdens associated with childbirth, thereby empowering women economically and socially. This financial support can enhance women's autonomy, enabling them to make informed choices about their health and family planning, which is essential for fostering gender equality

in a patriarchal society. Furthermore, the initiative can contribute to a reduction in maternal mortality rates, positively influencing community health standards and productivity. Such ripple effects underscore the importance of incorporating feminist perspectives in policy evaluations, as they reveal that health initiatives cannot be isolated from broader social and economic contexts that impact women's lives.

A Feminist Analysis of PMMVY

The assessment of financial support programs, such as the Pradhan Mantri Matru Vandana Yojna (PMMVY), reveals significant implications for women's economic empowerment in India. By providing direct cash transfers to women for maternal health services, the scheme aims to alleviate the financial burden associated with childbirth and encourage women's access to healthcare. The provision of financial support not only aids in offsetting prenatal and postnatal healthcare expenses but also augments women's autonomy by equipping them to make informed decisions regarding their health and overall well-being. Moreover, the economic enhancement fostered through such targeted financial assistance cultivates an environment wherein women can engage more actively in the labor market, thereby contributing to both familial and community economies. Nonetheless, to optimize these advantages, it is imperative to assess the program's implementation and its outreach efficacy, ensuring that assistance is directed towards the most marginalized women who stand to gain the most from such support.

The program possesses the capacity to enhance the empowerment of women. However, it necessitates a rigorous evaluation in light of the entrenched systemic obstacles that continue to pervade the Indian labor market and social infrastructure. For example, notwithstanding the existence of legislative frameworks such as the Maternity Benefit Act and the Equal Remuneration Act, gender-based discrepancies in wages and employment prospects remain stark, with a notable decline in women's participation in the labor force over recent years (Banerjee et al., 2022). Furthermore, although the Pradhan Mantri Matru Vandana Yojna (PMMVY) aims to furnish financial support, it inadequately addresses the unrecognized and undervalued unpaid labor that women contribute within domestic settings (Kaur et al., 2024). Consequently, the effective execution of PMMVY, in conjunction with comprehensive policy initiatives, is imperative to genuinely elevate the status of women within both the society and the workforce.

The report card of PMMVY has significantly reversed during and after the Covid-19 Pandemic, the modest advancement achieved by the scheme has hit a severe roadblock. The underlying cause of this debacle can be attributed to the marginalization of pregnant women within the realms of public policy and electoral strategy. It is plausible that a concerted effort to implement universal maternity benefits would have generated significant public discourse. Conversely, the central government opted for a lackluster initiative that ultimately failed to gain traction.

Another fundamental issue with its design lies in its perception of women predominantly as mothers or caregivers, thereby attributing to them the exclusive responsibility for fulfilling the stipulated conditions, rather than recognizing them as autonomous individuals. This perspective perpetuates the societal norm which assigns the duty of ensuring a child's health and overall well-being solely to the mother. By imposing the requirement of Aadhaar cards for both parents, it inadvertently marginalizes single mothers. Moreover, by limiting eligibility to the first live birth, it further discriminates against women who experience abortions, miscarriages, stillbirths, and infant deaths. The PMMVY program could achieve greater inclusivity by extending eligibility to all mothers, irrespective of their age and marital status, and by covering a minimum of two births, akin to Odisha's Mamata scheme. Additionally, during periods of crisis, it is imperative to consider augmenting the entitlements and eliminating the conditionalities.

Health is one of the key indicators of economic development of a family, community and nation. Gender disparity and gender inequality lies at the root of all these factors that causes differential/poorer health conditions of women, girls and children. There is ample evidence to inform the prevalent difference of health and nutrition outcomes between boys and girls or women and men. However, there is a major evidence gap to inform the impact of social/gender norms on the negative health status of women and girls.

The problem with the PMMVY scheme lies in constant reduction in the budgetary allowance for the scheme. Investing in maternal health is one of the most effective ways to advance global development. The international funding scheme will not only save thousands of lives but also contribute to the achievement of the SDGs. By supporting this program, donors will help create lasting improvements in maternal health and empower women to thrive in healthier, more equitable societies.We urge international partners to prioritize maternal health funding as an essential investment for global development and human rights.

Suggestions

Gender and nutrition are influenced by behavioral patterns, societal norms, and power relations. A Standard Operating Procedure (SOP) aimed at addressing these factors within households and communities could be developed to enhance the demand for services, clearly delineating the roles of women's groups.

- In collaboration with women's groups or Self-Help Groups (SHGs), it is crucial to ensure that their initiatives align with community needs and are integrated with existing frameworks addressing various health dimensions.
- Discussions pertaining to health and nutrition ought to encompass the entire life cycle of women, rather than solely concentrating on maternal health issues or perceiving adolescent girls merely as potential mothers.
- Individuals occupying positions of authority, such as educational leaders, instructors, and community influencers, must actively promote transformations in gender dynamics and advocate for enhanced services and initiatives through community platforms like Panchayat meetings and Gram Sabha gatherings.
- Special focused efforts and innovative approaches are needed to include men in a systematic manner for societal gender norms to change.
- The evaluation process ought to focus on the recognized gender-related obstacles in order to comprehend the advancement of the transformation of these impediments into avenues for enhancement.
- These parameters of programming require evaluation via monitoring mechanisms. There are many ideas which require thinking about gender disaggregated and gender inclusive measurable indicators, as well as, strategies at the district and below district level. Indeed AHSAs and AWWs provide Health and Nutrition specific interventions, but some indicators about gender specific and sensitive issues also need to be understood and measured since they are equally important. Assessment should be around such gender barriers identified to enable an understanding of the progress made in changing such barriers to opportunities for improvement.

Conclusion

Due to poor execution, gender-sensitive design does not necessarily produce gender-equitable outcomes, as demonstrated by the Pradhan Mantri Matru Vandana Yojna. There are several barriers that prevent women from having equal access to the standard operating procedure of the PMMVY, such as cultural resistance to women's empowerment, a lower literacy rate, the digital gender divide, and financial and digital illiteracy. To recognize these barriers, a gender lens must be incorporated into every stage of implementation. Therefore, a deliberate attempt to prevent exclusion on the basis of any disadvantage should inform its implementation. After participation has been guaranteed, the next important aspect is the Establishment of gender-friendly delivery methods, institutional frameworks, and a robust grievance redressal system. Regular evaluation must be a part of every policy action at every stage of its lifetime. Perhaps even more crucial is making sure that the assessment instruments take a gender perspective in order to map the evolution.

Social expectations are the primary reasons contributing to gender disparities in any society. When offering health and nutrition services, it is essential to have a grasp of these expectations and responses must be tailored accordingly. Social norm change should be addressed in health policies in order to aid the development of a more congenial environment for the delivery of services in the health sector. If properly applied through appropriate community and institutional arrangements to incorporate gender, progressive policies will allow for change towards greater equity. There are many tools for gender analysis which include, but are not limited to, assessment and planning or programming, that can highlight gender disparities in health and address them in the design, implementation and evaluation of health policies and programs to enhance effectiveness. In addition, a human rights based approach in health planning and policy formulation can facilitate the identification and response to the social and cultural determinants of health that are biological and sex specific to men and women. Gender expectations and socio-cultural as well as ecological factors, that are so deeply entrenched within the country, hinder positive health and nutrition outcomes and must be dealt with as such. The strength of women's groups as well as Self Help Groups needs to be exploited.

References

1. Holmes, R., & Jones, N. (2013). Gender and social protection in the developing world: beyond mothers and safety nets. Zed Books Lt.
2. Gulati, N. (2021). Budget 2021-22: A gender lens. Ideas For India. https://www.ideasforindia.in/topics/macroeconomics/budget-2021-22-a-gender-lens.html
3. Kabeer, N. (2008). Mainstreaming gender in social protection for the informal economy. Commonwealth Secretariat.
4. Ministry of Women and Child Development. (2017). PMMVY Scheme Implementation Guidelines. Government of India. https://wcd.nic.in/sites/default/files/PMMVY%20Scheme%20Implemetation%20Guidelines%20._0.pdf
5. Plagerson, S. (2024, September 8). Do Social Protection Programmes That Impose Conditionalities on Women Fail to Confront Patriarchy as a Root Cause of Inequality? Social protection and human rights. https://socialprotection-humanrights.org/expertcom/do-social-protection-programmes-that-impose-conditionalities-on-women-fail-to-confront-patriarchy-as-a-root-cause-of-inequality/

6. Shruthi, M., S, D., & Ty, D. (2024). Performance of PradhanMantriMatruVandanaYojana: An empirical evaluation in Karnataka. International Journal of Financial Management and Economics. https://doi.org/10.33545/26179210.2024.v7.i1.273
7. Derez, J., &Khera, R. (n.d.). (2023). Maternity benefits in India: PMMVY's unfulfilled promise. https://idronline.org/article/health/maternity-benefits-in-india-pmmvys-unfulfilled-promise/2023
8. Ghosh, A., Mukherjee, S., & Misra, A. (n.d.). Addressing Gender Barriers Impacting Health and Nutrition of Women. https://www.pciglobal.in/addressing-gender-barriers-impacting-health-and-nutrition-of-wome
9. Paul, H.(2024) (n.d.). PM's MatruVandanaYojana Budget Stagnates Despite Rise in Beneficiaries. https://www.indiaspend.com/governance/pms-matru-vandana-yojana-budget-stagnates-despite-rise-in-beneficiaries-898351
10. https://wcd.delhi.gov.in/wcd/pradhan-mantri-matru-vandana-yojana-pmmvy