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# A Study on the Dr Muthulakshmi Reddy Maternity Benefit Scheme in Jawadhu Hills, Tamilnadu

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#### **ABSTRACT**

Dr.Muthulakshmi Reddy maternity benefit scheme is one of the most important scheme to labor women health nutritious and socio economic level stabilization during the period of pregnancy time and Lactating time. Especially in this study tribal labor women in jawadhu hills ,Tamilnadu. comparative study on the scheme beneficiary tribal labor women and non scheme beneficiary tribal labor women socio economic level and medical complication level.

Index Terms-Dr.Muthulakshmi Reddy Maternity Benifit Scheme-Pradhan Mantri Matru Vandana Yojana and jawadhu hills Tribal labor women.

#### Introduction

Dr.Muthulakshmi Reddy maternity benefit scheme launched by the Tamil Nadu government in 1987.G.O(Ms) No.516,Backward classes welfare Nutritious Meal Program and social welfare department,dated:31.05.1989 the amount 200/- distributed to poor pregnant women from 03.06.1989.The amount increased Rs.300/-From 01.05.1992.G.O(Ms) No 295 dated 07.05.1992.The amount increased Rs.500/-from 01.08.1998.G.O(Ms) No 11 dated 22.01.1999. The amount increased Rs.1000/-.G.O(Ms) No 184 dated 11.09.2006.The total amount 12000 per beneficiary form 01.06.2011.G.O(Ms) No 276 dated 03.11.2011.Now the scheme per beneficiary Rs.18000. G.O(Ms) No 40 dated 20.02.2017. And issued in The.G.O(Ms) No 118 dated on 02.04.2018.The central government sharing 60:40 for the first child.

The scheme helps to avoid the birth time complications to the mother and new born baby. In this scheme offering two time nutrition kit to the pregnancy mother it is full fill the nutrition balance increase the heomoclobulin level and immunity level.

Dr. Muthulakshmi Reddy Maternity Benefit Scheme Health and Family welfare department has enhanced the financial assistance to poor pregnant mother's amount 14000and 4000 Value amount nutrition kits are included Nutrition kit uses of maternal mortality rate and infant mortality rate reduce the

scheme. It is increase the socio economic level of pregnancy women. Scheme installment Antenatal registration form vhn or uhn in phc or uphc.documents need for entry of picme- pregnancy and infant cohort monitoring and evaluation Aadhar card and Bank book first installment Antenatal registration on or before twelve weeks Rs.2000/- Kind benefit nutrition kit Rs.2000/-, second installment After 4 months Rs.2000/-and second nutrition kit Rs.2000/-, Third installment After delivery only in government hospital delivered mother s are eligible Rs.4000/-.it is increase the delivery rate in government hospital and avoid home delivery and birth complications, Fourth installment After complete of 3rd doses of OPV, Rota, Penta valent and 2doses of IPV.Rs.4000/- mostly tribal women are not interested to vaccination in this helps to vaccine to baby and avoid diseases. fifth installment After complete of Measles Rubella vaccination between 9th and 12th month of their infants.Rs.2000/- Nutrition kit contains health mix power one Kg, three IFA syrup, Dates one Kg, Protein biscuits 500gms, tablet Albendazole 3nos and one towel Eligibility conditions The pregnant women age above 19 and two delivery only. Maternity women in pregnancy period and birth after baby care process in this time so many complication comes but government planed to handle the complication by awareness program vaccination camp and explained Dr.Muthulakshmi Reddy maternity benefit scheme The scheme really covered poor women increase socio economic level and avoid the medical complication to the mother and

Pradhan Mantri Matru Vandana Yojana (PMMVY) is a Centrally Sponsored DBT scheme with the cash incentive of ₹ 5000/- (in three instalments) being provided directly in the bank/post office account of Pregnant Women and Lactating Mothers.

The jawadhu hills tribal labor women are mostly multiple and poor pregnancy women. They are Agricultural workers and always busy mostly taking home made treatment and home delivery conducted by the family members. They avoid medical checkup and vaccination in case of any risk emergency only went to government hospital. Asha worker and VHN are completely monitoring the labor women health and new born baby health in this tribal area Dr.Muthulakshmi Reddy maternity benefit scheme is improving tribal labor women's medical treatment, regular check up, scan, vaccination, oral nutrition, medications, government transportation ambulance 108 service for medical emergency to women and newborn baby,back to drop 102 service, medical advice and compliment 104 service, makkalai thedi maruthuvam MTM Service and child vaccination, birth certificate and bank activity.

# Objectives

- 1. To fine out the trial labor women socio economic level of scheme beneficiary and non scheme beneficiary.
- 2. To find out the trial labor women medical complication level of scheme beneficiary and non scheme beneficiary.

# Hypotheses

On the basis of above objectives following hypothesis were formulated

- > There is no difference between the socio economic level of scheme beneficiary and non scheme beneficiary in tribal labor women.
- ➤ There is no difference between the medical complication leval of scheme beneficiary and non scheme beneficiary in tribal labor women.

# Research Methodology

Research design is the structure of any scientific work it gives direction and Systematize the research. An exploratory research will be conducted to measure the socio economic level medical complication level of the Dr muthulakshmi Reddy maternity benefit scheme in between beneficiary tribal labor women and non beneficiary tribal labor women in jawadhu hills are universe for this research study. Overall sample size is 60 structured interviews schedule were used as tools to aid the collection of the data for the study.

# Analysis of Data

This chapter presents the statistical analysis has been divided into sections namely introduction and existing Dr Muthulakshmi Reddy maternity benefit scheme for tribal labor women of the respondents, the study analyzed as on between the mean source of Dr Muthulakshmi Reddy maternity benefit scheme for the socio economic level and medical complication level inter between to beneficiary tribal labor women and non beneficiary tribal labor women by t-test

# Respondents Profile

To assess the respondents profile, the study tribal labor women had identified variable like age of respondents, family type, Qualification, working women and type of gravida -primi, multiple gravida ,boh and newborn baby Dr Muthulakshmi Reddy maternity benefit scheme using tribal labor women and scheme non using tribal labor women how did scheme increase the socio economic level and decrease medical complications level in this scheme Dr Muthulakshmi Reddy maternity benefit scheme beneficiary tribal labor women and scheme non beneficiary tribal labor women of Respondents.

#### Table-1

t-value of Dr Muthulakshmi Reddy maternity benefit scheme Socio economic level of scheme beneficiary tribal labor women and scheme non beneficiary tribal labor women.

	Group	N	Mean	SD	T-Value	Level of Significant
	scheme	30	4.03	18.97		
Socio	beneficiary				10.49	Significant
economic	scheme	30	1.93	15.87		
level	non					
	beneficiary					

From the table: 1 Showing the mean value of scheme beneficiary tribal labor women is 4.03, which is higher than that of scheme non beneficiary tribal labor women i.e.1.93. The SD values are found 18.97 and 15.87 respectively. The t-value is 10.49498, the p-value is >.00001, the result is Significant at p> 0.05

#### Table- 2

t-value of Dr Muthulakshmi Reddy maternity benefit scheme Medical Complication level of scheme beneficiary tribal labor women and scheme non beneficiary tribal labor women .

	Group	N	Mean	SD	T-Value	Level of Significant
Medical	scheme	30	1.87	17.47		
Complication	beneficiary				-10.56	Significant
level	scheme	30	3.97	16.97		
	non					
	beneficiary					

From the table: 2 Showing the mean value of scheme beneficiary tribal labor women is 1.87, which is lower than that of scheme non beneficiary tribal labor women i.e.3.97. The SD values are found 17.47 and 16.97 respectively. The t-value is -1055576. The p-value is <.00001. The result is Significant at p<0.05

## Finding of the study after statistical analysis of the Data

- 1) There is socio economic level difference between the scheme beneficiary tribal labor women and scheme non beneficiary tribal labor women.
- 2) There is medical complication level difference between the scheme beneficiary tribal labor women and scheme non beneficiary tribal labor women.

#### Conclusion

Through this study we can understand the fact there is much difference between scheme beneficiary tribal labor women and scheme non beneficiary tribal labor women.

According to the factories

- 1) The scheme beneficiary tribal labor women socio economic level is more than comparing to scheme non beneficiary tribal labor women.
- 2) The scheme beneficiary tribal labor women medical complication level is less than comparing to scheme non beneficiary tribal labor women.

### Suggestion

- To give the scheme awareness to all tribal labor women
- To give the awareness to tribal labor women of multiple pregnancy complications of mother and new born baby
- To give the scheme eligibility all multiple tribal labor women
- To give the scheme benefits to all migrate tribal labor women
- To accept the private hospital to the tribal labor women
- Consider to increase the scheme amount and Nutrition kit

#### **REFRENCE**

- [1] What are some common signs of pregnancy. Eunice Kennedy Shriver National Institute of Child Health and Human Development. 12July 2013. Archived from the original on 19 March 2015. Retrieved 14 March 2015.
- [2] The johns Hokins Manual of Gynecology and Obstetrics. Lippincott Williams & Wilkins. 2012ISBN 978-1-4511-5. Archived from the original on 10 September 2017.
- [3] Definition of Term Pregnancy –ACOG .www.acog.org. Retrieved 27Sseptember 2019.
- [4] Definition of Premature birth. Medicine.net. Archived from the original on July 2009 Retrieved 16 January 2008.
- [5] Scheme for economic empowerment of poor women government of India press information bureau.6 March 2013.retrieved 21 june 2014.
- [6] Adolescent pregnancy world health organization 2004.
- [7] Abortion –women's health issues Merck manuals consumer version from the original on 13 july 2018 retrieved 12 july 2018.
- [8] https://picme.tn.gov.in
- [9]https://cms.tn.gov.in
- [10]https://myscheme.gov.in

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