

# Assessing Awareness, Challenges, and Impact of PMMVY on Tribal Women in Ahilyanagar District

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## Abstract:

In this research work we investigate the impact of the Pradhan Mantri Matru Vandana Yojana (PMMVY) on Ahilyanagar District tribal women. This research investigates awareness measures and enrollment barriers as well as ASHA worker contributions alongside socio-economic elements of the program. The research collected primary data from surveys and structured questionnaires with 32 ASHA workers and 34 tribal women.

Most tribal women are familiar with PMMVY although some women remain uninformed due to difficult locations combined with insufficient outreach activities. Although ASHA workers effectively disseminate information about PMMVY the program faces resistance from certain cultures as well as shortages in the available training. Most women have difficulty with documentation combined with delayed payment distribution reducing PMMVY scheme efficiency. The Participatory Maternity Benefit Program has enhanced maternal and child health outcomes yet requires supplementary financial assistance coupled with better nutrition services to be most effectual.

The study presents recommendations to enhance PMMVY by running better awareness initiatives and simplifying application requirements together with quicker utilitarian distribution and more funding dedication towards cesarean birth cases. ASHA worker training coupled with enhanced resource support should improve the implementation of the scheme. Stronger measures to address these difficulties will create better outcomes from PMMVY which advances both health and monetary stability for tribal women along with their children.

## Research Objective

1. To know the awareness levels of PMMVY scheme in backward tribes women in Ahilyanagar District
2. To understand the role of ASHA workers and local health authorities in implementing and promoting the scheme in tribal communities
3. To find out the enrollment rate of tribal women in the PMMVY scheme
4. To know the problems which are faced by tribal women in accessing and availing PMMVY benefits.

5. To examine the socio-economic impact of PMMVY on maternal and child health of backward tribes in Ahilyanagar District.
6. To evaluate the effectiveness of financial assistance provided under PMMVY for the beneficiaries

## Review of Literature

Through the Pradhan Mantri MatruVandanaYojana (PMMVY) scheme pregnant and lactating mothers receive considerable financial assistance. The PMMVY scheme has undergone multiple investigations regarding its outcomes whereas researchers studied both the positive aspects and implementation difficulties of the program. An analysis of research literature examines both PMMVY and comparable programs in the Indian context.

### 1. Importance of Conditional Cash Transfer Schemes

Cash transfer programs are widely used worldwide to improve maternal and child health. In India, many cash transfer programs schemes have existed for a long time. The Janani SurakshaYojana (JSY), launched in 2005, JSY boosted both hospital-based childbirths and prenatal medical care services. PMMVY initiated its operations in 2017 to deliver financial support for pregnant women while promoting better nutrition and hospital services for childbirth (Jagannath & Chakravarthy, 2025).

### 2. Awareness and Enrollment

This research work show that many tribal and rural women are aware of PMMVY, but some tribal women face challenges in applying for the benefits. In Behera (2023) research work found that ASHA workers play a main role in spreading awareness. However, some eligible women are left out due to difficulties in documentation and application processes (Dhariwal et al., 2023).

### 3. Impact on Maternal and Child Health

The PMMVY has had a mixed impact on maternal and child health. Research shows that the scheme has helped increase early registration of pregnancies and antenatal care visits (Jagannath & Chakravarthy, 2025). However, In (Behera, 2023) research work conducted in Gujarat found that while 56% of mothers used the cash benefit for better food, many women still faced nutritional challenges. Some studies also found a small reduction in low birth weight cases and an increase in child immunization rates (Aizawa, 2023).

### 4. Challenges in Implementation

One major problem exists with the delayed process of receiving funds from this program. The extended payment wait times of 3 to 6 months for women reduces the program's success according to their reports. Women face problems in documentation that combine with bank account linking difficulties and a lack of awareness about the second installment of benefits for the second girl child (Shruthi et al., 2024).

### 5. Role of ASHA Workers

The PMMVY promotion strategy heavily depends on ASHA workers. The workers organize public meetings to provide guidance on scheme applications and spread awareness about PMMVY to women. ASHA workers encounter problems due to cultural differences and location-related problems during

their work. The work of ASHA workers requires enhanced instruction alongside improved financial backing for their tasks (Jagannath&Chakravarthy, 2025).

### Data Collection:

**Primary Data :-** The primary data has been collected from the Scheduled tribes women and ASHA workers. The secondary Data was taken from Journals, Books, Research Papers, **maternal welfare schemes, financial assistance programs, and government policies** related to the Pradhan Mantri MatruVandanaYojana (PMMVY)

### Population and Sampling Technique:

the research work is focused on target group of scheduled tribes women in Ahilyanagar district who are eligible for PMMVY schemes and ASHA workers involved in scheme implementation. As per the 2011 Census, Ahmednagar district (Currently Ahilyanagar District)in Maharashtra has a Scheduled Tribe (ST) population of 378,230 individuals (Males- 191,165, Females- 187,065), constituting approximately 8.3% of the district's total population, specific data of ASHA Workers population not available for Ahilyanagar district but as per the guideline of National Health Mission, Maharashtra ASHAs are typically selected at a ratio of one per 1,000 population in rural areas. As per the 2011 census Ahmednagar district had a population of approximately 4,543,159, it would be reasonable to estimate that the district has around 4,500 ASHAs.

**Sample Technique:** Scheduled tribes women and ASHA workers who living in Ahilyanagar district were considered for the survey. In this research work we used **Purposive sampling**. Sample size was 66 (32 ASHA workers, 34 Scheduled Tribes Women) in Ahilyanagar District.

In the questionnaire we have asked structured based questions on key factors such as **awareness, accessibility, financial assistance, and effectiveness of PMMVY** in improving maternal and child healthcare of scheduled tribal women. In this study we collected **random sample of 66 respondents**, covering various factors such as **age, residence, income level, and occupational background**, ensuring a representative sample for the research.

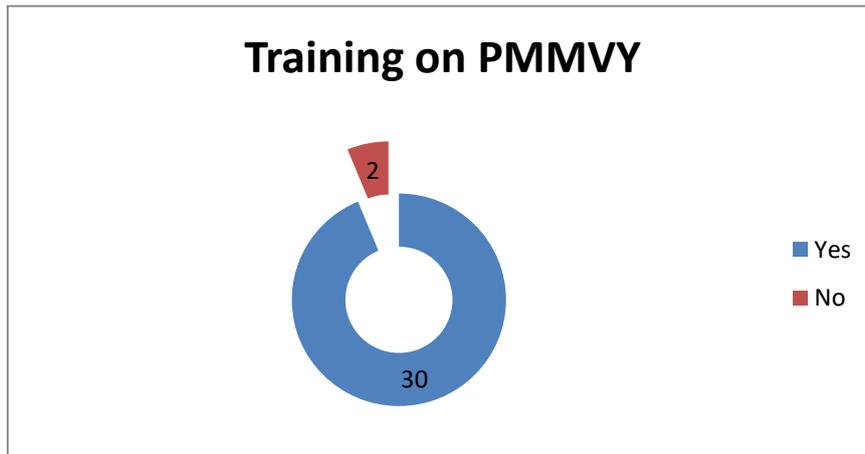
### Data Analysis of ASHA Workers:

#### Work Experience of ASHA Workers



In this research questions the 16 out of 32 ASHA workers have over **5 years of experience**, that indicating a well-established workforce with significant field exposure. 13 ASHA workers have **3-5 years of experience**, while only 3 has **less than 3 years** of experience. That means most of the ASHA workers engaged in the study are experienced and have been working in maternal and child health they have knowledge about PMMVY.

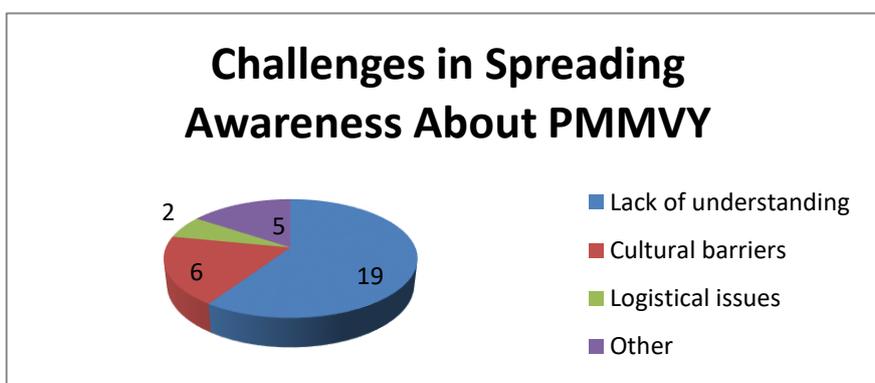
## 2. Training on PMMVY



- **Yes** – 30 respondents
- **No** – 2 respondents

In this research, we ask question regarding training on PMMVY and 30 out of 32 of ASHA workers give response they have received training on PMMVY, which shows that the government has take efforts to train frontline health workers for scheme implementation. In this research work 2 workers (6%) have not received training, which shows a gap that needs to be addressed to ensure uniform knowledge and service delivery.

## 3. Challenges in Spreading Awareness About PMMVY

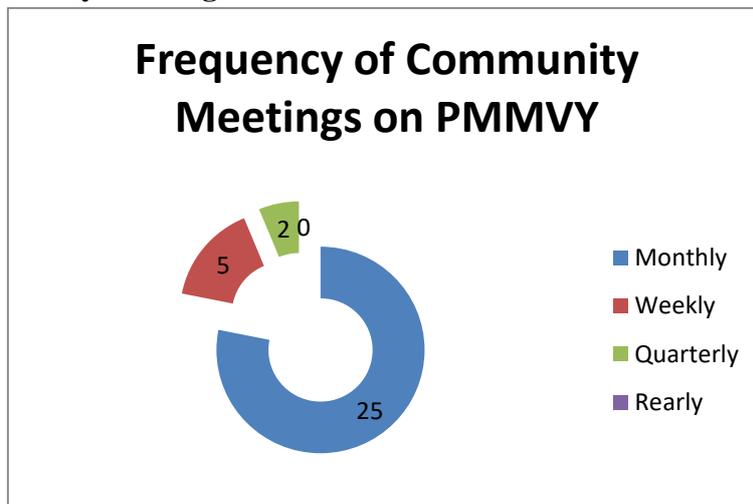


- **Lack of understanding** – 19 respondents
- **Cultural barriers**– 6 respondents

- **Logistical issues**– 2 respondents
- **Other**– 5 respondents

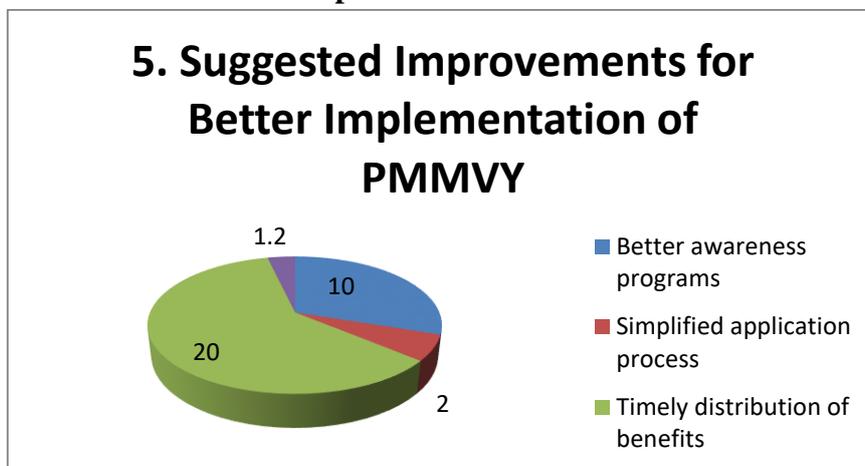
In this research work 19 respondent (59%) ASHA worker faced major problem is lack of understanding of tribal women, 6 (19%) respondent faced Cultural barriers also pose a significant issue, suggesting resistance or traditional beliefs affecting acceptance of the scheme. 2 respondents said Logistical issues indicate problems related to accessibility and operational execution and The remaining 5 respondents (16%) mentioned ‘Other’ challenges, which could include administrative hurdles, documentation difficulties, or lack of community engagement.

#### 4. Frequency of Community Meetings on PMMVY



25 respondents out of 32 (78%) ASHA workers hold monthly meetings to share important information regularly. 5 ASHA workers (16%) conduct weekly meetings, which is indicating a more proactive approach in some areas. However, 2 workers (6%) hold meetings only in 3 month, which may not be frequent enough for continuous awareness. This this difference in meeting frequency depends on factors like workload, geographical challenges, or community participation.

#### 5. Suggested Improvements for Better Implementation of PMMVY



- **Better awareness programs** – 10 respondents
- **Simplified application process**– 2 respondents
- **Timely distribution of benefits**) – 20 respondents

- **Other**– 0 respondents

Timely distribution of benefits was the most commonly suggested improvement (20 out of 32, or 62%), indicating that delays in financial assistance may be discouraging beneficiaries from applying. Better awareness programs were suggested by 10 ASHA workers (31%), reinforcing the need for enhanced education and outreach to improve scheme adoption. A simplified application process was recommended by 2 respondents (6%), suggesting that documentation and procedural complexities could be a deterrent for many beneficiaries. No respondent suggested additional improvements under the ‘Other’ category, which implies that the key issues are well-identified and need to be addressed effectively.

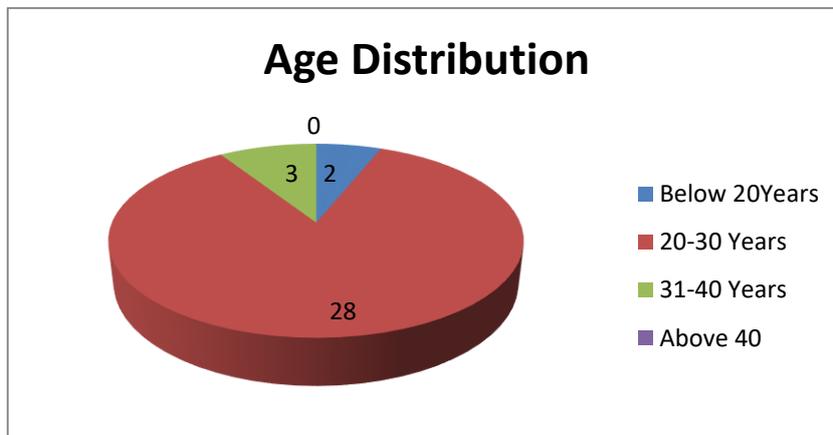
## 6. Additional Comments and Suggestions

**2 respondents suggested a simplified application process**, they suggesting that documentation like income proof, bank accounts, Child immunization details, MCP card **etc.** and procedural complexities could be a deterrent for many beneficiaries.

### Data Analysis of Tribal Women

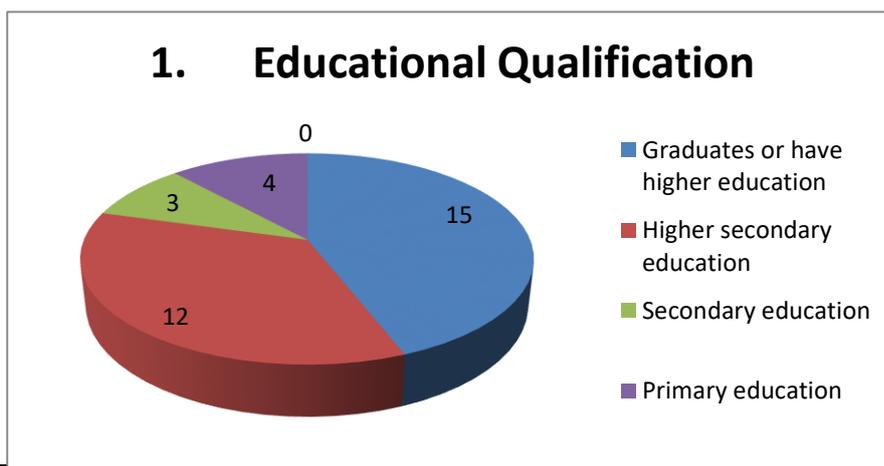
#### Analysis of Tribal Women’s Responses on PMMVY

##### 1. Age Distribution



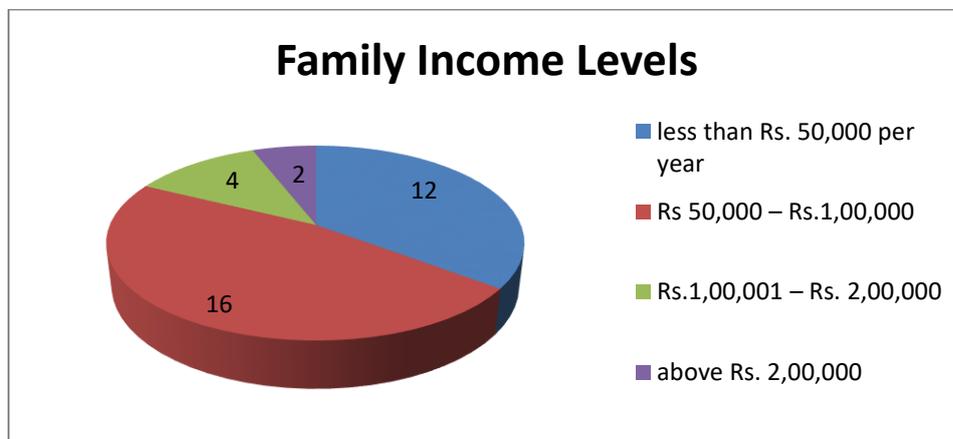
- 87.5% participant tribal women belong to the 20-30 age group. 12.5% participant tribal women are in the 31-40 age group, while only 2 are below 20 years and none are above 40.

##### 2. Educational Qualification



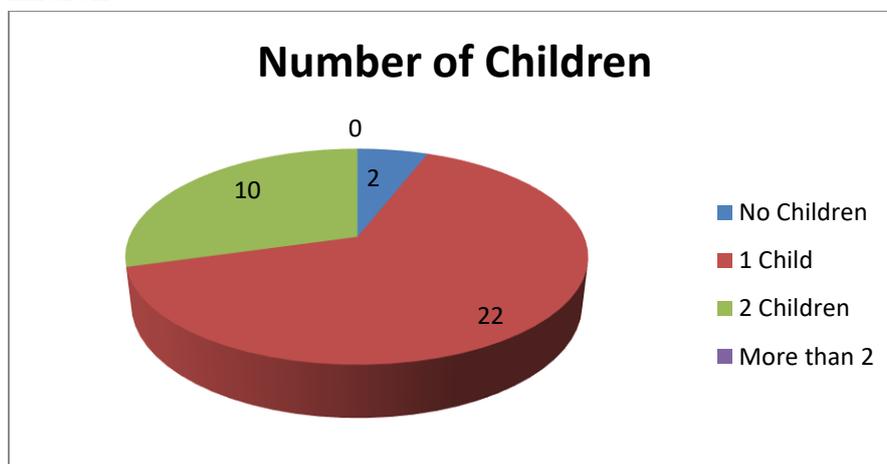
- More than half our research participant are graduates or have higher education, which is showing that a considerable portion of tribal women are educated.
- 12 respondent tribal women (37.5%) have completed their higher secondary education, and only 3 women (9%) have secondary education.
- 4 respondent tribal women (12.5%) have completed their primary education, and no one are completely illiterate.
- The results show a basic literacy level among tribal women who can understand and take part in program information.

### 3. Family Income Levels



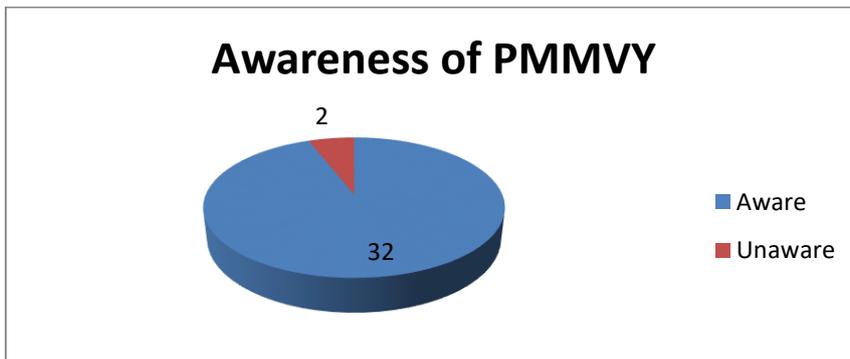
- In this research work from collected data shows that 37.5% (12 women) from total sample earn less than Rs.50,000 per year, indicating financial vulnerability.
- 50% of total sample (16 respondents) comes under the Rs 50,000 – Rs.1,00,000 income group, showing that half of the women are in the lower-middle-income bracket.
- 4 respondents (12.5%) earn between Rs.1,00,001 – Rs. 2,00,000, and 2 respondents (6%) earn above Rs2,00,000.
- These data shown that the scheme effectively targets low-income tribal women, who need financial support during pregnancy.

### 4. Number of Children



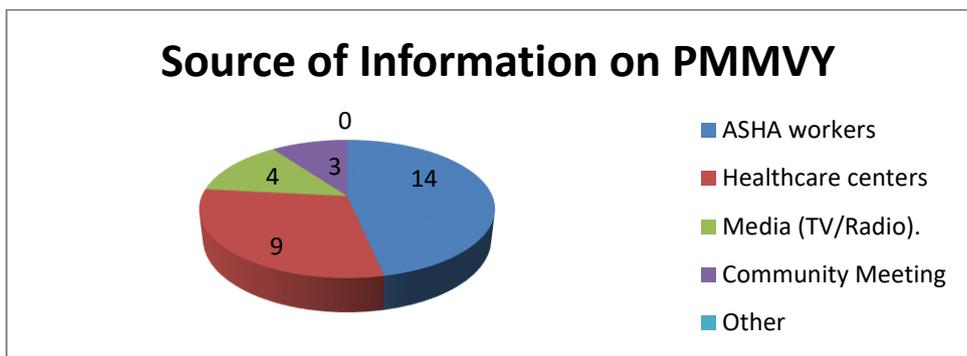
- In this research work from collected data 22 respondents (69%) have two children, indicating a common family size in tribal communities and most of the respondent women age is 20-30.10 respondent tribal women (31%) have only one child, while 2 women have no child (Both are pregnant at the time of data collection)

**5. Awareness of PMMVY**



- In this research work from tribal women respondent 32 responses out of 34 of respondents are aware of PMMVY, while only 2 women are unaware. This shows that most of respondent tribal women's are aware about **PMMVY**.

**6. Source of Information on PMMVY**



- 50% respondent tribal women got information about PMMVY schemes from ASHA workers, highlighting ASHA worker crucial role in scheme implementation.
- 9 women (28%) got information through healthcare centers and (19%) from via media (TV/Radio), 3 women (9%) through community meetings.

**7. Knowledge of Benefits Provided Under PMMVY**

### Awareness of Benefits Provided Under PMMVY



94% (30 respondents) know about the Help of Rs.5,000 for the first live birth, Nearly all the tribes’ woman are aware they would be provided ₹5,000 as maternity benefits in two parts

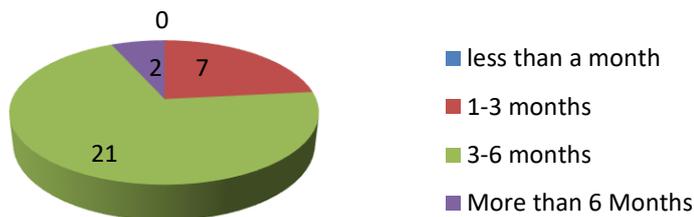
26 (81%) are informed regarding health check-ups and 32 (100%) related to nutritional support, meaning the nutritional advantages are known.

Only 3 women (9%) know about the Rs 6,000 benefit, which is for the second girl child, indicating a need for better awareness of this provision.

#### 8. Receipt of PMMVY Benefits

- As 30 respondents (or 96%) have received PMMVY benefits, while only 2 had never received it (indicating a reasonably high success rate of benefit distribution).

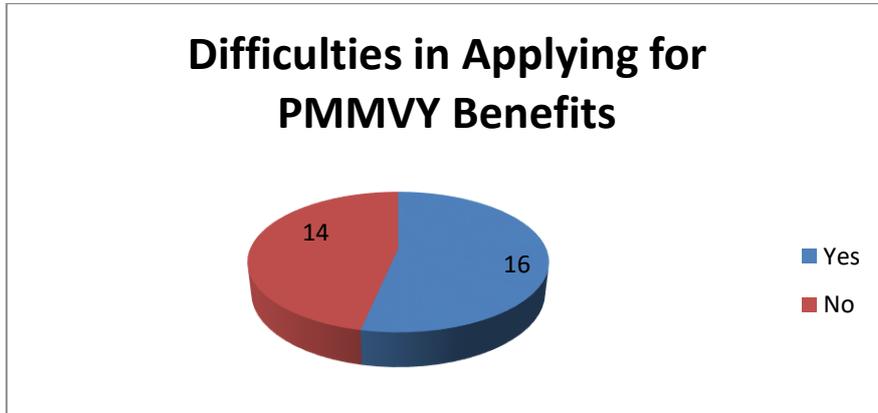
### Time Taken to Received the benefits under PMMVY



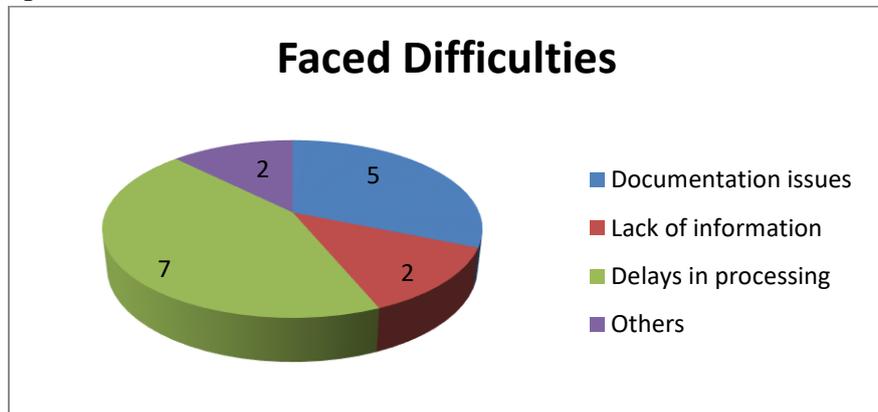
#### 9. Time Taken to Receive Benefits

- The fund was provided to 21 women (66%) in 3-6 months, which also indicates delay in availing fund.
- 22% of respondents received benefits within a time frame of 1 to 3 months, and no one received benefits in less than a month.
- 2 women (6%) waited > 6 months, which also suggests longer than anticipated processing times.

### 10. Difficulties in Applying for PMMVY Benefits

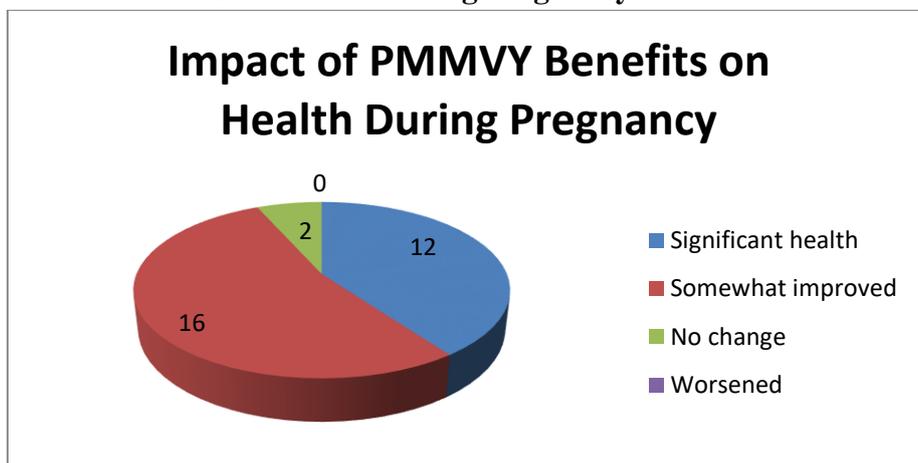


- 50% (16 respondents) respondent tribal women faced difficulties for applying PMMVY while 44% (14 respondents) did not.



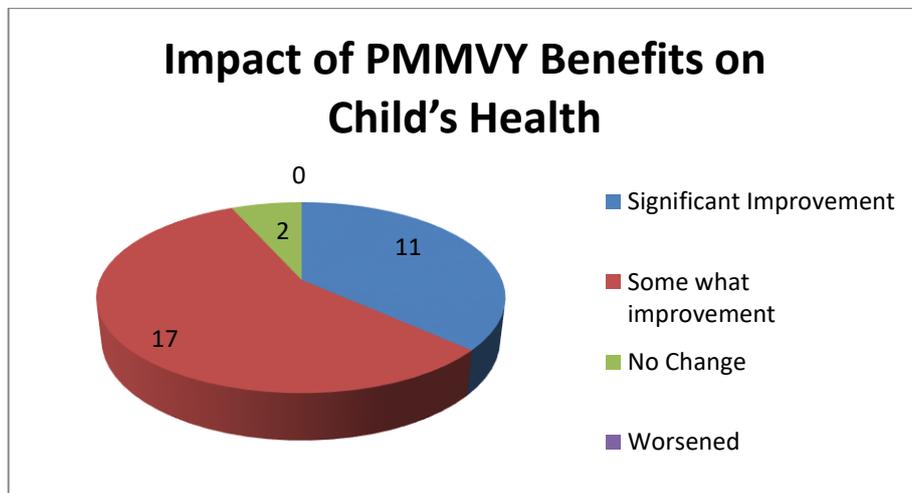
- **Most common issues:**
  - 44% respondent tribal women faced problem of delays in processing applications.
  - 31% respondent tribal women struggled with documentation issues.
  - 12.5% respondent tribal women reported a lack of information about the process.
  - 2 referred to unspecified other challenges
- These problems suggest a need for streamlined processes, simplified paperwork and better outreach efforts to ensure that benefits get to where they're supposed to go.

### 11. Impact of PMMVY Benefits on Health During Pregnancy



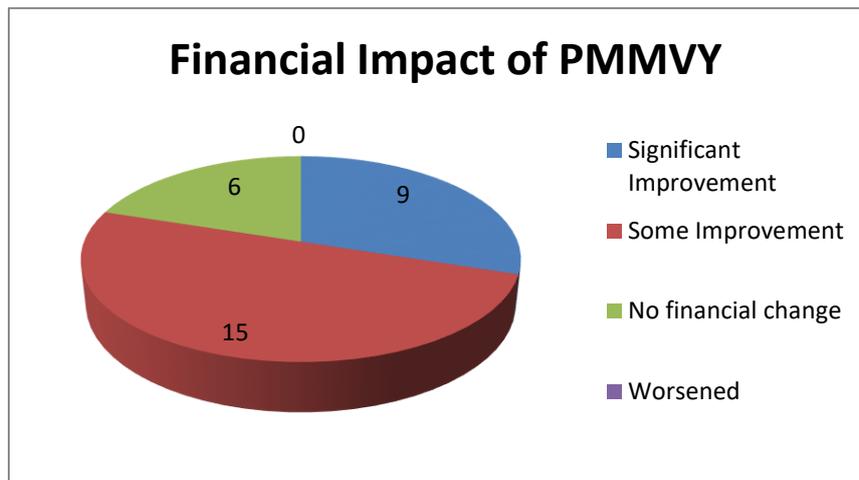
- Twelve women among the 37.5% of study participants who utilized the PMMVY program observed substantial health enhancement in their children and sixteen women from 50% of the pool reported moderate health improvement.
- Among all interviewees only 2 women (6%) experienced there was no change in their health, and no one reported a decline in health.
- The result show that the PMMVY scheme has an impact on their maternal health. Approximately 50% of the women felt a small difference at best — indicating that a little added support might help them do better.

### 12. Impact of PMMVY Benefits on Child’s Health



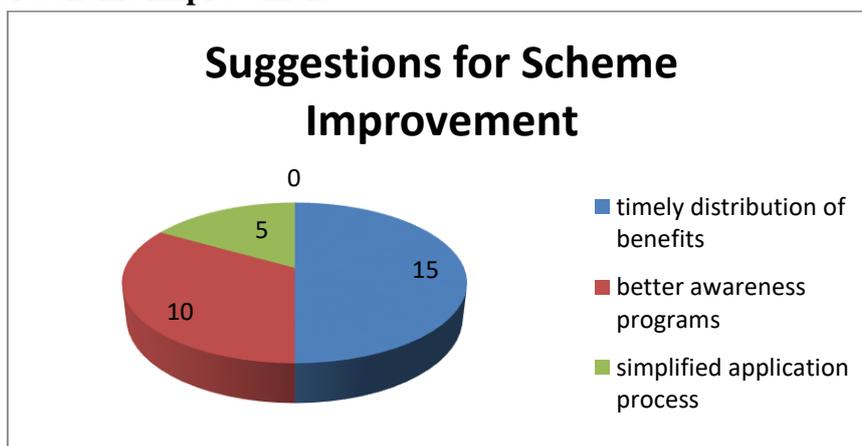
- Among the study participants eleven women experienced significant health improvements in their children alongside seventeen women who noted some improvement.
- Out of the 30 participants 2 (6%) disclosed the no change, and none reported worsening conditions.
- Research results reveal that PMMVY helps child health however extra nutritional support might have yielded even better outcomes.

### 13. Financial Impact of PMMVY



- In this research work 9 (28%) respondents tribal women who get benefit of PMMVY reported a significant improvement in their financial situation, while 15 (47%) said some improvement.
- 6 respondents (19%) respondents tribal women who get benefit of PMMVY saw no financial change,
- None reported worsening conditions, which show that the scheme PMMVY provides at least some financial relief.

#### 14. Suggestions for Scheme Improvement



- 15 respondents (47%) suggested timely distribution of benefits, reinforcing that payment delays are a major concern.
- Use better awareness programs to improve communication according to 31% of the respondents.
- The survey showed a need to simplify application processes as 5 participants (16%) expressed this opinion to demonstrate that documentation and procedural complexities should be minimized.

#### 15. Additional Comments and Suggestions of Ahilyanagar District’s tribal women

- Several respondents suggested increasing the benefit amount, stating that Rs. 5,000 which is given in two installments is insufficient.
- Some tribal woman mentioned that increase financial support amount in the cases of cesarean delivery.

## Findings:

1. **Awareness & Enrollment:** Most of the tribal women are aware of PMMVY; however, a few may not be due to their geographical location, cultural barriers, etc. Some tribal women face problems in enrollment due to the lack of understanding and issues with documents.
2. **Role of ASHA Workers:** ASHA workers play a main role in spreading awareness of PMMVY schemes in Ahilyanagar District tribal areas, but they are facing challenges like lack of understanding and cultural barriers.
3. **Financial Assistance:** The financial support of the scheme becomes less effective because of the long delays between payment distribution periods.
4. **Health Impact:** the result of PMMVY schemes has improved maternal and child health, but additional nutritional and financial support is needed.
5. **Challenges:** Ahilyanagar District tribal women face issues like delays in application processing, lack of information, and difficulty in documentation.

## Conclusion

This study shows that the PMMVY scheme, while helpful in providing financial support, is not reaching its full potential among backward tribal communities in Ahmednagar. Many eligible women remain unaware of the scheme, and even those who know about it face difficulties in accessing the benefits due to complicated paperwork, delays, and bureaucratic hurdles. Additionally, cultural preferences and traditional practices make some beneficiaries hesitant to use modern healthcare services. In short, the benefits of PMMVY are limited because of poor outreach and practical barriers, and the scheme needs to be more responsive to the local context.

## Recommendations:

1. Effective awareness marketing initiatives should be installed to improve both outreach levels and public understanding
2. The application process should become easier to avoid complex documentation requirements during the intake phase.
3. Rapid fund distribution should continue to sustain the program's high levels of trust from beneficiaries.
4. Payment amounts should specifically be increased for cesarean delivery procedures
5. ASHA workers do need to be trained better, they also need resources to make sure they are able to educate local people.

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