

## Maternity entitlements

### Why in News?

Recently deficiencies in maternity entitlements and their implementation came under scrutiny.

### What are the maternity entitlements available in India?

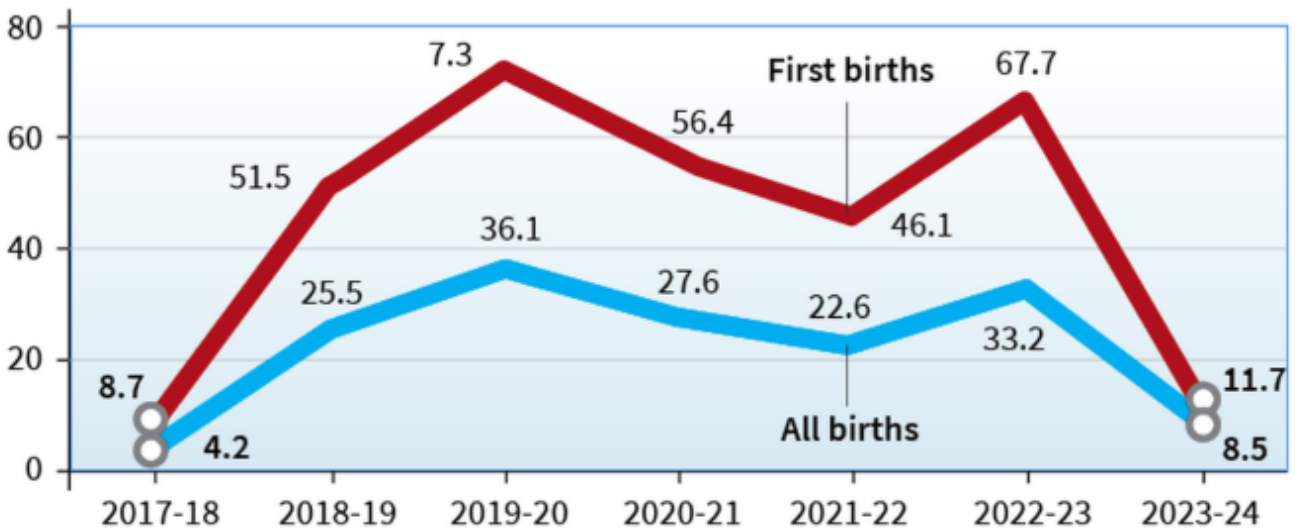
- **Fundamental right** - Article 21 of Right to life guarantees the right to health and medical care, encompassing maternal health.
- **Directive principles to state** - Article 42 of Directive Principles of State Policy directs the State to make provisions for securing just and humane conditions of work and for maternity relief.
- **The Maternity Benefit Act, 1961** - The act provides 26 weeks of maternity leave at the time of delivery.
- **NFSA act** - Under the National Food Security Act (NFSA) 2013, all pregnant women (except those already covered in the formal sector) are entitled to maternity benefits of Rs.6,000 a child.
- **Pradhan Mantri Matru Vandana Yojana (PMMVY)**- It provides nutritional support and partial wage compensation to pregnant and lactating women.

### What are the challenges in ensuring maternity entitlements?

- **Declining coverage** - Effective coverage was only 36% in 2019-20 and declined sharply after that, except for a partial revival in 2022-23.

# Estimated coverage of Pradhan Mantri Matru Vandana Yojana

Percentage of pregnant women who received at least one PMMVY instalment



- **Low allocation of funds** - Central government spending on the PMMVY was at an all-time low of Rs.870 crore in 2023-24 , barely one third of the corresponding figure five years earlier
- **Regional disparities** - Maternal health services vary widely across regions, rural and poorer areas often lag behind.
- **Socio-economic inequalities** - Poorer households have limited access to maternal healthcare.
- **Urban-Rural divide** - Urban women generally receive better care compared to rural women.
- **Resource shortages** - A lack of healthcare professionals, facilities, and efficient referral systems hampers quality care.
- **Overcrowded facilities** - Urban health centers are often overburdened, reducing service quality.
- **Awareness gaps** - Many women are unaware of the available maternal health services.
- **Cultural barriers** - Language differences and cultural practices, especially among migrants, can deter women from seeking care.
- **Implementation gaps** - Discrepancies between policy design and actual execution result in inconsistent service delivery.

## What can be done to improve it?

- **Universal maternity entitlements** - Expand benefits to cover every birth, not just the first and Simplify eligibility by removing restrictive conditions.
- **Increase benefit amount** - Raise the benefit to at least Rs.12,000 (inflation-adjusted).
- **Timely disbursement** - Ensure timely, structured disbursement (e.g., trimester-wise payments).

- **Integrated implementation** - Integrate maternity programs with nutrition and healthcare programs like POSHAN Abhiyaan.
- **Remove bureaucratic hurdles** - Simplify documentation by reducing Aadhaar dependency and allowing alternative IDs.
- **Transparency** - Regularly publish data on beneficiaries, fund usage, and coverage gaps.
- **Accountability** - Strengthen grievance redressal with effective helplines and complaint systems and Promote independent audits and social monitoring.
- **Learn from state-level best practices** - Emulate Tamil Nadu's model and Adopt Odisha's integrated approach (cash benefits plus robust interventions).

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## Reference

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