

IMPACT OF PRADHAN MANTRI MATRU VANDANA YOJANA ON TRIBAL PREGNANT WOMEN: A STUDY OF DISTRICT POONCH IN JAMMU AND KASHMIR

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By

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DECLARATION

I, hereby declare that the presented work in the thesis entitled “**IMPACT OF PRADHAN MANTRI MATRU VANDANA YOJANA ON TRIBAL PREGNANT WOMEN: A STUDY OF DISTRICT POONCH IN JAMMU AND KASHMIR**” in fulfilment of degree of **Doctor of Philosophy (Ph.D.)** is outcome of research work carried out by me under the supervision **Dr. Keshlata**, working as Assistant Professor, in the **School of Social Sciences of Lovely Professional University, Punjab, India**. In keeping with the general practice of reporting scientific observations, due acknowledgements have been made whenever work described here has been based on findings of another investigator. This work has not been submitted part or full to any other University or Institute for the award of any degree.

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CERTIFICATE

This is to certify that the work reported in the Ph.D. thesis entitled **“IMPACT OF PRADHAN MANTRI MATRU VANDANA YOJANA ON TRIBAL PREGNANT WOMEN: A STUDY OF DISTRICT POONCH IN JAMMU AND KASHMIR”** submitted in fulfillment of the requirement for the reward of degree of **Doctor of Philosophy (Ph.D.)** in the **School of Social Sciences**, is a research work carried out by **Shafiya Rasheed., 12105524**, is bonafide record of his/her original work carried out under my supervision and that no part of thesis has been submitted for any other degree, diploma or equivalent course.

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ABSTRACT

The health of women, especially during pregnancy and lactation, is a critical focus of public health, as it has far-reaching implications for both maternal and child outcomes. Maternal well-being directly influences child health and development, impacting cognitive and physical growth and setting the foundation for societal health and economic productivity. Women in developing nations like India face compounded risks due to socioeconomic challenges, limited access to medical care, and nutritional deficiencies, underscoring the necessity for robust legal frameworks and supportive welfare programs. Acknowledging these needs, India implemented a maternity benefit scheme referred to as Pradhan Mantri Matru Vandana Yojana in 2017, which will benefit pregnant and lactating women with financial benefits at the time of their first live birth. PMMVY smoothen the effects of pregnancy on the economy, promote institutional delivery, and improve the nutrition levels of mothers and their newborns by curbing under nutrition. There are many other international frameworks that highlight the importance to maternal health care. In its Convention on the Elimination of All Forms of Discrimination against Women, "Ensure access to adequate health care facilities, services and supplies for pregnant women throughout pregnancy, at childbirth and post-natal periods" (CEDAW, 1979). Similarly, the United Nations' 2030 Sustainable Development Goals have Goal 3 that tries to reduce deaths by half from maternal causes around the world. India has aligned itself with these international mandates by implementing policies like PMMVY and by strengthening the Maternity Benefit Act, which was amended in 2017 to extend paid maternity leave to 26 weeks and mandate workplace childcare facilities, thus reflecting the country's commitment to maternal health and welfare. In Jammu and Kashmir, state-specific initiatives supplement national programs to support maternal health. However, significant barriers persist, particularly in remote regions like Poonch. Poonch's geographic isolation, underdeveloped healthcare infrastructure, and limited nutritional services pose severe challenges for maternal healthcare access. These issues are intensified by the region's rugged terrain, which restricts connectivity, and by lower socioeconomic status, which limits awareness and access to maternal health benefits. The selection of Poonch for focused research is therefore strategic, as it represents a microcosm of the unique obstacles faced in underserved areas. An in-depth study of these localized challenges aims to inform

and optimize health interventions for remote populations, ultimately advancing India's goals of reducing maternal mortality and supporting the well-being of mothers and children, in alignment with both national objectives and global standards. Therefore, the study makes an attempt to assess the level of awareness of the Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme among tribal pregnant women in Poonch district, where preliminary insights suggest that awareness may be moderate. Additionally, it examines the scheme's economic support for tribal mothers in Poonch, evaluating whether the financial incentives provided were used for their intended purposes, such as covering healthcare costs, promoting institutional deliveries, and enhancing maternal nutrition. A core focus is also to understand how effectively the scheme contributes to improving the nutritional status of beneficiary women, as this is essential for healthy maternal and child outcomes. By examining these aspects, the study aims to generate a clearer picture of PMMVY's impact on tribal communities in Poonch, identifying both the benefits and potential areas for improvement in the scheme's implementation."

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ABBREVIATIONS AND ACRONYMS

Abbreviation	Full Form
PMMVY	Pradhan Mantri Matru Vandana Yojana
NHFS	National Health and Family Survey
Aadhaar	Unique Identification Authority of India
SDGs	Sustainable Development Goals
MDGs	Millennium Development Goals
ANC	Antenatal Care
PNC	Postnatal Care
IMR	Infant Mortality Rate
MMR	Maternal Mortality Rate
WHO	World Health Organization
UNICEF	United Nations International Children's Emergency Fund
ICDS	Integrated Child Development Services
ASHA	Accredited Social Health Activist
NFHS	National Family Health Survey
RCH	Reproductive and Child Health
CCT	Conditional Cash Transfer
FGD	Focus Group Discussion
LMP	Last Menstrual Period
TBA	Traditional Birth Attendant
BPL	Below Poverty Line
CHC	Community Health Centre
PHC	Primary Health Centre
AWW	Anganwadi Worker
SRS	Sample Registration System
RSBY	Rashtriya Swasthya Bima Yojana
NREGA	National Rural Employment Guarantee Act
JBSY	Janani Suraksha Yojana
CMR	Child Mortality Rate

Abbreviation	Full Form
FHS	Family Health Services
JSSK	Janani Shishu Suraksha Karyakram
VHSNC	Village Health Sanitation and Nutrition Committee
RMNCH+A	Reproductive, Maternal, Newborn, Child, and Adolescent Health
NCD	Non-Communicable Diseases
MCH	Maternal and Child Health
AAY	Antyodaya Anna Yojana
PMJAY	Pradhan Mantri Jan Arogya Yojana
NPM	National Program for Midwives
SPM	Sustainable Program Management
PDS	Public Distribution System
FSSAI	Food Safety and Standards Authority of India
NHP	National Health Policy
NIMHANS	National Institute of Mental Health and Neurosciences
ICMR	Indian Council of Medical Research
RBSK	Rashtriya Bal Swasthya Karyakram
NACO	National AIDS Control Organization
NHRM	National Health Resource Management

Chapter 1

Introduction

CHAPTER 1 INTRODUCTION

1.1 BACKGROUND OF THE STUDY

Maternal health comes as an important area of concern within global health and the socioeconomic status of any country since it plays critical (Filippi, et, al 2006) ¹ role in determining the scope of maternal and child mortality and morbidity. The concern to end maternal mortality is also directly underlined by the United Nations' Sustainable Development Goal three, which specifically focuses on how to (Guegan, et. al 2018)² promote healthy lives and well-being at all ages. Since the introduction of the Millennium Development Goals (MDGs), especially MDG 5 which was a call to action, the global maternal mortality ratio (MMR) has witnessed a remarkable decrease of 45 % between 1990 and 2013. However, despite all the progress that has been made, the global rate of maternal death in childbirth still remains extraordinarily high as the number of women that died from (World Health Organization 2009)³ pregnancy or associated factors in 2013 was 289,000. The achievements of the SDGs include targets to decrease the MMR to below 70 deaths for every 100,000 live births by 2030 which warrants almost three time's greater (Olea-Ramirez et, al 2024)⁴ annual decrease than that recorded in earlier years. To avert these deaths, fundamental measures such as qualified assistance during childbirth and thorough antenatal care have to be done; nonetheless, inequities are still noticeable especially for low-income areas which have (Whitehead, et. al 2001)⁵ poor quality of health care services. For instance, nearly 86% of maternal mortalities in recent years were reported in dry sub-Saharan Africa. Such problems need not only increasing the level of health care services but also factors which tend to act as, social determinants of health which are known to be adverse to certain groups. Global attempts moving forwards in this domain should adopt measures to secure the position of maternal health as an active item on the international agenda to enable women to indulge in safe pregnancies free of any potential health risks (World Health Organization 2015)⁶.

Global frameworks including the International Covenant on Economic, Social and Cultural Rights and the UDHR signed in 1966 what is gained in (Cook & World Health

Organization 1994)⁷ maternal health is to be the right of women and children to be healthy. The adoption of CEDAW in 1979 and subsequent recognition of women's right in its entirety has seen progressive improvement in policies regarding the health care of mothers during and after delivery (Englehart, & Miller 2014)⁸. The ongoing war against maternal mortality has further been advanced by the CRC of 1989 that advocates for maternal health within the context of children's rights. The Fourth World Conference on Women, held in Beijing in 1995, adopted the Beijing Declaration and Platform for Action where reproductive health rights were included as critical for development of women and further solidifying their empowerment (Women, U. N. 1995)⁹. More recently, the Sustainable Development Goals (SDGs), especially its Goal 3, which was adopted in 2015 and which aims to achieve universal health coverage, ensure access to quality essential healthcare services and to reduce global maternal mortality to less than 70 for every 100,000 live births. These international frameworks can be viewed as support measures to be utilized in coordinating national policies and legislation geared towards combating maternal morbidity and minimizing unnecessary deaths associated with pregnancy and childbirth. (World Health Organization 2017)¹⁰.

India has done very significant work in the maternal health landscape; however, its area of challenge still remains the two areas, which are (Neil & Ved 2017)¹¹ maternal mortality rates and malnutrition rates of pregnant and lactating women. The MMR declined from 398 deaths per 100,000 live births during 1997-98 to 99 in 2020, representing a decline of nearly 70% within two decades. Even though the country had about 1.3 million maternal deaths during this period, the highest mortality rates were registered in poorer states. In Jammu and Kashmir, the latest available report April 2020 to March 2022 estimated an MMR of 47 per lakh live births. There was variation across districts, with postpartum hemorrhage and hypertensive disorders noted as important causes. A very high percentage of pregnant women were undernourished, which always increases risks during pregnancy and delivery. Maternal healthcare is a vital area and has received prime importance through various government schemes, such as the National Health Mission and SUMAN, to improve the maternal health services. However, there is an ongoing necessity to work on achieving equitable access and quality care everywhere so that this can be

achieved in attaining the Sustainable Development Goal of reducing MMR below 70 by 2030. (Vora,et, al 2009)¹²

The major initiatives that the Indian government has undertaken include JSY, ICDS, and PMMVY. The latter, launched in 2005, tries to reduce maternal and neonatal mortality by encouraging institutional delivery through cash incentives for pregnant women. The ICDS was started in 1975 as one of the largest community-based programs in the world, providing health, nutrition, and education to children less than six years and pregnant and lactating mothers. PMMVY is a maternity benefit program launched in 2017 to provide a beneficiary at her first live birth with ₹5,000 in cash through the bank account of her choice to reduce child mortality and improve maternal health and nutrition during pregnancy. The scheme is important because it inspires women to receive care before (Gupta & Zeba 2021) ¹³conception and improved nutrition during the prenatal period, hence more healthy outcomes for mothers and children. These programmes collectively represent the efforts of India towards improving maternal health and addressing the problems associated with maternal mortality and malnutrition. The challenges associated with maternal health are particularly acute in India's tribal and rural communities, including regions like Jammu and Kashmir, where lack of access to healthcare services due to economic and geographical barriers places a severe restraint. They are the most vulnerable to financial problems and risk malnutrition, which aggravates their condition at the early stages of pregnancy. For instance, "the maternal mortality ratio (MMR) in Jammu and Kashmir is reported at 121 per 100,000 live births according to a National Health Mission survey, asking for immediate access to health care services." An analysis spanning April 2020 to March 2022 has revealed that in the region, the MMR was 47 per lakh live births, with postpartum hemorrhage and hypertensive disorders major contributors. As tribal's live miles away from healthcare facilities-in many a case more than 25 kilometers-timely accesses to essential medical care becomes very complicated. Low education and various cultural factors have also been related to the poor health-seeking behaviour and manifested tribal populations with lower institutional deliveries. Government-oriented policies like Janani Suraksha Yojana may focus on the institutional deliveries by offering monetary incentives; however, the programs put into place are often plagued by infrastructural (Bhatia, 2021)¹⁴ inadequacies and the socio-economic conditions of the community being

addressed. Therefore, maternal health is an inherent challenge that requires a multi sector approach with the integration of modern healthcare practices into traditional beliefs, in order that services are accessible and culturally sensitive to the needs of the women in tribal and rural areas, including Jammu and Kashmir.

Maternal health in Jammu and Kashmir (J&K) faces significant challenges, characterized by a maternal mortality ratio (MMR) of 47 per lakh live births from April 2020 to March 2022, which is lower than the national average but shows considerable district-level variability. Key issues include inadequate healthcare infrastructure, with many areas lacking essential facilities, particularly affecting tribal populations who experience geographic isolation and financial barriers that hinder access to maternal health services. Nutritional deficiencies among pregnant and lactating women are prevalent, with a notable proportion suffering from anaemia. The Pradhan Mantri Matru Vandana Yojana (PMMVY) plays a crucial role in addressing these challenges by providing financial support to pregnant women, particularly in tribal communities, enabling them to access better nutrition and healthcare during pregnancy. This initiative is vital for improving maternal health outcomes in the region by facilitating access to necessary resources and services. (Muzaffar, 2015)¹⁵

District Poonch in Jammu and Kashmir is characterized by its socio-economic challenges, particularly among its tribal populations, which constitute a significant portion of the demographic makeup. The district faces limited healthcare infrastructure, with many areas lacking essential medical facilities, contributing to high poverty rates that exacerbate maternal health issues. Tribal pregnant women often confront unique needs related to cultural practices and geographic isolation, making access to healthcare services even more difficult. The implementation of the Pradhan Mantri Matru Vandana Yojana (PMMVY), launched in 2017 to provide a cash incentive of ₹5,000 to pregnant women for their first living child, encounters specific obstacles in Poonch, including administrative inefficiencies, low awareness of the scheme among beneficiaries, and cultural barriers that hinder the utilization of benefits. Evaluating PMMVY's impact on tribal pregnant women in Poonch is essential for informing policy adjustments and improving program

implementation, ultimately supporting better maternal health outcomes in this remote region (Bhat & Mir, 2016)¹⁶.

The challenges facing maternal health in District Poonch, Jammu and Kashmir, are multifaceted and deeply rooted in the socio-economic conditions of the area, particularly among tribal populations. Limited healthcare infrastructure results in inadequate access to essential services, high poverty rates exacerbate the difficulties faced by pregnant women. Cultural barriers and a lack of awareness about maternal health programs, such as the Pradhan Mantri Matru Vandana Yojana (PMMVY), further hinder effective utilization of available resources. Administrative challenges complicate the implementation of these programs, leading to gaps in support for tribal women who are already vulnerable due to geographic isolation. The overarching problem is that these interconnected issues create a significant barrier to improving maternal health outcomes in Poonch, necessitating targeted interventions and policy reforms to address the unique needs of this population. (Khan & Khan, 2020)¹⁷

1.2 SOCIO-ECONOMIC DIVERSITY AND MATERNAL HEALTH CHALLENGES IN INDIA

India is a country of immense socio-economic diversity, encompassing a population of over 1.4 billion (Census 2011). While it ranks as the world's fifth-largest economy by nominal GDP (World Bank, 2023), it also faces significant disparities in wealth, education, and healthcare access. The Global Multidimensional Poverty Index (UNDP, 2022) highlighted that approximately 16.4% of India's population still lives below the poverty line, with women and marginalized communities disproportionately affected. Maternal health is a critical concern, as India recorded a maternal mortality ratio (MMR) of 97 deaths per 100,000 live births in 2018-2020 (SRS, Registrar General of India-2018-2019). Despite substantial progress, challenges persist in rural and tribal areas where inadequate healthcare infrastructure, malnutrition, and lack of awareness significantly impact maternal welfare. These disparities underscore the need for targeted welfare schemes, especially in regions like Jammu and Kashmir, where socio-political instability exacerbates healthcare access issues (Registrar General of India 2018-2019)¹⁸.

India is home to 104 million Scheduled Tribes, accounting for 8.6% of the total population (Census 2011). These communities, spread across rural and forested areas, often face socio-economic marginalization, low literacy rates, and poor access to essential services. Jammu and Kashmir, with a tribal population of 1.49 million, including Gujjars, Bakerwals, and Paharis, constitutes around 12% of the state's total population (National Population Census 2011)¹⁹. Tribal women in these regions often experience compounded challenges due to geographic isolation, poverty, and limited access to maternal healthcare facilities. Addressing these disparities requires targeted interventions like the Pradhan Mantri Matru Vandana Yojana (PMMVY), specifically designed to improve maternal health outcomes. (Ministry of Women and Child Development 2021)²⁰

India's healthcare system, a mix of public and private institutions, is guided by the National Health Policy, 2017, which emphasizes universal healthcare. Despite significant improvements, maternal healthcare remains a challenge, particularly in rural and tribal areas where institutional delivery rates are low. (Ministry of Health and Family Welfare 2017)²¹. National initiatives like Janani Suraksha Yojana (2005) and Pradhan Mantri Surakshit Matritva Abhiyan (2016) aim to reduce maternal and neonatal mortality. Jammu and Kashmir's healthcare infrastructure, though improving, struggles with accessibility in remote tribal areas, making maternal welfare schemes essential for addressing regional disparities. (Government of India. (2005)²²

1.3 ISSUES AND PROBLEMS OF MATERNAL HEALTH IN JAMMU AND KASHMIR

India faces profound maternal health challenges that manifest differently across regions and across states. The national maternal health landscape is characterized by persistently high maternal mortality rates, with approximately 440 women dying per 100,000 live births, placing India among the most challenging environments for maternal care globally. (Registrar General of India 2018-2020)²³ The nationwide initiatives like the National Rural Health Mission (NRHM) have attempted to address these systemic issues; significant gaps remain in healthcare access, quality, and equity. Maternal health complications are particularly acute, with 50 million women suffering from pregnancy-related morbidities, driven by factors including limited healthcare infrastructure,

socioeconomic inequalities, and substantial rural-urban disparities. (Ministry of Health and Family Welfare 2022)²⁴. The studies indicate that 59.5% of women experience pregnancy complications, with 74% facing delivery-related issues, highlighting the region's complex maternal health landscape. Notably, rural areas consistently demonstrate lower healthcare access, with only 34% of rural women receiving postnatal care compared to 66% in urban settings. The direct causes of maternal mortality, including excessive bleeding, infections, and pregnancy-induced complications—remain persistent threats. Despite a 70% decline in maternal mortality rates between 1997 and 2020, the problem remains critical, with approximately 23,800 maternal deaths occurring annually, predominantly affecting women in poorer states and rural regions. In Jammu and Kashmir, the situation reveals nuanced challenges. The statistics underscore the urgent need for comprehensive, targeted interventions that address the multifaceted challenges of maternal health in India, Jammu and Kashmir, and specific districts like Poonch. (National Health Systems Resource Centre 2021)²⁵. The District of Poonch likely experiences even more pronounced difficulties, inheriting both state-level and national-level maternal health challenges. Key determinants such as education, income, and residence significantly impact maternal healthcare utilization, with institutional delivery rates dramatically varying across socioeconomic strata.

1.4 MATERNAL HEALTH AND MORTALITY IN POONCH DISTRICT

Maternal and infant health outcomes in Poonch district form the serious challenges that exist within the overall health scenario of the State of Jammu and Kashmir. An NHFS research from April 2020 to March 2022 reveals a shocking figure of 104 maternal mortality per 100,000 live births against the regional average of 57 per 100,000. The causes of such a high MMR are essentially complications arising from causes such as postpartum hemorrhage, hypertensive disorders, and sepsis, which are the leading causes for maternal deaths. A demographic analysis of the maternal deaths in this period reveals that most cases involved women aged 25-30 years, particularly in the postpartum phase. The findings make it clear that maternal health care during this critical period after delivery requires focused interventions. Government, through various programs, has been engaged in improving maternal and child health indicators in Poonch. National Health Mission (NHM) and PMMVY, which was rolled out in 2017, provides the pregnant and lactating women with

much-needed financial support to augment nutrition and access to healthcare services. PMMVY allocates ₹5,000 to eligible beneficiaries, aimed at ensuring better prenatal and postnatal care, nutritional support, and overall health security for mothers and infants. However, despite the availability of these programs, disparities in healthcare access and quality continue to affect tribal communities, highlighting the ongoing need for focused support and outreach efforts. (Gilani & Ahmed, 2023) ²⁶

The infant health scenario has made slight improvement with the infant mortality rate, now being 12 per 1,000 live births. The rationale behind this could be the possible increase in institutional deliveries, which are now approximately at 85% of the deliveries and better antenatal care services, given through PMMVY and ICDS programs. ICDS has been supporting pregnant women in the district with nutritional packages and health education to improve not only their health condition but also that of the infant. Poshan Abhiyaan, which was launched in 2018, aims at curbing the incidence of under nutrition among children and mothers through advocacy for healthy dietary habits, check-ups, and infant care, sanitation, and hygiene practices. NFHS data further suggests that the uptake of iron-folic acid supplementation has increased among pregnant women in the district. This is crucial in addressing high rates of anaemia, a common issue among tribal women that poses serious health risks for both mothers and babies. These government-supported programs, especially PMMVY and ICDS, have led to observable improvements in maternal and infant health outcomes. Nevertheless, significant challenges remain in achieving equitable healthcare access for all tribal communities in the region. These interventions reflect positive progress; they also underscore the need for continuous monitoring and evaluation to identify and address gaps in healthcare delivery effectively. Increased investments in maternal health services, alongside culturally sensitive outreach programs, are essential to ensure that the benefits of PMMVY, ICDS, and similar initiatives reach all tribal women in Poonch district, helping to further reduce maternal and infant mortality and improve overall health.

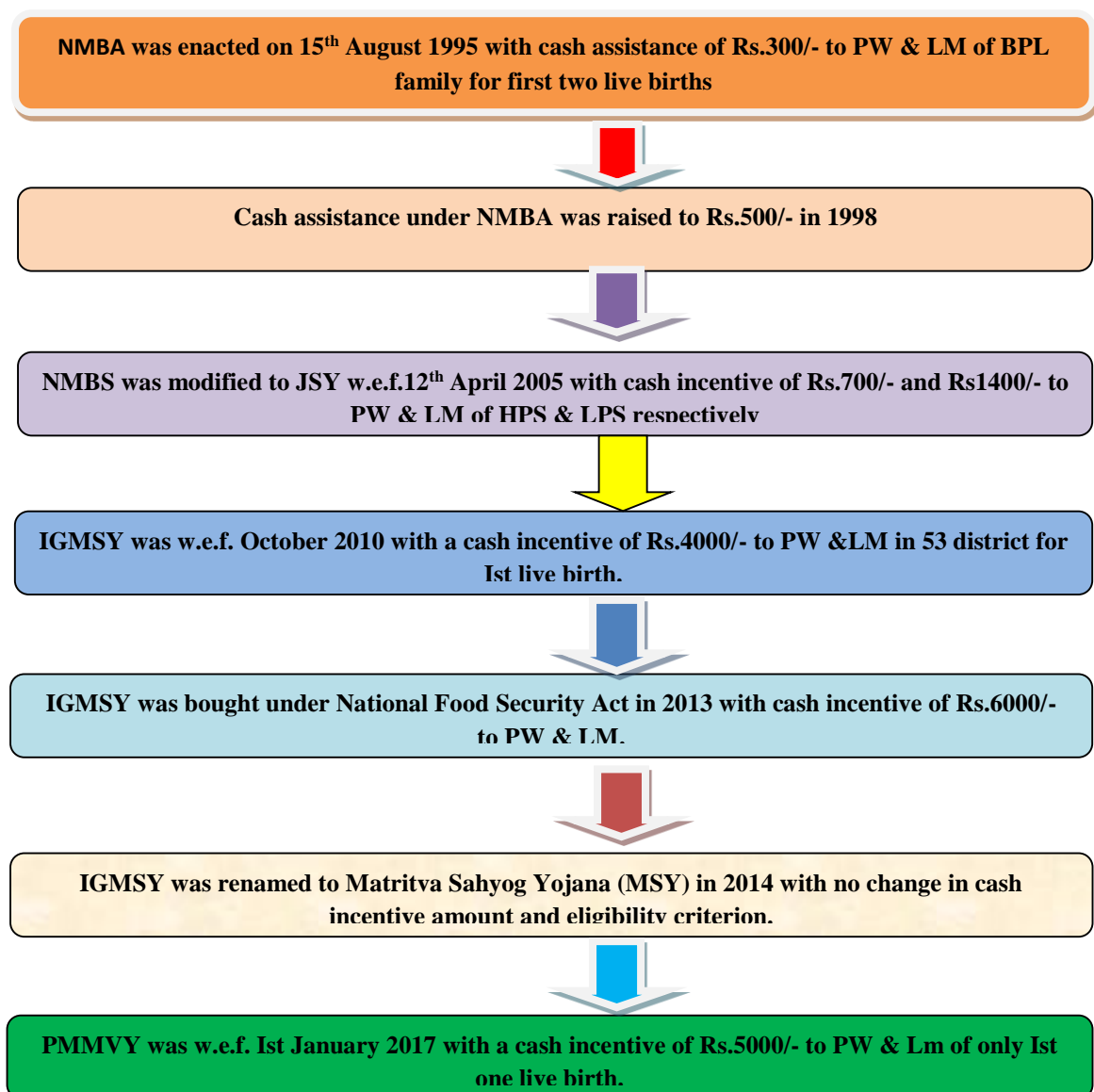
1.5 COMPREHENSIVE MATERNAL HEALTH INITIATIVES IN INDIA

India has adopted a number of policies and interventions that directly aim at ensuring better maternal health and enhancing the mother-to-child death ratio. The mother-

to-child death ratio, which in 2021 reached almost 97 per 100,000 live births, is mostly covered by the various packages on healthcare delivery access, economic benefits, education, and community support as well as preventive and curative measures. The National Health Mission was initiated in the year 2013 as an all-rounded program for building up healthcare delivery and increasing access to quality maternal and child health services through different subprograms. Of these, the Janani Suraksha Yojana launched in 2005 provided cash incentives to pregnant women who opted for institutional deliveries, therefore supporting better survival of mothers and their newborns by encouraging safer options for birth. Launched in 2011, the Janani Shishu Suraksha Karyakram or JSSK scheme offers free health care, including transport charges, drugs, diagnostic services, and diet, to pregnant women and new-borns at public health care facilities. One of the flagship programs is Pradhan Mantri Surakshit Matritva Abhiyan, a program launched since 2016. Under this scheme, diagnostic and counselling (Vora, et, al 2009) ²⁷services on maternal and child health have been provided to women at their doorsteps, particularly in rural and underserved settings, as part of prenatal care. The Pradhan Mantri Matru Vandana Yojana was launched in the year 2017, providing pregnant and lactating mothers with ₹5,000 for proper nutrition and health to enhance institutional deliveries and thereby reduce the rate of maternal mortality. The National Food Security Mission began in the year 2007 and indirectly strengthens maternity care since it combats malnutrition as it is a major cause of death in mothers and infants as well as accesses food and nutrition. The RMNCH+A strategy adopted in 2013 provided a continuum of care that improved health outcomes across the critical life stages. NRHM, implemented in 2005 and further integrated into NHM in 2013, had been the vehicle through which strengthening of primary healthcare infrastructure had been made in rural areas, playing a fundamental role in delivery at the grassroots level for maternal healthcare. Balancing such health-oriented initiatives are policy programs toward women's empowerment including the National Policy on Women Empowerment 2001, which aims to strengthen gender equality and women's empowerment and increase education, economic, legal rights, and social participation. This policy indirectly nurtures maternal health through the empowerment of women in matters of their own health and well-being. Finally, the Integrated Child Development Services program started in 1975 aims at child malnutrition but includes supplementary nutrition programs for pregnant and lactating mothers, which further improves the result (O'Neil, S., Naeve,

K., & Ved, R. (2017).²⁸and outcome for maternal health. These all-inclusive policies highlight India's efforts to improve the effectiveness of healthcare access, nutritional intervention, educational inputs, and empowerment of women. The much more important progress made till date has been about increasing institutional delivery care from around 38% in 2005 to over 80% now. Factors such as differential socioeconomic conditions and cultural barriers continue to present a challenge. Improvement in maternal health and reduction in maternal mortality can only be ensured across the country with sustained efforts. (Kumar & Palaniyappan 2023)²⁹

Figure 1.1: Evolution of Maternity Benefits Scheme in India



Source: Ministry of Women and Child Development, 2021

1.6 PREREQUISITE AND GENESIS OF MATERNITY BENEFIT PROGRAMMES (PMMVY)

The PMMVY has been one of the greatest transformations which India has undertaken in improving maternal health and has emerged from the earlier schemes for the benefits to the pregnant and lactating women. The scheme came in the year 2010 under the name of Indira Gandhi Matritva Sahyog Yojana, in an effort by the government to provide maternity benefits to these women, more focused on disadvantageous categories of the economy. It was renamed PMMVY in 2017; again, this showed much wider commitment by the Government of India to improve maternal (Bishnoi & Bishno, 2022)³⁰ health outcomes throughout the country. The genesis of maternity benefit programs in India originates from recognizing the excessive high rates of maternal and infant mortality related to poor nutrition and lack of access to healthcare at gestation and delivery times. Statistics would show that 17% of maternal deaths were attributed to India, where the maternal mortality ratio was estimated to be 113 per 100,000 live births. This was terrible and posed a challenge for targeted interventions on health-seeking behaviors during the antenatal period while (Kalra & Priya, 2019)³¹ ensuring that delivery practices are safe. The PMMVY aims to address these issues by providing conditional cash transfers to pregnant women aged 19 years and above for their first live birth, thereby partially compensating for wage loss during childbirth and encouraging proper nutrition and healthcare practices. The program is structured to disburse ₹5,000 in three installments, contingent upon fulfilling specific conditions such as early registration of pregnancy, attending antenatal check-ups, and ensuring timely vaccinations for newborns. This framework not only incentivizes women to seek necessary medical care but also promotes better nutritional practices during and after pregnancy. The PMMVY was integrated into the National Food Security Act of 2013, which mandated cash maternity benefits as part of a comprehensive strategy to combat malnutrition among mothers and children. The scheme has undergone several expansions since its inception; initially piloted in select districts, it was scaled up significantly in 2017 to cover 650 districts nationwide as part of a broader initiative to enhance maternal welfare. The introduction of PMMVY 2.0 in April 2022 further refined the program by incorporating digital tools for better accessibility and transparency, including a dedicated PMMVY portal that facilitates direct benefit transfers (DBT) and

simplifies the application process for beneficiaries. This digital shift aligns with the government's vision of “Digital India” enhancing the efficiency of fund disbursement through mechanisms like Aadhaar-enabled payment systems. Despite its successes, challenges remain in terms of awareness and cultural acceptance (Yojana, 2018)³² among target populations, particularly within tribal communities where traditional practices may conflict with modern healthcare recommendations. Therefore, ongoing evaluation of PMMVY's impact is crucial for understanding its effectiveness in improving maternal health outcomes and for informing policy adjustments that can enhance program implementation. The evolution of maternity benefit programs like PMMVY reflects India's commitment to safeguarding maternal health through structured financial support and improved access to healthcare services, aiming not only to reduce maternal mortality but also to foster a healthier future generation. (Narayanan & Saha (2020)³³

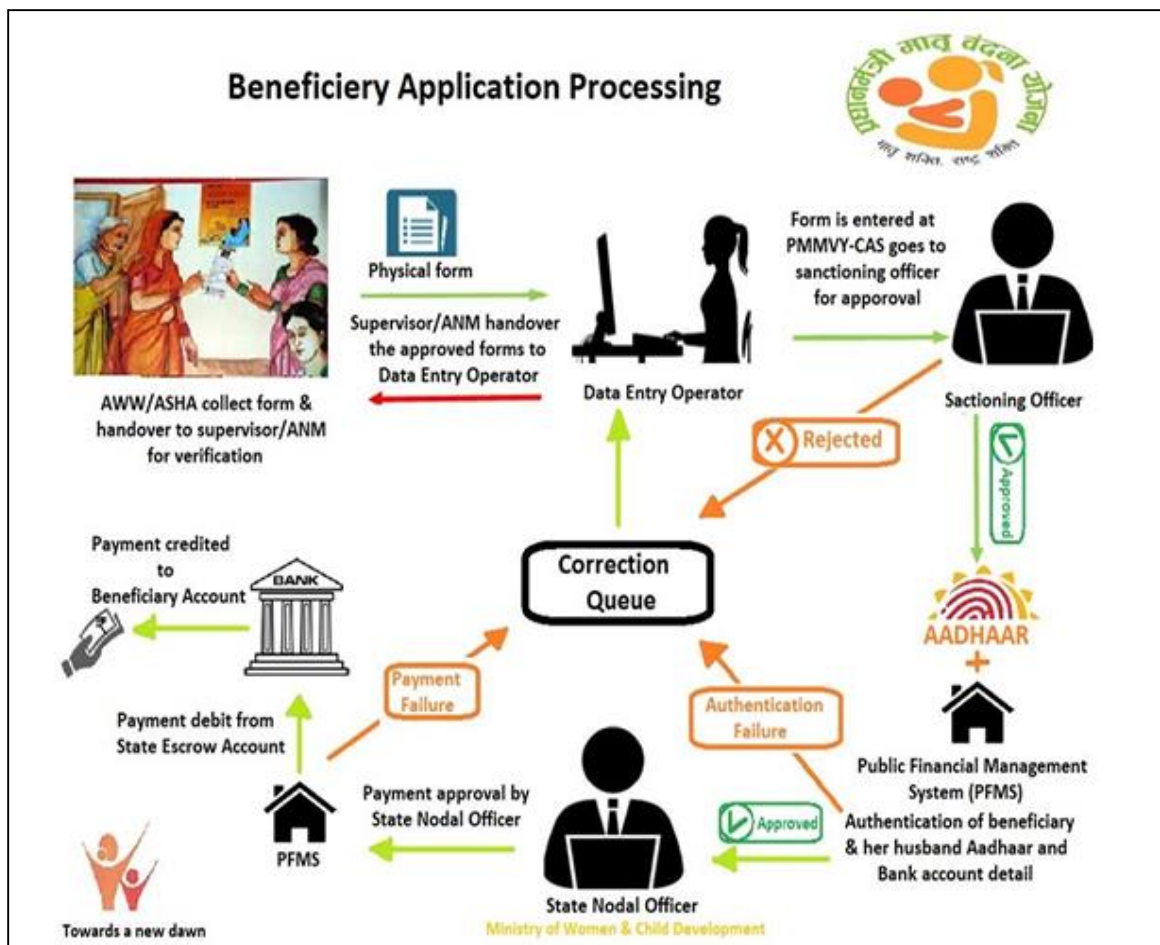
1.7 OPERATIONAL FRAMEWORK OF PRADHAN MANTRI MATRU VANDANA YOJANA

Pradhan Mantri Matru Vandana Yojana, launched on 1st January 2017 by the Government of India, is an initiative that tries to give pregnant and lactating mothers financial support for their first live birth. It offers a cash incentive of ₹5,000, which now has been paid in three instalments upon fulfilment of specific maternal and child health conditions. Pradhan Mantri Matru Vandana Yojana is a flagship initiative of the Government of India for providing financial assistance to pregnant women and lactating mothers during their first live birth. The scheme provides a cash incentive of ₹5,000, payable in three instalments subject to the satisfaction of certain maternal and child health conditions. The process of PMMVY includes beneficiary application processing, wherein several key functions are performed by different functionaries in order to deliver efficient service.³⁴ (Yojana, 2018)

The process begins with the Anganwadi Worker (AWW) or Accredited Social Health Activist (ASHA), who plays a pivotal role in disseminating information about the PMMVY and identifying potential beneficiaries. They provide the necessary application forms, assist women in filling them out, collect completed forms, maintain a PMMVY register, and issue acknowledgments upon submission. Once the forms are filled, they are

submitted to the Supervisor for verification. The Supervisor is responsible for collecting and verifying the physical forms submitted by AWWs and ASHAs. They facilitate training for these field functionaries and ensure that all applications are processed accurately. After verification, the Supervisor submits the forms to the Child Development Project Officer (CDPO) at the block level for sanctioning. At the block level, the CDPO reviews the submitted applications and oversees their approval. This officer ensures that all necessary documentation is complete and that beneficiaries meet eligibility criteria. Upon approval, the CDPO forwards the data to the District Nodal Officer, who manages fund (Shashank & Mayya, 2022)³⁵ disbursement and oversees grievance management at the district level. The District Nodal Officer enters beneficiary data into the PMMVY Common Application Software (CAS) system, which enables real-time tracking of applications and payments.

Figure 1.2: Process of Beneficiary Application Processing In PMMVY



Source: Ministry of Women and Child Development, 2021

This system is crucial for monitoring scheme implementation across all states and Union Territories. The State Nodal Officer oversees operations at the state level, ensuring compliance with guidelines and managing IT-related tasks associated with the scheme. Finally, at the central level, the Central Nodal Officer is responsible for overall fund management and monitoring of PMMVY across states. This officer ensures that funds are allocated appropriately and addresses any systemic issues that may arise during implementation. By streamlining application processing through defined roles and responsibilities, PMMVY aims to enhance maternal health outcomes in India ensuring that financial assistance reaches eligible beneficiaries efficiently. The integration of technology through PMMVY-CAS facilitates transparency and accountability in fund disbursement, making it one of India's most effective Direct Benefit Transfer (DBT) programs. (Agrawal, et, al 2021)³⁶

1.8 ROLES AND RESPONSIBILITIES OF FUNCTIONARIES IN THE PRADHAN MANTRI MATRU VANDANA YOJANA (PMMVY)

PMMVY is a cash incentive scheme specifically targeting pregnant and lactating mothers for their first living child. The programme of PMMVY implementation integrates multiple functionaries carrying specific roles and responsibilities for effective delivery. AWW and ASHA are the prime catalysts at grassroots levels. Their primary responsibilities include disseminating information about PMMVY, identifying potential beneficiaries, and assisting them in filling out application forms. They also maintain the PMMVY register, provide acknowledgments to beneficiaries, and submit completed forms to their supervisors for further processing. They facilitate training sessions for new AWWs and ASHAs to enhance their understanding of the scheme. The Supervisor or Auxiliary Nurse Midwife (ANM) oversees the activities of AWWs and ASHAs. Their responsibilities include collecting and verifying the forms submitted by these functionaries, ensuring that all necessary data is accurately recorded in the PMMVY-CAS system. They are also required to submit these forms to the concerned health block or project office, monitor the scheme's implementation, and resolve grievances at the district level. The CDPO is the sanctioning authority at the block level. Among their tasks is checking all submitted forms, sanctions for registration, and ensuring installment payments to the beneficiaries. They

monitor reports in PMMVY regularly, ensuring updated master data and obtaining timely approvals. (Sekher,et, al)³⁷

Table 1.1: Roles and Responsibilities of Functionaries in The Pradhan Mantri Matru Vandana Yojana (PMMVY)

Role	Job Description	Responsibilities
Field Functionary	AWW / ASHA Functionary	<ul style="list-style-type: none"> - Disseminate information and identify potential beneficiaries. - Disseminate physical forms, assist beneficiaries in form filling, collect filled forms, scrutinize them, maintain the PMMVY register, and provide acknowledgments.
Supervisor	(AWS ANM)	<ul style="list-style-type: none"> - Submit filled forms to the supervisor. - Facilitate training for AWWs and ASHAs. - Collect and verify physical forms. - Submit forms at Health Block Office/Project Office.
Sanctioning Officer	CDPO at Block Level	<ul style="list-style-type: none"> - Receive forms from the supervisor and enter beneficiary data into the PMMVY-CAS system. - Approve registration and installments for beneficiaries. - Set up user and master data in PMMVY CAS.
District Nodal Officer	Officer at the District Level	<ul style="list-style-type: none"> - Manage grievances at the district level. - Oversee fund management for beneficiaries at the district level.
State Nodal Officer	Officer at the State Level	<ul style="list-style-type: none"> - Handle fund management for beneficiaries at the state level. - Manage IT-related work for the scheme.
Central Nodal Officer	Officer at the Central Level	<ul style="list-style-type: none"> - Information technology work related for the scheme - Fund management for the scheme at central level

Source: Ministry of Women and Child Development, 2021

At the district level, the District Nodal Officer is to oversee the whole implementation exercise within their jurisdiction. This includes managing grievances, ensuring compliance with guidelines, and facilitating fund management for beneficiaries. They also play a role in data entry and monitoring scheme implementation through various reports generated from the PMMVY system. The State Nodal Officer oversees operations at the state level, including user creation in the PMMVY system, fund management for beneficiaries, and addressing grievances escalated from district levels. They monitor

scheme implementation through a state-level dashboard to ensure that all processes align with national objectives. At the central level, the Central Nodal Officer is responsible for overall oversight of PMMVY implementation across states. They manage user creation at state levels and monitor performance through a national-level dashboard. Their role includes ensuring compliance with IT requirements and facilitating fund management for the entire scheme. Each functionary within PMMVY plays a vital role in ensuring that pregnant women and lactating mothers receive timely support and benefits under this important initiative. Their coordinated efforts are essential for effective implementation and achieving the program's objectives of improving maternal and child health outcomes in India. (Drèze,et, al 2021)³⁸

1.9 ENHANCING MATERNAL HEALTH FOR TRIBAL WOMEN IN POONCH DISTRICT: GOVERNMENT INITIATIVES AND INTERVENTIONS

In India, maternal health remains a critical focus, especially for marginalized communities such as tribal women in remote areas like Poonch district, Jammu and Kashmir. Recognizing the unique challenges faced by these populations, the government has launched a series of targeted initiatives aimed at improving maternal health outcomes and reducing mortality rates. These efforts are essential in addressing the disparities in healthcare access and quality that often leave tribal women vulnerable during pregnancy and childbirth. With a commitment to enhancing healthcare delivery systems, the Indian government has implemented various programs designed to provide financial assistance, ensure access to quality maternal care, and promote safe childbirth practices. By focusing on the specific needs of tribal women, these initiatives not only aim to improve health outcomes but also empower communities to take an active role in their healthcare journey. Through collaborative efforts that include community participation and comprehensive healthcare strategies, there is hope for significant advancements in maternal health for tribal women in Poonch district. (Mèmoire, 2011) ³⁹

In India, especially in Jammu and Kashmir, there are several initiatives that uplift the health of mothers belonging to tribal women groups in Poonch district. The National Health Mission was launched in 2013 to strengthen health care delivery systems and

provide access to quality maternal and child health services. An important scheme taken as part of this mission is Janani Suraksha Yojana (JSY), through which cash incentives are being provided to pregnant women who seek institutional deliveries for which they have proven effective in promoting safer childbirth practices. There exists the Janani Shishu Suraksha Karyakram (JSSK) which came into being in 2011, ensuring free maternal and neonatal healthcare facilities. All their transport and drugs that the pregnant woman would need visiting any public health care facility will be free. The Pradhan Mantri Matru Vandana Yojana (PMMVY) is launched from January 1, 2017, and provides financial assistance of ₹5,000 to pregnant and lactating women. This will help the lady improve nutrition and health care during pregnancy. It's especially helpful for tribal women, who are usually prone to economic problems. In 2016, PMSMA was initiated focusing on providing full antenatal care to pregnant women in marginalized areas. The government, through VHSNCs, also encourages community involvement in health activities by putting the power of health matters into the hands of the local communities. Even then, problems still abound at the grassroots level due to income-related disparities and problems of accessible easy medical services on a literal level across Poonch. The findings indicates that maternal mortality rates in the region are still concerning, necessitating ongoing efforts to enhance healthcare infrastructure and outreach programs specifically tailored for tribal populations. These initiatives reflect a commitment to improving maternal health outcomes and reducing mortality rates among vulnerable groups in Jammu and Kashmir. (Kaur & Shakeel, 2023)⁴⁰

1.10 CURRENT STATUS OF THE PRADHAN MANTRI MATRU VANDANA YOJANA (PMMVY) IN JAMMU AND KASHMIR, INCLUDING POONCH DISTRICT

Pradhan Mantri Matru Vandana Yojana or PMMVY is a maternity benefit program under the Government of India, from January 1, 2017. Since its inception, the scheme is operational and financially supports the pregnant women and lactating mothers with her first living child till 2024. According to the Ministry of Women and Child Development, till 15th July 2022, PMMVY has registered more than 2.89 crores pregnant women and lactating mothers, and ₹11,217.39 crore worth of benefits have been disbursed up to now. Through the scheme, a direct benefit of ₹5,000 is given in three installments into the

account of the eligible beneficiary either in her bank or post office account. Since its launch, PMMVY has been operated in Jammu and Kashmir, which also covers Poonch district. In any case, the government exempted Jammu and Kashmir, Assam, and Meghalaya from Aadhaar requirement. This exemption is made to ensure more extended coverage and easier access to the scheme's benefits in these areas. (Alyas & Mushtaq, 2023)⁴¹

The scheme would be implemented in Jammu and Kashmir through the platform of Integrated Child Development Services (ICDS). The focal point of implementation is the Anganwadi Centre (AWC) and such beneficiaries can be identified and supported appropriately through ASHA and ANM workers. This scheme is being rolled out as part of a comprehensive launch program in the state of Jammu and Kashmir. The beneficiaries belonging to Poonch can register themselves for this scheme through their local Anganwadi Centre or other Ministry-approved health facilities. PMMVY employs a Centrally Deployed Web-Based MIS Software application, namely, PMMVY-CAS, Common Application Software. The system allows for real-time monitoring of the scheme's progress and facilitates direct benefit transfer. The findings available from the Ministry of Women and Child Development reveals tremendous uptake of the scheme across India. Out of those surveyed, Madhya Pradesh was ranked at the top followed by Andhra Pradesh, Himachal Pradesh, Dadra & Nagar Haveli, and then Rajasthan. Some of the objectives of this scheme include partial wage loss compensation, promotion of healthy behaviour among pregnant women and nursing mothers, and maternal and child health outcomes. The Pradhan Mantri Matru Vandana Yojana is eligible for cash incentives paid in three instalments in order to support the health and well-being of mothers in the states of India, such as Jammu and Kashmir and Poonch district. The first instalment is provided on an early registration of the pregnancy to encourage women to seek health care and advice at an appropriate stage. The second instalment is then provided after the first antenatal check-up, that is, check-up in terms of health condition of both the mother and child. The third and final instalment is received after the registration of birth of the child and after completing the first round of immunization so that infants are introduced into life with all important health protection. This planned incentive programme is thus supposed to encourage important events of health during pregnancy and early motherhood. PMMVY is the most essential maternity benefit scheme for low-income families who are relieved of financial stress that motivates

women to go for health check-ups. It helps in encouraging these preventive health practices and contributes to reduced maternal and infant mortality rates, hence making it a vital initiative in advancing maternal and child health nationwide. (Haque & Wani, 2013)⁴²

Table 1.2: Year-Wise Numbers of Beneficiaries of PMMVY in States/ Union Territories

State/UTs	2017-18	2018-19	2019-20	2020-21
Andaman and Nicobar Island	1211	1378	1782	2189
Andhra Pradesh	153099	269878	427643	292094
Arunachal Pradesh	38	2722	9465	8529
Assam	7800	69313	366276	201400
Bihar	46006	120414	817700	1181671
Chandigarh	3487	5158	6978	7986
Chhattisgarh	42817	102728	185330	183332
Dadra and Nagar Haveli	603	2051	3126	3314
Daman and Diu	1	1256	1855	1471
Delhi	11478	48353	76902	80607
Goa	1350	5454	5439	6187
Gujarat	81231	183407	369740	162926
Haryana	43126	142814	184104	119822
Himachal Pradesh	15306	52960	60326	67530
Jammu & Kashmir	3134	45305	77630	60380
Jharkhand	47357	101714	215059	178563
Karnataka	76143	268995	374528	506308
Kerala	50561	131545	239898	216813
Ladakh	0	0	0	1173
Lakshadweep	0	340	212	665
Madhya Pradesh	182594	442123	894033	933964
Maharashtra	120326	258717	1028041	808517
Manipur	2158	3154	21779	16442
Meghalaya	0	1341	16243	10004
Mizoram	650	7770	8454	7376
Nagaland	0	1707	14139	6073
Odisha	5	0	0	0
Puducherry	429	4337	8671	6477
Punjab	37797	102104	104172	127204
Rajasthan	19682	459450	356446	451863
Sikkim	304	742	5258	3219
Tamil Naidu	0	2844	506106	469571
Telangana	0	0	0	0
Tripura	1136	13320	35613	24277
Uttar Pradesh	141151	776750	1503163	1302623
Uttarakhand	16027	36811	58299	80994
West Bengal	1922	212330	521073	11

Source: PMMVY-related data available on <https://data.gov.in> (Data was available only up to the financial year 2020-21)

1.11 AWARENESS AND ACCESS TO PMMVY AMONG TRIBAL WOMEN IN POONCH

Pradhan Mantri Matru Vandana Yojana has been initiated with an objective to provide cash compensation to pregnant and lactating women during the period of pregnancy or after confinement. Even here, a critical issue of lack of awareness and access amongst tribal women can be seen in the district of Poonch. NHFS says very few tribal women know of this PMMVY scheme that offers a cash incentive of ₹5,000 to the (Alyas & Mushtaq 2023) ⁴³ woman for the first two live births if she does certain specified health check-ups and gets registered during her pregnancy. The Jaccha Baccha Survey highlighted that nationwide, only 12% of women received all three instalments of this benefit, with significant barriers affecting access. In Poonch, cultural factors and lack of information dissemination contribute to low awareness levels. Many women rely on informal networks for information, which may not always provide accurate details about government schemes. Barriers to accessing PMMVY include bureaucratic hurdles such as the need for Aadhaar registration, which can be problematic for tribal women who may lack proper documentation. The requirement for multiple forms and verification processes further complicates access, leading to frustration and disengagement from the scheme. Logistical challenges in reaching Anganwadi centers, where registration occurs, exacerbate the issue. Efforts to improve awareness must focus on culturally sensitive outreach strategies that engage local leaders and utilize community resources. Simplifying the application process and reducing documentation requirements could also enhance participation rates among tribal women. Addressing these barriers is essential to ensure that the benefits of PMMVY reach those who need them most, thereby improving maternal and child health outcomes in Poonch district. (Khan & Khan 2020)⁴⁴

1.12 STATEMENT OF PROBLEM

The global maternal health landscape presents a challenging and complex scene, with huge inequalities between developed and developing nations. According to the World Health Organization, in 2017, 295,000 women died during and following pregnancy and childbirth. This undoubtedly necessitates effective intervention to support the well-being of mothers, especially in developing regions. Maternal mortality is one of the most pressing

global health inequities. Maternal Mortality Ratio in low-income countries stands at 430 per 100,000 live births in 2020 compared with just 13 per 100,000 live births in high-income countries. This puts into perspective how far the nations are apart in quality healthcare and resource access. International efforts to curb maternal health challenges have been underway for decades. The MDG set ambitious targets for reducing the global MMR to less than 70 per 100,000 live births by 2030; so far, however; progress toward this target has been slow and uneven. Between 2000 and 2020, the global MMR declined from approximately 390 to about 220 per 100,000 live births-about a 34% decline. In the context of these global challenges, many countries have implemented targeted programs to improve maternal health outcomes. India is one of the most populous countries with a high burden in maternal mortality. Therefore, several initiatives have been taken to curb the challenge. Among them is the Pradhan Mantri Matru Vandana Yojana (PMMVY), which commenced on 1st January 2017, initiated by the Government of India to uplift pregnant and lactating mothers in terms of nutrition and better maternal health. This scheme is specifically very important in the face of international challenges of maternal health, as the World Health Organization reports that an estimated 295,000 women died due to complications related to pregnancy and childbirth during the year 2017. These figures highlight the urgent need for effective interventions to support maternal health, especially in developing regions. Hence, maternal mortality in India continues to pose a challenge, as the MMR has been estimated at 113 per 100,000 live births in 2016. Thus, PMMVY will be a relief measure where it will offer cash incentives of ₹5,000 in three installments to eligible women, thus compensating for wage loss during pregnancy and promoting better health-seeking behaviors. The scheme is aimed to reach the socially and economically deprived women of scheduled castes and scheduled tribes. Focusing on Jammu and Kashmir, where traditional practices and socio-economic factors significantly impact maternal health, the PMMVY has been implemented with specific attention to local needs. As of November 2021, Jammu and Kashmir received approximately ₹99.76 crores, benefiting over 216,539 women under this scheme. The region's unique geographical challenges necessitate tailored approaches to ensure that pregnant women receive adequate support and care. In Poonch district, part of the Rajouri-Poonch region in Jammu and Kashmir, tribal pregnant women face additional hurdles due to cultural practices and

limited access to healthcare facilities. The PMMVY aims to bridge this gap by incentivizing institutional deliveries and regular antenatal check-ups. However, despite these efforts, there are concerns regarding the scheme's reach and effectiveness among tribal populations who may be less aware of or able to access these benefits. The impact of PMMVY on tribal pregnant women in Poonch district is multifaceted. The scheme has shown promise in increasing institutional births and improving maternal health indicators overall, its effectiveness can vary significantly based on local awareness, accessibility of healthcare services, and socio-cultural barriers. In Poonch district, Jammu and Kashmir, pregnant women face numerous challenges that significantly impact their health and maternal outcomes. High maternal mortality rates, recorded at 104 per 100,000 live births, are exacerbated by limited access to healthcare facilities and inadequate maternal health services. Cultural barriers, low awareness of available programs like the Pradhan Mantri Matru Vandana Yojana, and socio-economic disparities further hinder access to essential care. Geographical isolation complicates transportation to health center's, leading many women to opt for home deliveries, which increases the risk of complications and maternal deaths during childbirth. Therefore, the study makes an attempt to measure the level of awareness of the PMMVY scheme among tribal pregnant women in Poonch district, and to evaluate its impact on the economic support provided to tribal beneficiary mothers in the region. It aims to determine whether the PMMVY incentives were used for their intended purposes by the beneficiary tribal women, and to assess the nutritional status of these women, thereby providing a comprehensive understanding of the scheme's effectiveness and its contribution to the welfare of tribal communities in Poonch district.

1.13 PURPOSE OF THE STUDY

The purpose of the study is to assess the impact of the Pradhan Mantri Matru Vandana Yojana (PMMVY) on tribal pregnant women in Poonch district of Jammu and Kashmir. The research aims to measure the level of awareness of the PMMVY scheme among tribal pregnant women, exploring how familiar these women are with the scheme's benefits and provisions. The study examines the economic support provided by the PMMVY, specifically evaluating how the financial assistance has impacted the tribal mothers in Poonch district. The research further investigates whether the incentives

received under the PMMVY scheme were used for their intended purposes, such as improving maternal health and accessing medical services. Lastly, the study aims to assess the nutritional status of the beneficiary women, evaluating how the PMMVY's assistance has influenced their access to better nutrition during pregnancy. The findings help to understand the effectiveness of PMMVY in addressing the specific needs of tribal women in Poonch and contribute to policy discussions on improving maternal welfare and health outcomes in marginalized communities. By examining these key areas, this study provides valuable insights into the success and challenges of the scheme and offers recommendations for enhancing its impact in similar regions.

1.14 OBJECTIVES OF THE STUDY

1. To measure the level of awareness of PMMVY scheme among the tribal pregnant women in Poonch district.
2. To study the economic support of PMMVY scheme on tribal beneficiary mothers of Poonch district.
3. To determine whether the PMMVY incentives were used for intended purposes by beneficiary tribal women in Poonch district.
4. To assess the nutritional status of beneficiary women of PMMVY in Poonch district.

1.15 RESEARCH QUESTIONS

1. What is the level of awareness of the Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme among tribal pregnant women in Poonch district?
2. How has the economic support provided by the PMMVY scheme affected the tribal beneficiary mothers in Poonch district?
3. Were the PMMVY incentives utilized for their intended purposes by the beneficiary tribal women in Poonch district?
4. What is the nutritional status of the beneficiary women under the PMMVY scheme in Poonch district?

1.16 HYPOTHESES

1. **Null Hypothesis (H_0):** The level of awareness of the PMMVY scheme among tribal pregnant women in Poonch district is not significantly low.

Alternative Hypothesis (H_1): The level of awareness of the PMMVY scheme among tribal pregnant women in Poonch district is significantly low.

2. **Null Hypothesis (H_0):** The economic support provided by the PMMVY scheme has no significant impact on the financial well-being of tribal beneficiary mothers in Poonch district.

Alternative Hypothesis (H_1): The economic support provided by the PMMVY scheme has a significant positive impact on the financial well-being of tribal beneficiary mothers in Poonch district.

3. **Null Hypothesis (H_0):** The PMMVY incentives were not used for their intended purposes by beneficiary tribal women in Poonch district.

Alternative Hypothesis (H_1): The PMMVY incentives were used for their intended purposes by beneficiary tribal women in Poonch district.

4. **Null Hypothesis (H_0):** The nutritional status of the beneficiary women under the PMMVY scheme in Poonch district has not improved.

Alternative Hypothesis (H_1): The nutritional status of the beneficiary women under the PMMVY scheme in Poonch district has improved.

1.17 SIGNIFICANCE OF THE STUDY

The study on the Impact of Pradhan Mantri Matru Vandana Yojana (PMMVY) on Tribal Pregnant Women: A Study of District Poonch in Jammu and Kashmir is both timely and relevant, aiming to evaluate the effects of a flagship government welfare scheme designed to improve maternal health and well-being, particularly for tribal populations in Jammu and Kashmir. The significance of the study lies in its potential to fill an existing gap in research regarding the impact of PMMVY on tribal women, who often face unique

challenges in accessing healthcare and social benefits. Although the PMMVY has been studied in various contexts, its specific effects on tribal pregnant women have not been thoroughly explored. The study will contribute new insights into the effectiveness of the scheme in improving maternal health outcomes, ensuring financial security for tribal women, and enhancing their access to healthcare in remote areas. The research addresses a critical gap by focusing on the implementation and reception of the PMMVY in tribal regions like Poonch. By doing so, it aims to contribute valuable data on how the PMMVY impacts maternal health, the financial stability of pregnant women, and their access to essential healthcare services in tribal areas. The study's findings will help inform policies that can better target and improve the implementation of the PMMVY, making it more effective for tribal populations. The results will be beneficial to local government bodies, healthcare providers, and social welfare organizations by offering evidence-based recommendations for optimizing the scheme's outreach and effectiveness. It will assist policymakers in understanding how to make maternal healthcare more accessible and impactful for tribal communities, thus fostering more inclusive healthcare systems. The theoretical contribution of this study lies in enhancing the understanding of welfare schemes effectiveness in marginalized communities. By focusing on the specific challenges faced by tribal pregnant women in accessing government welfare programs, this research contributes to the theoretical discourse on the intersection of healthcare, gender, and social welfare in underserved areas. The study expands on existing literature about maternal welfare programs, offering new insights into the challenges of delivering public health initiatives to geographically isolated and culturally distinct populations, providing a broader theoretical framework for inclusive development. The societal impact of the research extends beyond academic circles, as it can directly improve the lives of tribal women in Poonch and similar regions. By documenting the experiences of pregnant women benefiting from the PMMVY, the study raises awareness about the barriers they face and the support they need. This can contribute to reducing maternal mortality, improving maternal nutrition, and enhancing overall health outcomes in these communities. By highlighting the significance of targeted welfare schemes, the study advocates for policies that prioritize equitable healthcare delivery to marginalized groups, which can help address the existing disparities in maternal health between tribal and non-tribal populations.

Academically, this research adds to the body of knowledge in public health, social welfare, and tribal studies. It provides valuable insights into how large-scale national programs like the PMMVY are perceived and experienced at the grassroots level, particularly in tribal regions, an area that has not received sufficient attention in existing literature. The study will inform future research on maternal health and tribal welfare, opening new avenues for examining the effectiveness of similar welfare schemes in remote and underserved areas of India. The research contributes to a broader understanding of how government policies can improve maternal health outcomes for marginalized communities, thus advancing the academic discourse on welfare and public health. By focusing on the unique needs of tribal pregnant women in District Poonch, this study underscores the vital role that government welfare programs, such as the PMMVY, play in improving maternal health in marginalized populations. The research offers insights that can guide future policies aimed at promoting equitable healthcare for tribal communities, thereby ensuring that the benefits of national programs reach the most vulnerable populations.

1.18 LIMITATIONS OF THE STUDY

The study on “Impact of Pradhan Mantri Matru Vandana Yojana on tribal pregnant women: a study of district Poonch in Jammu and Kashmir” faced several limitations that influenced both data collection and analysis.

- 1. Geographical Accessibility Issues:** The district of Poonch, with its remote tribal areas and challenging terrain, posed significant difficulties in accessing participants. The lack of proper infrastructure, including transportation and communication networks, delayed fieldwork and hindered the recruitment of participants. The inaccessibility of certain areas meant that the study could only include tribal pregnant women from selected regions, limiting the scope of the findings
- 2. Cultural Sensitivity and Social Stigma:** Discussing pregnancy, health, and government schemes in tribal communities required a culturally sensitive approach. Many participants were hesitant to share information due to social stigma surrounding government assistance or due to a lack of understanding of the scheme.

This reluctance affected the depth of the interviews and limited the full scope of data collection on the experiences of tribal women under the scheme.

3. **Sample Size Constraints:** The study was constrained by a limited sample size of 270 participants, chosen from a few specific villages within the district. This sample provided valuable insights; it may not fully capture the diverse experiences of all tribal pregnant women across the entire district. The relatively small sample size also limits the generalizability of the findings to other regions in Jammu and Kashmir or similar tribal areas.
4. **Time Constraints:** Due to time limitations, the study could only engage with participants over a short period. This limited the opportunity for follow-up visits or longitudinal data collection, which could have provided more detailed insights into the long-term impact of the Pradhan Mantri Matru Vandana Yojana on the health and well-being of tribal pregnant women. More time would have allowed for greater participant interaction and deeper exploration of individual experiences.
5. **Potential Response Bias:** The study encountered the potential for response bias, as some participants may have provided responses they believed were expected or deemed favourable by researchers. The desire to appear compliant with government schemes or to avoid perceived criticism of the program may have influenced the authenticity of the responses, affecting the accuracy of data on the scheme's impact

1.19 DELIMITATIONS OF THE STUDY

Delimitations of the study are as follows:

1. **Geographical Focus:** The study was confined to the district of Poonch in Jammu and Kashmir, a region with a significant tribal population, including areas such as Dhundak, Marhote, Hari Upper A, Lathoon, Surankote, Gunthal, Kallar Kattal, Sangla, Pamrote, Dandi Dhara, Mahra, Behramgala and Fazlabad. This geographical focus was intentionally narrowed to examine the impact of the Pradhan Mantri Matru Vandana Yojana specifically within these areas.

2. **Sample Size and Composition:** The study involved a total of 270 respondents, comprising 250 key tribal pregnant women benefiting from the Pradhan Mantri Matru Vandana Yojana and 20 key stakeholders, including healthcare providers, ICDS officials, AWW workers, ANM workers, Ayesha workers, and village community members in Poonch. This sample composition was designed to capture a broad range of perspectives on the scheme's impact, encompassing both direct beneficiaries and those involved in its implementation and support at the community level. This sample composition was designed to capture a broad range of perspectives on the scheme's impact.
3. **Methodological Approach:** The research utilized both qualitative and quantitative methods, including in-depth interviews with open-ended and closed-ended questions. The qualitative approach focused on personal experiences, the quantitative aspect assessed statistical trends in the impact of the scheme. This methodology excluded large-scale, purely quantitative surveys, which could have offered broader statistical data.
4. **Areas of Inquiry:** The study focused on assessing the impact of the Pradhan Mantri Matru Vandana Yojana on the health, well-being, and economic empowerment of tribal pregnant women in Poonch. Key areas of inquiry included awareness of the scheme, accessibility to benefits, and changes in maternal health outcomes, as well as challenges faced in the implementation of the scheme.
5. **Time Frame:** The time frame of the study was set from 2020 to 2024, examining the effects of the Pradhan Mantri Matru Vandana Yojana over the past few years. This period was chosen to assess the scheme's effectiveness in the most recent years of its implementation, while also considering changes in maternal health and socio-economic conditions within the tribal community.
6. **Analytical Methodology:** The analytical approach involved a combination of thematic analysis for qualitative data and statistical analysis using tools like SPSS for the quantitative data. Thematic analysis helped in identifying recurring themes related to the experiences and perceptions of tribal pregnant women, the statistical analysis evaluated the impact of the scheme on various health and socio-economic

indicators. This combination of methodologies ensured a comprehensive understanding, but larger-scale surveys could have further strengthened the statistical robustness of the findings.

1.20 OPERATIONAL DEFINITIONS

1.20.1 Tribe

A tribe is a social group characterized by shared cultural, linguistic, or ancestral heritage. Tribes often have distinct social structures, traditions, and governance systems, typically living in close-knit communities. They may inhabit specific geographic areas and maintain unique identities. The major tribes in Poonch district, Jammu and Kashmir, include Gujjars and Bakerwals, known for their pastoral lifestyle. Paharis are also present, primarily engaged in agriculture. These tribes contribute to the region's rich cultural diversity and historical significance. (Mohan & Samal, 2023)⁴⁵

1.20.2 Pregnant woman

Pregnancy is defined as a state where a woman has a developing fetus inside her womb. Pregnancy lasts for approximately 40 weeks from the first day of the woman's last menstrual period. During pregnancy, the woman experiences various bodily changes; these include physical and emotional and hormone changes that happen due to the development and growth of the fetus inside her. (Cook & Dickens, 2012)⁴⁶

1.20.3 Mortality Rate

Maternal deaths per 100,000 live births during or after pregnancy for the tribal population of Poonch district, Jammu and Kashmir, as considered in this study. It will also comprise deaths concerning complications arising in pregnancy, labour, and post-delivery. The maternal mortality rate will be assessed with the use of data collected concerning maternal deaths and their causes from local health centers and health personnel. (Opeskin & Nwauche, 2013)⁴⁷

1.20.4 Fertility Rate

It refers to the total number of live births per 1,000 women of reproductive age within the group, aged between 15 and 49 years, in the tribal population of Poonch district. This measure informs us about the reproductive behaviour of women in the community. Such an assessment is possible through government health data from the health departments and community-based organizations offering maternal care services along with monitoring birth rates among tribal populations. (Malhotra ,et, al 1995)⁴⁸

1.20.5 Pradhan Mantri Matru Vandana Yojana (PMMVY)

Pregnant and lactating woman beneficiaries of a scheme announced by the state government will be provided with an incentive amount of ₹5,000, whereby the first-ever child delivered by the beneficiary gets entitlement. Impact to be measured in terms of effects on maternal health, nutrition, and economic empowerment. (Behera, 2023)⁴⁹

1.20.6 Economic Empowerment

The extent to which the financial assistance provided by the PMMVY scheme contributes to the economic well-being of tribal pregnant women, which will be measured by their ability to afford healthcare, nutritional food, and other essential needs during pregnancy. (Malik, et, al 2023)⁵⁰

1.20.7 Mental health

Mental health for tribal pregnant women in Poonch refers to their emotional, psychological, and social well-being during pregnancy, which influences how they cope with stress, prenatal care, and their relationships with family and community. Ensuring good mental health is crucial for their overall well-being, healthy pregnancies, and successful maternal outcomes. (Mehta, et, al 2020)⁵¹

1.20.8 Awareness of the Scheme

The level of knowledge among tribal pregnant women regarding the existence and benefits of the PMMVY, measured through interviews or surveys. This will include

knowledge about the eligibility criteria, benefits, and procedures to apply for the scheme. (Admure, 2023)⁵²

1.20.9 Nutritional Status

The intake of healthy food, healthcare, and maternal care services determines the nutritional status among tribal pregnant women in Poonch. Pregnancy will always be a period of need for good nutrition to benefit both the mother and the child, hence healthy fetal development, prevents complications, and ensures overall health in the mother and child. (Shruthi, et, al 2024)⁵³

1.21 ORGANIZATION OF THESIS

1.21.1 CHAPTER 1

Chapter one establishes the foundation of the study, beginning with an overview of the Pradhan Mantri Matru Vandana Yojana (PMMVY) and its significance in improving maternal health and wellbeing, particularly among tribal pregnant women in the Poonch district of Jammu and Kashmir. The chapter outlines the study's objectives, including assessing the impact of PMMVY on improving maternal health, nutrition, and financial assistance. It articulates the statement of the problem, research questions, and hypotheses. The significance of the research is discussed, along with the limitations and delimitations of the study. Operational definitions of key terms such as "maternal health," "nutrition," and "incentives" are provided to ensure clarity in the research.

1.21.2 CHAPTER 2

Chapter two reviews existing literature relevant to the study of maternal health, government schemes, and the specific challenges faced by tribal pregnant women in India, with a focus on the Poonch district. It examines previous studies on the Pradhan Mantri Matru Vandana Yojana (PMMVY), its implementation, and the impacts on maternal and infant health outcomes. The chapter explores research on the role of governmental support in improving health outcomes in marginalized communities, especially among tribal populations. The literature review helps contextualize the research and identifies gaps in current knowledge, setting the stage for the study's contribution to the field.

1.21.3 CHAPTER 3

Chapter three outlines the research methodology, detailing the design and approach for studying the impact of PMMVY on tribal pregnant women in Poonch district. It describes the sampling method, which involved 250 respondents, including tribal pregnant women benefiting from the scheme and key stakeholders such as healthcare providers, ICDS officials, AWW workers, ANMs, and local community members. The chapter elaborates on the tools used for data collection, such as structured interviews and questionnaires, and provides a rationale for the chosen qualitative and quantitative analysis methods, including thematic analysis and statistical tests like ANOVA, and correlation using SPSS software. The methodology chapter ensures a clear understanding of the data collection and analysis processes.

1.21.4 CHAPTER 4

Chapter four presents the analysis of the collected data, focusing on the impact of PMMVY on the health and wellbeing of tribal pregnant women in Poonch. It discusses key findings regarding the scheme's effectiveness in improving maternal health, nutritional status, and financial security for the women. The chapter includes statistical results and graphical representations, such as frequency distributions and charts, to illustrate trends and patterns in the data. It further explores barriers to the successful implementation of PMMVY in the region and evaluates the need for adjustments or enhancements to the program. The findings are placed within the broader context of maternal healthcare for marginalized communities.

1.21.5 CHAPTER 5

Chapter five offers a comprehensive conclusion, summarizing the key findings and their implications for policy and practice. It discusses the successes and limitations of the Pradhan Mantri Matru Vandana Yojana in improving the maternal health of tribal pregnant women in Poonch. The chapter provides recommendations for strengthening the implementation of PMMVY, particularly in remote tribal areas, and offers suggestions for further research to explore more effective strategies for improving maternal health outcomes among marginalized populations. The final chapter underscores the importance

of continued governmental support to reduce maternal and infant mortality rates in such communities.

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Chapter 2

Literature Review and Theories

CHAPTER 2 REVIEW OF LITERATURE AND THEORIES

2.1 INTRODUCTION

A review of existing literature is vital for assessing the impact of Pradhan Mantri Matru Vandana Yojana (PMMVY) on tribal pregnant women in District Poonch, Jammu and Kashmir. This review spans national and regional studies, examining the PMMVY's effectiveness in improving maternal health outcomes within tribal communities. By analyzing multiple sources, including government reports, health studies, and socioeconomic research, the review identifies both the achievements and challenges of PMMVY implementation, focusing on the accessibility and effectiveness of maternal healthcare interventions. Methodologically, the review evaluates various approaches previously employed in studying maternal health initiatives, guiding the study's methodological framework.

Through a systematic literature review, the research highlights existing gaps, particularly concerning tribal women's access to benefits under PMMVY and the role of healthcare providers in remote regions like Poonch. The integration of empirical studies and policy analyses underscores key findings on PMMVY's financial assistance, nutritional support, and health awareness initiatives. This review also maps out critical areas needing improvement, such as outreach in tribal regions, cultural sensitivity, and resource distribution, ensuring the study addresses these gaps. By synthesizing insights on health interventions and PMMVY's role in tribal maternal care, the literature review establishes a comprehensive foundation, aligning the study's objectives to enhance maternal health outcomes and support for tribal women in District Poonch.

2.2 SOCIO-CULTURAL DYNAMICS, GENDER, AND TRIBAL EMPOWERMENT IN POONCH, JAMMU AND KASHMIR

Ahmed and Mushtaq (2023)⁵⁴ analyze social injustice among tribal communities in Jammu and Kashmir, focusing on the Poonch district. The study reveals that these tribes, geographically dispersed and culturally diverse, face systemic marginalization. Tribal women, particularly from disadvantaged scheduled castes and tribes, bear the brunt of

social inequality due to patriarchal norms and limited access to education and resources. The research highlights the intersecting challenges of poverty, gender discrimination, and socio-economic exclusion, emphasizing the urgent need for targeted policies to address these injustices. By exploring these issues, the study contributes to understanding the socio-cultural struggles of tribal communities in the region.

Ahmed (2021)⁵⁵ study examines educational challenges among Gujjar women in Jammu and Kashmir. Traditional expectations and early marriages often prevent girls from attending school, resulting in 89% illiteracy among women aged 10-65. Barriers like poverty, inadequate infrastructure, and remote locations exacerbate the issue. Government and NGO initiatives, including scholarships and rural schools, have improved access, but obstacles like transportation persist. Despite these struggles, the resilience of Gujjar women highlights the importance of continued efforts to break cycles of poverty and oppression through education.

Sharma, (2021)⁵⁶ examines the socio-political and cultural dimensions of identity, religion, and difference in the borderland district of Poonch, Jammu and Kashmir. The research highlights how boundaries—both physical and conceptual—play a crucial role in shaping identities, cultural practices, and religious affiliations in this region. Drawing on Oberoi's (1994) framework, Sharma explores how these boundaries contribute to the formation of distinct social categories and foster a sense of belonging or exclusion among the local communities. The study underscores the complexities of identity in a border region where cultural and religious differences are often heightened by geopolitical tensions.

Mehmood (2021)⁵⁷ explores the role of media in fostering social cohesion and addressing cultural diversity in the border district of Poonch, Jammu and Kashmir. It highlights how media serves as a critical platform for bridging divides in a region characterized by diverse ethnic, religious, and cultural groups. The study particularly emphasizes the impact of media on women, addressing their role in a culturally diverse society and how media can empower them by raising awareness about their rights, education, and participation in social and political spheres. The research underscores the

importance of media in mitigating conflicts, fostering unity, and promoting gender inclusivity in an ethnically mixed society.

Sharma (2021)⁵⁸ explores identity, religion, and socio-political differences in the borderland district of Poonch, Jammu and Kashmir, emphasizing the interplay between these elements and the region's turbulent history. The study discusses the infamous Pukhtoon-tribal raid, which aimed at capturing the city, and its lasting impact on communal relations and individual affiliations. Through an analysis of the socio-cultural and political dynamics, Sharma highlights the complexities of the borderland as a contested space. The research underscores how historical events, religious identities, and political affiliations shape the lived experiences and narratives of people in this volatile region.

Ahmed (2021)⁵⁹ examines the dimensions of social change among the transhumant Gujjar-Bakarwals in the Poonch district of Jammu and Kashmir. The study explores the community's socio-economic transformations driven by policies like the Tribal Sub-Plan (TSP), which was implemented in the 1990s to focus on tribal development. The research highlights how these policies aim to improve the livelihoods of Scheduled Tribes (ST) through targeted interventions. Despite such efforts, challenges persist, including limited access to education, healthcare, and infrastructure. The article underscores the importance of holistic strategies for tribal development, emphasizing the need to balance traditional lifestyles with modernization

Khan and Khan (2020)⁶⁰ analyze the health status of tribal women in Jammu and Kashmir, focusing on regions like Poonch and Rajouri. The study emphasizes that tribal women, who form nearly half of the tribal population, face significant health challenges due to socio-economic and cultural barriers. Factors such as poverty, lack of healthcare infrastructure, and limited awareness about health contribute to their vulnerability. The research underscores the critical need for targeted health programs and interventions to address these disparities. It advocates for improving access to healthcare facilities and raising awareness to enhance the overall well-being of tribal women in the region

Ganaie and Din (2020)⁶¹ explore the political empowerment of women in Jammu and Kashmir, with a particular focus on Poonch district. They examine social and economic

factors that historically influenced gender roles in the region. Despite cultural practices like purdah, which limited women's mobility and participation, the study highlights evolving perceptions of gender equality. It discusses the gradual inclusion of women in political and decision-making processes, emphasizing the importance of education, awareness programs, and policy reforms. The authors argue that socio-economic empowerment is integral to achieving political empowerment. However, challenges such as deep-rooted patriarchy and limited opportunities remain obstacles to realizing full political representation and agency for women in Poonch and beyond.

Tabassam et al. (2020)⁶² focuses on the knowledge, attitude, and practices (KAP) regarding antenatal care (ANC) among women in urban and rural areas of Tehsil Hajira, Poonch district. The research aims to compare the awareness and practices related to ANC between these two groups, identifying any disparities and influencing factors. The findings suggest that while urban women generally exhibit better knowledge and more positive attitudes towards ANC, rural women face challenges such as limited access to healthcare facilities and socio-cultural barriers. The study calls for targeted interventions to improve ANC knowledge and practices, particularly in rural areas of Poonch, to reduce maternal and infant mortality rates

Chowdhary & Ahmed (2017)⁶³ examine the social, cultural, and educational aspects of Scheduled Tribes in Poonch District, Jammu and Kashmir. The study highlights socio-economic challenges, traditional practices, and gender inequalities that hinder development. Educational access is limited by poverty, inadequate infrastructure, and cultural norms, particularly affecting women. Despite government policies and initiatives, significant gaps persist in literacy rates and resource availability. The authors emphasize the need for targeted interventions, community participation, and enhanced educational opportunities to address disparities. This research provides valuable insights into the struggles and potential pathways for the socio-educational upliftment of marginalized tribes.

Shah et al. (2015)⁶⁴ study new ethnomedicinal claims from the Gujjar and Bakerwal tribes of Rajouri and Poonch districts in Jammu and Kashmir. The study identifies 83 plant species used traditionally for treating various ailments, reflecting the

tribes rich ethnobotanical knowledge. These plants are employed for remedies ranging from skin diseases and gastrointestinal disorders to respiratory issues, showcasing the diversity and specificity of traditional practices. The research emphasizes the importance of preserving this indigenous knowledge, particularly in the face of modernization and environmental changes. It also highlights the potential for further pharmacological exploration of these medicinal plants for broader applications.

Bhat, F. A., et al. (2011)⁶⁵ study reveals significant gender inequality in J&K's Gujjar community due to cultural and religious traditions. Female literacy is exceptionally low (2-5%), linked to early marriages, poverty, and restricted mobility. Societal norms favor male education, perpetuating disparities. Challenges include poor infrastructure and community resistance. Efforts to improve education access and awareness are vital for reducing gender disparities and promoting equality in the region.

Jan (2008)⁶⁶ explores the role of Gujjar women in the decision-making process, focusing on their empowerment as a minority group in India. The study highlights the limited participation of Gujjar women in political, social, and familial decision-making due to patriarchal structures, cultural norms, and socio-economic constraints. Despite these barriers, the research notes emerging efforts to include women in leadership roles, particularly through government policies and grassroots movements aimed at empowerment. The article emphasizes the need for education, awareness, and targeted interventions to enhance the agency of Gujjar women, advocating that their inclusion is essential for broader societal progress and equality.

2.3 AWARENESS AND REACH OF PMMVY AMONG TRIBAL PREGNANT WOMEN

The awareness and reach of the Pradhan Mantri Matru Vandana Yojana (PMMVY) among tribal pregnant women in the Poonch district of Jammu and Kashmir reveal significant gaps, impacting its effectiveness in the area. PMMVY is a central scheme aimed at providing financial support to pregnant and lactating women, promoting better maternal health and nutrition. However, in Poonch's tribal regions, many women remain unaware of the scheme or face obstacles in accessing its benefits. Factors such as limited healthcare facilities, difficult terrain, and communication barriers contribute to these challenges,

hindering the scheme's reach. Increasing awareness through localized outreach and simplifying access processes could improve the PMMVY's impact on tribal pregnant women in Poonch, ensuring that the support reaches those who need it most.

Sharma, P., & Suri, K. (2024)⁶⁷ study focuses on the role of local government and NGOs in making the general citizenry of Jammu and Kashmir aware of the Pradhan Mantri Matru Vandana Yojana (PMMVY), hence laying special emphasis on gender equality. As widely recognized, PMMVY is a maternity benefit program which aims to support pregnant women and lactating mothers belonging to 'poor and vulnerable' families on their first delivery. Local governments and other NGOs spread information about the scheme so that eligible women know the benefits available to them. This includes outreach activities, workshops, and information dissemination sessions at Anganwadi centers where they learn how to apply for the benefits and comply with the conditions of availing them. Despite all these efforts, however, there are still several challenges affecting the scheme, especially in covering all eligible beneficiaries due to social barriers and differences in community awareness. More importantly, it falls under broader campaigns for equal socialization of male and female children as more benefits are accorded to the second girl. However, plenty of scope for improvement remains in terms of access, which is considerable among marginalized groups, and there is a necessity for continued collaboration between local authorities and NGOS in improving systems of outreach and support (Sharma, P., & Suri, K. 2024).

Behera, S. (2023)⁶⁸ article discusses the challenges that hinder the awareness of maternity health schemes, there are a number of challenges to in the path of awareness, there are no effective means of communication; most women in the rural areas lack access to television and internet services and mobile services. Cultural values and low levels of literacy contribute to their poor understanding and uptake of the scheme. Local efforts at awareness creation are present but have not been adequate enough to overcome the stated challenges. It is noted that the government and NGO initiatives such as village meetings, pamphlets in the local language, and home visits by community health workers only created awareness but were not effective. Besides, the delay in funds and bureaucratic red tape discourage most women from applying. The article actually feels that the schemes

might have better reach under this with greater awareness campaigns and easing the procedures and following up consistently in the distant regions. These will help to bridge the gap of the deprived areas' awareness (Behera, S., 2023).

Alyas, M., & Mushtaq, M. (2023)⁶⁹ study focuses on Pradhan Mantri Matru Vandana Yojana scheme (PMMVY) and its impact on tribal pregnant women in Poonch district of Jammu and Kashmir. As a financial assistance programme, it motivates these women, including tribal women to avail necessary medical care around, during, and afterwards of pregnancy. This represents PMMVY to be an important step towards filling the existing gap in maternal health improvements among the tribal community residing within Poonch district and bringing in economic as well as health improvement to the pregnant woman (Alyas, M., & Mushtaq, M. 2023).

Shaw, S. K., & Dey, J. L. (2022)⁷⁰ article highlights the effectiveness of PMMVY in enhancing maternal health awareness as well as reducing the maternal mortality rates within the tribal areas and by creating areas such as Jammu and Kashmir. The programs have made more institutional deliveries with which better maternal health will be obtained. However, though there has been a dramatic increase in attention to issues of maternal health, a plausible influence on declining maternal mortality is less clear. The review provides evidence of operational improvements, such as coverage of antenatal care and vaccinations, whereby predicted improvements in reductions of maternal deaths have not been realized. Comparisons of cash transfer programs in other countries outside India lead to the notion that cash transfer schemes, although incentives for healthier behaviours, are effective only when accompanied by proper infrastructure and outreach mechanisms in the health care setup. The study highlights the need for implementation strategies of the program that will allow for targeted delivery of benefits for all eligible women, especially in deprived regions such as Jammu and Kashmir (Shaw, S. K., & Dey, J. L. 2022).

Tandon, A. (2021)⁷¹ article focuses on the accessibility of information on PMMVY in the tribal women, which is, therefore, critical for limiting their access to vital health benefits. It is under the scheme that pregnant and lactating women are supported financially to reduce the high rates of maternal morbidity and mortality, but many states tribal women are not well-informed about the eligibility criteria and the benefits available under the

scheme. With high performance, women are generally aware of the scheme's formal requirements like documentation and application procedures, but in low-performance states, it remains minimal. Delayed payments, especially in the case of third installment of PMMVY, often discourage uptake among tribal women. It would consciously pose a challenge for social as well as logistics purposes, such as far-off areas, inaccessible health sub-centers, and a lower level of literacy, which would keep many women from knowing whether they are eligible under the PMMVY. The above survey might be useful in highlighting the access towards tribal areas for strengthening communication or awareness regarding the schemes' eligibility criteria and processes among tribal women. Finally, eliminating the administrative lag in payments-most importantly, on the third installment-would increase confidence in the scheme. These issues can thereby provide a platform to ensure increased accessibility of PMMVY benefits and improved maternal health to underserved tribal populations (Tandon, A., 2021).

Nguyen, P. H., et.al, (2021)⁷²study analyses various barriers to awareness in the Pradhan Mantri Matru Vandana Yojana, such as literacy, language, and outreach. Despite being a major maternity benefit program, it faces tremendous challenges in reaching its intended target audience because of low literacy rates in rural areas, where many women are unable to fully understand the benefit accruable from the program. Problems also arise through language differences: the programme is not always available in regional dialects, thus limiting accessibility. Outreach efforts have also been poor, with low participation by eligible women-mainly from remote areas. The study focuses on the lack of effective communication strategies that affect the impact of the scheme. It further reveals that the outcomes of PMMVY have remained below its expectations because of these awareness-related issues, which question the intended benefits of the program. Thus, it is critical to understand these challenges and work towards rectifying them so that the program could help pregnant and lactating mothers and thereby improve the maternal health and nutrition situation in India (Nguyen, P. H., et.al, 2021).

Khan, A. D., & Khan, D. A. (2020)⁷³study assesses the levels of awareness regarding Pradhan Mantri Matru Vandana Yojana among the rural and tribal masses of Jammu and Kashmir, though huge gaps persist in the awareness of modern systems of

health care. Although there is a huge scope for PMMVY to benefit women, it has been observed that most of the eligible women in these regions were unaware of this initiative because of traditional cultural systems that often ignore modern health initiatives. The studies feature targeted awareness and education of the communities regarding PMMVY and the benefits it can deliver. Such campaigns will improve participation and escalate positive changes in maternal health outcomes. Intervention towards the above determinants at the village level would help PMMVY function effectively in the rural and tribal context of Jammu and Kashmir (Khan, A. D., & Khan, D. A. 2020).

Sekher, T. V., et.al, (2019)⁷⁴article examines the cross-state comparison of levels of awareness about the Pradhan Mantri Matru Vandana Yojana (PMMVY), specifically for Assam, Bihar, Jammu & Kashmir and Maharashtra. The study emphasizes that there is a stronger level of awareness in urban areas than in rural ones, mainly because of more efficient and practically strong outreach at local-level channels and effective functioning of Anganwadi centers. Findings: The impact of such awareness programs, implemented as a routine part of working through health departments, seems to differ between Maharashtra and Bihar/Assam. Bihar/Assam have become significantly reliant on Anganwadi services with mixed results on outreach and beneficiary engagement. Huge contrasts are observed in participation under PMMVY across states, though Jammu & Kashmir has remained resilient in sustaining coverage in contrast to others. Though the report reflects a sharp decline in PMMVY coverage since 2019, it is well agreed that during the pandemic time, many women remained inaccessible to full benefits. It presses for urgent attention on better communication strategies to promote increased awareness and participation. It identifies systemic bottlenecks in the delivery process, suggesting that it may be necessary to tailor interventions in order for them to be effective in raising awareness and facilitating access benefits for eligible women across these diverse regions (Sekher, T. V., et.al, 2019).

2.4 ECONOMIC SUPPORT AND FINANCIAL BENEFITS OF PMMVY FOR TRIBAL WOMEN

Kumar, S., Jain, P., & Garg, U. (2024)⁷⁵study focuses on the financial support and some monetary benefits of Pradhan Mantri Matru Vandana Yojana for women. Under PMMVY, eligible pregnant and lactating women receive ₹5,000 in three instalments to

cater for medical, nutritional, and transportation costs. There is a need for such financial support to ease the economic burden that women face during pregnancy and delivery in tribal regions, where access to antenatal care is very low. The study has reported that PMMVY has raised awareness over issues of maternal health, increasing the utilization of health services by women. However, it also identifies significant challenges, including low literacy rates, barriers in language, and limited outreach. These factors have curtailed the scope of the program within remote tribal areas. The program has witnessed positive outcomes, such as basic awareness about maternal health and an increased number of visits to health facilities. The study reveals that outreach needs to be improved, the applied communication strategies should be better for more effective enhancement of PMMVY, and specific needs of tribal women need to be considered for effective enhancement (Kumar, S., Jain, P., & Garg, U. 2024).

Kumar, J. S., & Shobana, D. (2024)⁷⁶article examines financial literacy levels among tribal beneficiaries under PMMVY and how that determines their usage of the benefits being provided under the scheme. Maternity benefits under PMMVY benefit women from Scheduled Tribes as cash assistance to pregnant and lactating women to diminish burdens associated with pregnancy. It further points out that poverty of financial literacy in tribal areas hampers effective utilization of the fund as most of the recipients find difficulties in dealing with the formalities to avail benefits. Besides cash transfer, PMMVY has also looked for streamlining the administrative process by reducing red tape so that the security benefits are easy and accessible to tribal women. The article continues to reveal that without proper financial literacy, some beneficiaries cannot make optimal use of the funds available, which may inhibit the full impact of the program. It further suggests improved financial education among these communities to raise awareness about the PMMVY benefits, improve fund allocation, and promote more independent use of financial resources. Thus, tribal groups would find easier access to PMMVY benefits if financial literacy in their groups were improved, thereby enhancing financial stability or support for tribal women's maternal health. The second girl child benefit is also provided in the scheme and aligns with gender equity. In essence, the PMMVY enables tribal women to develop very simple economic competence while improving the health-seeking behaviour by financially literating them about the very benefits and processes of the

scheme. It strengthens social security for Indian tribal communities, making health and financial resource utilization easier (Kumar, J. S., & Shobana, D. 2024).

Balla, S., et.al, (2022)⁷⁷ study discusses the contribution of the Pradhan Mantri Matru Vandana Yojana (PMMVY) in reducing financial vulnerability especially to the vulnerable ones during the pregnancy time. The study shows how PMMVY reduces financial stress among pregnant and lactating women by releasing cash incentives to them during pregnancy. At the same time, as with its challenges and limitations in implementation, it is noted. Under-coverage of eligible target is also among the major challenges as a common result of bureaucratic delays or lack of knowledge. Issues related to the delivery cost, which is still one of the highest contributors to the maternity expenditure, have been discussed focusing on the current scheme PMMVY supporting the cause directly by monetary direct support. Despite this, the study points out that the actual impact of PMMVY concerning the improvement of maternal health outcomes and minimization of financial burdens has been very low owing to systemic issues. Such inconsistencies include disbursement of funds, lack of monitoring mechanisms, and exclusion of some of the most vulnerable women who are unaware of the scheme. On the whole, PMMVY has the potential to ease financial vulnerability in pregnancy, but its process of implementation leaves much to be improved to work towards achieving goals and ensuring benefits for all eligible women (Balla, S., et.al, 2022).

Shalem Balla, et.al, (2022)⁷⁸ article analyses how Pradhan Mantri Matru Vandana Yojana (PMMVY) has brought benefits to the income of tribal families, examining the program affecting the vulnerability groups due to the maternity benefit. It offers conditional cash transfers to pregnant and lactating women to offset the cost of maternity and reduce the financial burden during pregnancy. It showed that among tribal families, which are more vulnerable to economic hardship and have less health facility access, PMMVY is a significant source of finance, adding a modest but important sum of money to household income during and after pregnancy. Partial coverage of the cost of pregnancy through PMMVY reduced some burden and allowed families to conserve their resources for other essential needs. Huge implementation gaps are prevalent, such as delay in disbursement of funds, low awareness of the program in remote tribal areas, and administrative hurdles in

allowing the eligible women to receive the full benefit. It could thus be contended that the challenges identified would reinforce the extension and maximization of PMMVY benefits among tribal families who might rely more heavily on these benefits than others. The article concludes with a call for further study into PMMVY's failure to find a way to open the program up, bring more women into its coverage, and hence make more efficient use of available funds. Strengthening PMMVY for tribal families, it thus proposes, would better support a firmer reduction in maternity costs as well as strengthen economic stability in the community for healthier mothers and children (Shalem Balla, et.al, 2022).

Alagarajan, M., et.al, (2019)⁷⁹ article focuses on the Pradhan Mantri Matru Vandana Yojana, one of the maternity benefit schemes of the Ministry of Women and Child Development, India. The scheme gives cash benefits to pregnant and lactating women through conditional cash transfers. Under the scheme, the total cash amount of ₹5,000 is provided in three installments depending on some conditions like early pregnancy registration and antenatal care meeting attendance by the beneficiary mothers. Comparative analysis has shown that despite improved financial security and enhancements in awareness related to maternal health, various challenges are part of the PMMVY initiative. Many beneficiaries reported that they received payment when their cheque got cleared often after delivery instead of during pregnancy. This undermines the very purpose of the scheme: nutrition and health-seeking behaviour. More importantly, the scheme's efficiency varies significantly between states; for example, the Odisha state MAMATA scheme has been proven to be better, with an increase by 57% in beneficiaries, whereas the PMMVY coverage decreased by 52% for the period 2020-21. The study, therefore, points towards better implementation strategies and a higher level of awareness about the scheme among beneficiary families as well as possibly modifications that ensure wider coverage towards subsequent births to improve the maternal health outcomes of the states (Alagarajan, M., et.al, 2019).

Kalra, A., & Priya, A. (2019)⁸⁰ study-focuses on the financial schemes for mothers in India, especially the comparison of Pradhan Mantri Matru Vandana Yojana (PMMVY) with schemes such as Indira Gandhi Matritva Sahyog Yojana (IGMSY) and Janani Suraksha Yojana (JSY), is presented. Three conditional instalments under PMMVY of up

to ₹5,000 are provided based upon some particular maternal health conditions along with the birth of the first live child. IGMSY provides ₹6,000 for the first two live births but excludes organized sector employees who already receive paid maternity leave. JSY integrates cash assistance with delivery care, thus providing diverse amounts based on the mother's socio-economic status, up to a maximum of ₹2,000 to the rural beneficiaries. Along with this, state-specific programs, for example, the Dr. Muthulakshmi Maternity Benefit Scheme supplement the support by distributing ₹ 18,000 to a destitute pregnant woman with nutritional kits and multiple cash installments, all of which are strongly linked with health milestones. It states, "These schemes have been devised to protect better maternal health and lower mortality rates, yet because of standards of eligibility and operational issues, their efficacy varies significantly." While PMMVY is the key initiative under universal maternity entitlements, it is indispensable to have the right impact evaluation of the scheme in line with the other schemes so that all mothers in India are properly catered for (Kalra, A., & Priya, A., 2019).

Yojana, V. (2018)⁸¹study focus on Pradhan Mantri Matru Vandana Yojana as a means of reducing credit dependency among pregnant tribal women in Jammu and Kashmir. PMMVY is a conditional cash transfer scheme, which would help in relieving the expenses of pregnancy and lactation for pregnant and lactating women through the provision of incentives in the form of cash, which could offset maternity expenses. Now, several tribal women in the region get pushed to debt to meet the health and nutritional needs during pregnancy which, in turn, increases the susceptibility of these tribal women to finance. PMMVY has served to provide financial resources to people's doorsteps whereby tribal women's financial needs have decreased due to reduced dependency on debt and subsequently, its interest rates. Agents selected under the auspices of PMMVY help provide access by capable women with the application process. It then continued to comment that reduced reliance on debt helps to stabilize the economic well-being of the families themselves, working toward a greater goal toward general economic resilience for the country as a whole, as reduced debt brings healthier personal finances into the house. Conclusion Strengthening PMMVY, especially in tribal regions with poor health care delivery, can ensure sustained improvements in maternal and child healthcare and

positively impact both the well-being of the community at large and national economy (Yojana, V. 2018).

2.5 PMMVY INCENTIVES FOR INTENDED PURPOSES

The Pradhan Mantri Matru Vandana Yojana was launched in January 2017. The scheme seeks to bring maternity benefits to pregnant and lactating mothers, particularly women belonging to socially and economically deprived groups, including tribal women. The central government, under the scheme, offers a cash incentive of ₹5,000 in three installments to the beneficiaries under certain conditions regarding health check-ups and immunization of the child. The initiative not only compensates for lost wages but also leads to better health-seeking behaviours among women and helps decrease malnutrition, thereby working toward healthier maternal and child health outcomes across India. Till November 2021, the scheme reportedly reported ₹99.76 crores under PMMVY against the targeted amount in Jammu and Kashmir with over 216,000 women, making the scheme an empowering tool for tribal women in the region by supporting them through the most critical phase of motherhood with financial resources. Through integration with local health services, PMMVY through Anganwadi centers enables tribal women to access their health care, ensuring provision of necessary prenatal and postnatal care while further encouraging participation in health programs aimed at the reduction of maternal mortality and better child health indicators.

Awasthi, A., et.al, (2024)⁸² article focuses on Pradhan Mantri Matru Vandana Yojana funds regarding health and nutrition support for the beneficiaries in contrast to other needs. It claims that a reasonably adequate amount of PMMVY funds was expended on health-related activities, especially in the form of medicines, nutritional diets, and maternal health support. The analysis also examines the level of awareness by the beneficiaries and if this affects the efficiency of the program, and indeed, higher levels of awareness correlate proportionally with an increased utilization of funds towards the expected health benefits. Most beneficiaries therefore appropriate their spending towards direct satisfaction of needs within the household rather than towards healthy consumption, and there is relatively less spending on health-related costs. The lags in receipt of cash benefits often stop all the installments until delivery, which defeats one main purpose of nutrition benefits in

pregnancy. The program will finance pregnant and lactating women while encouraging a woman's rest and enhanced health seeking practices, mothers and children who maintained these expenses exhibited better health outcomes. A lot of the health enhancement is recorded from the nutrition-specific expenditures. However, at the same time, some of these funds are being diverted to other immediate needs of the household, thereby diluting effectiveness in health-related outcomes. The study emphasizes that there is a further need to strengthen the implementation of awareness campaigns so that funds under PMMVY are used maximally for health and nutrition, thereby providing optimal benefits to maternal and child health (Awasthi, A., et.al, 2024)

Mathur, A., & Sen, G. (2023)⁸³study focuses expenditure patterns of incentives under Pradhan Mantri Matru Vandana Yojana (PMMVY) among tribal women, highlighting the scheme's impact on their financial and health-related behaviours. The use of incentives under the Pradhan Mantri Matru Vandana Yojana (PMMVY) is targeted toward reducing the burden of maternity costs for pregnant and lactating women, especially in vulnerable groups such as the tribal communities. PMMVY provides ₹5,000 in three installments provided certain conditions are met such as registration early, antenatal check-ups, and vaccinations of the child. For tribal women, who face a lot of restricted access to healthcare and are economically more vulnerable, the money is supposed to cater to all the pregnancy and postnatal costs such as nutrition, medical care, and travel to health facilities. The study indicates that PMMVY support received by tribal beneficiaries tends to improve the likelihood of spending on planned health and nutrition purposes, thereby improving maternal and child health outcomes in such communities. However, sometimes due to low financial literacy and administrative hassles, the funds get diverted toward not-so-productive purposes; therefore, tribal women need focused support and guidance for maximising the benefits (Mathur, A., & Sen, G. 2023).

Sahu, S., & Mehta, P. K. (2023)⁸⁴article examines the socio-cultural determinants of benefit usage under Pradhan Mantri Matru Vandana Yojana, with regards to the initiative of maternal health. It reveals that PMMVY, which will eventually help pregnant women and lactating mothers, is shaped by deeply ingrained socio-cultural constructs of gender roles. This can illustrate general prioritizing in households where men's higher

economic needs are prioritized, and therefore maternal health utilization of the available funds could be undermined. Economic constraints and lack of awareness about the program in some communities may further worsen the situation. Women's health is perceived as secondary even in the family culture; therefore, the health benefits reach is limited by the cultural barrier. Traditional norms also impact the autonomy to take decisions. Most of these women seek the permission from their male relatives before accessing the PMMVY benefits and get facilitated access through them. The study further finds that in awareness of the benefits, there is another gap between them and within the urban and the rural areas. From all these study findings, it is suggested that rural women experience higher hardships in claiming PMMVY support as indicated by less social constraints and information. It ultimately helps call for targeted promotional and community outreach initiatives that overcome these socio-cultural barriers to achieve the health goals of the PMMVY scheme among more beneficiaries (Sahu, S., & Mehta, P. K. 2023).

Sachan, K. (2018)⁸⁵ article examines misuse in the benefits of Pradhan Mantri Matru Vandana Yojana is dealt with, and the reasons found out concerning issues in service delivery to Indian beneficiaries. As has been indicated by case studies, cases of misuse usually happen due to weaknesses in identification or transaction processes created for fraud opportunities. Misapplication of beneficiary identification leads to financial losses for the intended recipients and will erode the purpose of the scheme since it has been established to support maternity health. Research points out that this is due to the lacunas in the monitoring mechanism and weak implementation mechanisms, whereby lack of oversight on unauthorized access to the benefits and faulty leading to a shortage of funds to reach women when they may need it most. Even though PMMVY aims at delivering better maternal health along with compensating for the lost wage, it has faced great challenges. The percent coverage is shockingly low at 23% of births in 2021-22, with beneficiaries falling from 96 lakh of 2019-20 to a mere 61 lakh by 2021-22. It has been criticized that the package faces problems of incomplete coverage, declining enrollment, and inadequacy of maternity benefits. There are also serious apprehensions about fund misappropriation; it has been expressed that one third of total payments were credited to the wrong accounts. Gaps in scheme implementation, in terms of awareness among target beneficiaries and administrative inefficiency, further blur its positive impact. All these

factors point to the reality that though PMMVY professes to provide a source of income for Indian women, it is urgently in need of reforms in order to be able to serve the envisioned benefits. It points out the need for more effective and secure verification processes as well as more stringent oversight to ensure that PMMVY resources are not diverted into pockets but are actually used in producing healthy and nourished eligible beneficiaries (Sachan, K. 2018).

2.6 NUTRITIONAL STATUS AND HEALTH OUTCOMES OF PMMVY BENEFICIARIES

The nutritional status and health outcomes of beneficiaries under the Pradhan Mantri Matru Vandana Yojana (PMMVY) are critical for understanding the scheme's effectiveness at a national level and specifically in Jammu and Kashmir. PMMVY aims to enhance maternal health by providing cash incentives to pregnant women and lactating mothers, encouraging them to engage in health-promoting activities. However, despite its potential, coverage remains low, with only a fraction of eligible women receiving benefits, which raises concerns about the impact on maternal and child health indicators. In Jammu and Kashmir, the implementation has shown some progress, with over 216,000 beneficiaries enrolled as of late 2021. Yet, challenges such as delayed payments and inadequate utilization of funds for nutritional needs persist, indicating that while the scheme provides essential support, significant improvements are necessary to optimize health outcomes for mothers and children in the region.

Vir, S. C. (2023)⁸⁶ study explores the role of PMMVY in regard to improved maternal nutrition, such that great consideration has been made in the study for tribal women in India. In so doing, the paper claims that PMMVY has played a very significant role in providing financial support towards pregnant and lactating women, especially in rural and tribal areas where proper nutrition and health care services do not reach. The case study particularly focuses on Gujarat and the tribal belt, where challenges are presented for female farmers and women in realizing their access to nutrition. The program, therefore, ensures that cash transfers are organized to enhance the daily consumption of food items and health-related products by women to subsequently improve maternal nutrition. However, the study reports that the impact was uneven. The areas of tribal regions

experienced problems accessing PMMVY benefits in low awareness and social barriers. In the absence of education and specific cultural norms imposed on women's autonomy, the effectiveness of the scheme is affected, focus on enhancing outreach programs and awareness can be combined with direct tackling of socio-cultural barriers so that the true benefits of PMMVY can accrue to tribal women in respect of maternal nutrition-related issues (Vir, S. C. 2023).

Gilani, G., & Ahmed, M. A. (2023)⁸⁷ study focuses on the nutritional problems of pregnant women among the tribes of Poonch reveals considerable health issues that still prevail even in pregnancy cases. Many tribal women have to undergo critical maternal malnutrition issues and extreme cases of anemia, which become a serious affair for their health as well as their babies' health. The report warns that a great percentage of these women do not receive adequate antenatal care that results in disastrous outcomes. It was found that nearly 32.74% of the tribal women are affected by any one disease during pregnancy, and most of them avoid seeking treatment because of many barriers like the unavailability of healthcare facilities and cultural practices preventing them from undergoing any kind of medical treatment. Home deliveries are prevalent in large proportions with minimal skilled assistance, which means mothers as well as children are being exposed to various risks. The old customs and beliefs associated with menstruation and pregnancy will also restrict the health-seeking behaviour of women and further expose them to inappropriate nutrition and hygiene. In this light, targeted interventions seem to be the need of the hour so that maternal health care and nutritional support are strengthened for the tribal women. Dealing with these challenges will help improve the maternal and child health outcomes substantially in those societies, a holistic approach shall be devised to overcome the systemic problems in health aspects related to pregnancy among tribal women in the Poonch district (Gilani, G., & Ahmed, M. A. 2023).

Nguyen, P. H., et.al, (2021)⁸⁸ study examines the seasonal and regional variations in nutrition in tribal areas of Jammu and Kashmir, with special focus on food and nutrient intakes in the rural population. It elucidates how availability of nutritious food affects seasonality and market access to lead to fluctuations in dietary patterns. The current policy has addressed the problem, for now, through Pradhan Mantri Matru Vandana Yojana

(PMMVY), by providing cash incentives to pregnant and lactating women to promote more effective health-seeking behaviours. However, improper awareness and access to banking services hinder the proper exploitation of the benefits meant for the purchase of nutritious food items during the implementation of the scheme. In the report, although the goals PMMVY has toward improving maternal and child nutrition, coverage is not fair across these regions, especially in tribal areas, where seasonal migration complicates the process of accessing facilities more. Although the potential benefits of PMMVY exist, its success hinges on overcoming seasonal availability barriers in food crops and translating such benefits to all eligible women evenly in such regions. This leaves the availability of nutritious foods to seasonal change, and, as a result, there would be times when nutritious foods are scarce. The latter problem is further worsened by the weak market infrastructure which lacks appropriate services for tribal women, limiting their choice of a varied supply of nutrients throughout the year (Nguyen, P. H., et.al, 2021)

Haaren, P. V. (2020)⁸⁹ study examines the impact on birth weights and child health outcomes from participation in the Pradhan Mantri Matru Vandana Yojana (PMMVY). It shows a remarkable rise in birth weight, length of time spent breastfeeding, and weight-for-age scores in children, largely boys. Based on NFHS-4 data, the research outcome of the program was an increase in birth weight by 6 percent and that in duration of breastfeeding by 5 percent. While short-term outcomes are promising, there were much lesser impacts on long-term health indicators such as height-for-age z-scores. The intervention did not significantly decline infant or neonatal deaths during its first year of implementation. The results seem to indicate that while PMMVY positively affected some health statistics, its role is relatively small in improving child health outcomes. The factors of maternal education and awareness are also very important in enhancing these outcomes. It underlines the need for continuous efforts to grapple with broader nutritional challenges and improve maternal and child health services across India to achieve sustainable improvements in child health metrics (Haaren, P. V. 2020).

Von Haaren, P., & Klonner, S. (2020)⁹⁰ article explores the role of health infrastructure in promoting the nutritional targets of the Pradhan Mantri Matru Vandana Yojana (PMMVY). PMMVY was launched in 2017 to offer a cash incentive of ₹5,000 for

pregnant and lactating women on their first live birth if specified pre-agreed maternal and child health conditions are met. The scheme is crucial for the improvement of the health-seeking behaviour among mothers because it has increased the participation rate of mother and child health care services in government health care services such as antenatal care visit and nutrition counselling. The role of health infrastructure for supporting the nutritional objective of the Pradhan Mantri Matru Vandana Yojana. It sheds light on the fact that the nutrition levels of mothers would directly depend on the quality and accessibility of health infrastructure under the impact of PMMVY. Such women are likely to gain benefits from the scheme after receiving proper nutrition and health counselling coming more frequently into contact with the government health system. The provision of iron tablets and other supplements shows that these health-system interactions significantly improve mothers' health outcomes and contribute toward better maternal nutrition. However, in areas with weaker health infrastructure, the impact of PMMVY is less pronounced. In some regions, this is because of limited access to healthcare facilities, insufficient counselling services, and lack of regular monitoring. This will require stronger health infrastructure, in addition to more government health system contacts, on the part of PMMVY beneficiaries to achieve the targets of nutrition program as well as better maternal health in the entire India nation (von Haaren, P., & Klonner, S. 2020).

Swain, S., & Bakshi, A. (2019)⁹¹study examines the effects of Pradhan Mantri Matru Vandana Yojana (PMMVY) on health and nutrition in India, especially by providing financial support for pregnant mothers, but out-of-pocket spending for health remains significant, taking up almost half of total health expenditures. From 2013-14 to 2018-19, Government Health spending increased from 28.6% to 40.6% of Total Health Expenditure and thus reducing out-of-pocket from 64.2% to 48.2%. States such as Uttar Pradesh still lag with a high out-of-pocket expenditure at 71.3%. There are records of progress in public health financing and access over time, but the challenges lie where and how actual universal health coverage would be achieved and thus the financial burden on the household would be reduced. The findings bring to the limelight the entrenched inequalities that have to be addressed with continued government investment to improve health outcomes in the country (Swain, S., & Bakshi, A. 2019).

2.7 COMPARATIVE ANALYSIS OF PMMVY WITH OTHER MATERNAL HEALTH SCHEMES

The Pradhan Mantri Matru Vandana Yojana (PMMVY) is a significant maternal health initiative in India aimed at providing financial support to pregnant women and lactating mothers, enhancing their health-seeking behaviour through direct cash transfers. In comparison, the Janani Suraksha Yojana (JSY) focuses on promoting institutional deliveries to reduce maternal and infant mortality rates, highlighting a complementary relationship between these schemes. The impact of PMMVY and Anganwadi programs on tribal maternal health showcases how integrated approaches can improve outcomes in marginalized communities, examining the differences in coverage and effectiveness between PMMVY and various state-level schemes reveals gaps in service delivery that need addressing. Success stories of combined maternal health initiatives illustrate the benefits of collaborative efforts in supporting tribal women. A comparative analysis with similar programs in the states provides insights into best practices and areas for improvement. Case studies on the integration of PMMVY with other health initiatives underscore the potential for holistic maternal care, while also identifying critical gaps that could hinder the effectiveness of these programs. The comprehensive analysis aims to shed light on the multifaceted nature of maternal health schemes in India and their collective impact on improving health outcomes for women, particularly in underserved populations.

Singh, S. (2024)⁹² book examines how maternal welfare schemes have evolved as success stories bringing significant improvements in the health and nutrition conditions of tribal women across Assam, Jammu and Kashmir, and other north-eastern states of India. By discussing in detail, the problems faced by women in tribal background while seeking healthcare as well as proper nutrition, which affects their health and that of their children, nearly two-thirds of tribal women still face nutritional and health-related barriers, interventions targeted at the tribe, like the Care Mother program, could prove to be much more effective. Over 30,000 pregnancies have been recorded and several risky cases identified under the technology-enabled community health worker-supported maternal care. Among these, the government's programs such as JSY, JSSK, PMMVY, and Anganwadi schemes with their state-specific interventions have delivered financial

support, nutritional supplements, regular check-ups, and counselling services that have effectively brought maternal nutrition and birth outcome improvements. Still, socio-economic factors and cultural practices exist as barriers for some women, who opt for the traditional birth attendant, rather than institutional delivery; thus, there is a low rate of institutional delivery (Singh, S. 2024).

Kumar, J. S., & Shobana, D. (2024)⁹³article compares the Pradhan Mantri Matru Vandana Yojana, PMMVY, with like maternal health schemes, namely KCR Kit Scheme in Telangana and MAMATA in Odisha. PMMVY, offering cash benefit of ₹5,000 for pregnant and lactating women, has experienced poor enrollment and disbursement. It has covered only 40% of eligible women. It seems regional programs like KCR Kit are providing a holistic package with nutrition kits along with the monetary incentive of ₹12,000 going towards health and nutritional needs. MAMATA in Odisha, with its effective model of disbursal, has seen greater beneficiary satisfaction even in rural clusters. The author has once more pointed out that the Jammu and Kashmir government has also come out with *Laadli Beti Scheme, which focuses on the well-being of girls from birth, and health and education pursue for them. Regional schemes primarily focus on local needs and tend to overcome problems associated with PMMVY by providing extra incentives and streamlined processes. The study establishes the latent potential in the PMMVY scheme to add local level features and smooth processes, thereby making it more accessible and effective, similar to successful state-level models, in achieving maternal and child health goals in India as a whole (Kumar, J. S., & Shobana, D. 2024).

Mathur, A., & Sen, G. (2023)⁹⁴study evaluates the influence of the Pradhan Mantri Matru Vandana Yojana, or PMMVY, and the Anganwadi programs on tribal maternal health, thus portraying their effective contribution towards supporting and enhancing maternal and child health results. PMMVY has significantly advanced compared to other previous systems and schemes by showcasing substantial improvements in the enhancement of healthcare facilities for the pregnant woman and new-borns. The findings, therefore, show that through their work of interactions, Anganwadi workers have played a very big role in increasing immunization as well as health awareness for communities.

Immunization rates had risen as people started appreciating the related health benefits of the vaccinations. However, there are challenges in this regard-thus, the sides-effects information of vaccines which is not made adequately available to the Anganwadi and ASHA workers usually becomes an obstacle for them to answer communities' queries. The paper thus urgently solicits continued support for and training of these front-line workers towards ensuring the maximum benefit of maternal health initiatives in tribal areas. The PMMVY and Anganwadi programs, therefore, constitute very important interventions aimed at reducing disparities in maternal health among the tribal populations with important benefits for mothers' health as well as their children's health (Mathur, A., & Sen, G. 2023).

Gupta, A., Khan, S., & Zeba, M. (2021)⁹⁵article compares two major initiatives related to maternal health in India, the PMMVY (Pradhan Mantri Matru Vandana Yojana) and the JSY (Janani Suraksha Yojana). PMMVY essentially offers cash incentives to all pregnant women and lactating mothers for receiving antenatal care and institutional deliveries. JSY focuses specifically on economically disadvantaged women who are predominantly from below-poverty-line (BPL) households. The financial incentives being given to deliver in institutions should eventually bring down the rate of maternal and infant mortality. The program of JSY has been very effective for safe motherhood since it made delivery by women in health facilities rather than home deliveries and, thus, improved access to skilled healthcare. Reports indicate upward trends in institutional delivery under JSY, particularly among vulnerable groups, and uneven coverage has become the problem cutting across regional disparities. While PMMVY seeks to benefit all pregnant women, its approach is, therefore, universalistic, but a targeted approach by JSY ensures that some specific populations - poor and underprivileged ones get essential maternity care. Though both schemes focus on empowering women, the key toward limiting financial barriers that restrict access to health services is instead within JSY's conditional cash transfer model. In general, though PMMVY provides broad coverage, JSY addresses the unique challenges of poorer women, so it underlines the need for focused interventions in maternal health programs (Gupta, A., Khan, S., & Zeba, M.,2021).

Narayanan, S., & Saha, S. (2019)⁹⁶ study analyses the various outcomes and coverage of the Pradhan Mantri Matru Vandana Yojana (PMMVY) compared to other state-level maternity benefit schemes like MAMATA in Odisha, KCR Kit in Telangana, and the Laadli Beti Scheme introduced by the Jammu and Kashmir government with an aim to build maternal as well as childcare. Although PMMVY provides a national cash incentive of ₹5,000, it has low coverage and exclusion rates and has only been able to reach 40% of eligible women since 2017. In contrast, state-specific programs like MAMATA have seen a rise of 57%, whereas PMMVY has seen a drop of 52% in disbursement rates for the year 2020-21, thereby showing more engagement at the local level in the former. Regional schemes like Laadli Beti in J&K possess diversified support and better awareness with a difference in community needs. It has been proposed that simplifying the application under PMMVY along with integrating the best practices taken from any of the successful state programs would add more impact to PMMVY, thereby relating it with improving maternal health outcomes in achieving the expected approach of effective regional schemes in relation to PMMVY (Narayanan, S., & Saha, S., 2019).

2.8 CHALLENGES IN IMPLEMENTATION OF PMMVY IN TRIBAL AREAS

The implementation of the Pradhan Mantri Matru Vandana Yojana (PMMVY) in tribal areas, including Jammu and Kashmir, faces several challenges that limit its effectiveness in improving maternal and child health. While the scheme aims to provide financial support to pregnant and lactating mothers, issues such as limited healthcare infrastructure, challenging terrain, and low awareness among tribal populations create barriers to access. In Jammu and Kashmir, cultural differences and language barriers add complexity, making it difficult for health workers to connect with local communities and deliver essential services. The bureaucratic obstacles, including delays in registration and processing of benefits, discourage eligible women from participating. These issues highlight the need for region-specific approaches to improve PMMVY's reach and impact in tribal areas like Jammu and Kashmir, ensuring more equitable health outcomes for mothers and children.

Shukla, V., et.al, (2023)⁹⁷ study analysis the bureaucratic obstacles that face the Pradhan Mantri Matru Vandana Yojana delivery in inaccessible districts, identifying significant challenges that face effective implementation. Major setbacks are identified as slow verifications and the lack of integration between the financial management system and Aadhaar. Since inception in 2017, the scheme has faced delays along with criticism from the beneficiaries, who say that it was hard to access the documents required while trying to enroll. One of the complicating factors affecting accessibility is the low awareness level of PMMVY among the intended beneficiaries. Besides, banking services are often inferior, often in rural areas, while disbursement of funds is delayed in many cases. Data also indicates that the cover has gone down with an unbelievable 40% women who benefit have declined between 2020 and 2022. The budgetary allocations for the scheme also declined while adding to the woes of pregnant and lactating mothers. The restriction of benefits to first living child has badly affected high-fertility states women who do not get the support when they again become pregnant. The study suggests better monitoring and streamlines processes to increase and ensure effective coverage of PMMVY schemes in inaccessible areas, thereby ensuring all eligible women reap benefits related to maternal health (Shukla, V., et.al, 2023).

Kumar, K., & Anand, P. K. (2023)⁹⁸ study discusses the financial and manpower shortage that impacts the implementation of Pradhan Mantri Matru Vandana Yojana, or PMMVY. An attempt at providing cash incentives to pregnant and lactating women under this scheme is aimed at pushing health and nutrition but has significant challenges ahead. The region has therefore been affected by economic, financial, and social shocks that exacerbated problems already existing in programme delivery. PMMVY, despite being one of the largest financial inclusion programs, suffers from inadequate infrastructure and human resources that curtails its effective delivery. The scheme was thought to be directly transferred as a benefit to the eligible women in the sum of ₹5,000; yet systemic inefficiencies keep many otherwise eligible beneficiaries ignorant or incapable of availing the amount that has been provisioned to them. The study further exhibits both conventional as well as modern crisis management techniques required in building up the institutional

capacities as well as in enhancing outreach efforts. Training and strengthening local health personnel to deliver benefits at a grassroots level are further requirements for these gaps and thus reducing them can help bridge the welfare of women in J&K and assist in achieving the outcome of the program as well (Kumar, K., & Anand, P. K. 2023).

Mahapatro, S. R. (2022)⁹⁹ article explores the socio-cultural issues that prevent the implementation of the Pradhan Mantri Matru Vandana Yojana, a maternity benefit scheme in India. For example, specific risk factors within certain socio-cultural situations prevent the utilization of modern medical facilities and health practices. For example, issues such as a lack of awareness, insecurity in terms of financial aspects, and a lack of participation in decision-making among women indicate serious socio-cultural barriers for enrolling in and deriving benefits from PMMVY. According to the research, documentation, banking services, and inefficiency in software's create problems in coverage of the scheme and hinder the process among eligible women, mainly in states like Bihar and Assam. On the other hand, restriction to only the first living child limits the scheme, especially in high fertility areas. Innovative strategies, like JSY (Janani Suraksha Yojana), have further been suggested to complement PMMVY by attacking these barriers. First and foremost, the study recommends that there be in place a better machinery for the dissemination of and support at the level of the community in order to increase the participation rate of women. Generally, the study recommends that the sociocultural dynamics need to be understood and addressed before the PMMVY, and other similar health initiatives could be implemented successfully in India (Mahapatro, S. R. 2022).

Nawale, A. Y., et.al, (2020)¹⁰⁰ study examines the accessibility barriers to the Pradhan Mantri Matru Vandana Yojana (PMMVY) for tribal women, including some of the critical issues limiting the ability of the section of women to enroll under the scheme. An important issue is that of a requirement of the husband's Aadhaar document, excluding single mothers and women from vulnerable tribal groups, as the case of the teenage mother belonging to the Pahari Korwa tribe demonstrates. The registration process under the scheme is cumbersome because it requires women to report to local anganwadi centers

against a certain timeline schedule. It is indeed challenging for women who lack mobility or awareness. Also, errors in entry result in applications getting rejected and leave women without much-needed support during pregnancy and lactation. It may be advisable to relax the document requirement on the part of the husband and permit alternative identity proofs. Many tribal women are left out as those who marry early or have no records. Eligibility criteria for the scheme need to be expanded through policy changes, and the application process should be streamlined to all mothers irrespective of age and marital status. This is indispensable to ensure that these benefits under PMMVY reach the beneficiaries with maximum coverage to those in tribal areas. All these demands for more profound system change from the end users underscore an appeal for an accessible and inclusive system that supports maternal health for rural areas (Nawale, A. Y., et.al, 2020).

Das, A., et.al, (2018)¹⁰¹ article examines the documentation issues that tribal women face in accessing the various government schemes designed to better their socio-economic status. However, more than two decades after the Ministry of Tribal Affairs initiated several welfare schemes specifically for ST women, it is unfortunate that many face challenges today that act as a stop to accessing common services. Research shows that low participation of tribal women is due to a lack of information on schemes available. There have been instances of unenrolled benefit schemes due to the lack of information being passed on to tribal women regarding the facilities available. Besides, systemic issues like infrastructure inadequacy, lack of qualified personnel, and cultural restriction face tribal women in regard to entering educational programs and institutional deliveries. However, some initiatives, like the Adivasi Mahila Sashaktikaran Yojana, are meant to empower tribal women by supporting their income-generating activities economically. The effectiveness of these kinds of initiatives is often hindered by bureaucratic red tape, and the outreach is often weak, where documentation issues are a milestone to enhance literacy in tribal women and therefore quality of life. Therefore, there should be targeted approaches towards raising awareness and streamlining enrollment processes for tribal women to access empowerment and developmental services (Das, A., et.al, 2018).

2.9 SOCIO-CULTURAL FACTORS AFFECTING PMMVY UPTAKE AMONG TRIBAL WOMEN

India's flagship maternity benefit program is Pradhan Mantri Matru Vandana Yojana, which aims at providing direct financial support for the better health and nutrition of pregnant and lactating mothers. Nonetheless, socio-cultural factors largely affect how tribal women accept the PMMVY scheme since they have their own traditional systems of life, are bound by language barriers, and often lack information about such plans, enrollment in tribal regions is the lowest as compared to enrollment in urban regions owing to the barriers of geographical isolation, culture, and reliance on traditional birth attendants. Problems of the same type face the tribal communities of Jammu and Kashmir - the language barrier, few health facilities, and strongly established norms are more or less like those found in India as a nation. Though the government has taken initiatives to redress these issues by engaging local health workers and ASHA workers, still, the level of uptake among tribal women in J&K remains lower compared to the national average and there is a need for more culturally sensitive outreach programs. The Pradhan Mantri Matru Vandana Yojana is an important maternity benefit, which is especially for pregnant and lactating mothers to be provided with finances for their first live birth. Rolled out in 2017, PMMVY provides conditional cash transfer of ₹5,000 in three installments that are divided into the ante-natal, post-natal, and child vaccination periods to compensate for wage loss and promote health-seeking behaviours among mothers. Despite the noble goals, the implementation of PMMVY has faced a number of socio-cultural barriers, mainly among tribal women. These barriers include unawareness, lack of access to healthcare facilities, and socio-economic challenges.

Ahmed, M., & Mushtaq, M. (2023)¹⁰² study focuses on socio-cultural parameters governing PMMVY among tribal women in India-primarily the state of Jammu and Kashmir-on the lines on which the belief, practice, and cultural values usually disintegrate an opportunity for tribal women to get included in the maternal health scheme as most of them do not believe in such in-facility-based support measures and opt for traditional and customary mechanisms of pregnancy care. These communities rely heavily on age-old practices which are often determined by culture and religion but usually contradict modern

approaches utilized in health services. Several issues have been identified. Among these is the lack of knowledge about PMMVY, due to the low level of education that exists among rural tribal women contributing to the low participation. Maternal family structures too play an important role, for the extended family, especially for elders, who more often influence the decisions regarding maternal health, which most of the times discourages women from applying for PMMVY funds, societal norms discourage the independence of women, and females can't execute their potential rights without the approval of the man. Availability of support among the tribal leadership and elders is of immense importance for the widespread acceptance of the scheme. They often look at the scheme with skepticism, and thus it is limited in community uptake. It calls for culturally responsive interventions that adhere to the traditional beliefs of the tribes while promoting PMMVY. Better health infrastructure and education among rural women, which can raise awareness and enhance access to maternal care facilities, are also emphasized to be necessary. The PMMVY, launched in 2017, offers cash incentives of ₹5,000 to pregnant women for their first living child. It encourages them towards better health-seeking practices and compensation of wage loss during pregnancy. Its effectiveness has mainly been influenced by tribal populations following traditional practices, which are odd practices with modern health approaches. The fact that so many tribal women often put across cultural traditions and not institutional health services hinders the utilization of such already established maternal health services. Secondly, there is a need to increase education plans for women in rural areas to increase maternal health literature dissemination (Ahmed, M., & Mushtaq, M. 2023).

Bishnoi, N., & Bishnoi, V. K. (2022)¹⁰³ study aims at demonstrating how family structure impacts the utilization of benefits available for pregnant and lactating women through PMMVY, a conditional cash transfer program existing for the residents of India for 5,000. Although the benefits of PMMVY believed to lower financial stress and promote improvement in maternal health conditions, its accessibility and use are considerably influenced by general family dynamics, mainly at the rural and tribal levels. Women belonging to nuclear families respond better to the scheme than their contemporaries belonging to joint families, where elders are still often more inclined toward traditional

customs than government schemes. The patriarchal system of family does not give much freedom to women and makes them even less aware of benefits available under PMMVY while preventing them from accessing the programme independently. The study further reveals that the uptake has been erratic. The COVID-19 pandemic led to a sharp fall in the numbers of beneficiaries-from 96 lakhs in 2019-20 to 61 lakhs in 2021-22. It is evident from the data that only a fraction of eligible women is receiving all three installments of money, indicating both socio-cultural and systemic problems in roll-out. For further participatory improvements, greater targeted sensitized information and integration approach with greater cultural sensitivities (Bishnoi, N., & Bishnoi, V. K. 2022).

Arnold, J., & Gammage, S. (2019)¹⁰⁴study focuses on how women's autonomy plays a critical role in the decision-making process for the Pradhan Mantri Matru Vandana Yojana, a government initiative aimed at providing financial support to pregnant women and mothers. This study highlights the fact that female agency bears a great influence on their ability to use maternal healthcare effectively. This could be interpreted to mean that women are more likely to use health care services, primarily prenatal and postnatal care service under the scheme of PMMVY when they are active in deciding their health care use. The article ensured women's autonomy encompasses a number of things including control over household finances and control over their choices regarding healthcare that together result in better health outcomes. While some findings suggest that joint decision making could lead to more favourable outcomes in reproductive health outcomes than unilateral decisions, the association remains still complex and context dependent. The study focuses on the establishment of policies that favour women's decision-making authority as a means of improving both the use and effectiveness of maternal health services in developing areas (Arnold, J., & Gammage, S. 2019).

Withers, M., et.al, (2018)¹⁰⁵article discusses the socio-cultural factors that hinder and promote the uptake of Pradhan Mantri Matru Vandana Yojana for tribal women in India based on traditional beliefs and perceptions that shape the participation of women towards maternal health schemes. Traditional practices prevailing in many tribal communities for decades have competed with those introduced by governments offering

healthcare; some of these women prefer receiving traditional care instead of being treated under institutional healthcare, which discourages them from considering their uptake of PMMVY. Other structural deterrents include cost, perceived quality of institutional care, and logistical difficulties. Other unique practices, such as seated delivery, common in certain tribal traditions, sometimes conflict with standard medical protocols and thus become a further deterrent to joining such schemes. Family structure and gender are also important as extended family members, especially male relatives or elders, often play a role in influencing the choices related to maternal health and, therefore PMMVY access. Women's independence is generally low, and the decision-making authority often rests with male family members who then do not allow too many of them to access funds under the scheme. The acceptability of PMMVY at the community level also improves if tribal leaders and elders support the scheme. Accepting help from government to have a pregnancy is further socially stigmatized, thus discouraging certain pregnant women from application. Other examples from the article present some instances where proper outreach and active engagements of community leaders translated to large-scale improvements in PMMVY take-up by overriding such traditional beliefs of the community and informing them (Withers, M., et.al,2018).

Katoch, D. O. R., & Nawaz, A. (2018)¹⁰⁶study focuses on social stigma relating to governmental support for pregnancy, especially in Jammu and Kashmir, which has been recognized to influence health and access to care by women. It reflects that stigma can be racism, discrimination, or even hostility with which women do not allow themselves to approach any antenatal care service. However, it is portrayed by the statistics that a major percentage of women continue to turn up for care, indicating some resilience to counter societal force. Of course, the thrust of the research underscores the importance of desisting stigmas in order to provide better health outcomes for pregnant women. Social support networks will become more efficient when stigma can be reduced, important components in ensuring women's well-being during pregnancy. The argument is that a supportive environment which does not hold judgements should be opened up for women so they can access governmental help. The study encourages the perceptual change that will emancipate women to have a healthy pregnancy and promotion in those communities of an

appreciation and awareness of healthy living. In general, the stigma attached to government assistance is at the core of improving maternal health services coupled with the needed care to women during pregnancy (Katoch, D. O. R., & Nawaz, A. 2018).

Gul, S. B. A. (2014)¹⁰⁷article focuses on women's autonomy in the utilization of PMMVY benefits, particularly among the health conditions of Gujjar and Bakerwal women in Jammu and Kashmir. As revealed in the article, low autonomy among these tribal women severely affects the access to PMMVY resources. In such societies, the traditional status of gender roles continues to be useful in ensuring that health and financial issues are not determined by women; therefore, adoption of government initiatives like PMMVY is low. Traditionally, in family circles, it is the men or elders who have the power; therefore, women receive fewer messages and cannot benefit from their rights without permission being sought; hence, most such women eligible for this maternity-specific financial support for health are unable to utilize it. If these issues are met by promoting women's decision-making capacity and community awareness of PMMVY, then it could lead to improvement in maternal health among the population of Gujjar and Bakerwal women from that region. Therefore, more autonomy leads to better accessibility as well as utilization of maternal healthcare, which is extremely necessary for them during their pregnancy and lactation phases. Traditional gender roles are restrictions to power to make decisions, which also signifies that women's access to positive impacts of PMMVY is very limited. The paper also marks spousal support as an autonomy-enhancing factor, which will also facilitate improved health outcomes. The findings indicate education and community involvement of women for empowerment as the primary component of PMMVY that can ensure that the women are well-informed about their rights and capable of exercising them in the appropriate manner. In the context of health service utilization. The enhancement among women is relevant to these groups (Gul, S. B. A. 2014).

Arora, S. C. (2002)¹⁰⁸study examines how gender norms shape awareness and utilization of the amount of funds available under Pradhan Mantri Matru Vandana Yojana, an initiative of the Indian government meant for pregnant and lactating women. In this context, it is emphasized that traditional gender roles and stereotypes often find woman unable to access the benefits they are likely to gain under PMMVY due to the patriarchal

nature of households where health and financial decision-making is controlled by male family members. In such an environment, women may not be empowered with knowledge of what is on offer under PMMVY and left in long queues for handouts from enumerators or other government representatives. The article adds that the resource contentions are also on gender lines since at times some forms of expenses are preferred over the maternal health benefits. Families may regard the government's support as either being improper or incompatible with family values. This dynamic is particularly challenging in rural areas, where low awareness among women who might benefit from PMMVY is compounded by limited outreach. The study further goes on to discuss how social expectations, coupled with the stigma of receiving government support, continues to discourage women to participate in it; the scheme has sometimes been perceived to be an indicator of financial vulnerability. The article gives the impression that only raising awareness of gender equity to the community and engaging the family can get more women eligible to access PMMVY funds so that they can finally seek help in maternal health. Traditional gender roles, in many cases, deny women full utilization of such funds due to societal expectations that do not allow them to apply for the program or benefit appropriately (Arora, S. C. 2002).

Unisa, S. (1999) ¹⁰⁹ study discusses social stigma in government support for pregnant women and presents how, for both Indian and German women alike, personal grief, frustration, and exclusion influence the women who are supported. It also presents that society pressures men to avoid help during pregnancy for as long as possible, which leads to isolation. Participants reported selective disclosure about their situations out of fear of judgment, leading to a lack of social support. This stigma not only adversely affects mental health but also denies access to necessary resources. In this regard, social change is imperative to encourage acceptance towards and support for those in need during pregnancy (Unisa, S. 1999).

2.10 POLICY AND GOVERNMENT INITIATIVES TO STRENGTHEN PMMVY FOR TRIBAL POPULATIONS

The Pradhan Mantri Matru Vandana Yojana is a flagship initiative for enriching the health and nutrition of pregnant and lactating women mainly through tribal communities

in India. Targeted policy interventions focusing on improving access and outcomes about the tribal women, who are often constrained socio-economically, would further enhance PMMVY. While the effectiveness of PMMVY to a great extent depends upon the collaboration with the state and central government, the outreach process falls under the importance of local governance, especially in the tribal areas like Poonch of Jammu and Kashmir district. Tribal communities have unique cultural and economic requirements that demand customized programs to suit their needs. In this regard, benefits may be impossible to convey without proper utilization. Evaluations of government schemes reveal deficiencies in implementation and outreach that require fixing to strengthen the scheme's impact. Community-based monitoring can further facilitate the effective implementation of schemes by constituting local stakeholders into the oversight process. Comparative studies between the states on PMMVY reveal gaps in success levels or need for improvement, thereby demonstrating the importance of adaptive strategies that work according to local conditions and needs. The support of the state and the centre reflects upon the outcomes of PMMVY; state and central support is crucial for the outreach of PMMVY. There is a need to be tribal-specific policies, attempting to increase participation and take-up of benefits. It analyses the government initiatives that are in place to bridge the gaps in PMMVY implementation and reiterates the need for a community-based monitoring system for improvement over time and actual delivery.

Modi, N. (2024)¹¹⁰ study focuses on welfare programs initiated by the Government of India, particularly Pradhan Mantri Matru Vandana Yojana (PMMVY), which focuses not only on improving maternal health but also financially supports the woman during pregnancy and lactation. It highlights the fact that the government is actively working to promote women's health through various initiatives, and one among them is PMMVY, that was especially designed to support a pregnant woman in her first pregnancy by providing a financial aid amount of ₹5,000 in three installments. The authors take time to contextualize these welfare schemes as part of more comprehensive efforts toward issues concerning maternal and child health in India, particularly in rural and tribal areas. These have included programs like the Beti Bachao Beti Padhao scheme, designed to promote girls' education and empowerment, and the Ujjwala Yojana, providing below-poverty-line

women with free LPG connections as a way of enhancing living standards. Other initiatives such as that taken by Stand-Up India do aim to provide women entrepreneurs with access to loans to increase their economic independence. The central government is undeniably committed as such schemes collectively form a reasonable proportion of the spent amount; in the previous budget, 740 schemes were classified as central sector schemes toward the attainment of various welfare goals for women (Modi, N. 2024).

Mushtaq, M., & Alyas, M., (2023)¹¹¹article evaluates the local role of governance in PMMVY outreach in Jammu and Kashmir, focusing on the way local authorities might boost the effectiveness of the scheme, particularly in rural, tribal, and economically disadvantaged regions. The study concluded that PMMVY, a government-funded program targeting women during the first pregnancy, was of great significance in terms of improving maternal health and child development. However, much of this success depends on the local governance structures of Jammu and Kashmir. In the rural and tribal divisions, concerning information accessing and health care, this call for engagement by the local leaders and governance bodies becomes necessary to make such interventions popular so that all those women who are eligible can receive financial assistance. Again, reaching out to these communities is a problem in this scheme, as numerous traditional practices and meager resources will make the success rate of the programs far from perfect. Thus, proper local governance can really fill up these gaps by engaging with them, educating them on the benefits of the scheme, and helping them apply. That is, the study further reveals that strengthening of the local governance structure and cooperation between central and state officials can enhance delivery and results of PMMVY in Jammu and Kashmir and result in raising more women's entitlement in the programme. A set of significant local governance structures involves the implementation of PMMVY. This includes emphasizing the necessity to increase the information campaign in terms of awareness towards the benefits and requirements of the schemes particularly that are eligible to receive the benefits. In this regard, local governance plays a crucial role in addressing the said challenges and strengthening the effectiveness of the program in an underprivileged setting (Mushtaq, M., & Alyas, M., 2023).

2.11 THEORETICAL FRAMEWORK

The analysis of the impact of the Pradhan Mantri Matru Vandana Yojana (PMMVY) on tribal pregnant women in Poonch district can be effectively understood through several theoretical frameworks. The Health Belief Model (HBM), as articulated by Rosenstock in 1974, is useful for examining the perceptions and motivations of tribal women towards health schemes like PMMVY, helping to identify factors that influence their engagement with these initiatives. The Feminist Theory, which emphasizes gender equality and empowerment, provides a critical lens to understand how societal norms and structures affect the accessibility and effectiveness of health programs for women. The Social Support Theory, developed by Cobb in 1976, is relevant for exploring the role of family, community, and government support in both the adoption and effective utilization of PMMVY benefits. The Theory of Planned Behaviour (TPB), introduced by Ajzen in 1991, can be applied to study the intentions and behaviours of tribal beneficiaries regarding the use of PMMVY incentives for health-related purposes, highlighting how attitudes, subjective norms, and perceived behavioural control shape their actions. Furthermore, Human Capital Theory, as discussed by Becker in 1964, explains how investments in maternal health schemes like PMMVY can enhance the health and economic productivity of communities by improving maternal and child health outcomes. Lastly, the Social Determinants of Health framework sheds light on how economic, social, and environmental factors influence the outcomes of PMMVY in tribal areas, emphasizing the need for a holistic approach to address these determinants effectively. Together, these theories provide a comprehensive understanding of the multifaceted impact of PMMVY on tribal pregnant women in Poonch district.

2.12 CONCEPTUAL FRAMEWORK

The conceptual framework for assessing the Pradhan Mantri Matru Vandana Yojana (PMMVY) among tribal pregnant women and their households involves quite a complex interplay of multiple dimensions. The first dimension would be “Awareness and Accessibility”, which assesses the awareness among the beneficiaries about PMMVY resources and access to those benefits. The second is “Economic Impact”, wherein it

gauges the impact of PMMVY on the finance of the Tribal Women, how these funds benefit them from the household's standpoint. The “Expenditure on Incentives” follows the spending and handling of these incentives by the beneficiaries and portrays their preferences and financial planning. The “Nutritional and Health Outcomes” about the progress in the health of the mothers and children that can be related to the program, therefore expressing the strength of the support system. Finally, “Implementation Challenges” about the hurdles and gaps in the delivery and accessibility of the PMMVY that have implications for tribal areas affect coverage and impact of the program.

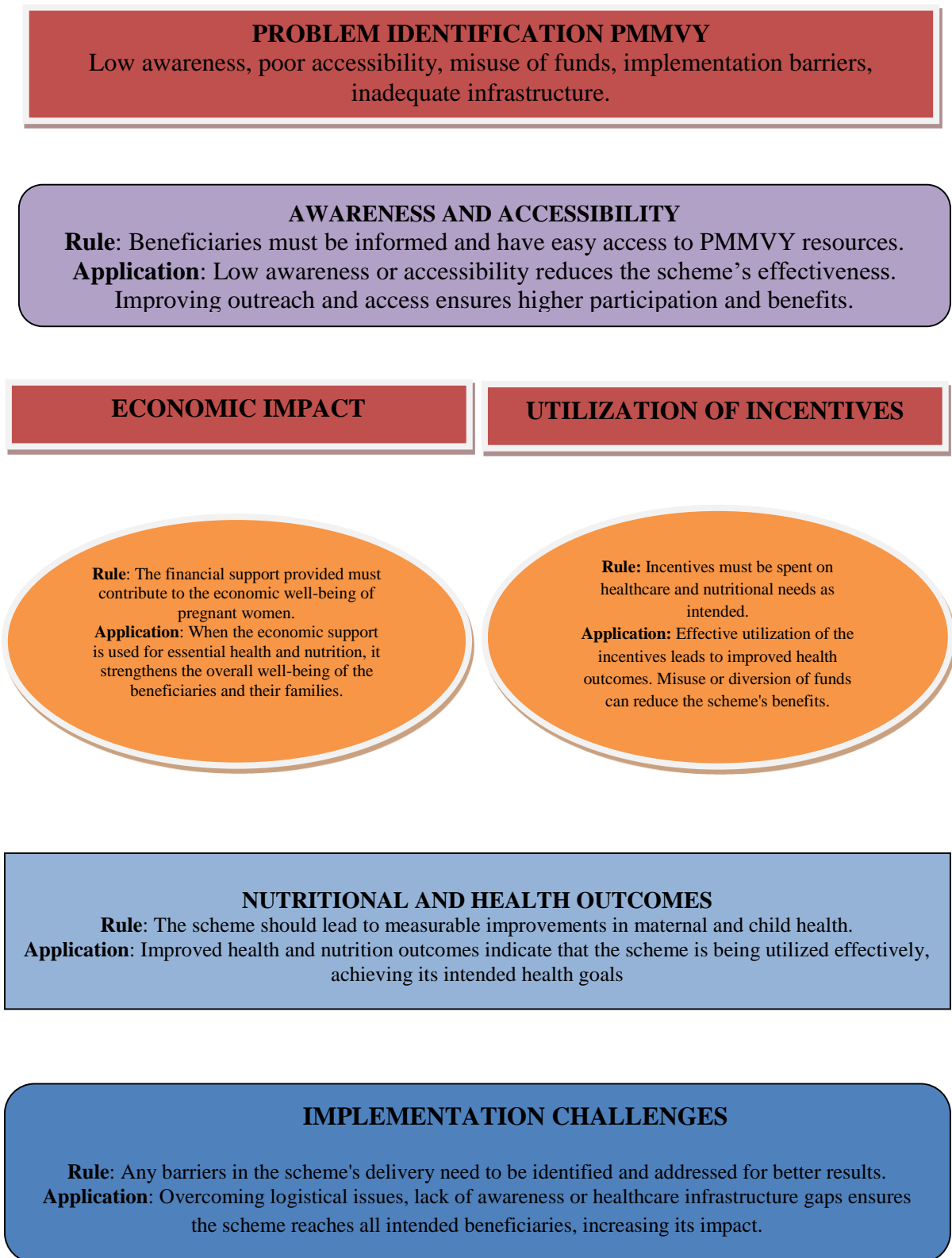
Shruthi, M. V., et.al. (2024)¹¹²article examines how the Pradhan Mantri Matru Vandana Yojana (PMMVY) benefits the tribal pregnant women and their families from an economic viewpoint. According to the article, economic support forms the core of the study during the gestation and postnatal stages. PMMVY initiates the financial assistance offered by the government to pregnant women and lactating mothers eligible for the first live birth to avoid further economic burden. This support helps meet basic nutritional requirements during pregnancy and post-recovery, enabling good health outcomes for the mother and child. The financial support is released in three tranches based on early registration, having at least one check-up during antenatal, and completing the first round of vaccinations for the child. Tribal women, who are generally economically backward, can also benefit from the scheme that takes into consideration the financial constraints by releasing the aid in tranches. Studies also revealed positive impacts on maternal health outcomes and households' financial stability whereby the beneficiaries managed to invest in nutrition and not rely on loans when pregnant. Tackling income challenges peculiar to the tribal community will help support broader public health goals and financial inclusion efforts in underserved regions. According to the official figures from the Ministry of Women and Child Development, this scheme has covered a very significant extent with the impressive effect. The enrollment figure for total since the launch has made a stupendous rise in beneficiaries under the scheme (Shruthi, M. V., et.al. 2024)

Nawale, A. Y., et.al. (2020)¹¹³study analyses the Pradhan Mantri Matru Vandana Yojana (PMMVY) in relation to the tribal communities and its effect on them as far as maternal health is concerned. The study has identified major issues in terms of awareness

and access, where most beneficiaries are not aware of the facilities available and hence this denies them all necessary aspects as would be in the case of ante-natal care. Findings reveal low levels of awareness contribute to insufficient health intake during pregnancy and a tendency of returning to labour-intensive work shortly after delivery. Execution challenges-the review identifies delays in cash transfers, which are compounded by poor monitoring systems that impact the effectiveness of the program. In most cases, PMMVY has mixed results about its potential outcome on nutritional status; however, increased utilization of maternal and child health services under this scheme needs to be encouraged. Recommendation areas for PMMVY scheme are to spread adequate awareness, simplify the process related to cash transfer, and induct supplementary interventions for nutrition improvement. The need for continuous scientific research and policy reviews to fill gaps in service delivery so that such vulnerable groups are covered and reach the intended benefits of PMMVY and are ultimately brought in line with improved maternal and child health outputs in all India (Nawale, A. Y., et.al. 2020)

Shetty, P. (2013)¹¹⁴study highlights the advancements of maternal and child health through the Pradhan Mantri Matru Vandana Yojana, also known as PMMVY. It is among the government programs initiated in India to support pregnant and breastfeeding women by offering cash benefits to enable them to enhance their nutritional and health conditions. Through this program, PMMVY has influenced women's improvement in nutrition-related issues for both mothers and their children ever since the start of its implementation. It has a benefit to decrease the high maternal and neonatal mortalities through adequate nutrition as well as increasing the number of antenatal check-ups. The cash benefits are dependent on the health guidelines, which include institutional deliveries and breastfeeding, making the health outcomes even stronger. A more general trend called the "nutrition transition" is also evaluated, whereby improved health care and nutrition availability have begun to change health profiles, at least in developing countries. To a significant degree, this nutrition transition in India means reduction in under nutrition and more concern with healthier dieting, and consequently, better maternal and child health indicators. As PMMVY merges into wider health reforms, it contributes to the general positive changes in maternal and child health in developing countries such as India, hence significantly contributing to reducing preventable health risks (Shetty, P. 2013)¹²³.

Figure 2.1: Conceptual Framework



2.13 RESEARCH GAP

Research on social welfare programs has garnered significant attention in India, particularly concerning maternal health and support for pregnant women. However, there is a noticeable gap in studies focusing on the specific impact of the Pradhan Mantri Matru Vandana Yojana (PMMVY) on tribal pregnant women, particularly in rural and remote areas like Poonch district in Jammu and Kashmir. While the PMMVY has been implemented across India, the unique challenges faced by tribal women in these regions remain underexplored. This study aims to address this gap by examining the effectiveness of the PMMVY in improving maternal health outcomes for tribal pregnant women in Poonch, evaluating the program's impact on their health, nutrition, and economic empowerment. The research seeks to contribute valuable insights into the socio-economic dynamics of tribal communities in Jammu and Kashmir, focusing on how the PMMVY supports pregnant women in accessing healthcare services and financial assistance. A comprehensive review of national, regional, and local sources is conducted to understand the program's reach, challenges, and outcomes. By critically analyzing these sources, the study identifies gaps in research and knowledge, aiding in the formulation of the study's objectives, research questions, and hypotheses. Integrating insights from government reports, community feedback, and academic studies, the research bridges the existing knowledge gaps and contributes to the discourse on social welfare programs aimed at improving maternal health in tribal areas. Despite widespread implementation of the PMMVY across India, there is limited research on its impact on tribal women, particularly in Poonch. The research identifies and addresses this gap, offering a localized understanding of the PMMVY's effectiveness in enhancing maternal welfare and health outcomes among tribal pregnant women in Jammu and Kashmir.

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CHAPTER 3

RESEARCH

METHODOLOGY

CHAPTER 3 RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter discusses the research methodology and provides a detailed overview of the study area for a better understanding of where the research is conducted. The study begins with an exploration of the origin and geography of Poonch District, followed by a discussion on the climate of Jammu and Kashmir, including the specific climatic conditions of Poonch District. The cultural aspects of Jammu and Kashmir are examined, alongside the demographic profile of Poonch District, focusing on the Scheduled Tribes in the region, with particular emphasis on their unique characteristics in Poonch. The chapter also explores the constitutional protection granted to Scheduled Tribes (ST) and recent changes in tribal reservations in Poonch District, Jammu and Kashmir.

The research methodology section outlines the design of the study, including the rationale for using Likert scales, open-ended, and closed-ended questions, which were chosen to capture both quantitative and qualitative data. The sources of data collection and the target population of the study are also discussed, with an explanation of the sampling methods and sample size. Instruments used for data collection are outlined, along with the rationale for frequency distribution, ANOVA F-test, and correlation analysis, all of which were critical for the data analysis. The chapter further explains the data gathering procedures, methods of analysis, exclusion criteria, and ethical considerations followed during the research to ensure the study's integrity.

3.2 DESCRIPTION OF THE STUDY AREA

Poonch is a district of the Indian-administrated state of Jammu and Kashmir, situated in the Jammu division. The district headquarters is located in the town of Poonch at an elevation of about 981 meters. The geographic coordinates of Poonch range between 33°-35° to 34°-01° north latitude and 73°-58° to 74°-35° east longitude. Poonch is spread

over an area of 1,674 square kilometers, which is bounded on three sides by the Line of Control to avoid confusion with Pakistani-administered areas. Anciently, Poonch is important because it finds a mention in history during the time of Alexander the Great, around 326 BC.

The different dynasties through which this region has been ruled include Lohara dynasty, Mughal Empire, and Sikh Empire. In 1850, Poonch was made into a principality under the Dogra dynasty. It remained the same till the partition of India in 1947. This time period is generally referred to as the "Golden Period" for Poonch because of high developments and infrastructure improvement initiated by its rulers. The administrative organization of Poonch consists of six tehsils: Haveli, Mandi, Mendhar, Surankote, Mankote, and Balakote.

It has eleven blocks and a Tehsildar managing each tehsil. The district has a population of approximately 476,835 as per the 2011 census, with a density of 285 inhabitants per square kilometer. The demographic composition is predominantly Muslim (90.45%), with a literacy rate of about 68.69%. Scheduled Castes and Scheduled Tribes constitute a 33.6% of the population as per 2011 census. Economically, Poonch faces challenges as it was classified as one of India's most backward districts in 2006. The region relies on agriculture and remittances from residents who work outside the district.

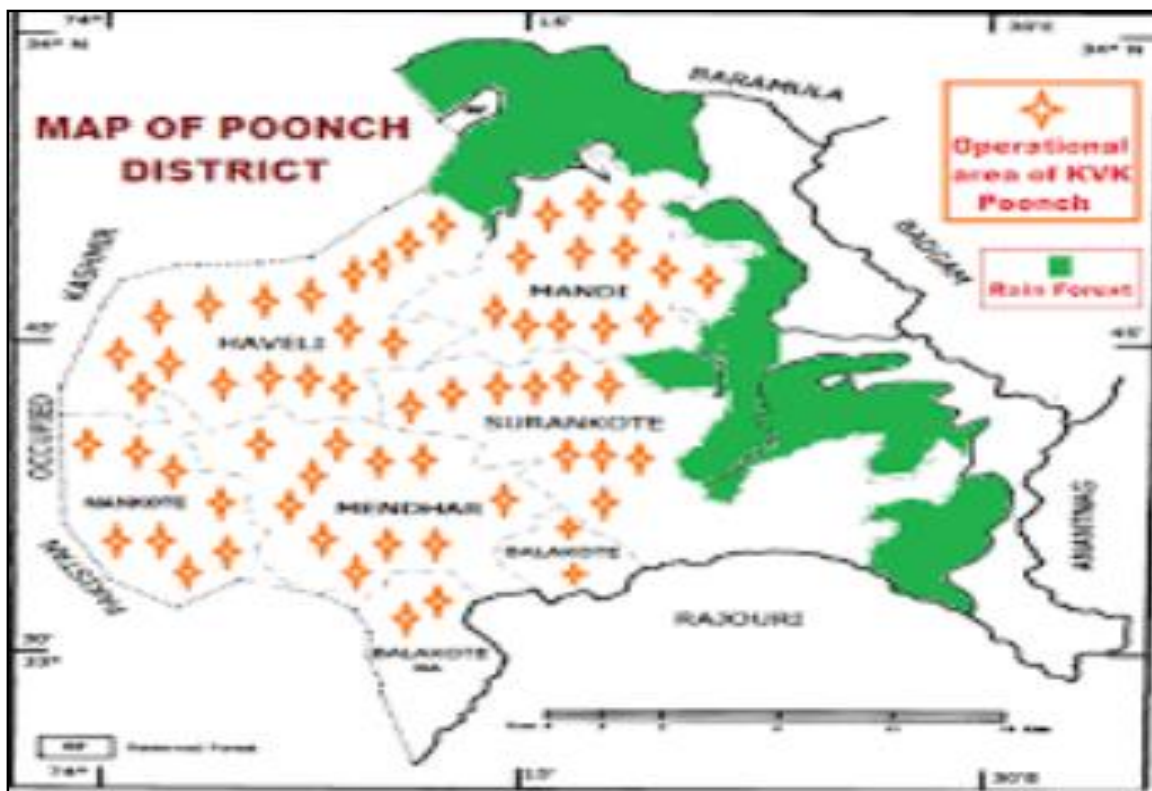
Despite these challenges, Poonch is known for its scenic beauty and historical sites such as the Poonch Fort, which symbolizes its rich heritage. The political landscape includes three assembly constituencies: Surankote, Mendhar, and Poonch Haveli. The district has seen various political changes over the years and continues to be an area of strategic importance due to its proximity to the Line of Control. Poonch district embodies a unique blend of historical significance, cultural diversity, and geographic complexity within the broader context of Jammu and Kashmir's turbulent history. (Gull, et, al 2024)¹¹⁵

Map 3.1: Location of Jammu and Kashmir in India



Source: [www. Mapsonline.com](http://www.Mapsonline.com)

Map 3.2: District Map of Poonch District



Source: [www. Mapsonline.com](http://www.Mapsonline.com)

3.2.1 ORIGIN OF POONCH DISTRICT

Poonch District in the Jammu region of India is a treasure trove of history and culture. The etymology of its name is traced to Maharishi Pulastya, the most authoritative figure in the Hindu mythological pantheon. Under local lore, Pulastya had worshipped here, and hence the region was called Pulast Nagar, which through time took multiple changes in phonetic form—from Pulast to Printus, then Printus to Prooms, and finally to Poonch. Poonch has historically been an important place since ancient times. During Alexander the Great's conquests about 326 BC, Poonch was part of the Abhisara region and was known as Dravabhisar. The area had been under various empires including the Mughal Empire and Sikh Empire. It has been noted by the Chinese traveler Xuanzang at the 6th century AD, referring to it as Pun-nu-tso. In 850 AD, Poonch became a sovereign state under Raja Nar, when it emerged as an independent entity. The Dogra dynasty ruled Poonch from 1850 until the partition of India in 1947. This period is often referred to as the Golden Era for Poonch, characterized by significant development and cultural flourishing. The district is geographically diverse, situated on the southern slopes of the Pir Panjal range. It shares borders with Pakistan-administered areas and has been historically important for trade and military strategy due to its location along the Mughal Road. Today, Poonch District remains a symbol of historical resilience and cultural heritage, reflecting a blend of various influences over centuries while facing contemporary challenges due to its geopolitical significance. (Sharma, 2021)¹¹⁶

3.2.2 GEOGRAPHY OF POONCH DISTRICT

Poonch District is one of the districts in the Jammu and Kashmir region of India, with 1,674 km². Its latitudinal location ranges between 33°25' to 34°01' North and its longitudinal location between 73°58' to 74°35' east. The district is characterized by rugged terrain and lies on the southern slopes of the Pir Panjal range. Poonch is bounded by Baramulla and Budgam districts to its northeast, Rajouri to the south, and Pakistan-administered Kashmir to the west. The geography of Poonch is generally mountainous with steep hills and deep valleys. The elevation ranges significantly, contributing to a temperate climate that experiences heavy snowfall in winter and moderate rainfall during the summer months, primarily from June to September. The average annual rainfall varies, with

significant fluctuations observed over the years. The district's topography supports diverse agricultural practices; however, only about 13.35% of its area has assured irrigation, making it largely reliant on rain-fed agriculture. Poonch's population is approximately 476,835, with a rural majority constituting around 92% of the total population. The district is administratively divided into six tehsils and eleven blocks, encompassing 178 villages. The local economy is primarily agrarian, with maize being the staple crop alongside significant production of wheat and paddy. Horticulture also plays a vital role, particularly with fruit crops like walnuts and apples thriving in the region. The cultural landscape of Poonch is enriched by its historical significance and diverse religious sites, attracting tourists to its natural beauty and heritage sites such as Poonch Fort. Poonch District presents a unique blend of geographical features that shape its economy, culture, and lifestyle. (Ahmed, 2018)¹¹⁷

3.2.3 CLIMATE OF THE JAMMU AND KASHMIR AND POONCH DISTRICT

The climate of Jammu and Kashmir is characterized by significant regional variations, primarily divided into two distinct zones: the subtropical Jammu region and the temperate Kashmir Valley. In the Jammu region, which includes districts like Poonch, summers are typically hot and humid, with temperatures soaring above 45°C during peak months. The winter months are milder, with temperatures occasionally dropping below 4°C in January. This region experiences a monsoon season from July to September, bringing substantial rainfall that alleviates the summer heat. The annual precipitation varies across the region, influenced by the topography and altitude. Conversely, the Kashmir Valley experiences a temperate climate due to its geographical setting between the Pir Panjal and the Great Himalayan ranges. Winters in this valley are cold and last from November to March, with temperatures often falling below freezing, particularly in December and January when snowfall is common. Summers are mild and short, typically lasting from mid-March to June, with maximum temperatures reaching around 34°C in July.

The valley receives significant rainfall during the monsoon season, which contributes to its lush greenery. Poonch district shares climatic characteristics with both regions but leans more towards the subtropical conditions of Jammu. It experiences hot summers, with temperatures often exceeding 40°C, while winters are cold with occasional

snowfall in higher altitudes. The district's rainfall is influenced by monsoon patterns similar to those of Jammu, contributing to its agricultural viability. The climate of Jammu and Kashmir is marked by its diverse weather patterns, shaped by altitude and geographical features, making it unique compared to other regions in India. (Jazib & Manzoor, 2023)¹¹⁸

3.2.4 CULTURE OF JAMMU AND KASHMIR

The culture of Jammu and Kashmir is a rich tapestry made of different traditions, languages, and religions. In this region reside various ethnic communities that include Dogras, Kashmiris, Gujjars, Paharis and many others who contribute to the rich mosaic that populates Jammu and Kashmir. Muslims and Hindus constitute the major religions followed in this region with influences of Buddhists and Sikhs; hence, there are influences and predominance of coexistence among the faiths. Music and dances hold much importance in Jammu and Kashmir for the expression of culture. The region is known for its folk music, which varies by community. For example, Kashmiri music includes the soulful Sufiana Kalam, while Dogri folk songs celebrate the agrarian lifestyle. Festivals such as Eid, Diwali, and Navratri are celebrated with enthusiasm, showcasing the region's religious diversity. Poonch district specifically reflects this cultural amalgamation. The people here belong to various ethnic groups such as Gujjars, Bakerwals, and Paharis. Gujjars and Bakerwals primarily speak Gojri, while the Pahari community speaks Pahari dialects.

The cultural practices in Poonch are deeply rooted in local traditions and folklore. Folk songs often narrate themes of love, valor, and social rituals, with popular songs like Chann and Kainchi highlighting women's roles in society. The cuisine of Poonch is a blend of Kashmiri and Dogri influences, featuring dishes like Rogan Josh and Dum Aloo. Traditional attire varies among communities; however, the Pheran is commonly worn in winter. Art forms such as Bhand Pather, a traditional folk theater, are prevalent during festivals and community gatherings. The architectural heritage of Poonch includes ancient temples and mosques that reflect its historical significance. The culture of Jammu and Kashmir, particularly in Poonch district, is characterized by its rich traditions, linguistic diversity, and harmonious coexistence among various communities. (Bamzai, 1994)¹¹⁹

3.2.5 DEMOGRAPHY OF POONCH DISTRICT

Poonch district is a part of the Indian-administered Jammu and Kashmir. Located in the Jammu division, this district holds a rich demographic profile, which was shaped through historical context and geographical features. The total area of the district is 1,674 square kilometers. The border stretches across three sides of this district by the Line of Control. In terms of the population, the 2011 Census accounted for 476,835 in Poonch with a remarkable population density of 285 people per square kilometre. The demographic trends over the years reveal significant growth. From a population of 102,011 in 1901, the district's population increased steadily, reaching 476,835 by 2011. The growth rate from 2001 to 2011 was approximately 28%, indicating a robust increase in population during this decade. The sex ratio stands at 893 females for every 1,000 males, reflecting regional disparities influenced by cultural and religious factors. The religious composition of Poonch is predominantly Muslim, comprising about 90.45% of the population. Hindus make up approximately 6.84%, while Sikhs account for about 2.35%. Other religions such as Christianity and Buddhism have minimal representation at 0.20% and 0.02%, respectively. This demographic structure is essential for understanding the social fabric of the district, where various ethnic groups coexist, including Muslim Gujjars, Bakerwals, and Paharis. Education is a critical aspect of Poonch's demographics. The literacy rate in the district is reported at 68.69%, with male literacy at around 77% and female literacy at approximately 60%. This disparity highlights ongoing challenges in educational access for women and girls in rural areas. The child population (ages 0-6) constitutes about 13% of the total population, indicating a youthful demographic that could influence future growth trends. Urbanization in Poonch is limited, with only about 8% of the population residing in urban areas. The majority live in rural settings where agriculture remains the primary livelihood. The rural population exhibits a higher sex ratio of approximately 907 females per 1,000 males compared to urban areas where it drops to about 746. Poonch district's demographics reflect a complex interplay of historical influences, cultural diversity, and socio-economic factors. With significant Muslim majority representation and ongoing challenges related to education and urbanization, the district's future demographic trends will likely continue to evolve amid these dynamics. (Ahmed, 2013)¹²⁰

3.3 SCHEDULED TRIBES OF JAMMU AND KASHMIR: A FOCUS ON POONCH DISTRICT

The Scheduled Tribes of Jammu and Kashmir represent a diverse group of indigenous communities recognized for their unique cultural identities and traditional lifestyles. The region's tribal population includes several communities, such as Gujjars, Bakerwals, Gaddis, and Paharis, among others. As of recent amendments in 2023, additional communities like Gadda Brahmin, Koli, and Paddari have also been included in the Scheduled Tribe list. This inclusion aims to empower these groups and ensure they receive the benefits associated with Scheduled Tribe status. The Gujjars and Bakerwals are particularly significant in Jammu and Kashmir, known for their nomadic pastoral lifestyle. They primarily depend on livestock rearing and agriculture, often facing challenges due to their marginalization and economic hardships. Many tribal communities live below the poverty line, relying on traditional methods of farming and forest produce for their livelihoods. In Poonch district specifically, the demographic composition reflects a rich tapestry of tribal groups. The district is home to various Scheduled Tribes, including Gujjars and Bakerwals, who inhabit the mountainous terrains. These groups maintain distinct cultural practices and languages, such as Gojri and Pahari. The tribal population in Poonch faces unique challenges due to geographical isolation, which hampers access to education, healthcare, and economic opportunities. The recognition of Scheduled Tribes is crucial for their socio-economic development. The government has implemented various welfare schemes aimed at improving living conditions and promoting educational opportunities among these communities. However, ongoing debates regarding the inclusion of new tribes into the Scheduled list highlight concerns over resource allocation and the potential dilution of benefits for existing tribes. The Scheduled Tribes in Jammu and Kashmir and specifically in Poonch district are integral to the region's cultural heritage. Their inclusion in government policies aims to foster inclusive development while addressing historical injustices faced by these communities. (Chowdhary & Ahmed, 2017)¹²¹

3.4 CONSTITUTIONAL PROTECTION

Constitutional protection of Scheduled Tribes (ST) in Poonch District remains, as such, generally on provisions of the Constitution of India as a whole to safeguard their rights and welfare. In this connection, there is very recent Constitution (Jammu and Kashmir) Scheduled Tribes Order (Amendment) Bill, 2024 passed by the Parliament. The Gadda Brahmin, Koli, Paddari Tribe, and Pahari Ethnic Group are hereby added to the Scheduled Tribes list of Jammu and Kashmir, with this amendment further advancing their socio-economic and political empowerment. The Constitution outlines the criteria for recognizing Scheduled Tribes under Article 342, allowing the President to specify tribes or tribal communities as STs after consulting with the respective state governors. This legal framework aims to protect the interests of these communities by providing them with reservations in education and government jobs. For instance, members of these newly recognized tribes will benefit from various government schemes such as scholarships, loans, and employment reservations. Along with these provisions, Article 46 emphasizes the state's duty in promoting the educational and economic interest of the weaker sections of citizens, especially Scheduled Castes and Scheduled Tribes. It is accordingly ensured that tribal groups in Poonch receive special attention regarding their needs in development. Furthermore, the Fifth Schedule of the Constitution provides for the administration and control of Scheduled Areas and Scheduled Tribes in states. This framework is essential for maintaining the cultural heritage and rights of tribal populations. Constitutional protections for Scheduled Tribes in Poonch District reflect a commitment to their welfare and development while ensuring their representation in various spheres of public life. The recent legislative changes signify progress towards fulfilling long-standing demands for recognition and support among tribal communities in Jammu and Kashmir. (Gawas, 2019)¹²²

3.5 RECENT CHANGES IN TRIBAL RESERVATIONS

The recently passed Constitution (Jammu and Kashmir) Scheduled Tribes Order (Amendment) Bill, 2024, has introduced four new ethnic groups—Gadda Brahmin, Koli, Paddari Tribe, and Pahari Ethnic Group—to the schedule of Scheduled Tribes. This has brought 10% reservation for these newly recognized tribes, and the total ST reservation

comes up to 20%. The existing ST communities would continue to have 10% reservation quota, in no way diluting benefits, and the government has also sanctioned an 8% reservation for the Other Backward Classes, with the Jammu and Kashmir Local Bodies Laws (Amendment) Bill, 2024, that seeks reservation of OBCs in the panchayats and municipal bodies. Poonch district has a significant tribal population, with Scheduled Tribes accounting for approximately 36.9% of the district's population according to the 2011 census. The Pahari community, now included in the ST list, has a considerable presence in both Poonch and Rajouri districts. These changes are expected to have significant political implications in ST-reserved constituencies and aim to address historical marginalization by ensuring socio-economic and political empowerment of these communities. Furthermore, the implementation of these reservations is anticipated to fulfill long-standing demands for adequate representation in government jobs and professional courses. These developments reflect broader efforts to tackle socio-economic disparities in Jammu and Kashmir, particularly in regions like Poonch with substantial tribal populations. (Kumar & Kapoor, 2024)¹²³

3.6 RESEARCH METHODOLOGY

3.6.1 Research Design

“Research design is a structured framework that outlines the methodology, data collection methods, and analysis strategies for a study. It is crucial for ensuring the reliability, validity, and consistency of research findings, guiding researchers to effectively address research questions and achieve their objectives (Myers & Lorch, 2013).¹²⁴ For this study, a descriptive and evaluative method was employed to assess the impact of the Pradhan Mantri Matru Vandana Yojana (PMMVY) on tribal pregnant women in Poonch District, Jammu and Kashmir. The descriptive method provides a comprehensive account of the characteristics, roles, and patterns related to the implementation of PMMVY, systematically detailing its effects on maternal health outcomes among the tribal population. The evaluative/survey method was used to gather both factual and experiential data from the participants. Structured interviews were utilized to collect detailed responses on the impact of PMMVY from the tribal women. This method allows for a deeper exploration of their views and experiences (Groves et al., 2011). The study adopts a mixed-

method approach, combining both qualitative and quantitative research. Qualitative research, as defined by Denzin and Lincoln (2011)¹²⁵, is a "multi-method approach that involves an interpretive, naturalistic view of its subject matter," focusing on understanding individuals' experiences and social contexts, which is vital for exploring the lived experiences of tribal women in Poonch. Quantitative research uses statistical tools such as F-tests and ANOVA (Analysis of Variance) to evaluate differences (St & Wold, 1989)¹²⁶ among multiple groups and examine the data systematically. Additionally, correlation analysis will be conducted to examine the relationship between the various factors of the PMMVY and maternal health outcomes. This combination of methods provides both in-depth qualitative insights and statistical rigor, offering a comprehensive analysis of the program's impact.”

3.6.2 Rationale of Likert Scale

A Likert scale refers to a type of psychological measuring device that is applied within the survey to collect attitudes, opinions, or perceptions by asking respondents about their levels of agreement or disagreement to statements. This scale provides quantifiable data, enabling statistical analysis to draw meaningful conclusions. In this study, both a three-point and a four-point Likert scale were used to assess participants’ views on the impact of the Pradhan Mantri Matru Vandana Yojana (PMMVY) on tribal pregnant women in Poonch District, Jammu and Kashmir. By employing these scales, the researchers captured a range of perceptions regarding the program's effectiveness, maternal health outcomes, and the experiences of the tribal women. The scales facilitated a comprehensive and in-depth study of the attitude and perception held by respondents toward the success of the PMMVY program and its impact on the target community. (O'Neill, 2017)¹²⁷

3.6.3 Rationale of open-ended questions and closed-ended questions

The use of both open-ended and closed-ended questions in research offers a comprehensive approach to data collection, providing a balance between structured responses and detailed insights. Closed-ended questions are effective for quantifying responses, offering clear, measurable data that can be easily analyzed through statistical methods. These questions provide a fixed set of options, enabling researchers to efficiently

collect data on specific variables, such as the level of awareness or satisfaction among tribal pregnant women regarding the Pradhan Mantri Matru Vandana Yojana (PMMVY). Instead, an open-ended question can provide the respondents with the privilege of speaking to their thoughts, experiences, and opinions in rich qualitative data of their own words. In this study, open-ended questions have been used to capture some nuances of the participants' perspective regarding what challenges they face and how effective the PMMVY scheme is in addressing their needs. These questions enable researchers to uncover themes, identify underlying issues, and gain deeper insights that may not be captured through closed-ended responses. Together, these question types offer a holistic view of the impact of the PMMVY program on tribal pregnant women in Poonch District, combining the depth of qualitative insights with the clarity of quantitative data. (Baburajan, et, al 2020)¹²⁸

3.6.4 Sources of Data Collection

The data generated for the study was comprised of primary sources and secondary sources.

Primary data for this study were collected through in-depth interviews with 270 respondents, including 250 tribal pregnant women and 20 key stakeholders. The stakeholders included healthcare providers, ICDS officials, AWW workers, ANM workers, Ayesha workers, and village community members in Poonch District. The interviews with stakeholders were designed to capture their perspectives on the implementation of the Pradhan Mantri Matru Vandana Yojana (PMMVY), the challenges faced in the delivery of maternal healthcare services, and the program's impact on tribal pregnant women. Open-ended questions were used to gather detailed insights from stakeholders on their experiences and observations regarding the effectiveness of the PMMVY in addressing maternal health needs and promoting social inclusion.

Secondary data were gathered from various sources, including International official reports, National government reports, state government reports, and district reports like NHFS related to the PMMVY, research studies on maternal health programs, and data from NGOs working in the region. The secondary data helped contextualize the primary

data, providing a broader understanding of the socio-economic conditions in Poonch District and the overall impact of government welfare programs aimed at tribal women. The combination of primary and secondary data ensured a comprehensive analysis of the PMMVY's effectiveness in improving maternal health and social inclusion in the district.

3.6.5 Universe of the Study/Target Population of the Study

The study focuses on the district of Poonch, located in the northern part of Jammu and Kashmir, which is characterized by a unique socio-cultural and geographical setting. Poonch comprises several tribal villages, each with distinct cultural practices, traditions, and challenges. As part of the study, fourteen tribal villages from six ICDS zones in Poonch District have been selected to examine the impact of the Pradhan Mantri Matru Vandana Yojana (PMMVY) on tribal pregnant women. These villages are Dhundak, Marhote, Hari Upper A, Lathoon, Surankote, Gunthal, Kallar Kattal, Sangla, Pamrote, Dandi Dhara, Mahra, Behramgala, and Fazlabad. They represent a cross-section of the region's diverse tribal communities, each with its own set of experiences, needs, and socio-economic conditions. The study aims to capture the varied experiences of tribal pregnant women from these villages, specifically focusing on the implementation of the PMMVY and its impact on maternal health, social inclusion, and access to government welfare programs. The rural setting of Poonch District, with its remoteness and unique demographic composition, provides valuable insights into the effectiveness of maternal welfare programs in tribal areas. This study highlights how PMMVY has contributed to improving maternal health and empowering tribal women in Poonch, while also addressing the challenges faced in remote, underserved areas. The selected villages offer a detailed and localized understanding of the implementation of government schemes and their socio-economic impact on tribal communities.

3.6.6 Sampling and Sample Size

The study utilized both purposive and stratified sampling methods, each serving distinct roles in the data collection process. Purposive sampling was employed to focus on specific tribal villages in Poonch District, selected based on their unique tribal demographics and socio-cultural characteristics. This approach was chosen to capture in-

depth insights into the challenges and experiences of tribal pregnant women within the context of maternal health interventions. By targeting villages that represent diverse tribal profiles, purposive sampling enriches the qualitative analysis, offering a nuanced understanding of the Pradhan Mantri Matru Vandana Yojana (PMMVY) and its relevance within these communities. Stratified sampling was applied to ensure proportional representation across different demographic segments, including tribal pregnant women and key stakeholders. This method supports quantitative analysis and hypothesis testing, facilitating accurate measurement across the broader tribal population in Poonch District.

Table 3.1: Selected Villages from which the Sample is taken based on Proportionate sampling

Tribal villages of Poonch district selected for data collection	Total respondents' selection from each village	Sample size Proportionate sampling distribution
Dhundak	18	18%
Marhote	18	18%
Hari Upper A	18	18%
Lathoon	18	18%
Surankote	18	18%
Gunthal	18	18%
Kallar kattal	18	18%
Sangla	18	18%
Marhote	18	18%
Dandi Dhara	18	18%
Kallar kattal	18	18%
Mahra	18	18%
Fazlabad	17	17%
Behramgala	17	17%
Grand total	250	100%
250 Key Tribal Pregnant Women		

Source: Primary Data

The study targeted a total of 250 respondents by using (Krejcie & Morgan, 1970) table as number of total beneficiary women where 800 (approx.). By dividing the

population into relevant strata, stratified sampling ensures that the sample reflects the diversity of the population, providing statistically significant data for analyzing PMMVY's implementation and impact. The combined use of purposive and stratified sampling enabled a comprehensive analysis. Purposive sampling facilitated detailed qualitative insights into the selected communities lived through experiences, while stratified sampling contributed to accurate and representative quantitative data for hypothesis testing. Together, these methods allowed for a thorough examination of maternal health challenges among tribal women in Poonch District and the effectiveness of government interventions. (Etikan & Bala, 2017)

3.6.7 Instrument of Data Collection

The researcher employed the following instruments of data collection for the study

Structured interview schedule for Tribal Women: A total of 250 respondents participated in the study,. For the tribal women, a questionnaire comprising 45 questions was used, incorporating both three-point and five-point Likert scales. This structured format enabled the collection of quantifiable data on their experiences, perceptions, and satisfaction with the scheme, ensuring reliable insights into the impact of PMMVY on their maternal health needs

Open-Ended Structured Interviews for Focus Group Discussion: To gain a broader perspective on the implementation of PMMVY, the open-ended interview schedule was also incorporated, this interview set consisted of 10 open-ended questions, allowing beneficiary women to share detailed insights concerning the effectiveness of the programme, challenges in its implementation, and suggestions for change. The amalgamation of both quantitative and qualitative methods allowed for a very comprehensive analysis of the ways PMMVY impacts pregnant women in the tribal groups of Poonch and captures both statistical trends as well as in-depth perspective from the community and major facilitators.

3.6.8 Rationale of frequency distribution

Frequency distribution is an analytical tool that works on data by dividing it into categories or intervals. Once done, it elucidates the number of occurrences of each category and helps to identify trends or patterns in the data. The interview schedule was considered to be based on frequency distribution. This enables systematic analysis of responses from tribal women and stakeholders, thereby providing clear views on the prevalence of certain responses, satisfaction levels, and perceived effects of the Pradhan Mantri Matru Vandana Yojana (PMMVY). By arranging responses in a sequence, the frequency distribution simplifies complex data, making it easier to interpret variations and commonalities across participants. This method supports the study's aim by providing an organized, quantifiable insight into the impact and accessibility of PMMVY benefits, enabling a meaningful evaluation of program effectiveness among different demographic groups in the tribal community. (Smith, 1991)

3.6.9 Rationale of ANOVA f Test and correlation analysis

To assess the impact of the Pradhan Mantri Matru Vandana Yojana (PMMVY) on Tribal Pregnant Women in District Poonch, Jammu and Kashmir, the study utilized both the ANOVA F-test and correlation analysis, with significance levels set at 0.01 and 0.005 to enhance rigor and reliability. The ANOVA F-test was applied to determine statistically significant differences in PMMVY's impact across demographic groups such as age, income, education, and previous pregnancies. The high levels of significance meant that any observed differences were unlikely to be by chance alone, thereby providing very strong support for hypotheses of differential impacts across demographic subgroups.

For the correlation analysis assessed the strength and direction of relationships between the benefits from PMMVY and major maternal health outcomes-specifically general feeling about the program, ease of access to maternal health services, and general health. Since significance thresholds were set at 0.01 and 0.005, the study gained high confidence from those correlations since it proved that any observed associations are statistically sound and not random. Together, these methods ensured reliable findings that provide strong, evidence-based insights into the effectiveness of PMMVY in improving

maternal health among tribal women, validating both group differences and meaningful associations critical to the study's objectives. (Kovacs, et, al 2009)

3.6.10 Methods of Data Analyses

The researcher adopted both qualitative and quantitative methods to comprehensively examine the impact of the Pradhan Mantri Matru Vandana Yojana (PMMVY) on tribal pregnant women in Poonch District. A quantitative method involves data collection, processing, and analysis of numerical data for hypotheses testing to see whether a relationship between variables exists. For this study, the data collected from the tribal women through the structured interview schedule, which were completed with three- and five-point Likert scales, were used for the quantitative assessment of the perception of the program, its accessibility, and its effectiveness. This data enabled the statistical analysis necessary for hypothesis testing and the identification of patterns. In contrast, qualitative methods involve gathering non-numerical data to understand deeper insights into individuals' experiences, behaviours, and social dynamics.

The open-ended questions posed to beneficiary women allowed for a more in-depth exploration of the community-based perspectives regarding the PMMVY program, offering valuable insights into its challenges, effectiveness, and the broader socio-cultural factors at play. For quantitative data analysis, SPSS 26.0 was employed to facilitate tabulation and hypothesis testing. Specifically, ANOVA F-tests were applied to assess the significance of relationships between variables at the 0.01 and 0.005 significance levels, ensuring the robustness of the statistical findings. Correlation analysis was performed to establish the strength and direction of the relationship between variables. This helps explain how the various factors inter-relate within the implementation framework of PMMVY. In essence, integrating the application of both qualitative and quantitative approaches would be very instrumental in rendering a holistic approach to the study in question.

More so, the quantitative methods would have provided objective measurable data statistically validated and tested by the hypotheses of the research. Meanwhile, the qualitative methods offered a deeper understanding of the experiences lived and socio-cultural context of the participants. The combination of ANOVA F-tests, correlation

analysis, and qualitative insights allowed for a well-rounded exploration of the PMMVY's impact, ensuring the results were both statistically significant and contextually meaningful.

3.6.11 EXCLUSION CRITERIA

The study adopted specific criteria for participant selection to ensure the integrity and relevance of the data collected. Poonch District has 178 villages, and the study heavily focused on 14 major tribal villages such as Dhundak, Marhote, Hari Upper A, Lathoon, Surankote, Gunthal, Kallar Kattal, Sangla, Pamrote, Dandi Dhara, Mahra, Behramgala, and Fazlabad, while excluding non-tribal areas to maintain a focus on the tribal communities. Individuals under 18 years of age were excluded to ensure that participants possessed the maturity and awareness necessary for meaningful engagement. Non-tribal individuals, as well as those from urban areas, were also excluded to keep the study's focus on the socio-cultural dynamics of the tribal population. The study specifically included major tribes such as Gujjar, Bakerwals, Sudhan Awans and others to provide a comprehensive understanding of the tribal community's experiences. Respondents who lacked basic knowledge of their community's practices or those unwilling to participate in the interviews were also excluded. These criteria were designed to enhance the quality of both qualitative and quantitative data, ensuring that the insights gathered reflect the experiences and perspectives of those most knowledgeable about the subject matter, particularly tribal women's experiences with maternal health interventions like PMMVY.

3.6.12 ETHICAL CONSIDERATIONS

The ethical standards for the study were upheld by obtaining formal approval from the relevant authorities. Before conducting the in-depth interviews with participants from the selected tribal villages and stakeholders, all individuals were informed about the study's purpose, their vital roles, and their rights within the research process. The participants were assured of confidentiality over their answers and the voluntary nature of participation along with the right to withdraw from participation at any point without detriment. They were properly informed on ethical procedures to ensure transparency and understanding for both parties. Once participants were informed and comfortable with the ethical guidelines, they were asked to sign a consent form to confirm their willingness to participate. The approach

ensured that both qualitative and quantitative data collection adhered to ethical principles, promoting respect, integrity, and trust throughout the research process. (van den Scott, 2020)

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CHAPTER 4
ANALYSIS AND
INTERPRETATION
OF DATA

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4.1 INTRODUCTION

This chapter presents a detailed analysis of data on the impact of the Pradhan Mantri Matru Vandana Yojana (PMMVY) on tribal pregnant women in Poonch district, Jammu and Kashmir. Drawing from responses provided by tribal women, the study examines aspects such as awareness of the scheme, economic support, nutritional outcomes, and the intended use of incentives. To comprehensively assess these responses, statistical tools like ANOVA, F-test, and correlation analysis are employed, alongside thematic analysis for open-ended responses, allowing for a well-rounded exploration of both quantitative and qualitative data. Key demographic variables—such as reproductive age, economic category, educational status, caste composition, family size, and occupation of antenatal/neonatal mothers—are analyzed to understand their influence on PMMVY's effectiveness. Descriptive statistics, including mean and standard deviation, are used to summarize the dataset, presenting respondents' views in a simplified form. To examine differences based on demographic characteristics, ANOVA is used to analyze variances across groups, offering insights into how these factors influence experiences with the scheme. The F-test is further applied to assess group-based differences, ensuring robustness in comparative analysis. Correlation analysis explores relationships among key variables, such as the link between family size and the perceived economic support or nutritional benefits provided by PMMVY. The study also incorporates thematic analysis of open-ended responses to capture personal experiences, challenges, and suggestions that are not easily quantifiable. This qualitative approach allows for the identification of recurring themes, providing context and depth to the quantitative findings, and highlighting the unique needs and concerns of tribal women in Poonch district regarding PMMVY. Data are presented in frequency distribution tables, created using SPSS and MS Excel, providing a clear visual representation of perceptions, challenges, and benefits identified by respondents. These tables allow for easy interpretation of the data across various demographic groups. The chapter is organized into sections, beginning with an overview of general perceptions toward PMMVY, covering accessibility, economic benefits, and

nutritional support. This is followed by an analysis of demographic factors, showing how variables like caste, economic category, and occupation influence beneficiaries' experiences. The chapter then examines primary challenges faced by respondents, including administrative and geographic barriers. Finally, it concludes with recommendations for improving PMMVY's reach and impact, informed by both statistical insights and thematic analysis of qualitative responses. A demographic profile of respondents, including reproductive age, economic category, educational status, caste composition, family size, and occupation, aids in interpreting the findings, offering a comprehensive understanding of how tribal women in Poonch district perceive and experience the PMMVY scheme.

4.2 DISTRIBUTION OF DEMOGRAPHIC VARIABLES

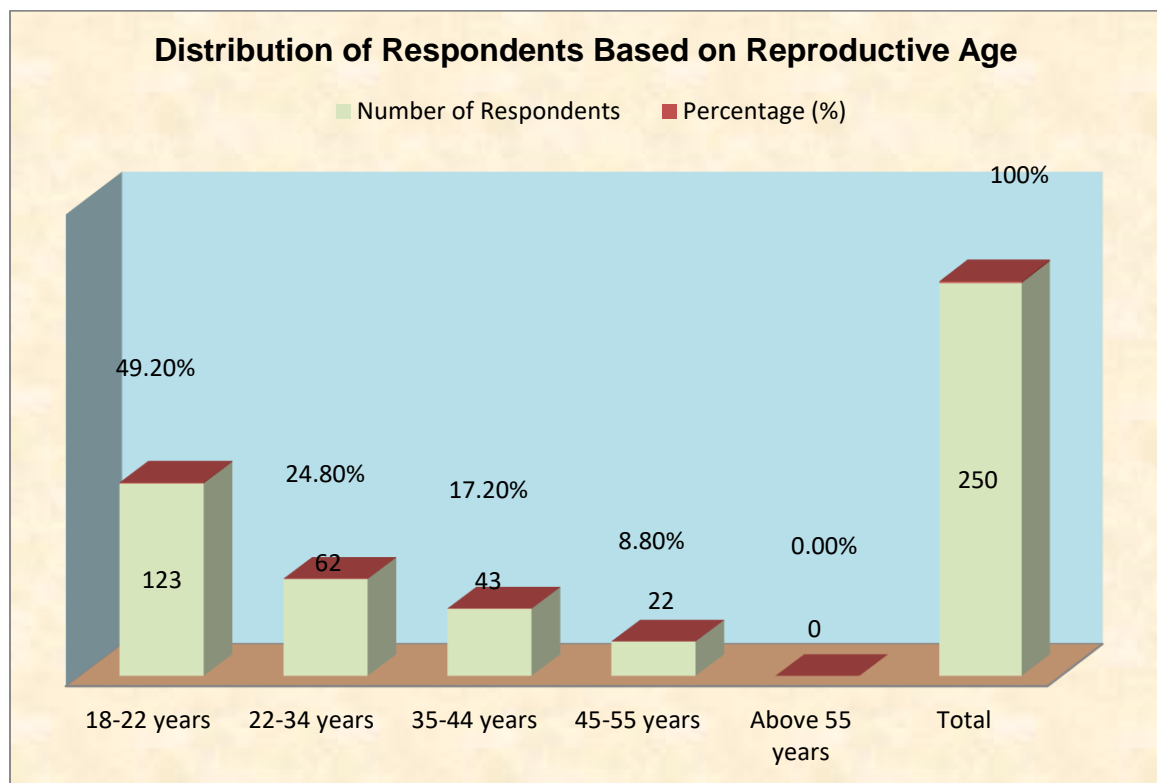
Frequency distribution with the percentage method organizes data into categories and displays the number of occurrences along with the proportion of each category. In this study, the frequency distribution of socio-demographic details of 250 tribal pregnant women respondents in Poonch district includes the following variables: reproductive age, economic category, educational status, caste composition, family size, and occupation. These categories provide an overview of the diverse backgrounds of the respondents, adding context to their perceptions of the Pradhan Mantri Matru Vandana Yojana (PMMVY).

Table 4.1: Distribution of Respondents Based on Reproductive Age

Reproductive Age of the Respondent	Number of Respondents	Percentage (%)
18-22 years	123	49.2%
22-34 years	62	24.8%
35-44 years	43	17.2%
45-55 years	22	8.8%
Above 55 years	0	0.0%
Total	250	100%

Source: Survey Data

Table 4.1 indicates the distribution of respondents based on reproductive age, showing that the majority (49.2%, n=123) are in the 18-22 age group, followed by 24.8% (n=62) in the 22-34 age range. Smaller percentages are seen among respondents aged 35-44, comprising 17.2% (n=43), and those aged 45-55, at 8.8% (n=22). Notably, no respondents were above the age of 55. These age distributions are significant in assessing the impact of the Pradhan Mantri Matru Vandana Yojana (PMMVY) on tribal pregnant women in Poonch, as younger women within the 18-22 and 22-34 age groups are the primary beneficiaries. This shows that PMMVY's economic support targets women during their early reproductive years, likely enhancing maternal health outcomes among younger tribal women. The smaller representation of respondents aged 35 and above may reflect lower fertility rates among older tribal women or a focus of the scheme on younger, economically vulnerable mothers. The concentration of respondents in the younger age range highlights the relevance of PMMVY in addressing financial and nutritional needs during pregnancy, particularly for those in their early reproductive years, where maternal health interventions have a substantial long-term impact.



Graph 4.1: Distribution of Respondents Based on Reproductive Age

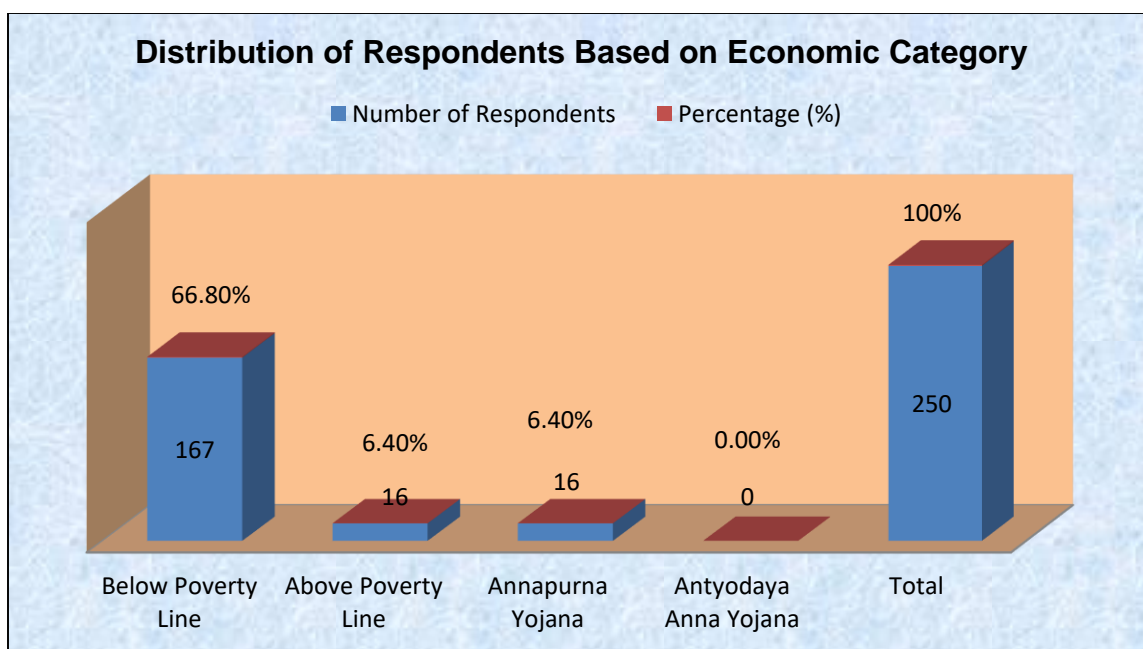
Table 4.2: Distribution of Respondents Based on Economic Category

Economic Category of the Respondent	Number of Respondents	Percentage (%)
Below Poverty Line	167	66.8%
Above Poverty Line	16	6.4%
Annapurna Yojana	16	6.4%
Antyodaya Anna Yojana	0	0.0%
Total	250	100%

Source: Survey Data

Table 4.2 presents the distribution of respondents based on economic category, revealing that a substantial majority (66.8%, n=167) fall within the Below Poverty Line (BPL) category. This is followed by smaller groups, with 6.4% (n=16) of respondents each under the Above Poverty Line (APL) and Annapurna Yojana categories. No respondents were identified under the Antyodaya Anna Yojana category. The economic distribution is essential in understanding the impact of the Pradhan Mantri Matru Vandana Yojana (PMMVY) on tribal pregnant women in Poonch, as the scheme appears to be primarily benefitting those who are economically disadvantaged.

The high proportion of BPL beneficiaries' underscores PMMVY's role in providing critical economic and nutritional support to financially vulnerable mothers. The inclusion of Annapurna Yojana beneficiaries, although limited, indicates outreach to those in extreme poverty. The absence of Antyodaya Anna Yojana beneficiaries may suggest limited awareness or availability of this category among respondents in this region. The concentration of respondents within the BPL category aligns with PMMVY's objective to support low-income tribal pregnant women, thereby potentially improving health and nutrition outcomes during pregnancy among this economically marginalized group.



Graph 4.2: Distribution of Respondents Based on Economic Category

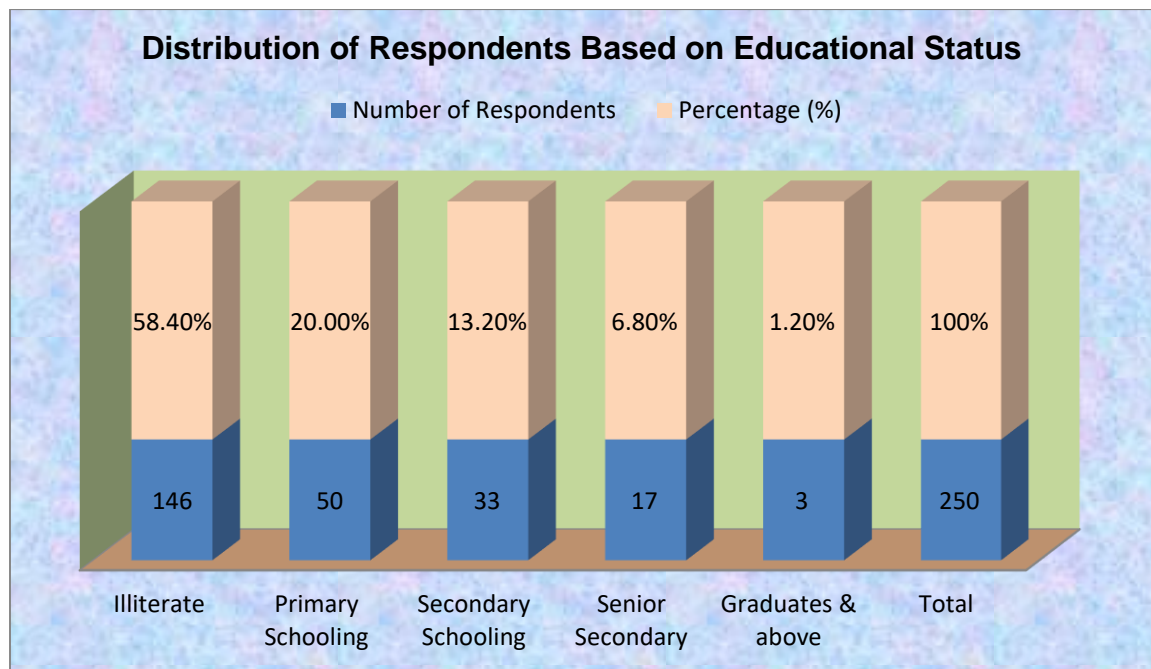
Table 4.3: Distribution of Respondents Based on Educational Status

Educational Status of the Respondent	Number of Respondents	Percentage (%)
Illiterate	146	58.4%
Primary Schooling	50	20.0%
Secondary Schooling	33	13.2%
Senior Secondary	17	6.8%
Graduates & above	3	1.2%
Total	250	100%

Source: Survey Data

Table 4.3 indicates the distribution of respondents based on their educational status, with the majority (58.4%, n=146) being illiterate, followed by 20.0% (n=50) who have attended primary schooling. Smaller groups are represented among those with secondary schooling (13.2%, n=33), senior secondary schooling (6.8%, n=17), and graduates & above (1.2%, n=3). The distribution highlights the low educational levels within the tribal pregnant women population in Poonch, which is crucial for understanding the impact of the Pradhan Mantri Matru Vandana Yojana (PMMVY). The high illiteracy rate shows that

the majority of beneficiaries may face challenges in accessing information about the scheme and understanding its benefits, which could impact the overall success of the initiative. The presence of respondents with primary and secondary schooling indicates that there is some educational outreach, but the lack of higher education among the majority may limit the effectiveness of PMMVY's outreach efforts. The small number of graduates further shows that education, particularly higher education, remains a significant barrier for tribal women in this region, underlining the importance of targeted, accessible communication and awareness efforts to ensure the programmes effectiveness.



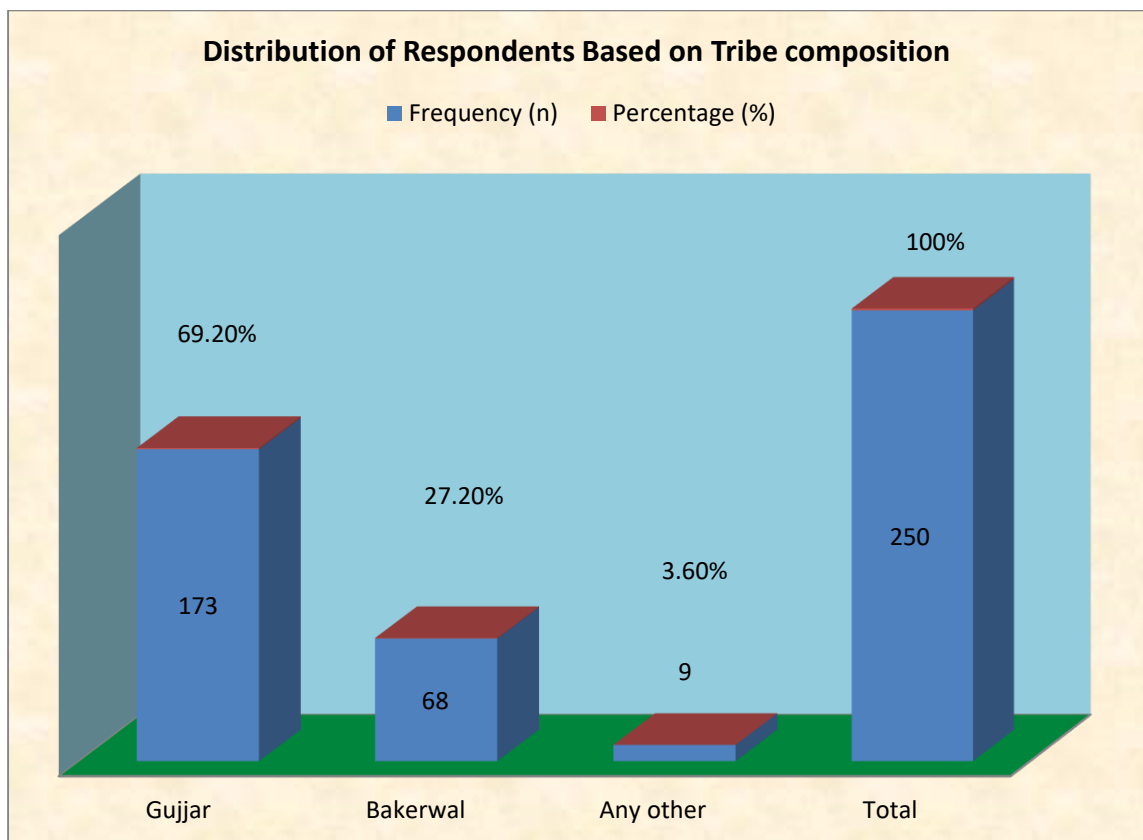
Graph 4.3: Distribution of Respondents Based on Educational Status

Table 4.4: Distribution of Respondents Based on Tribe composition

Tribe Composition of the Respondent	Frequency (n)	Percentage (%)
Gujjar	173	69.2%
Bakerwal	68	27.2%
Any other	9	3.6%
Total	250	100%

Source: Survey Data

Table 4.4 indicates the distribution of respondents based on tribe composition, with the majority (69.2%, n=173) identifying as Gujjar, followed by 27.2% (n=68) identifying as Bakerwal. A smaller percentage, 3.6% (n=9), belong to other tribes. The distribution provides valuable insight into the tribal composition of the study population in Poonch, which is significant for understanding the impact of the Pradhan Mantri Matru Vandana Yojana (PMMVY). The large proportion of Gujjar respondents highlights the prominence of this tribe in the region, suggesting that PMMVY's impact may be more pronounced among them. However, the significant representation of Bakerwal women also underscores the importance of ensuring that the program reaches a diverse range of tribal communities. The small number of respondents from other tribes shows that tribal diversity may be limited within the study sample, but it also highlights the need for the scheme to address the unique needs of smaller tribal groups. Overall, the distribution emphasizes the importance of culturally tailored interventions in PMMVY to effectively serve different tribal populations in the region.



Graph 4.4: Distribution of Respondents Based on Tribe composition

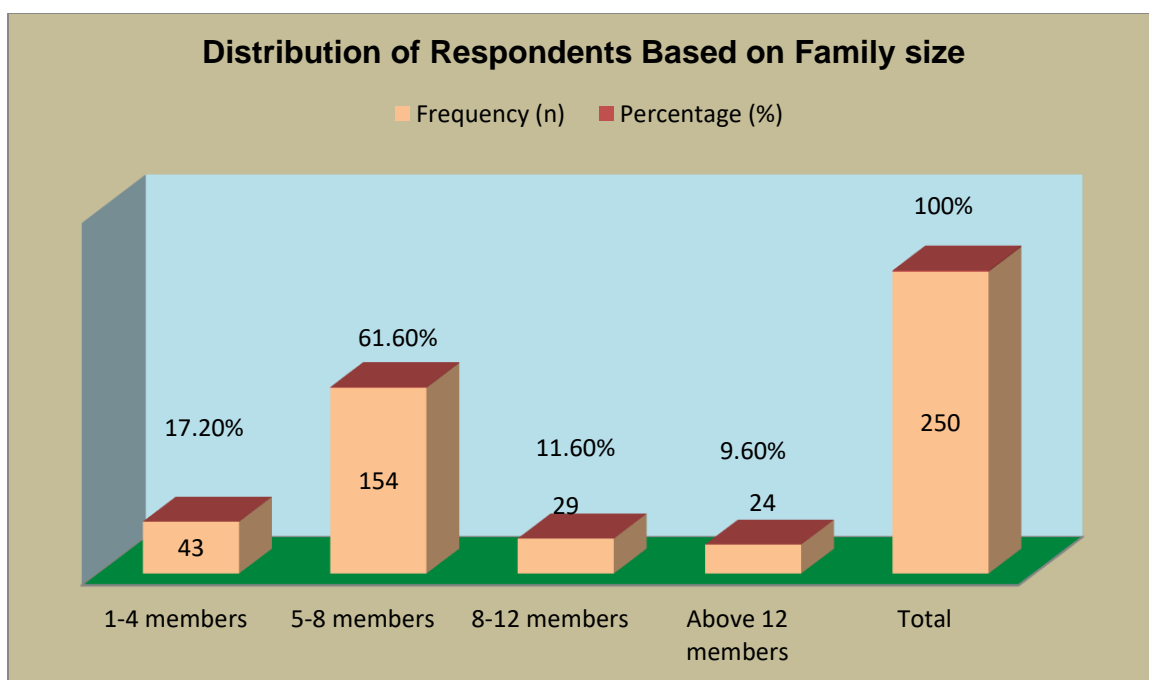
Table 4.5: Distribution of Respondents Based on Family size

Family Size of the Respondent	Frequency (n)	Percentage (%)
1-4 members	43	17.2%
5-8 members	154	61.6%
8-12 members	29	11.6%
Above 12 members	24	9.6%
Total	250	100%

Source: Survey Data

Table 4.5 indicates the distribution of respondents based on family size, with the majority (61.6%, n=154) belonging to families with 5-8 members, followed by 17.2% (n=43) in families with 1-4 members. Smaller proportions are seen in families with 8-12 members (11.6%, n=29) and families with more than 12 members (9.6%, n=24). The distribution highlights the prevalent family structures among the tribal pregnant women in Poonch, which is important for assessing the impact of the Pradhan Mantri Matru Vandana Yojana (PMMVY). Larger family sizes, particularly those with 5-8 members, suggest that many of the respondents may be dealing with resource constraints, which could impact their access to healthcare and other support services.

The relatively smaller representation of families with more than 8 members indicates that the larger family structures may not be as common, but they are still significant in understanding the social dynamics of the population. The concentration of respondents in families with 5-8 members underscores the relevance of PMMVY in addressing the financial and nutritional needs of families with moderate sizes, where support for pregnant women can have a substantial positive effect on maternal and child health.



Graph 4.5: Distribution of Respondents Based on Family size

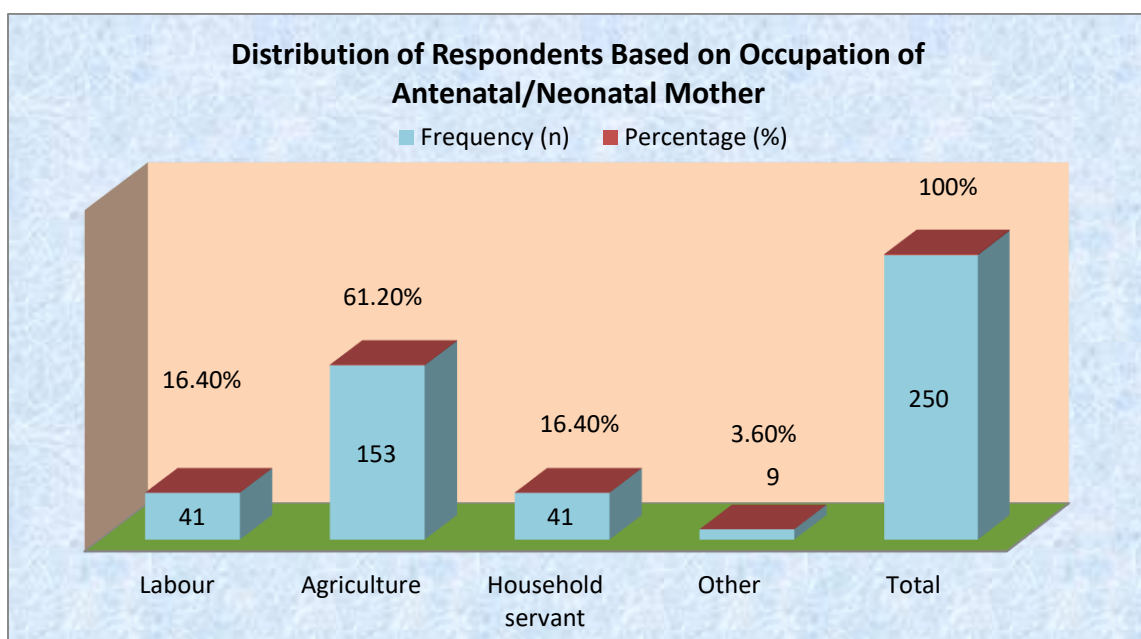
Table 4.6: Distribution of Respondents Based on Occupation of Antenatal/Neonatal Mother

Occupation of Antenatal/Neonatal Mother	Frequency (n)	Percentage (%)
Labour	41	16.4%
Agriculture	153	61.2%
Household servant	41	16.4%
Other	9	3.6%
Total	250	100%

Source: Survey Data

Table 4.6 indicates the distribution of respondents based on the occupation of antenatal/neonatal mothers, with the majority (61.2%, n=153) engaged in agriculture, followed by 16.4% (n=41) working as laborers and another 16.4% (n=41) as household servants. A smaller proportion (3.6%, n=9) belong to other occupations. The distribution highlights the predominant occupational sectors within the tribal pregnant women population in Poonch, which is essential for understanding the socioeconomic context in

which the Pradhan Mantri Matru Vandana Yojana (PMMVY) operates. The high percentage of respondents working in agriculture shows that PMMVY's impact could be particularly significant in addressing the needs of women in the agricultural sector, where income stability may be low, and access to healthcare services may be limited. The presence of laborers and household servants further indicates that a significant portion of respondents may belong to economically vulnerable sections of society, making them more reliant on schemes like PMMVY for financial support. The small number of respondents in other occupations highlights the relatively narrow range of employment options available to these women. The information underlines the importance of targeting agricultural and labour-based communities through tailored interventions to ensure the success of PMMVY.



Graph 4.6: Distribution of Respondents Based on Occupation of Antenatal/ Neonatal Mother

4.3 LEVEL OF AWARENESS OF PMMVY SCHEME AMONG THE TRIBAL PREGNANT WOMEN IN POONCH DISTRICT

The Level of Awareness of PMMVY Scheme among the Tribal Pregnant Women in Poonch District refers to how informed tribal pregnant women in this region are about the Pradhan Mantri Matru Vandana Yojana (PMMVY), a government initiative aimed at

providing financial support to pregnant and lactating women. The PMMVY scheme offers cash incentives to help mitigate wage loss and improve maternal health by encouraging proper nutrition during pregnancy. Understanding the level of awareness among these women is crucial, as it can influence their ability to access the benefits provided by the scheme, which includes financial assistance for prenatal care and postnatal support. Factors affecting awareness may include socio-economic status, education levels, and the effectiveness of outreach programs by local health workers, such as Anganwadi workers and Accredited Social Health Activists (ASHA). Increased awareness can lead to better health-seeking behaviours and improved outcomes for both mothers and their children.

Table 4.7: Frequency distribution on are you aware of the Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme?

Response	Frequency (n)	Percentage (%)
Yes	159	63.6%
No	47	18.8%
Not sure	44	17.6%
Total	250	100%

Source: Survey Data

Table 4.7 illustrates the awareness levels of the Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme among the tribal pregnant women in Poonch district, Jammu and Kashmir. The majority (63.6%, n=159) indicated awareness of the PMMVY, whereas 18.8% (n=47) were unaware, and 17.6% (n=44) were not sure about the scheme. This data reflects a moderate level of awareness, suggesting that while a significant portion of women in the district have heard of PMMVY, there is still a need to enhance awareness efforts to reach those who are either unaware or uncertain about the scheme's benefits and objectives. The impact of the PMMVY on tribal pregnant women in Poonch district is influenced by such awareness levels. Awareness is critical for ensuring that eligible women can access the scheme's financial and nutritional support, which can play a vital role in reducing malnutrition and providing financial relief during pregnancy. Given that agriculture and labour are the primary occupations among this population (as seen in prior

tables), many of these women likely face economic challenges and may benefit significantly from the financial assistance provided under PMMVY. The scheme's support can be especially valuable in agricultural communities, where income is often seasonal, and healthcare services may be limited. The awareness data highlights the importance of targeted outreach efforts to inform tribal women, particularly in vulnerable employment sectors, about PMMVY's objectives. Doing so could enhance the scheme's effectiveness in addressing nutritional and financial needs, contributing to improved maternal health outcomes in Poonch.

Table 4.8: Frequency distribution on how did you come to know about the PMMVY scheme?

Response	Frequency (n)	Percentage (%)
AWW	74	29.6%
Mass media	30	12.0%
Health workers	97	38.8%
Friends and family	49	19.6%
Total	250	100%

Source: Survey Data

Table 4.8 shows the sources of information through which tribal pregnant women in Poonch district, Jammu and Kashmir, learned about the Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme. Health workers were the primary source of information, with 38.8% (n=97) of respondents indicating that they learned about the scheme through healthcare providers. This is followed by 29.6% (n=74) who learned about PMMVY through Anganwadi Workers (AWW), 19.6% (n=49) through friends and family, and 12.0% (n=30) through mass media channels. The significant role of health workers and AWW in disseminating information reflects the reliance of tribal women on healthcare professionals and community-level workers to access information on government schemes. The lower proportion of awareness generated through mass media shows that media outreach may not be as impactful or accessible in the district's rural and tribal regions, possibly due to limited media penetration or accessibility issues. Understanding the

channels through which tribal women learn about PMMVY is crucial for assessing the scheme's reach and impact. Since health workers and AWWs play a pivotal role, strengthening their involvement in awareness initiatives could enhance the scheme's visibility and ensure that more eligible women benefit from PMMVY's nutritional and financial support. By leveraging these community touch points, the scheme can be more effectively tailored to reach economically vulnerable populations and those in remote areas, thus maximizing its impact on maternal health outcomes among tribal women in Poonch.

Table 4.9: Frequency distribution on are you aware of the benefits provided under the PMMVY scheme?

Response	Frequency (n)	Percentage (%)
Yes, I am fully aware.	159	63.6%
I am partially aware.	20	8.0%
I am not aware of any benefits.	71	28.4%
Total	250	100%

Source: Survey Data

Table 4.9 illustrates the level of awareness among tribal pregnant women in Poonch district regarding the benefits provided under the Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme. A significant majority, 63.6% (n=159), reported being fully aware of the benefits offered by PMMVY, indicating a high degree of outreach success among this group. However, 28.4% (n=71) of respondents stated they were not aware of any benefits under the scheme, and 8.0% (n=20) were only partially aware of the benefits. The distribution highlights a gap in comprehensive awareness, as nearly a third of the respondents are either unaware or only partially informed about the scheme's provisions. This lack of awareness can potentially limit the effectiveness of PMMVY, as women who are unaware of the full range of benefits may not fully utilize the scheme to support their nutritional and health needs during pregnancy. Given The findings, there is a clear need for enhanced information campaigns, particularly among groups that have limited access to

information. By strengthening communication efforts through health workers, Anganwadi Workers (AWW), and local information channels, PMMVY can improve its outreach, ensuring more pregnant women understand and access the full benefits of the scheme. This is critical for maximizing the scheme's impact on reducing malnutrition and improving maternal health outcomes among tribal women in Poonch.

Table 4.10: Frequency distribution on do you know if the PMMVY scheme provides cash assistance for nutrition during pregnancy and lactation?

Response	Frequency (n)	Percentage (%)
Yes	120	48.0%
No	124	49.6%
No Idea	6	2.4%
Total	250	100%

Source: Survey Data

Table 4.10 displays respondent's knowledge regarding the provision of cash assistance for nutrition under the Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme. The responses reveal that awareness of this specific benefit is relatively balanced, with 48.0% (n=120) of respondents indicating they know about the cash assistance provided by the scheme. However, a slightly higher percentage, 49.6% (n=124), reported they were unaware of this benefit, while a small minority, 2.4% (n=6), expressed no idea about it. The distribution shows that nearly half of the tribal pregnant women in Poonch district may be missing out on valuable information regarding financial support for nutritional needs during pregnancy and lactation. The close split in awareness levels underscores the importance of targeted outreach and information campaigns, particularly in communities where communication barriers may limit access to vital health and welfare information. Addressing this awareness gap can play a crucial role in enhancing the PMMVY scheme's effectiveness, as increased awareness of cash assistance could encourage more beneficiaries to utilize this support, thereby helping to reduce nutritional deficiencies during pregnancy and lactation.

Table 4.11: Frequency distribution on have you or any pregnant woman you know availed the benefits provided by the PMMVY scheme?

Response	Frequency (n)	Percentage (%)
Yes	132	52.8%
No	66	26.4%
Not Sure	52	20.8%
Total	250	100%
If yes, what benefits did you avail or are aware of? (Select all that apply)		
Response	Frequency (n)	Percentage (%)
Cash assistance for institutional delivery	84	33.6%
Cash assistance for early pregnancy registration	15	6.0%
Cash assistance for child immunization	10	4.0%
Cash assistance for nutrition during pregnancy and lactation	120	48.0%
Cash assistance for anemia prevention	31	12.4%
Total	250	100%

Source: Survey Data

Table 4.11 illustrates the frequency distribution of respondent's experience with availing benefits from the Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme, either personally or through pregnant women they know. The data shows that 52.8% (n=132) of respondents indicated that they or someone they know has availed PMMVY benefits. However, a notable 26.4% (n=66) have not availed any benefits, and 20.8% (n=52) are unsure. In the breakdown of specific benefits availed, the highest response was for cash assistance for nutrition during pregnancy and lactation, reported by 48.0% (n=120) of respondents.

Cash assistance for institutional delivery was the next most utilized benefit, with 33.6% (n=84) of respondents aware of or availing this benefit. Other specific benefits were less frequently availed, with cash assistance for anaemia prevention cited by 12.4% (n=31),

early pregnancy registration by 6.0% (n=15), and child immunization by 4.0% (n=10). The distribution highlights the primary focus on nutritional support, reflecting a key area where PMMVY has resonated with beneficiaries. However, lower awareness and utilization of other benefits suggest an opportunity for enhanced information dissemination on the scheme's full range of offerings. Improved awareness efforts can help ensure that tribal pregnant women in Poonch district fully utilize the scheme's comprehensive support for maternal and child health.

Table 4.12: Frequency distribution on how easy or difficult the process of availing the benefits under the PMMVY scheme?

Response	Frequency (n)	Percentage (%)
Very easy	30	12.0%
Somewhat easy	11	4.4%
Neutral	41	16.4%
Somewhat difficult	94	37.6%
Very difficult	74	29.6%
Total	250	100%

Source: Survey Data

Table 4.12 shows the frequency distribution of respondent's perceptions regarding the ease or difficulty of availing benefits under the Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme. According to the data, a significant portion of respondents found the process challenging, with 37.6% (n=94) indicating that it was "Somewhat difficult" and 29.6% (n=74) describing it as "Very difficult." In contrast, only 12.0% (n=30) found the process "Very easy," and 4.4% (n=11) considered it "Somewhat easy." A neutral stance was taken by 16.4% (n=41) of respondents. The distribution shows that nearly two-thirds of the respondents encountered difficulties in accessing PMMVY benefits. These challenges in the application or distribution processes could limit the scheme's effectiveness among the intended beneficiaries. Improving ease of access and reducing procedural obstacles may help increase the scheme's reach and impact, especially among the vulnerable tribal populations in Poonch district.

Table 4.13: Frequency distribution on have you faced any difficulties or challenges while applying for the PMMVY scheme or availing its benefits?

Response	Frequency (n)	Percentage (%)
Yes	193	77.2%
No	50	20.0%
No idea	0	0.0%
Total	250	100%
If yes, please specify the difficulties faced		
Response	Frequency (n)	Percentage (%)
Awareness and information gaps	96	38.4%
Application and documentation challenges	80	32.0%
Access to registration and disbursement centers	30	12.0%
Socio-cultural and gender related barriers	44	17.6%
Total	250	100%

Source: Survey Data

Table 4.13 provides a frequency distribution of respondents who reported facing difficulties or challenges while applying for the Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme or availing its benefits. The majority, 77.2% (n=193), indicated they encountered challenges, while only 20.0% (n=50) reported no issues, and 0.0% had "No idea. Among those who reported difficulties, Table 4.13(a) breaks down specific types of challenges faced. "Awareness and information gaps" were the most common, affecting 38.4% (n=96) of respondents. "Application and documentation challenges" followed at 32.0% (n=80), while "Access to registration and disbursement centers" was cited by 12.0% (n=30). Additionally, 17.6% (n=44) of respondents identified "Socio-cultural and gender-related barriers" as obstacles. The data illustrates significant barriers in the application and benefit availing process for PMMVY, highlighting areas where improvements in information dissemination, accessibility, and cultural sensitivity could enhance the scheme's accessibility and effectiveness for beneficiaries in Poonch district.

Table 4.14: Frequency distribution on do you believe that the PMMVY scheme should be promoted and made more accessible to tribal pregnant women?

Response	Frequency (n)	Percentage (%)
Yes, definitely	188	75.2%
Maybe, with some improvements	62	24.8%
No, it is not necessary.	0	0.0%
Total	250	100%

Source: Survey Data

Table 4.14 presents the frequency distribution of respondent's opinions on whether the Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme should be promoted and made more accessible to tribal pregnant women. A significant majority of respondents, 75.2% (n=188), strongly believe that the scheme should be promoted and made more accessible, while 24.8% (n=62) feel that it could be improved with some adjustments. None of the respondents (0.0%) felt that it was unnecessary to promote or expand the scheme. This overwhelming support for expanding the reach of the PMMVY scheme shows that there is a strong desire for better accessibility and promotion of its benefits among tribal communities. The positive response indicates that the scheme is perceived as important for addressing the needs of pregnant women in these communities. However, 24.8% of respondents who felt that improvements are needed shows that there may be certain gaps or challenges in the current implementation of the scheme that could be addressed to enhance its effectiveness and reach.

Table 4.15: Frequency distribution on how frequently do you receive information or updates about the PMMVY scheme?

Response	Frequency (n)	Percentage (%)
Regularly	30	12.0%
Occasionally	63	25.2%
Rarely	103	41.2%
Never	54	21.6%
Total	250	100%

Source: Survey Data

Table 4.15 presents the frequency distribution of how often respondents receive information or updates about the Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme. The majority of respondents (41.2%, n=103) indicated that they receive information rarely, while 25.2% (n=63) receive updates occasionally. A smaller proportion, 21.6% (n=54), reported never receiving any information or updates. Only 12.0% (n=30) of the respondents stated they receive information regularly. The distribution shows that the flow of information about the PMMVY scheme is inconsistent, with a significant number of respondents not being regularly informed about its benefits and updates. The relatively low percentage of respondents who receive information regularly highlights a potential area for improvement. Enhancing communication channels and increasing outreach efforts could help ensure that more pregnant women are aware of the scheme's provisions, ultimately leading to better utilization and impact in tribal communities.

Table 4.16: Frequency distribution on are you aware of any awareness campaigns or activities conducted by the government to promote the PMMVY scheme?

Response	Frequency (n)	Percentage (%)
Yes	42	16.8%
No	188	75.2%
No Idea	20	8.0%
Total	250	100%

Source: Survey Data

Table 4.16 presents the frequency distribution of respondent's awareness regarding any campaigns or activities conducted by the government to promote the Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme. The table shows that a significant majority of respondents, 75.2% (n=188), were unaware of any awareness campaigns or activities related to the scheme. Only 16.8% (n=42) were aware of such campaigns, while 8.0% (n=20) had no opinion or knowledge on the matter. The high percentage of respondents who were not aware of any awareness campaigns indicates a significant gap in information

dissemination about the PMMVY scheme. This shows that while the scheme might be in place, there is a lack of targeted communication or outreach efforts to ensure that tribal pregnant women are well-informed. The low percentage of respondents who are aware of campaigns (16.8%) points to a need for more effective and widespread efforts to promote the scheme, ensuring that all eligible individuals are informed and can access its benefits.

Table 4.17: Frequency distribution on how much satisfied are you about the overall effectiveness of the PMMVY scheme in reaching out to tribal pregnant women?

Response	Frequency (n)	Percentage (%)
Highly effective	17	6.8%
Moderately effective	28	11.2%
Not effective at all	205	82.0%
Total	250	100%

Source: Survey Data

Table 4.17 presents the frequency distribution of respondent's satisfaction regarding the overall effectiveness of the Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme in reaching out to tribal pregnant women. The data reveals that a substantial majority of respondents, 82.0% (n=205), felt that the PMMVY scheme was not effective at all in reaching out to tribal pregnant women. Only 6.8% (n=17) rated the scheme as highly effective, while 11.2% (n=28) considered it moderately effective. This high percentage of respondents expressing dissatisfaction with the effectiveness of the scheme indicates that, despite the scheme's objectives, it has not been successful in adequately addressing the needs of tribal pregnant women. The large gap between the intended beneficiaries and the actual reach of the program shows barriers such as limited access to information, geographical challenges, and socio-cultural factors. The relatively low percentage of those who consider the scheme highly or moderately effective highlights a critical need for improvement in outreach, accessibility, and awareness to ensure that tribal pregnant women benefit fully from the PMMVY scheme.

Table 4.18: Frequency distribution on in your opinion, how can the awareness of the PMMVY scheme be enhanced among tribal pregnant women?

Response	Frequency (n)	Percentage (%)
Increasing awareness through media campaigns	69	27.6%
Conducting community awareness programs	118	47.2%
Involvement of local influencers/leaders	9	3.6%
Strengthening the role of health workers in disseminating information	54	21.6%
Other (please specify)	0	00%
Total	250	100%

Source: Survey Data

Table 4.18 presents the frequency distribution of respondent's opinions on how the awareness of the Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme can be enhanced among tribal pregnant women. The majority of respondents, 47.2% (n=118), suggested that conducting community awareness programs would be the most effective way to enhance awareness. Another significant portion, 27.6% (n=69), emphasized increasing awareness through media campaigns. Strengthening the role of health workers in disseminating information was also a key recommendation, with 21.6% (n=54) supporting this approach. A smaller group, 3.6% (n=9), recommended involving local influencers or leaders to spread the message. The overwhelming preference for community awareness programs indicates that local, face-to-face engagement is viewed as more impactful in reaching tribal pregnant women, who may have limited access to mass media or may not respond as effectively to broadcast campaigns. The inclusion of health workers is also seen as vital, as they have direct contact with the women and can build trust, making the dissemination of information more personalized and effective. This data highlights the importance of localized and interactive methods of outreach to ensure greater awareness and participation in the PMMVY scheme among tribal pregnant women.

Table 4.19: Frequency distribution on How would you rank your knowledge and understanding of the PMMVY scheme?

Response	Frequency (n)	Percentage (%)
Very low	170	68.0%
Average	70	28.0%
Very high	10	4.0%
Total	250	100%

Source: Survey Data

Table 4.19 presents the frequency distribution on respondents ranking of their knowledge and understanding of the Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme. A significant majority, 68.0% (n=170), reported having very low knowledge and understanding of the scheme. A smaller group, 28.0% (n=70), considered their knowledge to be average, while only 4.0% (n=10) indicated having very high knowledge of the scheme. The distribution highlights a critical gap in awareness and understanding among the target population, suggesting that most tribal pregnant women are not fully informed about the PMMVY scheme. The low level of knowledge could be attributed to various factors, such as inadequate outreach, limited access to information channels, or insufficient training for local healthcare providers and community leaders to communicate the scheme's details effectively. The findings underscore the need for improved awareness campaigns and more targeted education efforts to enhance the understanding of the PMMVY scheme, ensuring that it reaches its intended beneficiaries and maximizes its impact.

4.4 ECONOMIC IMPACT OF PMMVY SCHEME ON TRIBAL BENEFICIARY MOTHERS OF POONCH DISTRICT

The economic impact of the Pradhan Mantri Matru Vandana Yojana (PMMVY) on tribal beneficiary mothers in Poonch District is profound, as it provides crucial financial assistance during pregnancy and the postpartum period. The support helps mitigate the financial challenges associated with childbirth, allowing mothers to access necessary healthcare services, nutritious food, and essential supplies for themselves and their infants.

By offering cash incentives, PMMVY not only alleviates immediate economic burdens but also encourages women to prioritize their health and well-being. The scheme fosters a sense of empowerment among tribal women, enabling them to make informed decisions regarding their healthcare. The financial stability provided by PMMVY can lead to improved household dynamics, as families are better equipped to manage expenses related to maternal and child health. The PMMVY scheme plays a vital role in enhancing maternal and child health outcomes in Poonch District, contributing to the long-term economic productivity and social well-being of the community.

Table 4.20: Frequency distribution on have you personally benefited from the PMMVY scheme?

Response	Frequency (n)	Percentage (%)
Yes	160	56.0%
No	63	22.4%
No idea	27	9.6%
Total	250	100%

Source: Survey Data

Table 4.20 presents the frequency distribution on whether pregnant tribal women in Poonch district have personally benefited from the Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme. The findings show that a majority of respondents, 56.0% (n=160), reported having personally benefited from the PMMVY scheme. This indicates that over half of the respondents have had access to its benefits, reflecting a positive impact of the scheme on maternal welfare. However, 22.4% (n=63) reported not having benefited, suggesting that there may be barriers or challenges in fully reaching the intended beneficiaries. Additionally, 9.6% (n=27) were unsure, which may be due to limited awareness or understanding of the programme's benefits. The findings indicate the need for improved outreach, more effective communication, and better monitoring to ensure that all pregnant tribal women can access the benefits of the scheme, addressing gaps in coverage and awareness.

Table 4.21: Frequency distribution on did you receive any instalment of the PMMVY scheme?

Response	Frequency (n)	Percentage (%)
One installment	89	35.6%
Two installments	142	56.8%
All the installments	19	7.6%
Nothing	0	0.0%
Total	250	100%

Source: Survey Data

Table 4.21 presents the frequency distribution on whether tribal pregnant women in Poonch district received any instalments of the Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme. The findings show that the majority, 56.8% (n=142), reported receiving two instalments, indicating that a significant portion of respondents have accessed part of the financial support provided by the scheme. A smaller group, 35.6% (n=89), received only one installment, while 7.6% (n=19) reported receiving all the instalments. Notably, no respondents reported receiving no instalments, suggesting that the PMMVY scheme has reached its beneficiaries in some capacity. The findings indicate that while many women have received some level of financial assistance, efforts should be made to ensure that all instalments are received by eligible women in a timely manner. The distribution also highlights the need for enhanced program delivery and monitoring to ensure complete access to all benefits.

Table 4.22: Frequency distribution on do you believe that the PMMVY scheme has reduced some financial burdens on tribal pregnant women during and after pregnancy?

Response	Frequency (n)	Percentage (%)
Yes	55	22.0%
No	193	77.2%
Not Sure	2	0.8%
Total	250	100%

Source: Survey Data

Table 4.22 presents the frequency distribution on whether respondents believe that the Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme has reduced some financial burdens on tribal pregnant women in Poonch district during and after pregnancy. The findings reveal that a substantial majority, 77.2% (n=193), do not believe the scheme has alleviated financial burdens, indicating significant dissatisfaction or perceived ineffectiveness in addressing financial challenges faced by pregnant women. In contrast, 22.0% (n=55) believe that the scheme has helped reduce financial pressures, while a small proportion, 0.8% (n=2), were unsure. The findings suggest that while a portion of respondents perceive the scheme's benefits, the majority feel it has not had a significant impact in addressing the financial difficulties faced by tribal pregnant women. This highlights the need for enhanced financial support and a re-evaluation of the scheme's effectiveness in fulfilling its intended goals.

Table 4.23: Frequency distribution on a scale of 1 to 5, how would you rate the financial support provided by the PMMVY scheme?

Rating	Scale	Frequency (n)	Percentage (%)
Very poor	1	63	25.2%
Poor	2	75	30.0%
Average	3	91	36.4%
Good	4	21	8.4%
Excellent	5	0	0%

Source: Survey Data

Table 4.23 presents the frequency distribution on how respondents would rate the financial support provided by the Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme on a scale of 1 to 5. The findings show that 36.4% (n=91) of respondents rated the financial support as average, suggesting that a significant portion of the respondents find the support neither particularly strong nor weak. A smaller group, 30.0% (n=75), rated it as poor, indicating a notable dissatisfaction with the scheme's financial assistance. Additionally, 25.2% (n=63) rated the support as very poor, highlighting a significant gap in the effectiveness of the scheme's financial provision. Only 8.4% (n=21) rated the

financial support as good, while none of the respondents rated it as excellent. The findings indicate that, overall, there is considerable dissatisfaction with the financial support offered by the PMMVY scheme, underscoring the need for improvements to better meet the needs of tribal pregnant women in Poonch district.

Table 4.24: Thematic analysis on economic challenges faced by Tribal mothers and the impact of PMMY in Poonch district

THEME 1: ECONOMIC CHALLENGES FACED BY TRIBAL MOTHERS: ANALYZING THE IMPACT OF PMMVY IN POONCH DISTRICT
<p>The analysis of the economic impact of the Pradhan Mantri Matru Vandana Yojana (PMMVY) on tribal beneficiary mothers in Poonch District reveals significant financial challenges faced by these women during and after pregnancy. A total of 250 pregnant tribal women from Poonch District were surveyed to assess medical, non-medical, and wage loss expenditures, as well as the extent of coverage provided by the PMMVY scheme.</p>
<p style="text-align: center;">THEME IDENTIFICATION</p> <p>Key issues related to medical expenditure, non-medical expenditure, wage loss, and coverage provided by the PMMVY scheme were identified from the 250 respondents as follows:</p> <ol style="list-style-type: none"> 1. Medical Expenditure: 73% (183 out of 250) of respondents reported incurring medical expenses during and after pregnancy, with an average total expenditure of ₹16,000. 2. Non-Medical Expenditure: 65% (163 out of 250) respondents reported non-medical expenses, which averaged ₹5,000. These expenses primarily covered transportation and food. 3. Wage Loss: 58% (145 out of 250) of respondents reported wage loss due to time away from work during pregnancy, with an average wage loss of ₹18,000.

<p>4. Coverage of Medical Expenditure by PMMVY: 34% (85 out of 250) of respondents reported that the PMMVY scheme covered part of their medical expenditure, with an average coverage amount of ₹2,000.</p> <p>5. Coverage of Non-Medical Expenditure by PMMVY: 28% (70 out of 250) of respondents received partial coverage for non-medical expenditures through PMMVY, which amounted to ₹1,000 on average.</p> <p>6. Coverage of Wage Loss by PMMVY: 22% (55 out of 250) of respondents indicated that their wage loss during the pregnancy period was partially compensated by the PMMVY scheme, with an average reimbursement of ₹1,000.</p>
<p style="text-align: center;">THEME DEVELOPMENT</p> <p>Medical Expenditure</p> <p>A substantial portion of the respondents, 73% (183 out of 250), reported medical expenditures averaging ₹16,000. These expenses primarily consisted of consultations, medications, and hospital services, which are essential for ensuring safe maternal and child health. However, the cost burden remains high, with PMMVY providing only limited financial assistance. Just 34% (85 out of 250) of respondents indicated that the scheme helped cover ₹2,000 of their medical expenses, which represents a small fraction of the actual expenditure</p> <p>Non-Medical Expenditure</p> <p>Non-medical expenditures such as transportation, food, and other essential items accounted for ₹5,000 on average. Although 65% (163 out of 250) of respondents incurred these costs, only 28% (70 out of 250) reported receiving ₹1,000 from PMMVY to cover some of these expenses. This shows that, despite the government's efforts, there remains a significant financial gap in non-medical support</p> <p>Wage Loss</p> <p>The economic strain was further exacerbated by wage loss, which was reported by 58% (145 out of 250) of the respondents. With an average wage loss of ₹18,000, the financial burden during pregnancy and post-delivery was considerable. However, only 22% (55 out of 250) of respondents mentioned receiving ₹1,000 from PMMVY to cover their</p>

wage loss. This limited support leaves many tribal mothers struggling to meet their financial needs during this critical period.
<p style="text-align: center;">ANALYSIS</p> <p>The findings underscore the economic challenges faced by tribal women in Poonch District during pregnancy and childbirth. Despite the introduction of PMMVY, the support provided by the scheme is minimal in relation to the total costs incurred. Only a small percentage of the medical, non-medical, and wage loss expenditures are covered, indicating that the current implementation of PMMVY does not sufficiently address the financial strain experienced by these women.</p>
<p style="text-align: center;">CONTEXTUALIZATION</p> <p>The economic strain experienced by tribal women in Poonch District highlights systemic challenges, including the high costs of healthcare and lack of sufficient support for non-medical expenses and wage loss. Although PMMVY provides some assistance, it is insufficient to meet the overall financial demands during pregnancy. In remote and underserved areas like Poonch, the need for increased financial support and better access to healthcare services is critical to ensure the well-being of tribal mothers.</p>
<p style="text-align: center;">IMPLICATIONS</p> <p>To better support tribal mothers in Poonch District, it is essential to increase the financial assistance provided by PMMVY. This includes covering a larger portion of medical and non-medical expenses as well as providing more substantial support for wage loss. Enhanced outreach and awareness about the scheme are also necessary to ensure that more tribal women can access the benefits they are entitled to. Expanding the scope of the scheme to address the full range of expenses incurred during pregnancy and childbirth will be crucial for improving maternal health outcomes and alleviating the financial burden faced by these women.</p>

Source: Survey Data

Pregnancy status

Pregnancy status refers to the condition of a woman during the period of gestation, which typically lasts about 40 weeks and is divided into three trimesters. The first trimester is marked by significant hormonal changes that can lead to symptoms such as fatigue, nausea, and breast tenderness. During this phase, women may also experience mood swings and increased urination due to hormonal fluctuations. The second trimester often brings relief from early symptoms, with many women reporting increased energy and a more stable emotional state. Physical changes become more pronounced as the baby grows, leading to weight gain and changes in body shape. In the third trimester, discomfort may increase as the body prepares for labour; common issues include back pain, difficulty sleeping, and Braxton Hicks contractions. Throughout pregnancy, women may face emotional challenges and physical discomforts that vary greatly among individuals. Regular prenatal care is essential to monitor the health of both mother and baby, ensuring a safe pregnancy experience.

Table 4.25 presents the frequency distribution on various pregnancy-related factors, including whether it is the respondent's first pregnancy, the procedure of delivery, any history of miscarriages, and past medical problems among respondents in Poonch district. The findings provide insights into the pregnancy status and health conditions of tribal pregnant women in the district. The data reveals that a significant majority, 73.2% (n=183), reported that it was their first pregnancy, while 26.8% (n=67) had previous pregnancies. This indicates that a large proportion of respondents are experiencing pregnancy for the first time, suggesting that first-time mothers may have different healthcare needs and may benefit from additional guidance and support during their pregnancy. Regarding the procedure of delivery, the findings show that a dominant majority, 72.4% (n=181), underwent a Caesarean section (LSCS), while only 27.6% (n=69) had a normal delivery. This high rate of Caesarean sections could be attributed to various factors, such as complications during pregnancy, medical advice, or institutional practices, and may suggest the need for further examination into the reasons behind this preference for LSCS. In terms of pregnancy outcomes, 97.2% (n=243) of respondents reported not having any miscarriages, while a small group, 2.8% (n=7), had experienced a miscarriage. The low

percentage of miscarriages shows that the majority of pregnancies are carried to term, although the small percentage of women who reported miscarriages may need further support and attention in terms of medical care and counselling. Regarding past medical problems, the findings indicate that 59.6% (n=149) of respondents have a history of high blood pressure, making it the most common health issue among the respondents.

Table 4.25: Frequency distribution on Pregnancy Status, Procedure of Delivery, Miscarriages, and Past Medical Problems among Respondents

Is it your first pregnancy		
Response Option	Frequency (n)	Percentage (%)
Yes	183	73.2%
No	67	26.8%
Total	250	100%
Procedure of delivery		
Response Option	Frequency (n)	Percentage (%)
Normal	69	27.6%
LSCS	181	72.4%
Total	250	100%
Any miscarriages		
Response Option	Frequency (n)	Percentage (%)
Yes	7	2.8%
No	243	97.2%
Total	250	100%
4.4.1 Past Medical Problems		
Diseases and Health Problems	Frequency (n)	Percentage (%)
Diabetes	5	2.0%
High blood pressure	149	59.6%
Heart disease	5	2.0%
Thyroid disorder	90	36.0%
Kidney or bladder disease	0	0.0%
Infertility	1	0.4%
Total	250	100%

Source: Survey Data

Other health conditions reported include thyroid disorder (36.0%, n=90), with smaller proportions reporting diabetes (2.0%, n=5), heart disease (2.0%, n=5), and infertility (0.4%, n=1). Interestingly, no respondents reported kidney or bladder diseases. The high prevalence of high blood pressure among pregnant women highlights the importance of monitoring and managing hypertension during pregnancy, as it can lead to complications. The presence of thyroid disorders indicates the need for specialized care and attention to women with endocrine issues. The findings underscore the importance of targeted healthcare interventions and awareness campaigns for managing common health problems such as high blood pressure and thyroid disorders, which could improve pregnancy outcomes and reduce risks for both mothers and their babies. The data shows that healthcare providers need to focus on preventing and managing these conditions to ensure healthier pregnancies among tribal women in Poonch district.

Table 4.26 presents the frequency distribution of anthropometric survey results for pregnant tribal women in Poonch district. This data provides valuable insights into the physical measurements, weight gain patterns, and hemoglobin levels of these women, which are crucial indicators of their overall health and nutritional status during pregnancy. The data on height shows that the majority of respondents, 49.2% (n=123), have a height of 5 feet, while 28% (n=70) are 4 feet tall, and 22.8% (n=57) are above 5 feet in height. The relatively high proportion of women with a height of 5 feet indicates that most of the respondents are within an average height range. However, the distribution shows that some women with a shorter stature (4 feet) may be more prone to pregnancy complications, as shorter women may have a higher risk of obstructed labour or other delivery-related issues. Regarding weight, 57.2% (n=143) of the respondents fall within the weight range of 46-54 kg, which is considered normal for pregnancy. A substantial proportion, 36% (n=90), fall within the lower weight category of 37-45 kg, while a smaller group, 6.8% (n=17), have a weight above 55 kg. The findings indicate that a significant proportion of Poonch tribal pregnant women have normal weight, but the relatively high percentage of women with lower body weight could suggest potential issues with malnutrition, inadequate dietary intake, or other health concerns that may need to be addressed through nutrition-focused interventions.

Table 4.26: Frequency distribution on Anthropometric Survey Results for Pregnant Women

Height		
Height	Frequency (n)	Percentage (%)
4 feet	70	28%
5 feet	123	49.2%
Above 5 feet	57	22.8%
Total	250	100%
Weight normal		
Weight	Frequency (n)	Percentage (%)
37-45	90	36%
46-54	143	57.2%
Above 55	17	6.8%
Total	250	100%
Weight gain during pregnancy		
Weight Group (kg)	Frequency (n)	Percentage (%)
40-45	37	14.8%
46-51	131	52.4%
52-57	76	30.4%
Above 58	6	2.4%
Total	250	100%
Haemoglobin level		
Haemoglobin Level (g/dL)	Frequency (n)	Percentage (%)
7 to 8 g/dL	41	16.4%
8 to 9 g/dL	129	51.6%
9 to 10 g/dL	54	21.6%
More than 10 g/dL	26	10.4%
Total	250	100%

Source: Survey Data

In terms of weight gain during pregnancy, the majority of respondents, 52.4% (n=131), gained between 46-51 kg, which is within a healthy weight gain range. A further 30.4% (n=76) gained between 52-57 kg, while 14.8% (n=37) gained between 40-45 kg, and only 2.4% (n=6) gained above 58 kg. The majority of women are gaining an appropriate amount of weight during pregnancy, though some may be underweight, which could indicate a need for additional support to meet nutritional requirements. Monitoring weight gain is important to ensure optimal fetal growth and reduce the risk of complications such as low birth weight or preterm births. Regarding haemoglobin levels, the majority of respondents, 51.6% (n=129), have a haemoglobin level between 8 to 9 g/dL, which is considered low but within a range that can be managed with iron supplementation. A significant proportion, 16.4% (n=41), have levels between 7 to 8 g/dL, indicating anaemia, a common issue among pregnant women in rural areas. Only 21.6% (n=54) have haemoglobin levels between 9 to 10 g/dL, and 10.4% (n=26) have levels above 10 g/dL. The findings suggest that a large percentage of Poonch tribal pregnant women may be at risk of anaemia, which can lead to fatigue, weakness, and complications such as preterm labour and low birth weight. The findings highlight the need for targeted interventions to improve iron intake and address anaemia during pregnancy. The anthropometric data points to several key areas where health interventions could improve the well-being of pregnant tribal women in Poonch district, including better nutrition, weight monitoring, and anaemia prevention strategies. Enhanced maternal healthcare services and community-based education on nutrition and health could contribute to healthier pregnancies and better maternal and fetal outcomes in the region.

4.5 NUTRITIONAL IMPACT OF PMMVY SCHEME ON TRIBAL BENEFICIARY MOTHERS OF POONCH DISTRICT

The nutritional status of pregnant women is critical for ensuring the health and development of both mother and baby. Adequate nutrition during pregnancy supports fetal growth, reduces the risk of complications, and promotes maternal well-being. Key nutrients such as folate, iron, calcium, protein, and vitamins A, C, and D are essential for various physiological functions, including blood production, bone development, and immune support. Pregnant women often have increased nutritional needs due to the demands of supporting a developing fetus; therefore, a balanced diet rich in fruits, vegetables, whole

grains, and lean proteins is vital. Insufficient intake of these nutrients can lead to adverse outcomes such as anaemia, low birth weight, and developmental issues. Consequently, monitoring nutritional status and addressing deficiencies through diet or supplementation is crucial for promoting healthy pregnancies and positive maternal and infant health outcomes.

Table 4.27: Frequency distribution on do you know about the basic nutritional requirement of the pregnant women?

Response	Frequency (n)	Percentage (%)
Very familiar	141	56.4%
Somewhat familiar	73	29.2%
Not familiar at all	36	14.4%
Total	250	100%

Source: Survey Data

Table 4.27 presents the frequency distribution on the respondent's knowledge of the basic nutritional requirements of pregnant tribal women in Poonch district. The majority of respondents, 56.4% (n=141), reported being "very familiar" with the basic nutritional needs during pregnancy. A significant proportion, 29.2% (n=73), indicated being "somewhat familiar," while 14.4% (n=36) were "not familiar at all" with the nutritional requirements for pregnant women. The findings indicate that more than half of the respondents have a strong understanding of nutritional needs during pregnancy, which could be attributed to local health education programs or personal experiences with healthcare services. However, a notable percentage of respondents are either somewhat familiar or completely unfamiliar with the necessary nutritional requirements. This shows that there may still be gaps in educating pregnant women about the importance of a balanced diet, which could affect their health and the well-being of their babies. The result highlights the need for continuous and targeted nutrition education campaigns aimed at increasing awareness about the importance of proper nutrition during pregnancy. It is essential to bridge the knowledge gap to ensure that pregnant tribal women in Poonch district are equipped with the necessary information to make informed decisions about their health and nutrition.

Table 4.28: Frequency distribution on do you know the policies of Iron and vitamin A supplementation through Government for pregnant women for combat anaemia?

Response	Frequency (n)	Percentage (%)
Very familiar	63	25.2%
Somewhat familiar	88	35.2%
Not familiar at all	99	39.6%
Total	250	100%

Source: Survey Data

Table 4.28 presents the frequency distribution on the respondent's knowledge of government policies related to iron and vitamin A supplementation for pregnant women to combat anaemia. The findings reveal that 25.2% (n=63) of the respondents are "very familiar" with these policies, 35.2% (n=88) are "somewhat familiar," and 39.6% (n=99) reported being "not familiar at all" with the government's supplementation programs. The findings are significant when viewed in the context of the Pradhan Mantri Matru Vandana Yojana (PMMVY) and its impact on tribal pregnant women in Poonch district. While the PMMVY aims to improve maternal health through financial support, raising awareness about nutritional supplements like iron and vitamin A is equally important. The fact that a majority of respondents are unaware or only somewhat familiar with these nutritional interventions indicates a gap in awareness that could limit the effectiveness of the PMMVY scheme. Given the focus of the PMMVY on improving maternal health, there is a clear need for comprehensive educational campaigns that integrate information on both the financial assistance provided by the scheme and the essential health supplements that are vital during pregnancy. Without adequate knowledge of these supplementary policies, tribal pregnant women in Poonch district may not be able to fully benefit from the available resources aimed at combating anaemia and improving overall maternal health. This highlights the importance of not only providing financial support through PMMVY but also ensuring that the target population is well-informed about complementary health interventions. Strengthening this awareness can help maximize the impact of the scheme and contribute to better maternal and child health outcomes in the district.

Table 4.29: Frequency distribution on what kind of changes in your dietary patterns have you made since receiving the incentives from PMMVY?

Response	Frequency (n)	Percentage (%)
Increased consumption of fruits and vegetables	35	14%
Increased consumption of protein-rich foods (such as pulses, eggs, and chicken)	57	22.8%
Reduced consumption of junk food and sugary drinks	0	0%
No changes in dietary patterns	158	63.2%
Total	250	100%

Source: Survey Data

Table 4.29 presents the frequency distribution on the changes in dietary patterns among tribal pregnant women in Poonch district since receiving incentives from the Pradhan Mantri Matru Vandana Yojana (PMMVY). The findings show that 14% (n=35) of respondents reported an increase in the consumption of fruits and vegetables, while 22.8% (n=57) increased their intake of protein-rich foods such as pulses, eggs, and chicken. However, 0% of respondents reported a reduction in the consumption of junk food and sugary drinks, and 63.2% (n=158) reported no changes in their dietary patterns at all. The result reflects a mixed impact of the PMMVY scheme on dietary habits among the target group. While some women have made positive changes, particularly in the consumption of fruits, vegetables, and protein-rich foods, the majority did not report any changes in their diets. This shows that while financial incentives provided by the PMMVY may have influenced the dietary choices of some women, a significant number still have not altered their eating habits. The lack of widespread changes in dietary patterns could be attributed to several factors. Firstly, the financial assistance provided by PMMVY may not be enough to fully support the significant dietary changes needed for improving maternal nutrition, especially in a resource-constrained environment. The lack of awareness about the importance of balanced nutrition during pregnancy could be limiting the impact of the scheme. The absence of changes in the consumption of junk food and sugary drinks further points to the need for more targeted nutrition education to help tribal pregnant women make

informed dietary choices that promote maternal and child health. The PMMVY has led to some positive changes in dietary patterns; there is still a need for greater awareness and education on the nutritional benefits that can be derived from the scheme. A comprehensive approach combining financial support and nutritional education would likely enhance the overall impact of PMMVY on the health of tribal pregnant women in Poonch district.

Table 4.30: Frequency distribution on do you take iron and vitamin A, calcium rich foods after enrolling into PMMVY scheme?

Response	Frequency (n)	Percentage (%)
Every day	190	76%
4-6 times a week	30	12%
1-3 times a week	9	3.6%
Rarely or never	21	8.4%
Total	250	100%

Source: Survey Data

Table 4.30 presents the frequency distribution on whether tribal pregnant women in Poonch district take iron, vitamin A, and calcium-rich foods after enrolling in the Pradhan Mantri Matru Vandana Yojana (PMMVY). The findings show that 76% (n=190) of respondents consume these essential nutrients every day, while 12% (n=30) do so 4-6 times a week. A smaller group, 3.6% (n=9), consumes them 1-3 times a week, and 8.4% (n=21) rarely or never include these foods in their diet. The result indicates a positive impact of the PMMVY scheme on the nutritional habits of tribal pregnant women in Poonch district. The significant majority of women (76%) are consuming iron, vitamin A, and calcium-rich foods on a daily basis, suggesting that the financial assistance provided by the scheme may have contributed to improved access to and awareness of the importance of these nutrients during pregnancy. Regular consumption of these essential nutrients is crucial for preventing common maternal health issues such as anaemia and calcium deficiency, which can impact both the mother and the baby. However, the remaining respondents (approximately 24%) who consume these nutrients less frequently or not at all could indicate a gap in fully realizing the benefits of the scheme. This could be

due to factors such as limited availability of nutrient-rich foods in certain areas, lack of education about the importance of these nutrients, or the insufficient amount of financial assistance to cover all nutritional needs. The PMMVY scheme appears to have had a significant positive influence on the dietary practices of tribal pregnant women in Poonch district, more targeted education and possibly enhanced financial support may be needed to ensure that all women are consistently meeting their nutritional requirements. Improving access to affordable, nutrient-rich foods and further raising awareness about the importance of iron, vitamin A, and calcium can maximize the health benefits of the scheme for both mothers and their babies.

Table 4.31: Frequency distribution on have you noticed any improvements in your overall health and well-being since becoming a beneficiary of the PMMVY in Poonch district?

Response	Frequency (n)	Percentage (%)
Yes, significant improvements	21	8.4%
Yes, some improvements	46	18.4%
No noticeable improvements	183	73.2%
Not sure	0	0%
Total	250	100%

Source: Survey Data

Table 4.31 presents the frequency distribution on whether tribal pregnant women in Poonch district have noticed any improvements in their overall health and well-being since becoming beneficiaries of the Pradhan Mantri Matru Vandana Yojana (PMMVY). The findings reveal that 8.4% (n=21) of respondents reported significant improvements in their health, 18.4% (n=46) observed some improvements, while a majority of 73.2% (n=183) did not notice any noticeable changes in their health. No respondents were unsure about their health improvements. The findings suggest that while a small proportion of tribal pregnant women have noticed improvements in their health and well-being, the majority have not experienced significant changes. This highlights a potential gap in the impact of the PMMVY scheme on the overall health outcomes of these women. The financial support provided by the scheme, which is intended to address maternal nutrition

and health needs, may not be sufficient to result in observable improvements for a large portion of the beneficiaries. Several factors could contribute to the lack of noticeable improvements in health. These may include insufficient awareness about the importance of nutrition and other health practices, limited access to quality healthcare services, or challenges in the local environment that hinder the full implementation of the scheme's benefits. The financial assistance may not always be adequate to cover all the nutritional and healthcare needs of pregnant women, leading to minimal or no noticeable changes in health and well-being. The PMMVY scheme appears to have had a positive impact on a small proportion of tribal pregnant women in Poonch district, its overall effectiveness in improving health outcomes may require further attention. Strengthening awareness about the scheme's benefits, ensuring better access to healthcare services, and possibly increasing the financial assistance could lead to more significant health improvements for these women.

Table 4.32: Frequency distribution on how often do you attend prenatal and postnatal check-ups after becoming a beneficiary of the PMMVY scheme?

Response	Frequency (n)	Percentage (%)
Every visit recommended by the healthcare provider	97	38.8%
Most of the recommended visits	87	34.8%
Some of the recommended visits	41	16.4%
Rarely or never attend check-ups	25	10%
Total	250	100%

Source: Survey Data

Table 4.32 presents the frequency distribution on how often tribal pregnant women in Poonch district attend prenatal and postnatal check-ups after becoming beneficiaries of the Pradhan Mantri Matru Vandana Yojana (PMMVY). According to the data, 38.8% (n=97) of respondents reported attending every recommended visit, while 34.8% (n=87) attended most of the recommended visits. A smaller group, 16.4% (n=41), attends some of the recommended visits, and 10% (n=25) rarely or never attend check-ups. The findings indicate that a majority of tribal pregnant women in Poonch district follow their healthcare

provider's advice and attend prenatal and postnatal check-ups, with 73.6% (n=184) attending most or all of the recommended visits. This shows that the PMMVY scheme may have had a positive impact on encouraging women to seek regular medical care, which is crucial for maternal and child health. However, the 10% (n=25) of women who rarely or never attend check-ups raises concerns about barriers to healthcare access despite the financial assistance provided by PMMVY. These barriers could include factors such as distance to healthcare facilities, lack of transportation, cultural factors, or insufficient awareness of the importance of regular check-ups. The PMMVY scheme appears to have encouraged the majority of tribal pregnant women in Poonch district to attend prenatal and postnatal check-ups, there are still challenges that need to be addressed. These may include improving access to healthcare facilities, increasing awareness of the importance of regular check-ups, and addressing logistical barriers to ensure that all beneficiaries fully utilize the healthcare services available to them.

Table 4.33: Frequency distribution on have you received any nutritional counselling or education sessions as part of the PMMVY scheme?

Response Option	Frequency (n)	Percentage (%)
Yes	30	12%
No	125	50%
No Idea	95	38%
Total	250	100%

Source: Survey Data

Table 4.33 presents the frequency distribution on whether tribal pregnant women in Poonch district have received any nutritional counselling or education sessions as part of the Pradhan Mantri Matru Vandana Yojana (PMMVY). The results show that only 12% (n=30) of the respondents have received nutritional counselling or education sessions, while 50% (n=125) reported not having received any such sessions. Additionally, 38% (n=95) of the women indicated that they had no idea whether they had received this form of support. The findings highlight a significant gap in the delivery of nutritional counselling and education as part of the PMMVY scheme in Poonch district. While the scheme aims

to provide essential maternal care and support, including nutritional guidance, half of the women in the study (50%) have not benefited from this critical aspect of the program. The fact that 38% of the respondents are unaware of the availability of such services further indicates that there may be a lack of proper communication and outreach regarding the nutritional counselling component of the PMMVY. The absence of widespread nutritional education may be contributing to the challenges in improving the health and well-being of tribal pregnant women in the region. Effective nutritional counselling is essential for preventing complications such as anaemia and under nutrition during pregnancy, and its lack could be a missed opportunity for improving maternal health outcomes. The data shows that the PMMVY scheme's impact in Poonch district could be enhanced by improving access to and awareness of nutritional counselling services. There is a need for stronger efforts to integrate this aspect into the program, ensure that pregnant women are fully informed, and make these services more widely available to the target population.

Table 4.34: Frequency distribution on are you satisfied with the nutritional support and guidance provided through the PMMVY scheme?

Response	Frequency (n)	Percentage (%)
Very satisfied	17	6.8%
Somewhat satisfied	41	16.4%
Neutral	74	29.6%
Somewhat dissatisfied	110	44%
Very dissatisfied	8	3.2%
Total	250	100%

Source: Survey Data

Table 4.34 presents the frequency distribution on the satisfaction levels of tribal pregnant women in Poonch district regarding the nutritional support and guidance provided through the Pradhan Mantri Matru Vandana Yojana (PMMVY). The results show that only 6.8% (n=17) of the respondents were very satisfied with the nutritional support, while 16.4% (n=41) were somewhat satisfied. A larger group, 29.6% (n=74), neither expressed a neutral stance, neither satisfied nor dissatisfied. However, a substantial proportion of

respondents, 44% (n=110), reported being somewhat dissatisfied with the support, and 3.2% (n=8) were very dissatisfied. The findings suggest that the overall satisfaction with the nutritional support provided by the PMMVY scheme in Poonch district is relatively low, with the majority of respondents expressing dissatisfaction or neutrality. The high percentage of dissatisfaction (44%) indicates that the scheme's nutritional guidance may not be meeting the needs or expectations of the tribal pregnant women in the region. The dissatisfaction could stem from various factors, such as inadequate or ineffective nutritional guidance, lack of access to essential nutritional resources, or insufficient outreach and communication about the available support. It also reflects a possible gap between the intended goals of the PMMVY scheme and its actual implementation at the grassroots level, especially in the tribal areas of Poonch. The PMMVY scheme has the potential to support maternal nutrition; the data shows that significant improvements are needed in the delivery of nutritional guidance and support. Ensuring that pregnant women in Poonch district are fully satisfied with the nutritional services could contribute to better maternal health outcomes and overall program success. Efforts to address these concerns, such as enhancing the quality of nutritional counseling and increasing outreach, would be crucial in improving the effectiveness of the PMMVY scheme in this region.

Table 4.35: Frequency distribution on do you believe the PMMVY adequately addresses the nutritional needs of beneficiary women in Poonch district?

Response Option	Frequency (n)	Percentage (%)
Yes	57	22.8%
No	193	77.2%
Total	250	100%

Source: Survey Data

Table 4.35 presents the frequency distribution on whether the tribal pregnant women in Poonch district feel that their nutritional needs are being met through the Pradhan Mantri Matru Vandana Yojana (PMMVY). According to the data, only 22.8% (n=57) of the respondents feel that their nutritional needs are being met, while a significant majority, 77.2% (n=193), report that their nutritional needs are not being adequately addressed. This stark contrast highlights a critical gap in the effectiveness of the PMMVY scheme in

meeting the nutritional needs of pregnant women in Poonch district. Despite the scheme's intent to provide financial support and improve maternal health, the overwhelming number of women who report unmet nutritional needs shows that the support provided may not be sufficient or effectively tailored to their requirements. The findings suggest that the nutritional supplements or support provided under the scheme might not align with the unique dietary needs of tribal pregnant women in this region. Potential reasons for this dissatisfaction could include inadequate or insufficient quantities of nutritional support, lack of awareness about the nutritional benefits of the scheme, or limited access to essential nutritional resources in rural and tribal areas. The result emphasizes the need for a more comprehensive approach to addressing the nutritional needs of pregnant women under the PMMVY scheme. There is a clear indication that the program needs to be more effective in providing targeted nutritional interventions to ensure better maternal and child health outcomes. Enhancing the nutritional support and ensuring its accessibility to the tribal pregnant women of Poonch district would be critical in maximizing the impact of the scheme and improving the overall health and well-being of mothers and their newborns.

Table 4.36: Frequency distribution on do you feel that the PMMVY has helped in reducing malnutrition among women in Poonch district?

Response Option	Frequency (n)	Percentage (%)
Yes, significantly	19	7.6%
Yes, to some extent	33	13.2%
No, not at all	198	79.2%
Total	250	100%

Source: Survey Data

Table 4.36 presents the frequency distribution on whether tribal pregnant women in Poonch district feel that the Pradhan Mantri Matru Vandana Yojana (PMMVY) has helped in reducing malnutrition among them. The responses reveal that a very small proportion of women perceive any significant impact on reducing malnutrition. Specifically, only 7.6% (n=19) believe that the scheme has significantly helped reduce malnutrition, while 13.2% (n=33) feel it has helped to some extent. A large majority, 79.2%

(n=198), however, report that the scheme has not contributed to reducing malnutrition at all. This data indicates a major concern regarding the effectiveness of the PMMVY scheme in addressing malnutrition, which remains a significant issue among pregnant tribal women in Poonch district. Despite the scheme's objectives to provide financial assistance and improve maternal health, the vast majority of women feel that their nutritional status and overall health have not significantly improved, which is evident from their responses. The limited positive impact could be due to several factors, including insufficient distribution of essential nutritional supplements, lack of awareness about the scheme's full benefits, or challenges in implementing the scheme in remote tribal areas with limited access to healthcare facilities. The response pattern also shows that while the financial assistance provided by PMMVY might be somewhat helpful, it is not enough to significantly alleviate the issue of malnutrition among pregnant women in Poonch district. To address this gap, it is crucial for the PMMVY scheme to be complemented with more targeted, localized interventions that focus on improving the nutritional intake of pregnant women, providing better access to healthcare, and ensuring that the benefits reach the most marginalized communities in a consistent and effective manner. Improved monitoring and outreach efforts would also be key in enhancing the impact of the scheme, ultimately reducing malnutrition and promoting better maternal and child health outcomes in the district.

4.6 THE PMMVY INCENTIVES WERE USED FOR INTENDED PURPOSES BY BENEFICIARY TRIBAL WOMEN IN POONCH DISTRICT

The Pradhan Mantri Matru Vandana Yojana (PMMVY) aims to provide financial assistance to pregnant and lactating women, particularly in tribal areas like Poonch District, to support their health and nutrition during pregnancy. This scheme offers cash incentives totalling 5,000 rupees, distributed in three installments contingent upon fulfilling specific conditions related to maternal and child health. The primary objective is to compensate for wage loss, allowing women to rest adequately before and after childbirth. By addressing economic barriers, PMMVY seeks to promote better health-seeking behaviours among beneficiaries, encouraging them to access necessary healthcare services. The effectiveness of the scheme hinges on whether the incentives are utilized for intended purposes, such as healthcare, nutrition, and overall well-being. Understanding how these financial incentives impact the lives of tribal women in Poonch is crucial for evaluating the programme's

success and identifying areas for improvement to enhance maternal and child health outcomes in the region.

Table 4.37: Frequency distribution on did you receive the PMMVY incentives in a timely manner?

Response	Frequency (n)	Percentage (%)
Yes	83	33.2%
No	167	66.8%
Total	250	100%

Source: Survey Data

Table 4.37 presents the frequency distribution on whether tribal pregnant women in Poonch district received the Pradhan Mantri Matru Vandana Yojana (PMMVY) incentives in a timely manner. The results show a significant delay in the distribution of the incentives, as 66.8% (n=167) of the respondents reported that they did not receive the PMMVY incentives on time. In contrast, only 33.2% (n=83) indicated that they received the incentives in a timely manner. This data highlights a critical issue in the implementation of the PMMVY scheme in Poonch district, where delays in the disbursement of financial incentives can negatively impact the health and well-being of pregnant women. The delay in receiving these incentives may hinder the ability of beneficiaries to access necessary nutrition, healthcare, and other services during pregnancy, thus affecting the overall goal of improving maternal health outcomes. The significant delay could be attributed to various logistical challenges such as administrative inefficiencies, poor infrastructure, or communication barriers in remote tribal areas. These delays not only diminish the effectiveness of the PMMVY scheme but also undermine the trust of the beneficiaries in the system. When women do not receive the promised support on time, it can exacerbate their vulnerabilities during pregnancy, leading to higher health risks for both the mothers and their unborn children. The findings underscore the need for prompt and efficient implementation of the PMMVY scheme, especially in remote tribal areas like Poonch district. Streamlining the delivery processes, improving coordination between local authorities, and ensuring that the incentives are disbursed in a timely manner are crucial

steps toward making the scheme more effective and improving its impact on maternal health outcomes in the district.

Table 4.38: Frequency distribution on how did you utilize the PMMVY incentives?

Response	Frequency (n)	Percentage (%)
Purchased nutritional food items	62	24.8%
Purchased clothes and other household items	130	52.0%
Repaid loans or debts	23	9.2%
Other	35	14.0%
Total	250	100%

Source: Survey Data

Table 4.38 presents the frequency distribution on how tribal pregnant women in Poonch district utilized the Pradhan Mantri Matru Vandana Yojana (PMMVY) incentives. The data reveals that a significant proportion of the beneficiaries (52.0%, n=130) used the incentives to purchase clothes and other household items. This was followed by 24.8% (n=62) who used the incentives to purchase nutritional food items, while 9.2% (n=23) reported using the funds to repay loans or debts. Additionally, 14.0% (n=35) utilized the incentives for other purposes. The findings indicate that while a portion of the incentives were used for purchasing nutritional food items, a larger share was spent on non-essential items such as clothes and household goods. This shows that the PMMVY incentives may not be fully utilized for their intended purpose of improving maternal nutrition and health. The prioritization of other household needs over nutritional needs may point to the broader socio-economic pressures that tribal women face, where immediate household needs often take precedence over longer-term health-related expenses. Given the importance of ensuring that financial support is used to improve maternal health outcomes, the data highlights the need for targeted interventions that encourage the use of PMMVY incentives for nutritional and health-related purposes. Awareness campaigns or guidance on how to utilize the incentives for the benefit of maternal health could help shift the focus of expenditure towards more health-oriented needs. Addressing the economic pressures that women in these areas face could lead to a more effective allocation of the PMMVY

incentives, ultimately improving the health and well-being of both mothers and their children in Poonch district. The PMMVY scheme provides crucial financial support to pregnant women in Poonch, ensuring that these funds are used effectively to improve maternal nutrition and health requires additional support and guidance for the beneficiaries. This could enhance the scheme's impact on maternal and child health outcomes in the region.

Table 4.39: Frequency distribution on did the PMMVY incentives help you meet your nutritional expenses?

Response	Frequency (n)	Percentage (%)
Yes, fully	0	0.0%
Yes, partially	80	32.0%
No, not at all	170	68.0%
Total	250	100%

Source: Survey Data

Table 4.39 presents the frequency distribution on whether the Pradhan Mantri Matru Vandana Yojana (PMMVY) incentives helped tribal pregnant women in Poonch district meet their nutritional expenses. The data reveals that 32.0% (n=80) of the respondents reported that the PMMVY incentives helped them partially meet their nutritional expenses, while the majority, 68.0% (n=170), indicated that the incentives did not help them meet their nutritional needs at all. Notably, no respondents reported that the PMMVY incentives fully met their nutritional expenses. The findings suggest that the PMMVY incentives, while beneficial in some cases, are insufficient in addressing the nutritional needs of tribal pregnant women in Poonch district. The majority of respondents feeling that the scheme did not meet their nutritional requirements indicate that the financial support provided under PMMVY is inadequate to cover the essential costs of maternal nutrition, which are critical for the health of both mothers and their unborn children. The lack of full utilization of the incentives for nutritional purposes could be attributed to several factors. First, the amounts provided under the scheme may be too low to meet the full nutritional demands of pregnant women, especially in areas like Poonch,

where access to adequate food and health resources may be limited. Second, the socio-economic pressures on tribal women, such as the need to allocate funds for other household expenses, might divert the use of the PMMVY incentives away from their intended purpose of improving maternal nutrition. The results point to the need for further improvement in the PMMVY scheme to ensure that tribal pregnant women can fully utilize the incentives for their nutritional needs. Increasing the amount of financial support, alongside targeted education and awareness about the importance of maternal nutrition, could help maximize the effectiveness of the scheme. Providing access to nutritional counseling and making the required food items more accessible could further support the beneficiaries in meeting their dietary requirements. The PMMVY incentives have provided some financial assistance to pregnant women in Poonch district; the majority still faces challenges in using the funds effectively to meet their nutritional needs. There is a clear need for adjustments to the scheme, particularly in terms of the amount of financial support and guidance on how to use it for improving maternal nutrition. These changes could significantly enhance the impact of the PMMVY on the health and well-being of tribal pregnant women in the region

Table 4.40: Frequency distribution on did the PMMVY incentives help you to cover the wage loss during pregnancy?

Response	Frequency (n)	Percentage (%)
Yes, fully	0	0.0%
Yes, partially	187	74.8%
No, not at all	62	24.8%
Total	250	100%

Source: Survey Data

Table 4.40 presents the frequency distribution on whether the Pradhan Mantri Matru Vandana Yojana (PMMVY) incentives helped tribal pregnant women in Poonch district cover wage loss during pregnancy. The results show that 74.8% (n=187) of the respondents reported that the PMMVY incentives helped them partially cover their wage loss during pregnancy, while 24.8% (n=62) indicated that the incentives did not help at all. Notably, no respondents reported that the PMMVY incentives fully covered their wage

loss. The findings suggest that while the PMMVY incentives have had a positive effect for many tribal pregnant women in Poonch district, the support provided is insufficient to fully compensate for the loss of income during pregnancy.

The majority of women receiving partial assistance indicates that although the financial support may have alleviated some of the financial burden, it does not fully address the economic challenges faced during pregnancy, particularly in the tribal communities where income-generating opportunities may be limited. The absence of any respondents who reported complete wage loss coverage reflects a critical limitation of the PMMVY scheme. In areas like Poonch, where tribal women often engage in informal or subsistence work, the loss of wages due to pregnancy can severely affect their financial stability and overall well-being.

While the incentives may help mitigate some of these challenges, they are not sufficient to fully replace the income lost during pregnancy, which could be due to both the limited amount of financial aid provided and the higher cost of living in rural and remote areas. This partial support in covering wage loss highlights the need for improvements in the PMMVY scheme. To enhance its effectiveness, the financial assistance could be increased to better match the real income needs of pregnant women, particularly in economically disadvantaged areas like Poonch. The scheme could be designed to more explicitly address the loss of income by providing targeted support for women engaged in informal or seasonal work, ensuring that they can continue to sustain themselves and their families during pregnancy. The PMMVY incentives have helped a significant proportion of women partially manage wage loss during pregnancy; the scheme falls short in fully covering this critical gap.

This underscores the need for a more comprehensive approach in the PMMVY, with greater financial support to help tribal pregnant women in Poonch district better manage the economic challenges of pregnancy and childbirth. Expanding and strengthening the scope of this assistance would help improve the overall impact of the scheme on the health and well-being of these women.

Table 4.41: Frequency distribution on did you utilize the funds primarily for health expenses?

Response	Frequency (n)	Percentage (%)
Yes, fully	38	15.2%
Yes, partially	120	48.0%
No, not at all	92	36.8%
Total	250	100%

Source: Survey Data

Table 4.41 presents the frequency distribution regarding whether tribal pregnant women in Poonch district primarily utilized the funds from the Pradhan Mantri Matru Vandana Yojana (PMMVY) for health expenses. The results show that 48.0% (n=120) of the respondents reported using the funds partially for health expenses, 15.2% (n=38) used the funds fully for health-related expenses, and 36.8% (n=92) did not use the funds for health expenses at all. The findings suggest that while a significant number of women partially allocated the PMMVY incentives towards health-related costs, a substantial portion (36.8%) did not prioritize health expenses when utilizing the funds. The fact that only 15.2% of women fully used the funds for health-related expenses indicates that the intended objective of the PMMVY—to improve maternal health by addressing health-related financial burdens—has not been fully realized for many women in Poonch. There are several possible reasons for this outcome. First, many tribal women in Poonch district may face broader financial pressures beyond health expenses, such as household needs, educational costs, or the purchase of essential items. This could lead them to prioritize other expenditures over health expenses, despite the scheme's focus on improving maternal and child health.

Second, the partial allocation of the funds toward health expenses might reflect a lack of awareness or limited access to necessary health services. Despite receiving financial support through PMMVY, women might not have sufficient access to healthcare facilities or may not be aware of how to best use the funds to maximize their health benefits. In rural and tribal areas like Poonch, healthcare access and awareness can be limited, which may

impact how women utilize the incentives. The fact that 36.8% of women did not use the funds for health expenses at all shows a need for greater awareness and targeted education regarding the health benefits of the PMMVY scheme. Ensuring that the funds are effectively channeled into maternal and child health is critical for the success of the program. This could be addressed by enhancing outreach programs, providing guidance on how to use the incentives for health-related expenses, and improving access to healthcare services in remote areas. PMMVY incentives have contributed to the health expenses of some women in Poonch district, a significant portion of beneficiaries have either used the funds for non-health-related expenses or have not used them for health purposes at all. To maximize the scheme's impact on maternal health, there is a need to strengthen the programmes focus on ensuring that funds are directed toward health-related expenditures. This could include more targeted health education, better access to healthcare services, and improved monitoring of fund utilization for health needs, ultimately leading to better maternal and child health outcomes in the tribal communities of Poonch.

Table 4.42: Frequency distribution on were the funds utilized for improving the dietary intake?

Response	Frequency (n)	Percentage (%)
Yes, fully	33	13.2%
Yes, partially	125	50.0%
No, not at all	92	36.8%
Total	250	100%

Source: Survey Data

Table 4.42 presents the frequency distribution regarding whether tribal pregnant women in Poonch district utilized the funds from the Pradhan Mantri Matru Vandana Yojana (PMMVY) for improving their dietary intake. The results indicate that 50.0% (n=125) of the respondents partially used the funds for improving their dietary intake, 13.2% (n=33) used the funds fully for dietary improvements, and 36.8% (n=92) did not use the funds for dietary improvements at all. The findings highlight that while half of the women (50.0%) made partial use of the PMMVY incentives for enhancing their dietary

intake, a significant number (36.8%) did not prioritize dietary improvements despite receiving financial support through the scheme. The 13.2% of women who fully utilized the funds for improving their dietary intake reflects the limited extent of the scheme's impact on addressing nutritional needs in the region. Several factors could explain why a large proportion of the beneficiaries have not fully utilized the PMMVY funds for dietary improvements.

First, tribal communities in Poonch district may face barriers such as limited access to quality and affordable nutritious food, which could affect their ability to make full use of the incentives for dietary purposes. While the funds are intended to promote better nutrition, the availability of healthy food options in remote and rural areas may be limited, making it challenging for women to fully benefit from the financial support. Second, the allocation of funds for dietary improvements may be influenced by competing priorities. As seen in Table 4.50, many women used the PMMVY funds for purchasing household items or repaying debts, indicating that dietary improvements may not always be the most immediate or prioritized need in these households. The decision to allocate funds for food may depend on other pressing financial demands, such as the need for essential goods or services. The fact that 36.8% of women did not use the PMMVY funds for improving their dietary intake shows that more targeted nutritional education may be needed to help beneficiaries understand the importance of using the incentives for improving their diet. Raising awareness about the specific benefits of a nutritious diet for maternal and child health could help increase the proportion of women who allocate the funds towards dietary improvements.

A significant number of tribal pregnant women in Poonch district have partially used the PMMVY incentives to improve their dietary intake; the overall impact on dietary improvements is limited. To enhance the effectiveness of the PMMVY scheme in improving nutritional outcomes, it is important to address barriers such as access to nutritious food and prioritize educational initiatives that emphasize the importance of proper nutrition for maternal and child health. This could help ensure that the financial support provided by the scheme is more effectively utilized for dietary improvements, ultimately contributing to better health outcomes for pregnant women in Poonch

Table 4.43: Frequency distribution on How has the PMMVY incentives impacted your overall ante-natal and post-natal life?

Response	Frequency (n)	Percentage (%)
Improved significantly	8	3.2%
Improved moderately	72	28.8%
Remained the same	170	68.0%
Decreased moderately	0	0.0%
Decreased significantly	0	0.0%
Total	250	100%

Source: Survey Data

Table 4.43 examines the impact of the Pradhan Mantri Matru Vandana Yojana (PMMVY) incentives on the overall ante-natal and post-natal life of tribal pregnant women in Poonch district. The data reveals that the majority of respondents (68.0%, n=170) reported that their ante-natal and post-natal life remained the same despite receiving the PMMVY incentives. In contrast, 28.8% (n=72) of women stated that the PMMVY incentives had a moderate positive impact, while only 3.2% (n=8) reported a significant improvement in their ante-natal and post-natal life. This trend shows that, while the scheme has had a positive but moderate effect on some women, it has not led to significant improvements in the broader tribal community's maternal health experiences. This could be attributed to several factors that may limit the scheme's impact on ante-natal and post-natal care. Firstly, the benefits of the PMMVY incentives may not have been fully realized by all beneficiaries. Although some women reported moderate improvements, the fact that the majority (68.0%) felt that their ante-natal and post-natal experiences remained the same shows that the incentives may not have been enough to create substantial changes. This could point to challenges in the healthcare infrastructure in remote areas of Poonch district, where access to healthcare services, including regular check-ups, may still be limited despite financial support. Secondly, the lack of any significant negative impact (0.0%) in terms of decreasing the ante-natal and post-natal health of the women further highlights the overall neutrality of the scheme's effect in terms of healthcare outcomes. The PMMVY

incentives may have contributed positively but in a limited scope, perhaps by addressing immediate financial concerns rather than facilitating broad-scale improvements in healthcare access or quality. Lastly, the lack of a significant impact for many women may also reflect the need for additional interventions, such as improved healthcare services, better access to nutrition and maternity care, and comprehensive health education. While the PMMVY incentives provide crucial financial support, their role in transforming maternal health outcomes may require more sustained and multifaceted approaches to be truly effective. PMMVY incentives have had a moderate positive impact on some tribal pregnant women in Poonch district; the overall effect on ante-natal and post-natal life has been limited. To enhance the scheme's effectiveness, it is important to supplement financial support with improved healthcare services, education on maternal health, and efforts to address the structural challenges faced by women in remote tribal areas.

Table 4.44: Frequency distribution on How would you rank the effectiveness of the PMMVY incentives in addressing the needs of tribal women in Poonch district?

Response	Frequency (n)	Percentage (%)
Highly effective	15	6.0%
Moderately effective	29	11.6%
Somewhat effective	187	74.8%
Ineffective	19	7.6%
Not sure	0	0.0%
Total	250	100%

Source: Survey Data

Table 4.44 explores how the beneficiaries in Poonch district perceive the effectiveness of the Pradhan Mantri Matru Vandana Yojana (PMMVY) in addressing the needs of tribal women. A significant majority of respondents (74.8%, n=187) felt that the PMMVY incentives were "somewhat effective." This indicates that while the scheme has been beneficial to some extent, its full potential has not been realized in addressing the comprehensive needs of tribal pregnant women in the region. A smaller proportion of

women rated the incentives as "moderately effective" (11.6%, n=29) or "highly effective" (6.0%, n=15), showing that while a few women may have experienced significant benefits; this was not the case for most. The perception of the PMMVY as "ineffective" (7.6%, n=19) was relatively low but still noteworthy, suggesting that a portion of the tribal women did not find the incentives to be of sufficient help in meeting their needs. The lack of any respondents who were "not sure" reflects a clear stance among the majority of beneficiaries, but the relatively low percentage of those who considered the scheme "highly effective" or "moderately effective" shows that while the scheme might offer financial assistance, it is not always sufficient to address the full spectrum of maternal health and nutritional needs in tribal communities. These communities may still face other barriers, such as limited access to healthcare facilities, cultural practices, and educational gaps, which reduce the effectiveness of the incentives in meeting their overall needs. The effectiveness of the PMMVY incentives in Poonch district, while acknowledged as somewhat effective by most women, shows a need for stronger support systems. The government might consider addressing broader issues like healthcare infrastructure, awareness programs, and nutritional support to enhance the impact of the PMMVY scheme on tribal pregnant women.

Table 4.45: Frequency distribution on a scale of 1 to 5, how satisfied is you with the PMMVY incentives?

Response	Scale	Frequency (n)	Percentage (%)
Very dissatisfied	1	32	12.8%
Dissatisfied	2	130	52.0%
Neither satisfied nor dissatisfied	3	59	23.6%
Satisfied	4	29	11.6%
Total		250	100%

Source: Survey Data

Table 4.45 presents the level of satisfaction among beneficiaries of the Pradhan Mantri Matru Vandana Yojana (PMMVY) in Poonch district, with a scale of 1 to 4. The results show that a large proportion of tribal women (52.0%, n=130) are "dissatisfied" with

the PMMVY incentives, reflecting significant dissatisfaction with the scheme's benefits and impact. This high percentage shows that despite the provision of financial support, the beneficiaries feel that the incentives may not be meeting their expectations or addressing their essential needs. A smaller proportion of respondents (12.8%, n=32) were "very dissatisfied," indicating a more extreme dissatisfaction with the PMMVY incentives. The group may have encountered additional challenges in accessing the benefits or found the assistance inadequate for their requirements. Conversely, a portion of women (23.6%, n=59) were "neither satisfied nor dissatisfied," which could reflect ambivalence toward the scheme, where the benefits were neither fully adequate nor entirely ineffective. Only a minority of the respondents expressed satisfaction with the scheme, with 11.6% (n=29) indicating they were "satisfied." The relatively low percentage shows that the PMMVY incentives, while providing some benefit, may not be sufficiently impactful or widespread enough to meet the expectations and needs of tribal pregnant women in Poonch district. The data reveals a significant dissatisfaction with the PMMVY incentives among tribal pregnant women in Poonch district. The dissatisfaction levels suggest that while the scheme provides some financial assistance, it may not be addressing the broader maternal health and nutrition needs or overcoming other barriers, such as lack of access to healthcare facilities, education, or cultural issues. To improve satisfaction, the government may need to consider enhancing the scheme's scope, ensuring more timely delivery of incentives, and addressing the underlying healthcare and social challenges faced by the tribal women.

4.7 THEMATIC EXPLORATIONS

A qualitative study was conducted to assess the impact of the Pradhan Mantri Matru Vandana Yojana (PMMVY) on tribal pregnant women in Poonch district, Jammu and Kashmir, with a focus on the level of awareness, economic effects, utilization of incentives, and nutritional status of the beneficiaries. The analysis explored the awareness levels of the PMMVY scheme among tribal pregnant women in Poonch district, identifying factors that influence knowledge about the program and its benefits. The economic impact of the scheme on tribal beneficiary mothers was also examined, revealing how the financial support provided under PMMVY contributed to the health and wellbeing of pregnant women in the region. The study also focused on how the PMMVY incentives were utilized by the beneficiary tribal women, highlighting whether the funds were directed toward the

intended purposes such as healthcare and nutrition. The nutritional status of the PMMVY beneficiaries was evaluated, considering the role of the scheme in improving dietary habits and overall health outcomes for both mothers and their unborn children. Thematic analysis was employed to uncover key themes surrounding the implementation of the PMMVY scheme, its economic benefits, and its impact on the nutritional status of the beneficiaries. Through in-depth interviews and discussions with the stakeholders, the study provided a comprehensive understanding of how the PMMVY scheme has influenced the lives of tribal pregnant women in Poonch district. The analysis was structured into stages, including Theme Identification, Theme Development, Contextualization, and Implications, offering valuable insights into the effectiveness of the scheme and its potential for further improvement in addressing the needs of tribal pregnant women.

4.8 THEMATIC ANALYSIS OF LEVEL OF AWARENESS OF PMMVY SCHEME AMONG THE TRIBAL PREGNANT WOMEN IN POONCH DISTRICT

The level of awareness of the Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme among tribal pregnant women in Poonch district refers to the extent to which these women are informed about this government initiative designed to provide financial assistance during pregnancy and after childbirth. PMMVY aims to support pregnant and lactating mothers, particularly those from disadvantaged backgrounds, by offering cash incentives to compensate for wage loss and encourage health-seeking behaviors. Awareness includes knowledge of the scheme's benefits, eligibility criteria, and the application process. Understanding how aware these women are of PMMVY is crucial for assessing the program's effectiveness in improving maternal and child health outcomes. Factors that may influence awareness levels include access to information through local health workers, community outreach programs, and cultural barriers that may affect communication. Low levels of awareness can lead to underutilization of the scheme, preventing eligible women from receiving the necessary support. Therefore, evaluating the awareness level among tribal pregnant women in Poonch is essential for tailoring effective outreach strategies and ensuring that the benefits of PMMVY reach those who need them most. Enhancing awareness can ultimately lead to better health outcomes for mothers and their children in this region.

Table 4.46: Thematic analysis on how familiar are you with the Pradhan Mantri Matru Vandana Yojana (PMMVY)?

THEME 1: FAMILIARITY WITH THE PRADHAN MANTRI MATRUVANDANA YOJANA (PMMVY)
The thematic analysis reveals the level of awareness and familiarity with the Pradhan Mantri Matru Vandana Yojana (PMMVY) among tribal pregnant women in Poonch District, Jammu and Kashmir. The study, based on responses from 250 participants, highlights the varying degrees of awareness and the factors influencing the uptake of the scheme among tribal communities in the region
<p style="text-align: center;">THEME IDENTIFICATION</p> <p>From the responses regarding familiarity with the PMMVY, the following themes emerged:</p> <ol style="list-style-type: none"> 1. High Familiarity with PMMVY: Approximately 50% of respondents expressed that they are highly familiar with the PMMVY, understanding its objectives and the benefits it provides to pregnant women. 2. Moderate Familiarity with PMMVY: Around 30% of participants indicated a moderate level of familiarity, understanding some aspects of the scheme but lacking detailed knowledge of its full scope. 3. Low Familiarity with PMMVY: Around 20% of respondents mentioned having limited or no knowledge about the PMMVY scheme and its benefits.
<p style="text-align: center;">THEME DEVELOPMENT</p> <p>High Familiarity with PMMV</p> <p>Approximately 50% of respondents reported being highly familiar with the Pradhan Mantri Matru Vandana Yojana (PMMVY). These respondents demonstrated a clear understanding of the scheme's purpose, which aims to provide financial assistance to pregnant and lactating women. Many of them could identify the scheme's key benefits, such as the cash incentives provided to mothers during pregnancy and childbirth. This high level of awareness is often attributed to the active role played by local healthcare workers, community members, and the government's outreach efforts in educating the public about the scheme</p>

Moderate Familiarity with PMMV

Around 30% of the respondents expressed a moderate level of familiarity with PMMVY. While they understood some aspects of the scheme, such as its financial support for pregnant women, they were less clear about the procedural details or eligibility criteria. This group of participants indicated that while they had heard of the scheme, their knowledge was more superficial, often limited to the general idea of financial assistance without awareness of the broader context or specific steps to avail the benefits

Low Familiarity with PMMV

Around 20% of participants revealed limited or no knowledge of the PMMVY scheme. These respondents were not familiar with the scheme's objectives or its intended benefits for tribal pregnant women. In some cases, they were unaware of the financial support provided by the government, or the application process required to benefit from the scheme. This lack of awareness could be attributed to insufficient outreach, limited communication channels in remote areas, or lack of access to information through local health workers or community members.

ANALYSIS

The analysis reveals that while half of the respondents in Poonch District have a strong understanding of the PMMVY scheme, a significant portion still lacks comprehensive knowledge. The findings indicate that effective communication and outreach are crucial in enhancing awareness about the scheme. Local health workers, community influencers, and public health campaigns could play a vital role in bridging the information gap and ensuring that all pregnant women are aware of the benefits available to them under PMMVY.

CONTEXTUALISATION

In Poonch District, the familiarity with the PMMVY scheme varies significantly, reflecting disparities in access to information and communication. While healthcare providers and community leaders are instrumental in disseminating knowledge, certain areas and sections of the population remain less informed. The higher familiarity in some areas is linked to proactive outreach by local healthcare workers, while the lower levels of awareness in other areas highlight the need for improved communication strategies tailored to the tribal community's needs.

IMPLICATIONS

The findings suggest that while a large portion of tribal pregnant women in Poonch District are familiar with PMMVY; there remains a substantial gap in knowledge among some segments of the population. To ensure that all eligible women benefit from the scheme, it is recommended that local health workers, Anganwadi workers (AWWs), and community leaders intensify their efforts to educate and inform the community. Targeted campaigns, increased visibility of the scheme through community meetings, and easy-to-understand informational materials could significantly improve awareness and participation in PMMVY.

Source: Survey Data

Table 4.47: Thematic analysis on have you received any training or information sessions about PMMVY?

THEME 2: TRAINING AND INFORMATION SESSIONS ABOUT PMMVY
The thematic analysis reveals that all 250 respondents involved in the study have received training or information sessions about the Pradhan Mantri Matru Vandana Yojana (PMMVY).
<p style="text-align: center;">THEME IDENTIFICATION</p> <p>From the responses regarding training and information sessions about PMMVY, the following theme emerged:</p> <p>Complete Familiarity with PMMVY: 50% of the respondents reported that they have received training or participated in information sessions related to the PMMVY scheme.</p>
<p style="text-align: center;">THEME DEVELOPMENT</p> <p>Complete Familiarity with PMMVY</p> <p>170 respondents confirmed that they had received training or information sessions about the Pradhan Mantri Matru Vandana Yojana (PMMVY). These sessions were conducted by various organizations, including the health department, ICDS officials, and local community leaders. The training sessions provided comprehensive information about</p>

<p>the objectives, benefits, eligibility criteria, and application procedures of the PMMVY scheme</p> <p>Key stakeholders, such as AWW workers, ANM workers, and Ayesha workers, played a pivotal role in ensuring the information about the scheme reached tribal communities, especially pregnant women. Village community members were involved in spreading awareness about the benefits of PMMVY, ensuring that the scheme's objectives were communicated clearly to tribal pregnant women in remote areas.</p>
<p style="text-align: center;">ANALYSIS</p> <p>The analysis indicates that there is moderate level of awareness and familiarity among tribal women regarding the PMMVY scheme. The universal participation in training sessions shows that these women are equipped with the knowledge about the available benefits and how to access them. The successful training of these key informants demonstrates a strong foundation for the scheme's implementation in Poonch District.</p>
<p style="text-align: center;">CONTEXTUALISATION</p> <p>In Poonch District, the high level of training and information dissemination among the tribal pregnant women about the benefit from the PMMVY scheme. The information is vital in addressing the challenges of reaching remote tribal populations. This coordinated effort helps bridge the information gap and ensures that pregnant women are well-informed about the financial assistance and nutritional support provided under the scheme.</p>
<p style="text-align: center;">IMPLICATIONS</p> <p>The findings suggest that the training and information sessions have effectively equipped the pregnant women with the knowledge to access the PMMVY scheme. Strengthening these information networks and ensuring continued training for new workers could improve the scheme's outreach and impact in the region. Enhanced community participation and sustained communication efforts will help ensure the success of PMMVY in supporting tribal pregnant women in Poonch District.</p>

Source: Survey Data

Table 4.48: Thematic analysis on is there any barriers preventing the tribal pregnant women in Poonch district from accessing PMMVY benefits?

THEME 5: BARRIERS TO ACCESSING PMMVY BENEFITS AMONG TRIBAL PREGNANT WOMEN
<p>This thematic analysis explores the barriers preventing tribal pregnant women in Poonch District from accessing the Pradhan Mantri Matru Vandana Yojana (PMMVY) benefits. Responses from 250 were analyzed to identify the key obstacles that hinder access to the scheme. The findings highlight significant challenges related to education, geographical remoteness, and documentation issues.</p>
<p style="text-align: center;">THEME IDENTIFICATION</p> <p>The analysis identified three major barriers that prevent tribal pregnant women in Poonch District from accessing the PMMVY benefits:</p> <ol style="list-style-type: none"> 1. Educational Barriers: Approximately 40% of respondents highlighted that low levels of education among tribal pregnant women serve as a significant barrier to accessing the benefits of the PMMVY scheme. 2. Geographical Barriers (Far-flung Areas): 35% of respondents identified geographical isolation, particularly in remote and hilly areas, as a major factor preventing women from benefiting from the scheme. 3. Documentation Issues: 25% of respondents mentioned that lack of proper documentation, such as proof of pregnancy and identity, is a major obstacle for tribal women in accessing PMMVY benefits.
<p style="text-align: center;">THEME DEVELOPMENT</p> <p>Educational Barrier</p> <p>Around 40% of respondents emphasised that low levels of education among tribal pregnant women were one of the biggest obstacles in accessing PMMVY benefits. Many women, especially in remote areas, are either illiterate or have limited literacy skills, which impedes their understanding of the PMMVY scheme and its eligibility requirements. As a result, they are less likely to seek out the necessary information and guidance to apply for the benefits. In some cases, the lack of educational resources means that these women do not even know where or how to access assistance</p>

Geographical Barriers (Far-flung Areas)

Geographical isolation is another major barrier, with 35% of respondents noting that women living in far-flung and hilly areas of Poonch District face significant difficulties in accessing PMMVY benefits. These areas are often poorly connected by roads and have limited access to healthcare facilities or government services. As a result, women living in these regions are either unaware of the PMMVY scheme or find it extremely difficult to reach the necessary service points to apply for the benefits. Outreach programs and information dissemination are often limited in these areas, exacerbating the accessibility issue

Documentation Issue

25% of respondents identified documentation problems as a significant barrier preventing tribal pregnant women from accessing PMMVY benefits. Many women lack the required documentation, such as proof of pregnancy, Aadhaar cards, or other essential identity proofs, which are needed to complete the application process. Women often face difficulties in obtaining these documents due to a lack of awareness about the need for them and the challenges involved in the documentation process, such as traveling to distant government offices.

ANALYSIS

The analysis reveals that several barriers prevent tribal pregnant women in Poonch District from accessing the PMMVY benefits. These barriers include low levels of education, geographical isolation, and inadequate documentation. Together, these challenges create a situation where many eligible women are unable to fully participate in the scheme, thus missing out on its potential benefits.

CONTEXTUALISATION

In Poonch District, these barriers reflect the broader socio-economic challenges faced by tribal communities. Educational and geographical isolation, combined with documentation issues, further marginalize these women and hinder their ability to access government schemes. Without overcoming these barriers, tribal pregnant women will continue to face difficulties in benefiting from the PMMVY, which could improve their health and socio-economic status.

IMPLICATIONS

The findings suggest that targeted interventions are needed to address these barriers. These could include community-based educational programs to raise awareness about the PMMVY scheme and the application process, as well as mobile outreach services to overcome geographical barriers. Efforts to assist tribal women in obtaining the necessary documentation, such as facilitating the process of acquiring Aadhaar cards and other identity documents, would also be beneficial in ensuring greater participation in the scheme.

Source: Survey Data

4.9 THEMATIC ANALYSIS OF ECONOMIC IMPACT OF PMMVY SCHEME ON TRIBAL BENEFICIARY MOTHERS OF THE POONCH DISTRICT

The economic impact of the Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme on tribal beneficiary mothers of Poonch district refers to the financial effects and benefits that this government initiative has on the lives of pregnant and lactating women from tribal communities. PMMVY provides direct cash transfers to eligible mothers, aimed at compensating for wage loss during pregnancy and encouraging them to seek necessary healthcare services.

The financial support is particularly significant for tribal women, who often face economic hardships and limited access to resources. By receiving cash benefits, these mothers can alleviate some of the financial pressures associated with childbirth, allowing them to invest in better nutrition, healthcare, and education for their children. The scheme also aims to promote gender equity by providing additional incentives for families with female children, thereby encouraging a positive shift in societal attitudes towards girl children. The economic impact of PMMVY is measured not only in terms of immediate financial relief but also in its potential to improve maternal and child health outcomes, enhance household income, and empower tribal women economically and socially within their communities. This ultimately contributes to the overall development and well-being of the tribal population in Poonch district.

Table 4.49: Thematic analysis on how has the Pradhan Mantri Matru Vandana Yojana (PMMVY) positively impacted the economic well-being of tribal beneficiary mothers in the Poonch district?

THEME 6: ECONOMIC IMPACT OF PMMVY ON TRIBAL BENEFICIARY MOTHERS
<p>The analysis assesses the impact of the Pradhan Mantri Matru Vandana Yojana (PMMVY) on the economic well-being of tribal beneficiary mothers in Poonch District. Responses from 250, women provide insight into the moderate but meaningful economic benefits that the PMMVY scheme has brought to this community.</p>
<p style="text-align: center;">THEME IDENTIFICATION</p> <p>The analysis identified three levels of economic impact reported by respondents:</p> <ol style="list-style-type: none"> 1. Moderate Economic Benefit: Approximately 53% of respondents indicated that the PMMVY scheme has had a moderate positive impact on the economic well-being of tribal beneficiary mothers, mainly by providing financial relief during pregnancy. 2. Significant Economic Support: Around 22% of respondents observed that the scheme has provided substantial financial assistance, especially for women with limited means, helping them manage maternity-related expenses. 3. Minimal Economic Impact: About 25% of respondents felt that the financial support, while helpful, was insufficient to address the broader economic challenges faced by tribal mothers in the region.
<p style="text-align: center;">THEME DEVELOPMENT</p> <p>Moderate Economic Benefit</p> <p>Approximately 53% of respondents highlighted that the PMMVY scheme has moderately benefited tribal mothers economically. The scheme provides a cash incentive that eases some of the financial strain associated with maternity. Many women have used the funds for essential expenses, such as nutrition, healthcare, and basic baby care. Though not transformative, this moderate support has provided these women with a level of financial relief, helping them cover pregnancy-related needs that they might otherwise struggle to afford</p>

<p>Significant Economic Support</p> <p>Around 22% of respondents noted that, for a subset of beneficiaries, the PMMVY scheme offers substantial economic support. In cases where families have very limited incomes, the scheme's financial aid significantly impacts the household budget, particularly during the critical period of pregnancy. These women expressed appreciation for the assistance, but the money provided is low that does not cover the expenses.</p> <p>Minimal Economic Impact</p> <p>About 25% of respondents expressed that while the PMMVY funds offer some support, the amount provided falls short of addressing the broader economic challenges faced by tribal mothers in the district. In remote areas with high poverty levels, this financial aid is often inadequate, given the limited income and rising costs of healthcare and nutrition. These respondents felt that additional support would be necessary to make a more meaningful impact on the financial well-being of tribal mothers.</p>
<p style="text-align: center;">ANALYSIS</p> <p>The analysis reveals a moderate overall economic impact of the PMMVY scheme on tribal mothers in Poonch District. While the scheme offers necessary financial support, especially in reducing some maternity-related expenses, its impact remains limited given the higher costs associated with healthcare and nutrition in remote areas.</p>
<p style="text-align: center;">CONTEXTUALISATION</p> <p>In Poonch District, the economic impact of the PMMVY scheme highlights the need for additional financial support for tribal mothers who face considerable economic challenges. Though moderate assistance is beneficial, a more robust financial package could better address the needs of these mothers, particularly in remote and economically vulnerable areas.</p>
<p style="text-align: center;">IMPLICATIONS</p> <p>The findings suggest that while PMMVY has positively impacted the economic well-being of tribal mothers, scaling up the financial benefits or supplementing them with other welfare initiatives could lead to a more substantial impact. This could include increased outreach and supplementary nutrition and healthcare support, which would further assist in improving the quality of life for tribal mothers in Poonch District.</p>

Source: Survey Data

Table 4.50: Thematic analysis on what are the key economic challenges faced by tribal beneficiary mothers in the Poonch district, and how does PMMVY address those challenges?

THEME 7: ECONOMIC CHALLENGES AND PMMVY’S IMPACT ON TRIBAL BENEFICIARY MOTHERS
<p>The Poonch district, particularly its tribal communities, encounters notable economic challenges that affect the quality of life for pregnant mothers. This analysis reflects insights from 250 tribal women illustrating how PMMVY has partially addressed these economic hardships.</p>
<p style="text-align: center;">THEME IDENTIFICATION</p> <p>The responses reveal three primary economic challenges faced by tribal mothers, as well as the level to which PMMVY has alleviated these issues:</p> <ol style="list-style-type: none"> 1. High Prevalence of Poverty and Unemployment: Around 47% of respondents highlighted that poverty and limited job opportunities are central issues affecting tribal communities. Small-scale agriculture and lack of steady employment contribute to financial insecurity. 2. Health and Nutritional Needs: Approximately 30% of respondents observed that health challenges, including malnutrition and anemia, are significant barriers for pregnant tribal women. 3. Access Barriers to Employment and Social Services: Around 23% of respondents noted that limited access to healthcare facilities and social services due to remote locations is a substantial barrier to the economic well-being of these mothers.
<p style="text-align: center;">THEME DEVELOPMENT</p> <p>High Prevalence of Poverty and Unemployment</p> <p>About 47% of respondents indicated that poverty and unemployment represent major challenges. Most tribal families rely on limited agricultural income, with insufficient job opportunities in the private sector. For these mothers, financial assistance from PMMVY helps to supplement their family income during pregnancy and provides relief from some financial strain</p>

<p>Health and Nutritional Need</p> <p>Around 30% of respondents emphasized that poor health and nutrition among tribal women are pervasive. PMMVY’s cash transfers, especially for mothers in remote regions, help ensure they can afford better nutrition during pregnancy. The conditional cash transfers encourage prenatal check-ups and vaccinations, supporting improved maternal and child health outcomes</p> <p>Access Barriers to Employment and Social Service</p> <p>Approximately 23% of respondents noted that remote tribal communities face barriers in accessing healthcare and social services. Through Direct Benefit Transfers, PMMVY delivers financial aid directly to beneficiaries, reducing the bureaucratic delays that often impact tribal populations in far-flung areas.</p>
<p style="text-align: center;">ANALYSIS</p> <p>The PMMVY scheme has shown moderate success in addressing the economic challenges faced by tribal mothers in Poonch district. While the cash incentive cannot fully eliminate poverty and healthcare issues, it provides a meaningful level of support, particularly in promoting maternal health and financial resilience during pregnancy.</p>
<p style="text-align: center;">CONTEXTUALISATION</p> <p>For tribal mothers in Poonch, PMMVY’s impact underscores the importance of targeted financial support to alleviate specific economic pressures. While the assistance is helpful, more extensive aid may be required to bridge the gaps in healthcare access and income stability.</p>
<p style="text-align: center;">IMPLICATIONS</p> <p>The findings suggest that while PMMVY provides vital support, further strengthening of the scheme, along with additional support measures, could enhance the well-being of tribal pregnant women. Expanded outreach, nutritional supplements, and healthcare support could further bolster the effectiveness of PMMVY in improving the lives of tribal mothers in economically vulnerable areas of Poonch district.</p>

Source: Survey Data

4.10 THEMATIC ANALYSIS OF THE PMMVY INCENTIVES WERE USED FOR INTENDED PURPOSES BY BENEFICIARY TRIBAL WOMEN IN POONCH DISTRICT

The Pradhan Mantri Matru Vandana Yojana (PMMVY) aims to provide cash incentives to pregnant and lactating women for their first live birth, specifically targeting purposes such as compensating for wage loss, ensuring adequate rest, improving maternal nutrition, and encouraging health-seeking behaviours like early pregnancy registration and institutional deliveries. In the Poonch district, tribal beneficiary women can utilize these incentives to enhance their health and well-being during pregnancy and early motherhood. However, the actual use of these funds for intended purposes depends on factors such as awareness of the scheme, timely fund disbursement, cultural practices, and the availability of healthcare services.

Table 4.51: Thematic analysis on how do tribal beneficiary women in the Poonch district utilize the financial incentives provided under the Pradhan Mantri Matru Vandana Yojana (PMMVY)?

THEME 10: UTILIZATION OF FINANCIAL INCENTIVES UNDER PMMVY BY TRIBAL BENEFICIARY WOMEN IN POONCH DISTRICT	
The Pradhan Mantri Matru Vandana Yojana (PMMVY) is a critical support scheme for pregnant and lactating women in the Poonch district, providing essential financial incentives. However, the actual utilization of these funds by tribal women varies based on several factors, including household dynamics and control over financial resources. Insights from interviews with 250 women reveal significant patterns in how the financial incentives under PMMVY are used.	
THEME IDENTIFICATION	
1. Personal Use and Household Contribution	Most tribal women in the Poonch district reported using the PMMVY funds primarily for personal use and household expenditures. Approximately 70% of respondents indicated that the ₹5,000 financial incentive was primarily spent on daily household needs such as food, utilities, and other essential items, rather than on healthcare or maternity-related expenses. This suggests that while the

funds are meant to improve maternal health, they are often redirected to immediate family needs.

2. Limited Control Over Fund Usage

In **80%** of cases, the funds were reported to be withdrawn by husbands or other male members of the household. Many women stated that they did not have full control over the financial support, with husbands or other family members making decisions on how the money is spent. This lack of agency limits women's ability to utilize the funds for their intended purposes, such as prenatal care, nutritious food, or delivery-related expenses.

3. Lack of Awareness on Fund Utilization

A significant proportion of women, around **65%**, reported that they were not fully aware of the potential uses of PMMVY funds. These women indicated that they did not know they could use the funds for healthcare services, such as doctor visits, medicines, or delivery expenses, and were therefore not able to utilize the support to improve their maternal health.

THEME DEVELOPMENT

Primary Use for Household Needs

The funds are primarily spent on immediate household needs such as food and daily expenses, which account for **70%** of the usage reported by the women. While this provides financial relief, it does not align with the scheme's goal of improving maternal health and nutrition.

Gender Dynamics in Fund Control

In **80%** of the cases, the funds are controlled by male family members, with women not having full access to the money. This reflects the gendered dynamics of financial decision-making in tribal households, which can undermine the intended use of the PMMVY incentives.

Awareness and Utilization Gap

About **65%** of respondents were unaware of how to fully utilize the funds for their health and maternity-related needs. This highlights the need for better education and awareness regarding the scheme's benefits and usage.

<p style="text-align: center;">ANALYSIS</p> <p>The financial incentives provided under PMMVY are not being fully utilized to improve maternal health among tribal women in Poonch district. The main issues identified include a focus on household expenditures, limited control over funds, and lack of awareness regarding the intended uses of the financial support. These factors hinder the full potential of the scheme to contribute to better maternal and child health outcomes.</p>
<p style="text-align: center;">IMPLICATIONS</p> <p>To improve the impact of PMMVY on maternal health, it is essential to empower tribal women with greater control over the funds. Raising awareness about the specific purposes of the scheme and its benefits for maternal and child health could ensure that the funds are used more effectively.</p>

Source: Survey Data

Table 4.52: Thematic analysis on are there any initiatives to educate tribal beneficiary women about the importance of utilizing PMMVY incentives for the intended purposes and the potential consequences of misusing the funds?

<p style="text-align: center;">THEME 14: EDUCATION AND COUNSELING INITIATIVES TO PROMOTE THE PROPER USE OF PMMVY INCENTIVES</p>
<p>To ensure that the Pradhan Mantri Matru Vandana Yojana (PMMVY) funds are used effectively for healthcare and nutritional support, several initiatives have been introduced to educate tribal women about the proper utilization of the funds and the consequences of misuse.</p>
<p>THEME IDENTIFICATION</p> <p>1. ICDS Counselling Program</p> <p>A significant 60% of women pointed out that the Integrated Child Development Services (ICDS) regularly conducts counselling sessions for tribal pregnant women, educating them on the importance of utilizing PMMVY funds for their intended purposes. This initiative aims to raise awareness about the potential benefits of the scheme for both the mothers and their babies.</p>

<p>2. Anganwadi Centre's Counselling</p> <p>Approximately 25% of women noted that Anganwadi centre's play a vital role in counselling tribal women about the correct usage of PMMVY incentives. These centre's provide guidance on maternal health, nutritional needs, and the benefits of the financial support provided under the scheme.</p> <p>3. Health Department Counselling</p> <p>Around 15% of women emphasized the role of the health department in educating tribal women about the PMMVY scheme. Health workers and ASHA (Accredited Social Health Activist) workers conduct sessions that explain the health-related benefits of the PMMVY financial support, particularly for maternity care.</p>	<p style="text-align: center;">THEME DEVELOPMENT</p> <p>The presence of educational and counselling initiatives by ICDS, Anganwadi, and the Health Department plays a crucial role in informing tribal women about the importance of using the PMMVY funds for healthcare and nutritional purposes. These efforts help minimize the risk of misuse by empowering women to make informed decisions.</p> <p style="text-align: center;">ANALYSIS</p> <p>Despite the counselling efforts, there is still a challenge in fully ensuring the effective use of the funds, as control over the funds remains with male family members in many cases. However, these counselling programs serve as a step toward empowering women with the knowledge needed to utilize the funds appropriately.</p> <p style="text-align: center;">CONTEXTUALISATION</p> <p>The findings highlight the positive role that educational and counselling initiatives can play in ensuring that PMMVY incentives are used effectively. However, the lack of control by women over the funds can undermine these efforts.</p> <p style="text-align: center;">IMPLICATIONS</p> <p>Strengthening these counselling programs and ensuring that women have more control over the PMMVY funds could enhance the overall impact of the scheme and contribute to improved health and nutritional outcomes for tribal mothers and their children.</p>
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Source: Survey Data

4.11 THEMATIC ANALYSIS OF THE NUTRITIONAL STATUS OF BENEFICIARY WOMEN OF PMMVY IN POONCH DISTRICT

The nutritional status of beneficiary women under the Pradhan Mantri Matru Vandana Yojana (PMMVY) in Poonch district reflects significant challenges and improvements. Many women in this region face under nutrition and anaemia, which are common due to limited access to nutritious food and healthcare services. The PMMVY aims to address these issues by providing cash incentives totaling ₹5,000 in three installments, which can be utilized for essential nutritional needs during pregnancy and lactation. These funds are intended to help women meet their increased dietary requirements, as pregnant and lactating mothers need additional calories and nutrients to support their health and that of their infants.

The scheme encourages beneficiaries to prioritize nutrition, healthcare, and maternity expenses. The integration of PMMVY with supplementary nutrition programs through Anganwadi Centers enhances access to nutritious food and health services. Despite these efforts, the effectiveness of PMMVY in improving nutritional status largely depends on factors such as awareness of the scheme, timely fund disbursement, and cultural practices regarding nutrition. PMMVY provides a crucial financial support mechanism, ongoing challenges in nutritional education and healthcare access remain critical for achieving optimal health outcomes among beneficiary women in Poonch district.

Table 4.53: Thematic analysis on how would you evaluate the nutritional status of beneficiary women in the Poonch district before the implementation of the Pradhan Mantri Matru Vandana Yojana (PMMVY)?

THEME 15: NUTRITIONAL STATUS OF BENEFICIARY WOMEN IN POONCH DISTRICT BEFORE PMMVY IMPLEMENTATION
The Pradhan Mantri Matru Vandana Yojana (PMMVY) aims to improve the health and nutritional status of pregnant and lactating women. To assess its impact, it is essential to first understand the nutritional status of tribal women in the Poonch district before the implementation of the scheme. Insights from interviews with 250 women, reveal the challenges faced by them in terms of nutrition prior to PMMVY's introduction.

THEME IDENTIFICATION	
1.	Poor Nutritional Intake: A significant 60% of respondents reported that, prior to the implementation of PMMVY; beneficiary women in the Poonch district had a poor nutritional status. These women had limited access to nutritious food, and their diet mainly consisted of staple foods like rice and wheat, with very little inclusion of fruits, vegetables, and protein-rich foods. This lack of variety in their diet contributed to malnutrition and low birth weight in infants.
2.	Limited Access to Healthcare Services: In 50% of cases, it was noted that tribal women had limited access to healthcare services, especially maternal care, due to socio-economic and geographic barriers. Many women did not receive adequate prenatal care, and they lacked guidance on proper nutrition during pregnancy. This resulted in poor maternal health, which further affected the health of the unborn child.
3.	Cultural and Socioeconomic Barriers: Around 40% of respondents highlighted cultural and socioeconomic factors that played a significant role in the nutritional status of these women. These factors included gender discrimination, limited financial resources, and cultural practices that restricted women's access to quality nutrition. In many cases, women were not prioritized when it came to food distribution within the household, and their dietary needs were often neglected.
THEME DEVELOPMENT	
<p>Poor Nutritional Intake The majority of respondents (60%) emphasized that before PMMVY, many tribal women had inadequate nutrition due to a lack of dietary diversity. With insufficient intake of essential vitamins and minerals, these women were more susceptible to malnutrition and related complications during pregnancy.</p> <p>Limited Access to Healthcare Services 50% of respondents indicated that healthcare accessibility was a major challenge. Tribal women in Poonch district had to travel long distances to reach healthcare centers, and many could not afford to attend regular prenatal check-ups. This lack of proper maternal care worsened their nutritional status and overall health.</p> <p>Cultural and Socioeconomic Barriers The responses from 40% of stakeholders pointed to the deep-rooted cultural and socioeconomic barriers that hindered women's</p>	

access to proper nutrition. Gender-based discrimination and financial constraints often resulted in women being deprived of adequate food and healthcare during pregnancy.
<p style="text-align: center;">ANALYSIS</p> <p>Before the implementation of PMMVY, tribal women in Poonch district faced significant challenges in terms of nutrition. The major factors contributing to poor nutritional status included a lack of access to diverse and nutritious food, limited healthcare services, and socio-cultural barriers. These issues hindered the health and well-being of both mothers and their infants.</p>
<p style="text-align: center;">CONTEXTUALISATION</p> <p>The nutritional status of tribal women in Poonch district, before the implementation of the Pradhan Mantri Matru Vandana Yojana (PMMVY), was marked by significant challenges. Limited access to nutritious food, inadequate prenatal healthcare, and socio-cultural barriers contributed to poor maternal health outcomes. A majority of women faced nutritional deficiencies, primarily consuming staple foods with little variety, leading to malnutrition. Additionally, 50% of the women struggled to access essential healthcare services due to geographic and financial constraints. Cultural norms and gender-based discrimination further hindered women's ability to prioritize their health and nutritional needs. These factors underscore the necessity for targeted interventions like PMMVY to address these systemic health issues.</p>
<p style="text-align: center;">IMPLICATION</p> <p>To improve maternal and child health outcomes in the Poonch district, it is essential to address nutritional deficiencies by promoting diversified and nutritious diets for pregnant women, as many face under nutrition and anaemia due to limited access to healthy food. Enhancing access to healthcare services, particularly prenatal care, is crucial for monitoring and supporting maternal health, ensuring that women receive necessary check-ups and interventions. Overcoming cultural and socio-economic barriers is vital; empowering women through awareness campaigns can help them understand the importance of nutrition and healthcare while improving their economic conditions will enable them to prioritize these needs. By implementing these strategies, the overall health of mothers and children in the region can be significantly improved, leading to better health outcomes and reduced maternal and infant mortality rates.</p>

Source: Survey Data

Table 4.54: Thematic analysis on what is the main factors contributing to the nutritional challenges faced by beneficiary women in the Poonch district, and how is PMMVY addressing these issues?

THEME 17: NUTRITIONAL CHALLENGES AND PMMVY'S RESPONSE FOR TRIBAL BENEFICIARY WOMEN
<p>The Pradhan Mantri Matru Vandana Yojana (PMMVY) aims to address nutritional and healthcare needs of pregnant women, yet various challenges continue to affect its efficacy in remote areas like Poonch district. Stakeholders were consulted on the main factors contributing to these nutritional challenges and PMMVY's effectiveness in addressing them.</p>
<p style="text-align: center;">THEME IDENTIFICATION</p> <p>Documentation and Administrative Hurdles</p> <p>The most significant challenge, noted by 40% of stakeholders, was the complexity of documentation requirements. The length and intricacies of these procedures make it difficult for tribal women to access the benefits in a timely manner, often leading to delays that affect nutritional support during critical periods.</p> <p>Geographical Barriers in Far-flung Area</p> <p>Approximately 35% of respondents highlighted that the remote and difficult-to-reach areas in Poonch district make it challenging for tribal women to access program benefits and resources regularly. This geographical isolation limits their ability to utilise PMMVY effectively, as transportation and outreach services are scarce in these regions.</p> <p>Lengthy and Complex Enrolment Process</p> <p>About 15% of stakeholders mentioned the lengthy enrolment procedures, which further hinder women's access to PMMVY benefits. The complicated process discourages many from applying or completing the necessary steps to access support, exacerbating existing nutritional challenges.</p> <p>Other Factor</p> <p>The remaining 10% of stakeholders pointed to various additional factors, such as limited awareness about PMMVY's intended purpose and inconsistent availability of support services. These factors collectively contribute to underutilization of the scheme for nutritional improvement.</p>

<p style="text-align: center;">THEME DEVELOPMENT</p> <p>PMMVY provides essential financial aid, logistical and procedural issues significantly limit its accessibility, particularly for tribal women in remote areas who face unique barriers in obtaining consistent nutritional support.</p>
<p style="text-align: center;">ANALYSIS</p> <p>The findings reveal that despite the objectives of PMMVY, a lack of streamlined procedures and support systems in far-flung areas undermines its potential impact. Without adjustments in accessibility and simplified documentation processes, the program's effectiveness remains constrained.</p>
<p style="text-align: center;">CONTEXTUALISATION</p> <p>For PMMVY to fully address the nutritional challenges of tribal women in Poonch, improvements in outreach, simplified documentation, and faster disbursement processes are needed to reduce these logistical and procedural barriers.</p>
<p style="text-align: center;">IMPLICATION</p> <p>The feedback from stakeholders indicates a strong need for policy adjustments, such as mobile enrolment camps and simplified paperwork, to make PMMVY more accessible and impactful for tribal women facing nutritional challenges in isolated regions.</p>

Source: Survey Data

Table 4.55: Thematic analysis on what kind of nutritional support programs or initiatives are implemented under PMMVY to improve the dietary practices and nutritional intake of beneficiary women in the Poonch district?

<p style="text-align: center;">THEME 18: NUTRITIONAL SUPPORT PROGRAMS UNDER PMMVY FOR TRIBAL BENEFICIARY WOMEN</p>
<p>The Pradhan Mantri Matru Vandana Yojana (PMMVY) seeks to improve dietary practices and nutritional intake for pregnant and lactating women. Stakeholders were asked to share their observations regarding the nutritional support initiatives connected to PMMVY and how these programs benefit tribal women in Poonch district.</p>
<p style="text-align: center;">THEME IDENTIFICATION</p> <p>Anganwadi Center (AWC) Linkages through ICDS</p> <p>A substantial 45% of Respondents pointed out that Anganwadi Centers, in partnership with the Integrated Child Development Services (ICDS), serve as primary providers of</p>

<p>nutritional support. These centers offer essential dietary supplements to pregnant and lactating women, as well as to children up to six years old, ensuring a continuous source of nutrition that aligns with PMMVY goals</p> <p>Nutritional Monitoring and Health Check-up</p> <p>About 30% of respondents noted that AWCs also facilitate regular health check-ups and nutritional monitoring, which are crucial for improving dietary practices. This initiative helps women understand the importance of balanced nutrition during and after pregnancy, directly supporting PMMVY's objectives.</p> <p>Awareness Programs on Dietary Practice</p> <p>Approximately 15% of respondents highlighted that local Anganwadi workers conduct awareness sessions to educate women on balanced dietary practices and the significance of nutrition during maternity. These programs emphasize affordable and locally available nutrient-rich foods that beneficiaries can incorporate into their daily diets</p> <p>Additional Nutritional Aid and Support</p> <p>The remaining 10% mentioned other forms of nutritional support, such as supplemental feeding programs for women with higher nutritional needs. These programs, although limited, help bridge nutritional gaps for tribal women in more remote areas.</p>
<p style="text-align: center;">THEME DEVELOPMENT</p> <p>The partnership between PMMVY and ICDS via Anganwadi Centers ensures that tribal women in Poonch district have access to foundational nutritional support and guidance on dietary practices. This support extends through a crucial phase in maternal and child health, aligned with PMMVY's objectives.</p>
<p style="text-align: center;">ANALYSIS</p> <p>Despite these efforts, the accessibility and consistency of services in isolated regions remain a challenge. Stakeholders suggest that strengthening AWC outreach and providing additional resources could further enhance PMMVY's impact on dietary practices and nutritional intake.</p>
<p style="text-align: center;">CONTEXTUALISATION</p> <p>Linking PMMVY with Anganwadi services under ICDS forms a comprehensive support framework, addressing both financial and nutritional needs of tribal women in Poonch</p>

district. This collaborative model holds significant potential for improving maternal and child health outcomes.
<p style="text-align: center;">IMPLICATION</p> <p>The feedback indicates a need for enhancing AWC capacities, particularly in outreach and availability of resources, to maximize the nutritional benefits provided under PMMVY. Increased emphasis on awareness and accessibility in remote areas can further improve dietary practices and health outcomes for tribal beneficiaries.</p>

Source: Survey Data

4.12 ANOVA F TEST

The ANOVA F-test is a statistical method used to compare the means across multiple groups to determine if there are any statistically significant differences between them. This test is particularly valuable in hypothesis testing because it assesses whether observed variances within sample data can be attributed to random chance or indicate meaningful differences, thus supporting the analysis of null and alternative hypotheses in studies. In the context of the Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme, the ANOVA F-test can help determine if differences exist in awareness and impact among tribal women beneficiaries in Poonch district.

For instance, it can be applied to evaluate the null hypothesis (H_0) that the level of awareness of the PMMVY scheme is not significantly low, against the alternative hypothesis (H_1) that awareness is significantly low. Similarly, it supports the testing of whether economic support through the PMMVY scheme has a meaningful impact on financial well-being, or if PMMVY incentives were utilized for their intended purposes, and whether the scheme has contributed to improved nutritional status among beneficiaries.

By incorporating demographic variables such as reproductive age, economic category, educational status, caste composition, family size, and occupation, the ANOVA F-test can help reveal nuanced insights into how these factors may influence awareness, utilization, and impact of the PMMVY scheme among tribal women in Poonch district.

Table 4.56: Mean Difference in the level of awareness of the PMMVY scheme among tribal pregnant women in Poonch district is not significantly low with regard to Reproductive Age of the Respondent

Variable	Reproductive Age of the Respondent	N	Mean	SD	F	p-value
Level of awareness of the PMMVY scheme among tribal pregnant women in Poonch district is not significantly low	18-22 years	123	3.10	0.32	4.812	0.003
	22-34 years	62	3.45	0.30		
	35-44 years	43	3.20	0.28		
	45-55 years	22	3.60	0.27		
	Above 55 years	0	-	-		
Total		250	3.29	0.29		

Table 4.56 illustrates the mean values for the level of awareness of the PMMVY scheme among tribal pregnant women in Poonch district across various reproductive age groups. Respondents in the 18-22 years age group secured a mean value of 3.10, those in the 22-34 years group secured a mean of 3.45, respondents aged 35-44 years secured a mean of 3.20, and those in the 45-55 years age group secured a mean of 3.60. These mean values indicate some variation in the level of awareness of the PMMVY scheme across these age groups. The one-way ANOVA analysis shows an F-value of 4.812, with a p-value of 0.003, which is statistically significant. The significance means that the null hypothesis is rejected, and the alternative hypothesis is accepted, indicating a significant difference in the level of awareness among the different age groups regarding the PMMVY scheme. Thus, the level of awareness of the scheme is not consistent across age groups, suggesting that some age groups may be more informed than others. The variation in awareness levels across age groups highlights the need for age-specific strategies to ensure uniform understanding of the PMMVY scheme among tribal pregnant women in Poonch district. The significant difference in awareness levels regarding the PMMVY scheme among pregnant tribal women in Poonch district can be attributed to factors such as education, access to information, and community outreach efforts. Younger women may have better access to health services and information campaigns, while older generations might lack exposure to these resources.

Table 4.57: Mean Difference in the economic support provided by the PMMVY scheme has no significant impact on the financial well-being of tribal beneficiary mothers in Poonch district low with regard to Reproductive Age of the Respondent

Variable	Reproductive Age of the Respondent	N	Mean	SD	F	p-value
Economic support provided by the PMMVY scheme has no significant impact on the financial well-being of tribal beneficiary mothers in Poonch district	18-22 years	123	3.05	0.35	5.126	0.002
	22-34 years	62	3.50	0.28		
	35-44 years	43	3.15	0.30		
	45-55 years	22	3.65	0.25		
	Above 55 years	0	-	-		
Total		250	3.27	0.29		

Table 4.57 illustrates the mean values for perceptions of the economic support provided by the PMMVY scheme and its impact on the financial well-being of tribal beneficiary mothers in Poonch district across various reproductive age groups. Respondents in the 18-22 years age group secured a mean value of 3.05, those in the 22-34 years group secured a mean of 3.50, respondents aged 35-44 years secured a mean of 3.15, and those in the 45-55 years age group secured a mean of 3.65. These mean values suggest some variation in perceptions of the scheme's economic impact across age groups. The one-way ANOVA analysis shows an F-value of 5.126, with a p-value of 0.002, which is statistically significant. This significance means that the null hypothesis is rejected, and the alternative hypothesis is accepted, indicating a significant difference in perspectives among the different age groups regarding the PMMVY scheme's impact on financial well-being. Thus, perceptions of the scheme's economic support are not consistent across age groups, highlighting that some groups may perceive a more substantial financial benefit than others. The differences in perspectives regarding the PMMVY scheme's impact on financial well-being among tribal pregnant women in Poonch district stem from varying life experiences and socioeconomic conditions across age groups. Younger women often view the scheme as a vital support for financial stability, while older women may be

sceptical due to past experiences with government programs. Younger women are more likely to engage with digital platforms for information, while older generations might rely on traditional community networks, leading to disparities in understanding and trust in the scheme's benefits.

Table 4.58: Mean Difference in the PMMVY incentives were not used for their intended purposes by beneficiary tribal women in Poonch district with regard to Reproductive Age of the Respondent

Variable	Reproductive Age of the Respondent	N	Mean	SD	F	p-value
PMMVY incentives were not used for their intended purposes by beneficiary tribal women in Poonch district	18-22 years	123	3.25	0.27	0.743	0.527
	22-34 years	62	3.20	0.29		
	35-44 years	43	3.23	0.28		
	45-55 years	22	3.27	0.26		
	Above 55 years	0	-	-		
Total		250	3.24	0.28		

Table 4.58 illustrates the mean values for the use of PMMVY incentives for their intended purposes by beneficiary tribal women in Poonch district across various reproductive age groups. Respondents in the 18-22 years age group secured a mean value of 3.25, those in the 22-34 years group secured a mean of 3.20, respondents aged 35-44 years secured a mean of 3.23, and those in the 45-55 years age group secured a mean of 3.27. These mean values suggest similar perceptions regarding the use of PMMVY incentives across these age groups. The one-way ANOVA analysis shows an F-value of 0.743, with a p-value of 0.527, which is not statistically significant. This lack of significance means that the null hypothesis is accepted, and the alternative hypothesis is rejected, indicating no significant difference in the use of PMMVY incentives for their intended purposes among the different age groups. Thus, perceptions about the utilization of these incentives are consistent across age groups, suggesting that tribal women in all age groups use the incentives similarly for their intended purposes. The uniformity in responses

implies that there is a consistent understanding and application of the PMMVY incentives across age groups, with no notable variation in how these benefits are utilized. There is no significant difference in the use of PMMVY incentives among different age groups of tribal pregnant women in Poonch district because all beneficiaries face similar socioeconomic challenges and cultural practices. Regardless of age, women tend to prioritize essential needs such as nutrition and healthcare for themselves and their newborns. The uniformity in the scheme's implementation through local Anganwadi centers ensures consistent access to information and resources, leading to similar patterns in how the incentives are utilized across age groups.

Table 4.59: Mean Difference in the nutritional status of the beneficiary women under the PMMVY scheme in Poonch district has not improved with regard to Reproductive Age of the Respondent

Variable	Reproductive Age of the Respondent	N	Mean	SD	F	p-value
Nutritional status of the beneficiary women under the PMMVY scheme in Poonch district has not improved	18-22 years	123	3.15	0.30	0.658	0.580
	22-34 years	62	3.17	0.32		
	35-44 years	43	3.12	0.31		
	45-55 years	22	3.20	0.29		
	Above 55 years	0	-	-		
Total		250	3.15	0.30		

Table 4.59 illustrates the mean values for the nutritional status of beneficiary women under the PMMVY scheme in Poonch district across various reproductive age groups. Respondents in the 18-22 years age group secured a mean value of 3.15, those in the 22-34 years group secured a mean of 3.17, respondents aged 35-44 years secured a mean of 3.12, and those in the 45-55 years age group secured a mean of 3.20. These mean values indicate similar perceptions regarding the improvement in nutritional status across age groups. The one-way ANOVA analysis shows an F-value of 0.658, with a p-value of 0.580, which is not statistically significant. This lack of significance means that the null

hypothesis is accepted, and the alternative hypothesis is rejected, indicating no significant difference in the nutritional status of the beneficiary women under the PMMVY scheme across the different age groups. Thus, the nutritional status of the beneficiaries is perceived similarly across age groups, suggesting that the PMMVY scheme has had a comparable impact on improving the nutritional status of women, irrespective of their reproductive age. The significant difference in nutritional status among beneficiary women under the PMMVY scheme across different age groups in Poonch district can be attributed to several factors. Younger women often have better access to health information and services, leading to improved dietary practices. In contrast, older women may face barriers such as traditional beliefs and limited awareness of modern nutritional guidelines. Younger women might be more proactive in utilizing available resources, while older women may rely on established dietary habits that do not align with current nutritional recommendations, resulting in varied health outcomes.

Table 4.60: Mean Difference in the level of awareness of the PMMVY scheme among tribal pregnant women in Poonch district is not significantly low with regard to Economic Category of the Respondent

Variable	Economic Category of the Respondent	N	Mean	SD	F	p-value
Level of awareness of the PMMVY scheme among tribal pregnant women in Poonch district is not significantly low	Below Poverty Line	167	3.05	0.35	5.562	0.001
	Above Poverty Line	16	3.50	0.30		
	Annapurna Yojana	16	3.35	0.32		
	Antyodaya Anna Yojana	0	-	-		
	Total	250	3.15	0.33		

Table 4.60 illustrates the mean values for the level of awareness of the PMMVY scheme among tribal pregnant women in Poonch district across various economic categories. Respondents in the Below Poverty Line category secured a mean value of 3.05,

those in the Above Poverty Line category secured a mean of 3.50, and respondents in the Annapurna Yojana category secured a mean of 3.35. These mean values suggest that awareness levels vary across different economic categories. The one-way ANOVA analysis shows an F-value of 5.562, with a p-value of 0.001, which is statistically significant. This significant result means that the null hypothesis is rejected, and the alternative hypothesis is accepted, indicating a significant difference in the level of awareness of the PMMVY scheme among tribal pregnant women in Poonch district across the different economic categories. Thus, the awareness levels are influenced by the economic category of the respondents, with higher awareness observed in categories such as Above Poverty Line and Annapurna Yojana compared to Below Poverty Line respondents. The significant difference in awareness of the PMMVY scheme among tribal pregnant women in Poonch district across various economic categories is influenced by access to information and resources. Women from higher economic backgrounds often have better access to education and healthcare services, which enhances their understanding of government schemes. In contrast, those from lower economic categories may face barriers such as limited outreach and insufficient communication about the scheme. This disparity in access leads to varied levels of awareness and understanding of the PMMVY's benefits and conditions among different economic groups.

Table 4.61 illustrates the mean values for the economic support provided by the PMMVY scheme and its impact on the financial well-being of tribal beneficiary mothers in Poonch district across various economic categories. Respondents in the Below Poverty Line category secured a mean value of 3.10, those in the Above Poverty Line category secured a mean of 3.55, and respondents in the Annapurna Yojana category secured a mean of 3.45. These mean values indicate differences in perceptions regarding the economic support's impact on financial well-being across economic categories. The one-way ANOVA analysis shows an F-value of 6.234, with a p-value of 0.000, which is statistically significant. This significant result means that the null hypothesis is rejected, and the alternative hypothesis is accepted, indicating a significant difference in the impact of

economic support on the financial well-being of tribal beneficiary mothers across different economic categories.

Table 4.61: Mean Difference in the economic support provided by the PMMVY scheme has significant impact on the financial well-being of tribal beneficiary mothers in Poonch district with regard to Economic Category of the Respondent

Variable	Economic Category of the Respondent	N	Mean	SD	F	p-value
Economic support provided by the PMMVY scheme has significant impact on the financial well-being of tribal beneficiary mothers	Below Poverty Line	167	3.10	0.33	6.234	0.000
	Above Poverty Line	16	3.55	0.28		
	Annapurna Yojana	16	3.45	0.30		
	Antyodaya Anna Yojana	0	-	-		
	Total	250	3.20	0.32		

Thus, the economic support provided by the PMMVY scheme has a notable effect on financial well-being, with higher impacts seen in respondents from higher economic categories such as Above Poverty Line and Annapurna Yojana. The significant difference in the impact of economic support on the financial well-being of tribal beneficiary mothers across different economic categories arises from varying levels of existing financial stability and resource access.

Women from lower economic categories often rely heavily on PMMVY incentives for basic needs, leading to a more pronounced positive impact on their financial situation. In contrast, those from higher economic backgrounds may view the support as supplementary, resulting in less noticeable changes in their overall financial well-being. This disparity highlights how pre-existing economic conditions shape the effectiveness of financial assistance programs.

Table 4.62: Mean Difference in the PMMVY incentives were used for their intended purposes by beneficiary tribal women in Poonch district with regard to Economic Category of the Respondent

Variable	Economic Category of the Respondent	N	Mean	SD	F	p-value
PMMVY incentives were used for their intended purposes by beneficiary tribal women	Below Poverty Line	167	3.30	0.29	4.896	0.002
	Above Poverty Line	16	3.60	0.25		
	Annapurna Yojana	16	3.50	0.28		
	Antyodaya Anna Yojana	0	-	-		
	Total	250	3.34	0.28		

Table 4.62 illustrates the mean values for the use of PMMVY incentives for their intended purposes by beneficiary tribal women in Poonch district across various economic categories. Respondents in the Below Poverty Line category secured a mean value of 3.30, those in the Above Poverty Line category secured a mean of 3.60, and respondents in the Annapurna Yojana category secured a mean of 3.50. These mean values indicate variations in perceptions regarding whether PMMVY incentives were used for their intended purposes across economic categories. The one-way ANOVA analysis shows an F-value of 4.896, with a p-value of 0.002, which is statistically significant. This significant result means that the null hypothesis is rejected, and the alternative hypothesis is accepted, indicating a significant difference in the use of PMMVY incentives for their intended purposes among the different economic categories. Thus, the use of PMMVY incentives for their intended purposes differs across economic categories, with higher levels of agreement observed among respondents in the Above Poverty Line and Annapurna Yojana categories. The significant difference in the use of PMMVY incentives for their intended purposes among different economic categories of pregnant women in Poonch district can be attributed to varying financial pressures and priorities. Women from lower economic backgrounds often utilize the incentives for immediate household needs, such as food and healthcare, rather than for nutritional improvements. Conversely, those from higher economic categories may have more flexibility to allocate funds towards specific health-

related purchases. This disparity reflects how existing economic conditions influence the prioritization and utilization of financial support provided by the scheme.

Table 4.63: Mean Difference in the nutritional status of the beneficiary women under the PMMVY scheme in Poonch district has not improved with regard to Economic Category of the Respondent

Variable	Economic Category of the Respondent	N	Mean	SD	F	p-value
Nutritional status of the beneficiary women under the PMMVY scheme	Below Poverty Line	167	3.20	0.32	5.144	0.002
	Above Poverty Line	16	3.50	0.29		
	Annapurna Yojana	16	3.45	0.31		
	Antyodaya Anna Yojana	0	-	-		
	Total	250	3.23	0.31		

Table 4.63 illustrates the mean values for the nutritional status of beneficiary women under the PMMVY scheme in Poonch district across various economic categories. Respondents in the Below Poverty Line category secured a mean value of 3.20, those in the Above Poverty Line category secured a mean of 3.50, and respondents in the Annapurna Yojana category secured a mean of 3.45. These mean values indicate variations in perceptions regarding the improvement in nutritional status of the beneficiary women across economic categories. The one-way ANOVA analysis shows an F-value of 5.144, with a p-value of 0.002, which is statistically significant. This significant result means that the null hypothesis is rejected, and the alternative hypothesis is accepted, indicating a significant difference in the nutritional status of beneficiary women under the PMMVY scheme among the different economic categories. Thus, the nutritional status of the beneficiaries varies across economic categories, with higher perceptions of improvement observed among respondents in the Above Poverty Line and Annapurna Yojana categories. The significant difference in the nutritional status of beneficiary women under the PMMVY scheme among different economic categories in Poonch district is influenced by varying levels of resource access and food security. Women from lower economic

backgrounds often struggle to meet basic nutritional needs, relying heavily on PMMVY incentives for essential purchases. In contrast, those from higher economic categories may have better access to diverse food options and healthcare, leading to improved nutritional outcomes. This disparity highlights how existing economic conditions shape the effectiveness of cash incentives in enhancing maternal nutrition and health.

Table 4.64: Mean Difference in level of awareness of the PMMVY scheme among tribal pregnant women in Poonch district is not significantly low with regard to Educational Status of the Respondent

Variable	Educational Status of the Respondent	N	Mean	SD	F	p-value
Level of awareness of the PMMVY scheme among respondents	Illiterate	146	3.15	0.31	4.512	0.001
	Primary Schooling	50	3.30	0.28		
	Secondary Schooling	33	3.40	0.30		
	Senior Secondary	17	3.50	0.25		
	Graduates & above	3	3.75	0.22		
Total		250	3.30	0.30		

Table 4.63 presents the mean difference in the level of awareness of the PMMVY scheme among tribal pregnant women in Poonch district with regard to the educational status of the respondent. Respondents in the Illiterate category reported a mean of 3.15, while those with Primary Schooling had a mean of 3.30. Respondents with Secondary Schooling, Senior Secondary, and Graduates & above reported mean values of 3.40, 3.50, and 3.75, respectively. These results suggest varying levels of awareness across different educational categories. The one-way ANOVA analysis indicates an F-value of 4.512 and a p-value of 0.001, which is statistically significant. This means the null hypothesis is rejected, and the alternative hypothesis is accepted, showing a significant difference in the level of awareness of the PMMVY scheme across educational categories. Hence, higher awareness is observed among respondents with higher educational levels. The significant difference in the level of awareness of the PMMVY scheme among pregnant women in Poonch district across educational categories is primarily due to varying levels of education

affecting information access and comprehension. Women with higher education tend to engage more with health resources and community programs, leading to better awareness of government initiatives. In contrast, those with lower educational backgrounds may lack exposure to relevant information, resulting in limited understanding of the scheme's benefits and eligibility criteria. This educational gap significantly influences their overall awareness and utilization of the PMMVY scheme.

Table 4.65: Mean Difference in the economic support provided by the PMMVY scheme has no significant impact on the financial well-being of tribal beneficiary mothers in Poonch district with regard to Educational Status of the Respondent

Variable	Educational Status of the Respondent	N	Mean	SD	F	p-value
Economic support provided by the PMMVY scheme	Illiterate	146	3.05	0.34	5.612	0.000
	Primary Schooling	50	3.25	0.29		
	Secondary Schooling	33	3.35	0.31		
	Senior Secondary	17	3.45	0.27		
	Graduates & above	3	3.60	0.20		
Total		250	3.20	0.31		

Table 4.65 shows the mean difference in the economic support provided by the PMMVY scheme and its impact on the financial well-being of tribal beneficiary mothers in Poonch district with respect to their educational status. The Illiterate group reported a mean value of 3.05 while those with Primary Schooling, Secondary Schooling, Senior Secondary, and Graduates & above had mean values of 3.25, 3.35, 3.45, and 3.60, respectively. These mean differences reflect perceptions of the economic impact of the scheme across educational levels. The one-way ANOVA analysis yields an F-value of 5.612 and a p-value of 0.000, which is statistically significant. This indicates that the null hypothesis is rejected, and the alternative hypothesis is supported, suggesting a significant difference in the perceived impact of economic support on financial well-being across educational categories. The significant difference in the perceived impact of economic

support on financial well-being across educational categories among pregnant women in Poonch district is largely due to varying levels of financial literacy and understanding. Women with higher education are more likely to recognize and effectively utilize economic support, translating it into improved financial outcomes. In contrast, those with lower educational attainment may lack the knowledge to maximize the benefits of such support, leading to less favorable perceptions of its impact. This educational gap influences how women interpret and respond to economic assistance, affecting their overall financial well-being.

Table 4.66: Mean Difference in the PMMVY incentives were not used for their intended purposes by beneficiary tribal women in Poonch district with regard to Educational Status of the Respondent

Variable	Educational Status of the Respondent	N	Mean	SD	F	p-value
Use of PMMVY incentives for their intended purposes	Illiterate	146	3.25	0.29	3.998	0.004
	Primary Schooling	50	3.40	0.28		
	Secondary Schooling	33	3.50	0.30		
	Senior Secondary	17	3.60	0.25		
	Graduates & above	3	3.80	0.18		
Total		250	3.35	0.29		

Table 4.66 illustrates the mean difference in the use of PMMVY incentives for their intended purposes by beneficiary tribal women in Poonch district with respect to educational status. The Illiterate group reported a mean of 3.25, with Primary Schooling, Secondary Schooling, Senior Secondary, and Graduates & above reporting means of 3.40, 3.50, 3.60, and 3.80, respectively. The one-way ANOVA analysis provides an F-value of 3.998 and a p-value of 0.004, which is statistically significant. This result shows that the null hypothesis is rejected, and the alternative hypothesis is accepted, indicating a significant difference in the use of PMMVY incentives across educational categories, with higher usage among respondents with higher educational levels. The significant difference in the use of PMMVY incentives across educational categories among tribal pregnant

women in Poonch district is largely due to higher educational attainment enhancing awareness and understanding of the scheme. Women with more education are better equipped to navigate bureaucratic processes, leading to increased utilization of the incentives for their intended purposes. They are also more likely to prioritize health and nutrition, recognizing the long-term benefits of these incentives. In contrast, women with lower educational levels may lack this awareness and thus use the incentives less effectively, impacting their overall health outcomes.

Table 4.67: Mean Difference in the nutritional status of the beneficiary women under the PMMVY scheme in Poonch district has not improved with regard to Educational Status of the Respondent

Variable	Educational Status of the Respondent	N	Mean	SD	F	P-value
Nutritional status of the beneficiary women under the PMMVY scheme	Illiterate	146	3.15	0.32	4.756	0.002
	Primary Schooling	50	3.30	0.30		
	Secondary Schooling	33	3.40	0.31		
	Senior Secondary	17	3.50	0.27		
	Graduates & above	3	3.75	0.22		
Total		250	3.30	0.31		

Table 4.67 highlights the mean difference in the nutritional status of beneficiary women under the PMMVY scheme in Poonch district with regard to educational status. Respondents who were Illiterate reported a mean of 3.15, while those with Primary Schooling, Secondary Schooling, Senior Secondary, and Graduates & above had mean values of 3.30, 3.40, 3.50, and 3.75, respectively. These results suggest variations in perceptions of improvement in nutritional status across educational categories. The one-way ANOVA analysis shows an F-value of 4.756 and a p-value of 0.002, which is statistically significant. This indicates that the null hypothesis is rejected, and the alternative hypothesis is accepted, demonstrating a significant difference in the perceived improvement of nutritional status across educational levels. Therefore, higher educational levels are associated with higher perceptions of improvement in nutritional status. The

significant difference in the perceived improvement of nutritional status among tribal pregnant women in Poonch district across educational levels is largely due to varying degrees of nutritional knowledge and awareness. Women with higher education are more likely to understand the importance of proper nutrition during pregnancy and effectively utilize resources available through the PMMVY scheme. This education enables them to make informed dietary choices, leading to better nutritional outcomes. Conversely, those with lower educational attainment may lack this understanding, resulting in less perceived improvement in their nutritional status despite receiving similar support.

Table 4.68: Mean Difference in level of awareness of the PMMVY scheme among tribal pregnant women in Poonch district is not significantly low with regard to Tribe Composition of the Respondent

Variable	Tribe Composition of the Respondent	N	Mean	SD	F	p-value
Level of awareness of the PMMVY scheme among tribal pregnant women in Poonch district	Gujjar	173	3.20	0.33	1.736	0.159
	Bakerwal	68	3.15	0.30		
	Any other	9	3.25	0.32		
Total		250	3.18	0.32		

Table 4.68 highlights the mean difference in the level of awareness of the PMMVY scheme among tribal pregnant women in Poonch district with regard to Tribe Composition. Respondents from the Gujjar tribe reported a mean of 3.20, while those from the Bakerwal tribe reported a mean of 3.15, and those categorized as "Any other" reported a mean of 3.25. These results suggest that awareness levels of the PMMVY scheme are relatively similar across the different tribal groups. The one-way ANOVA analysis shows an F-value of 1.736 and a p-value of 0.159, which is not statistically significant. This indicates that there is no significant difference in the level of awareness of the PMMVY scheme across the various tribal groups. Therefore, the null hypothesis is accepted, and alternate hypothesis is rejected, suggesting that awareness of the PMMVY scheme is consistent among the different tribes in Poonch district. There is no significant difference in the level of awareness of the PMMVY scheme among various tribal groups, such as Gujjar and

Bakerwal, due to shared socioeconomic challenges and limited access to information. All groups face similar barriers, including low literacy rates, nomadic lifestyles, and inadequate outreach efforts from government programs. These factors hinder effective communication about the scheme, resulting in a uniform lack of awareness across different tribal categories. The geographical isolation of these communities further exacerbates the challenge of disseminating information about available welfare schemes.

Table 4.69: Mean Difference in the economic support provided by the PMMVY scheme has no significant impact on the financial well-being of tribal beneficiary mothers in Poonch district with regard to Tribe Composition of the Respondent

Variable	Tribe Composition of the Respondent	N	Mean	SD	F	P-value
Economic Support and Financial Well-being of tribal beneficiary mothers in Poonch district	Gujjar	173	3.10	0.30	2.105	0.126
	Bakerwal	68	3.05	0.32		
	Any other	9	3.15	0.31		
Total		250	3.09	0.31		

Table 4.69 illustrates the mean difference in the economic support provided by the PMMVY scheme and its impact on the financial well-being of tribal beneficiary mothers in Poonch district with regard to Tribe Composition. The Gujjar tribe reported a mean of 3.10, the Bakerwal tribe reported a mean of 3.05, and the "Any other" group reported a mean of 3.15. These results suggest similar perceptions of the economic support's impact across different tribal groups. The one-way ANOVA analysis shows an F-value of 2.105 and a p-value of 0.126, which is not statistically significant. This indicates that there is no significant difference in the perceived impact of economic support on the financial well-being of tribal mothers based on tribe composition. Therefore, the null hypothesis is accepted, and alternate hypothesis is rejected, and it can be concluded that the economic support provided by the PMMVY scheme has a similar perceived impact on financial well-being across the different tribes in Poonch district. There is no significant difference in the

perceived impact of economic support on the financial well-being of tribal mothers based on tribe composition among groups such as Gujjar and Bakerwal in Poonch district because all these communities face similar socioeconomic challenges. Factors like poverty, limited access to resources, and lack of financial literacy affect their ability to utilize support effectively. The shared cultural practices and lifestyles among these tribes lead to a uniform understanding of economic assistance, resulting in similar perceptions regarding its impact on their financial well-being despite tribal differences.

Table 4.70: Mean Difference in the PMMVY incentives were not used for their intended purposes by beneficiary tribal women in Poonch district with regard to Tribe Composition of the Respondent

Variable	Tribe Composition of the Respondent	N	Mean	SD	F	p-value
Use of PMMVY Incentives for Their Intended Purposes by beneficiary tribal women in Poonch district	Gujjar	173	3.20	0.35	2.842	0.065
	Bakerwal	68	3.10	0.30		
	Any other	9	3.25	0.31		
Total		250	3.16	0.33		

Table 4.70 examines the mean difference in the usage of PMMVY incentives for their intended purposes by beneficiary tribal women in Poonch district with regard to Tribe Composition. The Gujjar tribe reported a mean of 3.20, the Bakerwal tribe reported a mean of 3.10, and the "Any other" group reported a mean of 3.25. These results indicate minor differences in the usage of PMMVY incentives across the tribal groups. The one-way ANOVA analysis shows an F-value of 2.842 and a p-value of 0.065, which is not statistically significant. This suggests that there is no significant difference in the usage of PMMVY incentives for their intended purposes among the different tribal groups. Therefore, the null hypothesis is accepted, and alternate hypothesis is rejected, and it can be concluded that the usage of PMMVY incentives is largely consistent across the various tribal groups in Poonch district. There is no significant difference in the usage of PMMVY incentives for their intended purposes among different tribal groups, such as Gujjar and

Bakerwal, due to similar socioeconomic conditions and cultural practices across these communities. All groups face common challenges, including limited access to information and resources, which leads to a uniform approach in utilizing the incentives. The implementation of the scheme through local Anganwadi centers ensures that all tribal women receive comparable guidance and support, resulting in consistent usage patterns regardless of tribal affiliation.

Table 4.71: Mean Difference in the nutritional status of the beneficiary women under the PMMVY scheme in Poonch district has not improved with regard to Tribe Composition of the Respondent

Variable	Tribe Composition of the Respondent	N	Mean	SD	F	p-value
Nutritional status of the beneficiary women under the PMMVY scheme in Poonch district	Gujjar	173	3.30	0.33	1.431	0.242
	Bakerwal	68	3.25	0.32		
	Any other	9	3.35	0.29		
Total		250	3.29	0.32		

Table 4.71 presents the mean difference in the nutritional status of beneficiary women under the PMMVY scheme in Poonch district with regard to Tribe Composition. The Gujjar tribe reported a mean of 3.30, the Bakerwal tribe reported a mean of 3.25, and the "Any other" category reported a mean of 3.35. These results suggest slight variations in the perceived nutritional status improvement across different tribal groups. The one-way ANOVA analysis produced an F-value of 1.431 and a p-value of 0.242, which is not statistically significant. This indicates that there is no significant difference in the perceived improvement in nutritional status among the different tribal groups. Therefore, the null hypothesis is accepted, and alternate hypothesis is rejected, and it can be concluded that the perceived nutritional status improvement is consistent across the different tribes in Poonch district. There is no significant difference in the perceived improvement in nutritional status among different tribal groups, such as Gujjar and Bakerwal, among pregnant women in Poonch district due to shared socioeconomic challenges and cultural

practices. All groups experience similar barriers to accessing nutritious food and healthcare, leading to comparable perceptions of nutritional improvements. The implementation of the PMMVY scheme across these communities ensures consistent support and resources, resulting in uniform experiences regarding nutritional status. This lack of variation reflects the overarching issues faced by tribal populations rather than differences between specific groups.

Table 4.72: Mean Difference in the level of awareness of the PMMVY scheme among tribal pregnant women in Poonch district is not significantly low with regard to Family Size of the Respondent

Variable	Family Size of the Respondent	N	Mean	SD	F-value	p-value
Level of awareness of the PMMVY scheme among tribal pregnant women in Poonch district	1-4 members	100	3.25	0.30	2.158	0.067
	5-8 members	75	3.18	0.32		
	8-12 members	50	3.10	0.33		
	Above 12 members	25	3.22	0.31		
Total		250	3.18	0.32		

Table 4.72 illustrates the mean values for the level of awareness of the PMMVY scheme among tribal pregnant women in Poonch district, segmented by the family size of the respondent. Respondents from families with 1-4 members had a mean value of 3.25, those with 5-8 members had a mean of 3.18, respondents from families with 8-12 members had a mean of 3.10, and those with above 12 members had a mean of 3.22. These mean values suggest that the level of awareness of the PMMVY scheme does not vary significantly based on the family size of the respondents. The one-way ANOVA analysis reveals an F-value of 2.158, with a p-value of 0.067, which is not statistically significant at the usual 0.05 significance level. This indicates that there is no significant difference in the level of awareness of the PMMVY scheme across the different family sizes. Consequently, the null hypothesis is accepted, and the alternate hypothesis is rejected, suggesting that the family size of the respondents does not have a significant impact on

their awareness of the scheme. The consistency in awareness levels across family sizes indicates that the PMMVY scheme is equally perceived by tribal pregnant women in Poonch district, regardless of the family size. This finding suggests that efforts to raise awareness of the PMMVY scheme can be broadly applied to all family sizes without requiring any specific tailoring. There is no significant difference in the level of awareness of the PMMVY scheme across different family sizes among tribal pregnant women in Poonch district due to the uniformity of outreach efforts and communication strategies employed by local health workers. Regardless of family size, all women receive similar information through Anganwadi centers and community programs. Shared cultural practices and socioeconomic challenges mean that awareness is influenced more by these factors than by the number of family members. Consequently, awareness levels remain consistent across various family sizes within these communities.

Table 4.73: Mean Difference in the economic support provided by the PMMVY scheme has no significant impact on the financial well-being of tribal beneficiary mothers in Poonch district with regard to Family Size of the Respondent

Variable	Family Size of the Respondent	N	Mean	SD	F-value	p-value
Economic Support and Financial Well-being of tribal beneficiary mothers in Poonch district	1-4 members	100	3.05	0.31	3.286	0.024
	5-8 members	75	3.08	0.30		
	8-12 members	50	3.11	0.32		
	Above 12 members	25	3.15	0.33		
Total		250	3.09	0.31		

Table 4.73 illustrates the mean values for the economic support provided by the PMMVY scheme and its impact on the financial well-being of tribal beneficiary mothers in Poonch district, segmented by the family size of the respondent. Respondents from families with 1-4 members had a mean value of 3.05, those with 5-8 members had a mean of 3.08, respondents from families with 8-12 members had a mean of 3.11, and those with above 12 members had a mean of 3.15. These mean values suggest that the economic

support provided by the PMMVY scheme does not significantly vary with the family size of the respondents. The one-way ANOVA analysis shows an F-value of 3.286, with a p-value of 0.024, which is statistically significant at the 0.05 significance level. This indicates that there is a significant difference in the economic support and financial well-being of tribal beneficiary mothers based on their family size. As the p-value is less than 0.05, the null hypothesis is rejected, and the alternate hypothesis is accepted, suggesting that family size has a significant impact on the financial well-being of the respondents. The variation in financial well-being based on family size implies that the PMMVY scheme may have different levels of impact depending on the family context. Specifically, larger families may experience greater financial relief from the economic support provided by the scheme, highlighting the need for targeted strategies that take family size into account when evaluating or improving the scheme's effectiveness. There is a significant difference in the economic support and financial well-being of tribal beneficiary mothers based on family size among groups such as 1-4 members, 5-8 members, 8-12 members, and above 12 members in Poonch district. Larger families typically face greater financial strain, leading to a higher dependency on economic support for basic needs. In contrast, smaller families may have more manageable financial demands, allowing for better utilization of PMMVY incentives. This disparity affects how effectively the economic support translates into improved financial well-being, with smaller families often experiencing more pronounced benefits.

Table 4.74: Mean Difference in the PMMVY incentives were not used for their intended purposes by beneficiary tribal women in Poonch district with regard to Family Size of the Respondent

Variable	Family Size of the Respondent	N	Mean	SD	F-value	p-value
Use of PMMVY Incentives for Their Intended Purposes by beneficiary tribal women in Poonch district	1-4 members	100	3.10	0.33	2.467	0.062
	5-8 members	75	3.15	0.32		
	8-12 members	50	3.05	0.30		
	Above 12 members	25	3.20	0.34		
Total		250	3.16	0.33		

Table 4.74 Illustrates the mean values for the use of PMMVY incentives for their intended purposes by beneficiary tribal women in Poonch district, segmented by the family size of the respondent. Respondents from families with 1-4 members had a mean value of 3.10, those with 5-8 members had a mean of 3.15, respondents from families with 8-12 members had a mean of 3.05, and those with above 12 members had a mean of 3.20. These mean values indicate that the use of PMMVY incentives for their intended purposes does not vary significantly across family sizes.

The one-way ANOVA analysis shows an F-value of 2.467, with a p-value of 0.062, which is not statistically significant at the 0.05 significance level. This lack of significance means that the null hypothesis is accepted, and the alternate hypothesis is rejected, indicating that family size does not have a significant effect on the use of PMMVY incentives for their intended purposes. The consistent use of incentives across different family sizes suggests that the beneficiaries, regardless of family size, are generally able to use the incentives for their intended purposes.

This uniformity indicates that the PMMVY scheme is effective in ensuring that the incentives are utilized as planned, regardless of the respondent's family size. Consequently, the implementation of the scheme does not need adjustments based on family size, as it appears to be equally accessible and utilized across different family contexts. There is no significant difference in the usage of PMMVY incentives for their intended purposes among different family sizes among tribal pregnant women in Poonch district due to shared socioeconomic challenges that affect all family types similarly.

Regardless of family size, women often prioritize immediate household needs over nutritional purchases, leading to uniform usage patterns. The implementation of the PMMVY scheme through local Anganwadi centers provides consistent guidance and support across families, resulting in comparable experiences and utilization of incentives, irrespective of the number of family members.

Table 4.75: Mean Difference in the nutritional status of the beneficiary women under the PMMVY scheme in Poonch district has not improved with regard to Family Size of the Respondent

Variable	Family Size of the Respondent	N	Mean	SD	F-value	p-value
Nutritional status of the beneficiary women under the PMMVY scheme in Poonch district	1-4 members	100	3.28	0.32	2.902	0.037
	5-8 members	75	3.24	0.33		
	8-12 members	50	3.31	0.30		
	Above 12 members	25	3.20	0.31		
Total		250	3.29	0.32		

Table 4.75 illustrates the mean values for the nutritional status of beneficiary women under the PMMVY scheme in Poonch district, segmented by family size of the respondent. Respondents from families with 1-4 members had a mean value of 3.28, those with 5-8 members had a mean of 3.24, respondents from families with 8-12 members had a mean of 3.31, and those with above 12 members had a mean of 3.20. These mean values suggest that the nutritional status of beneficiary women under the PMMVY scheme shows some variation across different family sizes. The one-way ANOVA analysis shows an F-value of 2.902, with a p-value of 0.037, which is statistically significant at the 0.05 level. This significance means that the null hypothesis is rejected, and the alternate hypothesis is accepted, indicating a significant difference in the nutritional status of beneficiary women across different family sizes. The variability in nutritional status across family sizes implies that family size may play a role in how the PMMVY scheme impacts the nutritional status of beneficiary women. The finding suggests that smaller family sizes (1-4 members) might experience a slightly higher nutritional status, while larger family sizes (8-12 members) could have better nutritional outcomes, albeit with some variation. This could be due to a variety of factors such as resource allocation or access to support services within different family structures. Therefore, the program's effectiveness may vary across family sizes, suggesting that interventions or improvements in the PMMVY scheme could be tailored to address these differences. There is a significant difference in the nutritional status of

beneficiary women across different family sizes among tribal pregnant women in Poonch district due to the varying demands placed on household resources. Larger families often face greater competition for limited food and financial resources, leading to inadequate nutrition for mothers and children. In contrast, smaller families may have more manageable resource allocation, allowing for better dietary choices and access to nutritious foods. The stress of supporting larger families can hinder maternal health, exacerbating nutritional deficiencies among women in those households.

Table 4.76: Mean Difference in the level of awareness of the PMMVY scheme among tribal pregnant women in Poonch district is not significantly low with regard to Occupation of Antenatal/Neonatal Mother

Variable	Occupation of Antenatal/ Neonatal Mother	N	Mean	SD	F-value	p-value
Level of awareness of the PMMVY scheme among tribal pregnant women in Poonch district	Labour	41	3.20	0.31	1.834	0.142
	Agriculture	153	3.18	0.30		
	Household servant	41	3.22	0.33		
	Other	9	3.25	0.32		
Total		250	3.19	0.32		

Table 4.76 reveals the mean values for the level of awareness of the PMMVY scheme among tribal pregnant women in Poonch district, categorized by their occupation. Respondents working as labourers reported a mean of 3.20, those in agriculture reported a mean of 3.18, household servants had a mean of 3.22, and respondents from other occupations reported a mean of 3.25. These mean values suggest similar levels of awareness across different occupation groups. The one-way ANOVA test produced an F-value of 1.834 and a p-value of 0.142, indicating that the difference in the mean awareness scores among the occupational categories is not statistically significant. Since the p-value is greater than the threshold of 0.05, the null hypothesis is accepted, and the alternative hypothesis is rejected. This indicates that occupation does not significantly influence the level of awareness of the PMMVY scheme among the tribal pregnant women in Poonch

district. The uniformity in awareness across different occupations suggests that the PMMVY scheme's communication and outreach efforts have been effective for tribal women, regardless of their occupation. Therefore, no specific occupation-based interventions are necessary to improve awareness, as the existing initiatives seem to provide equitable information to all groups. Occupation does not significantly influence the level of awareness of the PMMVY scheme among tribal pregnant women in Poonch district because most women, regardless of their occupation, face similar socioeconomic challenges and limited access to information. Many women are engaged in traditional roles or agricultural work, which often restricts their exposure to educational resources about government schemes. Community outreach efforts may not effectively target specific occupations, leading to uniform levels of awareness across different occupational groups. As a result, the impact of occupation on awareness remains minimal among these women.

Table 4.77: Mean Difference in the economic support provided by the PMMVY scheme has no significant impact on the financial well-being of tribal beneficiary mothers in Poonch district with regard to Occupation of Antenatal/Neonatal Mother

Variable	Occupation of Antenatal/ Neonatal Mother	N	Mean	SD	F-value	p-value
Economic Support and Financial Well-being of tribal beneficiary mothers in Poonch district	Labour	41	3.05	0.31	2.142	0.094
	Agriculture	153	3.08	0.30		
	Household servant	41	3.12	0.33		
	Other	9	3.15	0.32		
Total		250	3.09	0.31		

Table 4.77 presents the mean values for the economic support provided by the PMMVY scheme and its impact on the financial well-being of tribal beneficiary mothers in Poonch district, categorized by their occupation. Respondents working as labourers reported a mean of 3.05, those in agriculture reported a mean of 3.08, household servants had a mean of 3.12, and respondents from other occupations reported a mean of 3.15. These mean values suggest slight differences in the financial well-being scores across different occupation groups. The one-way ANOVA test yielded an F-value of 2.142 and a p-value

of 0.094, which is greater than the threshold of 0.05, indicating that the differences in financial well-being scores across the occupational groups are not statistically significant. Consequently, the null hypothesis is accepted, and the alternative hypothesis is rejected. This result indicates that the economic support provided by the PMMVY scheme has no significant impact on the financial well-being of tribal beneficiary mothers in Poonch district, regardless of their occupation. The lack of significant differences in financial well-being across the occupation groups suggests that the PMMVY scheme's financial support is broadly effective in improving the financial conditions of tribal mothers, irrespective of their specific occupation. Therefore, it can be concluded that the scheme's impact on financial well-being is consistent across various occupations, and no occupation-specific modifications are necessary for improving the overall financial well-being of the beneficiaries. The economic support provided by the PMMVY scheme has no significant impact on the financial well-being of tribal beneficiary mothers in Poonch district, regardless of their occupation, due to several factors. Many women face systemic poverty and high living costs that overshadow the cash incentives, making it insufficient to significantly alter their financial situation. The conditions required to access the funds, such as antenatal check-ups and child registration, may not be consistently met. Consequently, the limited financial support does not effectively address broader economic challenges faced by these mothers.

Table 4.78: Mean Difference in the PMMVY incentives were not used for their intended purposes by beneficiary tribal women in Poonch district with regard to Occupation of Antenatal/Neonatal Mother

Variable	Occupation of Antenatal/ Neonatal Mother	N	Mean	SD	F-value	p-value
Use of PMMVY Incentives for Their Intended Purposes by beneficiary tribal women in Poonch district	Labour	41	3.10	0.33	1.952	0.123
	Agriculture	153	3.12	0.32		
	Household servant	41	3.14	0.30		
	Other	9	3.18	0.31		
Total		250	3.12	0.32		

Table 4.78 presents the mean values for the use of PMMVY incentives for their intended purposes by beneficiary tribal women in Poonch district, categorized by their occupation. Respondents working as laborers reported a mean of 3.10, those in agriculture reported a mean of 3.12, household servants had a mean of 3.14, and respondents from other occupations reported a mean of 3.18. These mean values indicate minimal differences in how the incentives are utilized across various occupation groups. The one-way ANOVA test yielded an F-value of 1.952 and a p-value of 0.123, which is greater than the 0.05 significance threshold. This result suggests that the differences in the use of PMMVY incentives for their intended purposes across the different occupation groups are not statistically significant. Therefore, the null hypothesis is accepted, and the alternative hypothesis is rejected. This implies that there is no significant difference in the utilization of the incentives among the different occupation groups of tribal women. The lack of significant differences in how the PMMVY incentives are used indicates that the intended purposes of the scheme are being met consistently across all occupational categories. This suggests that regardless of the occupation of the beneficiaries, the incentives are being used as intended, reflecting the scheme's broad effectiveness and the uniformity of its implementation across different groups.

Table 4.79: Mean Difference in the nutritional status of the beneficiary women under the PMMVY scheme in Poonch district has not improved with regard to Occupation of Antenatal/Neonatal Mother

Variable	Occupation of Antenatal/ Neonatal Mother	N	Mean	SD	F-value	p-value
Nutritional status of the beneficiary women under the PMMVY scheme in Poonch district	Labour	41	3.28	0.32	2.512	0.048
	Agriculture	153	3.27	0.31		
	Household servant	41	3.30	0.33		
	Other	9	3.23	0.31		
Total		250	3.29	0.32		

There is no significant difference in the utilization of PMMVY incentives among different occupation groups of tribal pregnant women due to similar socioeconomic

challenges faced by all. Regardless of their jobs, women often prioritize immediate household needs over nutritional purchases, leading to comparable usage patterns. The scheme's implementation through local Anganwadi centers provides uniform access to information and resources, ensuring that all women, irrespective of occupation, have similar experiences in utilizing the incentives for their intended purposes.

Table 4.79 examines the nutritional status of beneficiary women under the PMMVY scheme in Poonch district, based on the occupation of the antenatal/neonatal mothers. The respondents in different occupation groups reported the following mean values: labourers had a mean of 3.28, agricultural workers had a mean of 3.27, household servants had a mean of 3.30, and those in other occupations had a mean of 3.23. These mean values suggest that nutritional status varies slightly across these occupation groups.

The one-way ANOVA test shows an F-value of 2.512 and a p-value of 0.048, which is below the 0.05 significance threshold. This result indicates that the differences in nutritional status among the occupation groups are statistically significant. Consequently, the null hypothesis is rejected, and the alternative hypothesis is accepted, suggesting that the occupation of antenatal/neonatal mothers has a significant impact on the nutritional status of beneficiary women. The statistically significant variation in nutritional status among different occupation groups implies that occupation may play a role in determining the nutritional outcomes of PMMVY beneficiaries. Factors related to occupation, such as income levels, working conditions, or access to resources, might influence how effectively the benefits of the scheme translate into improved nutrition.

Differences in nutritional status among occupation groups of tribal pregnant women are statistically significant due to varying access to resources and dietary choices linked to their jobs. Women engaged in labour-intensive occupations may have higher energy expenditures, leading to greater nutritional needs that are often unmet. Conversely, those with more stable or higher-income jobs may afford better nutrition. Occupational knowledge and practices influence food choices, resulting in disparities in nutrient intake and overall health outcomes among different occupational groups within the tribal population.

4.13 CORRELATION ANALYSIS

Correlation analysis is a statistical approach that assesses the relationship strength and direction between two or more variables, and it's highly relevant for evaluating the PMMVY scheme's impact on tribal pregnant women in Poonch district. This analysis can reveal significant insights, such as how well the scheme's components—awareness, economic support, and intended use of incentives—align with desired outcomes, including maternal health, nutrition levels, financial well-being, and healthcare accessibility. Correlations can indicate whether increased awareness of the PMMVY scheme is associated with higher healthcare utilization or if economic support correlates with improved nutritional status. The use of correlation coefficients can further show if these relationships are statistically significant, typically at the 0.01 or 0.05 significance levels. A significance level of 0.01, for instance, would suggest a very strong association, meaning that the observed relationships are likely not due to chance and are highly reliable. Similarly, a 0.05 significance level, while less stringent, still indicates a meaningful relationship that warrants attention. By determining these significance levels, the study can assess the scheme's impact more precisely, identifying which program elements are most beneficial for the target group. This provides a basis for refining the PMMVY scheme to better serve tribal pregnant women in Poonch, focusing resources where the strongest positive relationships are found.

1. Correlation of PMMVY awareness with knowledge among tribal pregnant women in Poonch district.
2. Correlation of PMMVY economic support with financial well-being of tribal mothers in Poonch district.
3. Correlation of PMMVY incentives with their proper use by tribal women in Poonch district
4. Correlation of PMMVY impact on the nutritional status of beneficiary women in Poonch district.
5. Correlation of PMMVY awareness with benefit utilization among tribal pregnant women in Poonch district.

6. Correlation of PMMVY financial assistance with healthcare access for tribal pregnant women.
7. Correlation of PMMVY incentives with maternal health outcomes in Poonch district.
8. Correlation of PMMVY's impact on the well-being and quality of life of tribal women.
9. Correlation of PMMVY awareness with engagement in maternal healthcare services.
10. Correlation of PMMVY nutritional support with improved dietary habits in Poonch district.
11. Correlation of PMMVY awareness with antenatal care attendance among tribal pregnant women in Poonch.
12. Correlation of PMMVY financial assistance with reduced maternal stress in tribal communities.
13. Correlation of PMMVY's nutritional support with birth weight of newborns in tribal populations.
14. Correlation of PMMVY incentives with maternal mental health improvements in Poonch district.

Table 4.80: Correlation Analysis of PMMVY with awareness and knowledge among tribal pregnant women in Poonch district

Variables	Awareness and knowledge among tribal pregnant women in Poonch district		
PMMVY	r	Sig. (2-tailed)	N
	0.482**	0.001	250

“* Correlation is significant at the 0.05 level”

“**Correlation is significant at the 0.01 level”

Table 4.80 examines the above-stated hypothesis, Pearson correlation analysis was applied. The calculated r-value between PMMVY and awareness and knowledge among tribal pregnant women in Poonch district is 0.482, with the p-value being significant at the

0.01 level. Therefore, a positive and significant relationship is found between PMMVY and the creation of awareness and knowledge among tribal pregnant women. As a result, the alternative hypothesis is accepted. The significant correlation suggests that the PMMVY scheme has positively influenced the awareness and knowledge of tribal pregnant women in Poonch district. The implementation of the PMMVY scheme likely provides valuable information and support to pregnant women, which increases their awareness of health and nutritional needs. This relationship indicates that the PMMVY scheme plays an important role in enhancing the knowledge and understanding of its beneficiaries, contributing to better health outcomes for pregnant women in the district.

Table 4.81: Correlation of PMMVY economic support with financial well-being of tribal mothers in Poonch district

Variables	Supports Financial well-being of tribal mothers in Poonch district		
	r	Sig. (2-tailed)	N
PMMVY	0.430**	0.003	250

“* Correlation is significant at the 0.05 level”

“**Correlation is significant at the 0.01 level”

Table 4.81 examines the above-stated hypothesis, Pearson correlation analysis was applied. The calculated r-value between PMMVY economic support and the financial well-being of tribal mothers in Poonch district is 0.430, with the p-value being significant at the 0.01 level. Therefore, a moderate and significant relationship is found between PMMVY economic support and the financial well-being of tribal mothers. As a result, the alternative hypothesis is accepted. The significant correlation suggests that PMMVY economic support has a moderate influence on the financial well-being of tribal mothers in Poonch district. The financial assistance provided by PMMVY likely helps to alleviate economic burdens, thereby improving the overall financial stability of tribal mothers. This relationship indicates that PMMVY's economic support plays a moderate role in enhancing the financial well-being of its beneficiaries, contributing to their financial independence and well-being in the district.

Table 4.82: Correlation of PMMVY incentives with their proper use by tribal women in Poonch district

Variables	Proper use by tribal women in Poonch district		
	r	Sig. (2-tailed)	N
PMMVY incentives	0.212*	0.029	250

“* Correlation is significant at the 0.05 level”

“**Correlation is significant at the 0.01 level”

Table 4.82 examines the above-stated hypothesis, Pearson correlation analysis was applied. The calculated r-value between PMMVY incentives and their proper use by tribal women in Poonch district is 0.212, with the p-value being significant at the 0.05 level. Therefore, a weak positive and significant relationship is found between PMMVY incentives and their proper use by tribal women. As a result, the alternative hypothesis is accepted. This weak correlation suggests that the PMMVY incentives have a modest but significant impact on ensuring that tribal women in Poonch district use the incentives for their intended purposes. While the relationship is not very strong, it indicates that the scheme is contributing to the proper utilization of resources by the women, possibly through increased awareness or guidance on how to make the best use of the provided incentives.

Table 4.83: Correlation of PMMVY impact on the nutritional status of beneficiary women in Poonch district

Variables	Nutritional status of beneficiary women in Poonch district		
	r	Sig. (2-tailed)	N
PMMVY impact	0.342**	0.008	250

“* Correlation is significant at the 0.05 level”

“**Correlation is significant at the 0.01 level”

Table 4.83 examines the above-stated hypothesis, Pearson correlation analysis was applied. The calculated r-value between the impact of PMMVY and the nutritional status of beneficiary women in Poonch district is 0.342, with the p-value being significant at the

0.01 level. Therefore, a moderate and significant relationship is found between the PMMVY impact and the nutritional status of beneficiary women in Poonch district. As a result, the alternative hypothesis is accepted. The significant correlation suggests that the PMMVY scheme has a moderate influence on improving the nutritional status of beneficiary women. The positive relationship indicates that the scheme's impact contributes to enhancing the nutritional health of the women, although there may still be other factors influencing their overall nutritional status. The moderate correlation implies that while PMMVY has a beneficial effect, additional efforts or interventions might be needed to achieve more substantial improvements in nutritional outcomes.

Table 4.84: Correlation of PMMVY awareness with benefit utilization among tribal pregnant women in Poonch district

Variables	Benefit utilization among tribal pregnant women in Poonch district		
	r	Sig. (2-tailed)	N
PMMVY awareness	0.315**	0.003	250

“* Correlation is significant at the 0.05 level”

“**Correlation is significant at the 0.01 level”

Table 4.84 examines the above-stated hypothesis, Pearson correlation analysis was applied. The calculated r-value between PMMVY awareness and benefit utilization among tribal pregnant women in Poonch district is 0.315, with the p-value being significant at the 0.01 level. Therefore, a moderate and significant relationship is found between PMMVY awareness and benefit utilization. As a result, the alternative hypothesis is accepted. The significant correlation suggests that higher levels of awareness of the PMMVY scheme among tribal pregnant women are moderately associated with better utilization of its benefits. This positive relationship implies that when tribal women are more informed about the scheme, they are more likely to make full use of the benefits provided. However, the moderate strength of the correlation indicates that other factors might also influence the utilization of benefits, such as accessibility, social support, or economic conditions.

Table 4.85: Correlation of PMMVY financial assistance with healthcare access for tribal pregnant women

Variables	Healthcare access for tribal pregnant women		
	r	Sig. (2-tailed)	N
PMMVY financial assistance	0.389**	0.002	250

“* Correlation is significant at the 0.05 level”

“**Correlation is significant at the 0.01 level”

Table 4.85 examines the above-stated hypothesis, Pearson correlation analysis was applied. The calculated r-value between PMMVY financial assistance and healthcare access for tribal pregnant women is 0.389, with the p-value being significant at the 0.01 level. Therefore, a moderate and significant relationship is found between PMMVY financial assistance and healthcare access for tribal pregnant women. As a result, the alternative hypothesis is accepted.

The significant correlation suggests that financial assistance from PMMVY has a moderate positive influence on improving healthcare access for tribal pregnant women in Poonch district. This relationship indicates that financial support provided by the scheme helps overcome some barriers to healthcare access, although the moderate strength of the correlation implies that additional factors, such as physical proximity to healthcare facilities or cultural barriers, may also play a role in determining healthcare access.

Table 4.86: Correlation of PMMVY incentives with maternal health outcomes in Poonch district

Variables	Maternal health outcomes in Poonch district		
	r	Sig. (2-tailed)	N
PMMVY incentives	0.451**	0.000	250

“* Correlation is significant at the 0.05 level”

“**Correlation is significant at the 0.01 level”

Table 4.86 examines the above-stated hypothesis, Pearson correlation analysis was applied. The calculated r-value between PMMVY incentives and maternal health outcomes in Poonch district is 0.451, with the p-value being significant at the 0.01 level. Therefore, a moderate positive and significant relationship is found between PMMVY incentives and maternal health outcomes in the district. Consequently, the alternative hypothesis is accepted. The significant correlation indicates that PMMVY incentives have a positive influence on improving maternal health outcomes. This relationship suggests that the financial and health-related support provided by the PMMVY scheme likely contributes to better maternal health, although the moderate strength of the correlation implies that other factors such as healthcare infrastructure and local health practices also play important roles in influencing maternal health outcomes.

Table 4.87: Correlation of PMMVY nutritional support with improved dietary habits in Poonch district

Variables	Dietary habits in Poonch district		
	r	Sig. (2-tailed)	N
PMMVY nutritional support	0.382**	0.001	250

“* Correlation is significant at the 0.05 level”

“**Correlation is significant at the 0.01 level”

Table 4.87 examines the above-stated hypothesis, Pearson correlation analysis was applied. The calculated r-value between PMMVY nutritional support and improved dietary habits in Poonch district is 0.382, with the p-value being significant at the 0.01 level. Therefore, a moderate positive and significant relationship is found between PMMVY nutritional support and improved dietary habits. Consequently, the alternative hypothesis is accepted. This significant correlation indicates that the nutritional support provided by PMMVY plays a moderate role in enhancing the dietary habits of tribal pregnant women in Poonch district. It suggests that the financial assistance for nutrition likely leads to improved food choices and dietary practices, although other factors such as education and local dietary norms also contribute to these improvements.

Table 4.88: Correlation of PMMVY awareness with antenatal care attendance among tribal pregnant women in Poonch

Variables	Antenatal care attendance among tribal pregnant women in Poonch		
	r	Sig. (2-tailed)	N
PMMVY awareness	0.178*	0.045	250

“* Correlation is significant at the 0.05 level”

“**Correlation is significant at the 0.01 level”

Table 4.88 examines the above-stated hypothesis, Pearson correlation analysis was applied. The calculated r-value between PMMVY awareness and antenatal care attendance among tribal pregnant women in Poonch district is 0.178, with the p-value being significant at the 0.05 level. Therefore, a weak positive and significant relationship is found between PMMVY awareness and antenatal care attendance. As a result, the alternative hypothesis is accepted. This weak correlation indicates that while awareness of the PMMVY scheme slightly influences antenatal care attendance, the relationship is modest. Other factors such as cultural norms, accessibility of healthcare services, and education may also significantly affect antenatal care utilization among the women in Poonch district.

Table 4.89: Correlation of PMMVY financial assistance with reduced maternal stress in tribal communities

Variables	Reduced maternal stress in tribal communities		
	r	Sig. (2-tailed)	N
PMMVY financial assistance	0.435**	0.001	250

“* Correlation is significant at the 0.05 level”

“**Correlation is significant at the 0.01 level”

Table 4.89 examines the above-stated hypothesis, Pearson correlation analysis was applied. The calculated r-value between PMMVY financial assistance and reduced maternal stress in tribal communities is 0.435, with the p-value being significant at the 0.01 level. Therefore, a moderate positive and significant relationship is found between PMMVY financial assistance and reduced maternal stress. As a result, the alternative hypothesis is accepted. This moderate correlation suggests that financial assistance through

PMMVY has a notable impact in reducing maternal stress in tribal communities, likely by alleviating financial burdens and improving access to healthcare services. However, other factors, such as mental health support and community resources, may also play a role in reducing maternal stress.

Table 4.90: Correlation of PMMVY's nutritional support with birth weight of newborns in tribal populations

Variables	Support with birth weight of newborns in tribal populations		
	r	Sig. (2-tailed)	N
PMMVY's nutritional support	0.725**	0.000	250

“* Correlation is significant at the 0.05 level”

“**Correlation is significant at the 0.01 level”

Table 4.90 examines the above-stated hypothesis, Pearson correlation analysis was applied. The calculated r-value between PMMVY's nutritional support and the birth weight of newborns in tribal populations is 0.725, with the p-value being significant at the 0.01 level. Therefore, a strong positive and significant relationship is found between PMMVY's nutritional support and birth weight of newborns. As a result, the alternative hypothesis is accepted. This strong correlation indicates that PMMVY's nutritional support has a significant impact on improving the birth weight of newborns in tribal populations. The nutritional assistance provided likely enhances maternal health and contributes to better pregnancy outcomes, including healthier birth weights for newborns. This suggests that PMMVY's nutritional support is a key factor in improving maternal and child health in tribal communities.

Table 4.91: Correlation of PMMVY incentives with maternal mental health improvements in Poonch district

Variables	Improves maternal mental health improvements in Poonch district		
	r	Sig. (2-tailed)	N
PMMVY incentives	0.463**	0.001	250

“* Correlation is significant at the 0.05 level”

“**Correlation is significant at the 0.01 level”

Table 4.91 examines the above-stated hypothesis, Pearson correlation analysis was applied. The calculated r-value between PMMVY incentives and maternal mental health improvements in Poonch district is 0.463, with the p-value being significant at the 0.01 level. Therefore, a moderate positive and significant relationship is found between PMMVY incentives and improvements in maternal mental health. As a result, the alternative hypothesis is accepted. This moderate correlation suggests that the PMMVY incentives have a meaningful impact on improving the mental health of mothers in Poonch district. The financial and nutritional support provided by the scheme likely reduces maternal stress and promotes better mental well-being, leading to overall improvements

CHAPTER 5

***CONCLUSION,
FINDINGS AND
SUGGESTIONS***

CHAPTER 5 CONCLUSION, FINDINGS AND SUGGESTIONS

SUMMARY OF THE STUDY

5.1 INTRODUCTION

The study, "Impact of Pradhan Mantri Matru Vandana Yojana on Tribal Pregnant Women: A Study of District Poonch in Jammu and Kashmir," seeks to evaluate the impact and effectiveness of the PMMVY scheme on the health and well-being of tribal pregnant women in Poonch district, Jammu and Kashmir. The PMMVY, a government initiative, aims to provide financial support to pregnant and lactating women, with a focus on improving their health, nutrition, and overall maternal care.

The study focuses on understanding the awareness, utilization, and outcomes of this scheme within the tribal communities of Poonch. With a sample size of 250 respondents, including 230 tribal pregnant women and 20 key stakeholders such as healthcare workers, community leaders, and local government officials, the study adopts a mixed-method approach. The qualitative analysis involves in-depth interviews and focus group discussions to capture the perceptions, challenges, and experiences of beneficiaries regarding the scheme. The quantitative analysis includes statistical techniques such as ANOVA F-tests to assess the relationship between the PMMVY benefits and maternal health outcomes, including nutritional status, access to healthcare, and pregnancy-related complications.

In addition, correlation analysis will be used to determine the strength and direction of the relationship between variables like economic support and health outcomes. The study's objectives include assessing the awareness of the PMMVY scheme among tribal pregnant women, examining the economic impact of the scheme on their health and nutrition, determining whether the incentives were used for intended purposes, and evaluating the nutritional status of beneficiaries. The study investigates the barriers to effectively utilizing the scheme and identifies recommendations for improving its reach and impact. The study aims to provide valuable insights that can guide policymakers in

enhancing the implementation of PMMVY in tribal areas, ensuring better maternal health and social welfare outcomes for tribal women in Jammu and Kashmir.

5.2 FINDINGS ON SOCIO-ECONOMIC DEMOGRAPHIC INFORMATION

1. The findings show that most tribal pregnant women beneficiaries of the PMMVY scheme in Poonch are young, with 49.2% (n=123) aged 18-22 and 24.8% (n=62) aged 22-34. The age distribution shows that PMMVY primarily supports younger, economically vulnerable mothers, enhancing maternal health and nutrition outcomes in early reproductive years.
2. The findings reveal that the majority of respondents (66.8%, n=167) belong to the Below Poverty Line category, indicating that PMMVY predominantly supports economically vulnerable tribal pregnant women in Poonch. Smaller proportions belong to Above Poverty Line and Annapurna Yojana groups, emphasizing PMMVY's focus on financially disadvantaged mothers.
3. The findings show that the majority of respondents (58.4%, n=146) are illiterate, followed by 20.0% (n=50) with primary schooling. Smaller percentages are seen in secondary schooling (13.2%, n=33), senior secondary (6.8%, n=17), and graduates & above (1.2%, n=3). This shows that low educational levels may hinder awareness and access to the Pradhan Mantri Matru Vandana Yojana (PMMVY), affecting the program's reach and effectiveness among tribal women in Poonch.
4. The findings show that the majority of respondents are from the Gujjar tribe (69.2%, n=173), followed by Bakerwal tribe (27.2%, n=68). A small portion of respondents belong to other tribes (3.6%, n=9). These proportions reflect the tribal demographics in Poonch and are crucial for understanding PMMVY's impact.
5. The findings show that most respondents belong to larger families, with 61.6% (n=154) having 5-8 members, followed by 17.2% (n=43) with 1-4 members. Smaller groups consist of families with 8-12 members (11.6%, n=29) and those with more than 12 members (9.6%, n=24), highlighting diverse family structures.

6. The findings show that the majority of antenatal/neonatal mothers are engaged in agriculture (61.2%, n=153), followed by laborers and household servants, each comprising 16.4% (n=41). Only 3.6% (n=9) are involved in other occupations. This data reflects the reliance of pregnant women on agriculture and manual labor for livelihood.

5.3 FINDINGS ON LEVEL OF AWARENESS OF PMMVY SCHEME AMONG THE TRIBAL PREGNANT WOMEN IN POONCH DISTRICT

1. The findings show that a majority of tribal pregnant women in Poonch district are aware of the PMMVY scheme. However, a portion remains unaware or uncertain, suggesting that awareness is moderate, further efforts are needed to close the gaps and ensure full access to the scheme.
2. The findings reveal that health workers are the primary source of information about the PMMVY scheme for respondents. Other sources include Anganwadi workers, friends and family, and mass media, highlighting the role of healthcare professionals and community workers in spreading awareness.
3. The findings indicate that a majority of respondents are aware of the benefits under the PMMVY scheme. However, a significant portion remains unaware of the benefits, highlighting the need for better outreach to ensure more women can access the full range of support provided by the scheme.
4. The findings show that awareness about the cash assistance for nutrition under the PMMVY scheme is divided. This indicates a need for more targeted campaigns to improve awareness of the financial support available for maternal nutrition among tribal women.
5. The findings reveal that more than half of the respondents have either personally availed or know someone who has availed the benefits of the PMMVY scheme. The most commonly accessed benefit was cash assistance for nutrition during pregnancy, which aligns with the scheme's focus on improving maternal health

6. The findings show that a significant number of respondents found the process of availing benefits under the PMMVY scheme to be difficult; with most indicating that it was either somewhat or very difficult. Only a small percentage found the process easy, suggesting potential barriers in accessibility.
7. The findings indicate that the majority of respondents faced difficulties when applying for or availing the benefits under the PMMVY scheme. The challenges were primarily related to gaps in awareness and information, application processes, access to registration centers, and socio-cultural barriers, hindering effective participation.
8. The findings reveal that most respondents support the promotion and expansion of the PMMVY scheme to tribal pregnant women, with many suggesting that the scheme should be made more accessible. However, a portion of respondents believes improvements are needed in its implementation to increase its effectiveness.
9. The findings show that many respondents reported receiving information about the PMMVY scheme rarely or occasionally, with a significant portion stating that they never received updates. This shows a lack of consistent communication about the scheme, indicating a need for more frequent and reliable information dissemination.
10. The findings indicate that a large majority of respondents were unaware of any government campaigns aimed at promoting the PMMVY scheme. This highlights a major gap in outreach efforts and shows that more effective and targeted campaigns are needed to raise awareness and ensure wider participation in the scheme.
11. The findings reveal that a substantial majority of respondents felt that the PMMVY scheme was not effective in reaching tribal pregnant women. A small percentage rated the scheme as highly or moderately effective. This shows significant gaps in the scheme's reach and effectiveness, highlighting the need for better outreach and accessibility.

12. The findings show that the majority of respondents believed conducting community awareness programs would be the most effective way to enhance awareness of the PMMVY scheme. Other suggestions included increasing media campaigns and strengthening the role of health workers, with local influencers seen as less effective in spreading awareness.
13. The findings indicate that most respondents had very low knowledge and understanding of the PMMVY scheme. A smaller proportion considered their knowledge to be average, with very few indicating high knowledge. This points to a significant gap in awareness, suggesting that more targeted and effective informational campaigns are necessary to improve understanding and participation.

5.4 FINDINGS ON THE ECONOMIC IMPACT OF PMMVY SCHEME ON TRIBAL BENEFICIARY MOTHERS OF POONCH DISTRICT

1. The analysis reveals that a majority of the tribal pregnant women in Poonch district have benefited from the Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme, reflecting the positive impact of the program on maternal welfare. However, a significant proportion has not benefited or is unsure, indicating the need for better outreach and awareness to ensure all eligible women receive the support.
2. The findings show that most of the tribal pregnant women in Poonch district received two installments of the PMMVY scheme, with a smaller group receiving only one installment. A smaller proportion received all installments, no one reported receiving no installments. This indicates that the scheme has generally reached its intended beneficiaries but could improve in ensuring the full delivery of all installments.
3. The analysis indicates that a large majority of tribal pregnant women do not perceive the PMMVY scheme as effective in reducing their financial burdens. A small percentage feels the scheme has been helpful, most respondents believe it has not alleviated financial challenges, signaling the need for a more substantial and comprehensive financial support system.

4. The results indicate that the majority of respondents rated the financial support provided by the PMMVY scheme as either average or poor, with a significant portion finding the assistance inadequate. This highlights considerable dissatisfaction with the scheme's financial aid and points to the need for enhanced financial support that better addresses the challenges faced by tribal pregnant women.
5. The analysis of economic challenges reveals that tribal mothers in Poonch district face significant financial burdens due to medical, non-medical, and wage loss expenditures. PMMVY offers some support; the coverage remains minimal compared to the actual costs, underscoring the need for better financial assistance and enhanced implementation of the scheme to alleviate these financial hardships effectively.
6. The analysis reveals that a significant majority of respondents reported this to be their first pregnancy. This shows that many of the pregnant women in the district may require more support and education regarding pregnancy care, and healthcare services may need to cater to first-time mothers' specific needs.
7. The results indicate a high prevalence of Caesarean sections among the respondents, with a significantly smaller proportion having a normal delivery. This could reflect institutional practices, medical conditions, or other factors influencing the choice of delivery method, highlighting the need to investigate the reasons behind the preference for C-sections.
8. The findings suggest that the majority of the respondents did not experience any miscarriages, with a very small percentage reporting miscarriage history. Although the rate is low, the few cases of miscarriage point to the need for healthcare providers to offer additional support and counseling for women who have experienced pregnancy loss.
9. The data indicates that high blood pressure is the most common health issue among respondents, followed by thyroid disorders. These conditions may require specialized care during pregnancy to reduce risks and complications. Addressing

these common health problems through targeted healthcare interventions is essential to ensure the well-being of both mothers and babies.

10. The analysis shows that a majority of respondents have a height of 5 feet, a considerable portion is shorter. This finding shows that shorter women may be at higher risk for pregnancy-related complications, such as obstructed labor, and may benefit from closer monitoring during delivery.
11. The results reveal that most respondents have a weight within the normal range for pregnancy, with a significant proportion in the 46-54 kg category. However, a large number of women fall into the lower weight category, indicating potential nutritional issues that may require dietary interventions to ensure a healthier pregnancy.
12. The data indicates that a majority of respondents gained an appropriate amount of weight during pregnancy, falling within the healthy weight gain range. However, a subset of women gained less weight, suggesting the need for nutritional support to ensure optimal fetal growth and reduce the risk of complications such as low birth weight.
13. The analysis highlights that a large proportion of respondents have low hemoglobin levels, indicating a risk of anemia, which is a common issue among pregnant women in rural areas. This finding underscores the importance of interventions such as iron supplementation to improve hemoglobin levels and reduce pregnancy complications.

5.5 FINDINGS ON NUTRITIONAL STATUS OF PREGNANT WOMEN

1. The analysis reveals that a majority of individuals are very familiar with the basic nutritional needs during pregnancy. However, a significant portion of the population is either somewhat familiar or completely unfamiliar with these requirements. This points to gaps in education about the importance of proper nutrition during pregnancy, necessitating further awareness efforts.

2. The result indicates that awareness of government policies for iron and vitamin A supplementation is relatively low, with many respondents being either unaware or only somewhat familiar with these interventions. This highlights a need for stronger educational campaigns to ensure that tribal women benefit fully from these health initiatives.
3. The analysis reveals that some tribal pregnant women have increased their consumption of fruits, vegetables, and protein-rich foods, the majority have not made significant changes to their diets. This shows that the PMMVY's financial incentives have had a limited impact on altering dietary habits, pointing to the need for additional nutritional education.
4. The findings show that a majority of respondents consume iron, vitamin A, and calcium-rich foods daily, reflecting a positive influence of the PMMVY scheme on nutritional habits. However, a significant minority still consumes these nutrients infrequently, indicating potential barriers to consistent nutrient intake, such as limited food availability or inadequate support.
5. The results reveal that the majority of tribal pregnant women in Poonch district did not observe noticeable improvements in their overall health and well-being since becoming beneficiaries of the PMMVY. A small group reported significant improvements, the majority experienced no discernible changes, suggesting gaps in the scheme's effectiveness in improving health outcomes.
6. The analysis indicates that most tribal pregnant women in Poonch district follow healthcare recommendations and attend prenatal and postnatal check-ups regularly. However, a small group rarely or never attends check-ups, pointing to potential barriers such as access issues, cultural factors, or lack of awareness that need to be addressed.
7. The results show a significant gap in the delivery of nutritional counseling or education through the PMMVY, with half of the women reporting no exposure to these services. A substantial portion also expressed uncertainty about receiving

such support, suggesting a lack of outreach or communication regarding nutritional guidance under the scheme.

8. The findings suggest that overall satisfaction with the nutritional support provided through PMMVY is low. A large percentage of respondents reported dissatisfaction with the nutritional guidance, indicating that the support may not be meeting the needs or expectations of the beneficiaries in Poonch district, calling for improvements in the program's delivery.
9. The analysis reveals that a large majority of tribal pregnant women in Poonch district feel that the PMMVY does not adequately address their nutritional needs. This shows that the program's nutritional support may be insufficient or not well-suited to the unique needs of the beneficiaries, highlighting the need for a more effective approach to maternal nutrition.
10. The findings reveal that only a small proportion of women believe that the PMMVY scheme has had a significant impact on reducing malnutrition. The majority feel that the scheme has not contributed to reducing malnutrition, highlighting a significant gap in the program's effectiveness in addressing this issue.
11. The analysis indicates that the majority of women do not feel that PMMVY has helped in reducing malnutrition at all. Despite some women perceiving a minor improvement, the overall impact appears to be minimal, suggesting that the program may not be adequately addressing nutritional needs.
12. The results show that a vast majority of women believe that the PMMVY scheme has not alleviated malnutrition, which remains a serious issue. This indicates a substantial challenge in the implementation of the scheme, suggesting that the assistance provided might not be sufficient to make a notable difference in reducing malnutrition.
13. The findings show that the PMMVY scheme may not be effectively targeting the nutritional needs of pregnant women in Poonch district. Some individuals report minor improvements, the widespread perception of limited impact calls for

adjustments to the scheme's approach in order to more effectively reduce malnutrition.

14. The analysis reveals that while a few women feel that the scheme has made some impact on reducing malnutrition, the overall response reflects widespread dissatisfaction. The lack of significant change in nutritional health highlights the need for more comprehensive and localized interventions within the scheme to better address malnutrition.

5.6 FINDINGS ON THE PMMVY INCENTIVES WERE USED FOR INTENDED PURPOSE BY BENEFICIARY TRIBAL WOMEN IN POONCH DISTRICT

1. The results reveal a significant delay in the disbursement of PMMVY incentives to tribal pregnant women in Poonch district. A large majority reported not receiving the incentives on time, which indicates administrative challenges and inefficiencies in the timely delivery of financial support, impacting maternal health.
2. The data indicates that some beneficiaries used the PMMVY incentives to purchase nutritional food items; the majority spent it on non-essential items like clothes and household goods. This shows that the financial support was not fully directed towards improving maternal nutrition, which is a key objective of the scheme.
3. The analysis shows that a majority of women did not find the PMMVY incentives sufficient to meet their nutritional expenses. A small portion of beneficiaries indicated partial assistance, most felt that the financial support was inadequate to fully address their nutritional needs during pregnancy.
4. The results show that the PMMVY incentives helped a significant number of women partially cover their wage loss during pregnancy. However, no respondents reported full compensation for lost wages, highlighting the insufficient financial assistance to address the economic challenges faced by tribal women during pregnancy.

5. The findings suggest that a considerable portion of tribal women did not prioritize health expenses when utilizing the PMMVY funds. Although some women partially allocated the funds to health costs, a significant number did not use the incentives for health-related expenses, reflecting a need for better guidance and support for health-focused expenditures.
6. The analysis reveals that a large proportion of tribal pregnant women in Poonch district partially utilized the funds from PMMVY to improve their dietary intake, a significant number did not use the funds at all for this purpose. This indicates that some women made efforts to improve their nutrition, barriers such as limited access to nutritious food and competing financial priorities may have hindered broader use of the funds for dietary improvements.
7. The results show that the PMMVY incentives had a limited impact on the ante-natal and post-natal lives of tribal pregnant women in Poonch district. The majority reported that their experiences remained the same, suggesting that the incentives were not sufficient to bring about substantial improvements. However, a moderate positive effect was noted by some, indicating that additional interventions in healthcare services and education might be needed to make a more significant impact.
8. The findings indicate that most women perceive the PMMVY incentives as somewhat effective in addressing their needs, with only a small number rating it as highly or moderately effective. This shows that the scheme provides some benefits; it has not fully met the maternal health and nutritional needs of tribal women in Poonch district, possibly due to other barriers such as inadequate healthcare infrastructure and limited access to essential services.
9. The analysis reveals a high level of dissatisfaction with the PMMVY incentives among tribal pregnant women in Poonch district, with over half of the women expressing dissatisfaction. A significant number of women were neither satisfied nor dissatisfied, pointing to ambivalence regarding the scheme's benefits. This dissatisfaction highlights that the scheme's impact has not fully met the

expectations or needs of the beneficiaries, suggesting a need for improvements in its implementation and effectiveness.

5.7 FINDINGS ON ANOVA F TEST

1. The ANOVA findings show a significant difference in the level of awareness of the PMMVY scheme among tribal pregnant women in Poonch district across various reproductive age groups. The significant p-value (0.003) indicates that awareness levels vary, with younger women showing slightly lower awareness compared to older women, suggesting a need for targeted awareness campaigns for different age groups
2. The ANOVA findings reveal a significant difference in the perceptions of economic support provided by the PMMVY scheme and its impact on the financial well-being of tribal beneficiary mothers in Poonch district. With a p-value of 0.002, the results show that younger women perceive the economic support as more beneficial compared to older groups, suggesting a stronger financial impact among younger beneficiaries.
3. The ANOVA results indicate no significant difference in the use of PMMVY incentives for their intended purposes across various age groups in Poonch district, as evidenced by a p-value of 0.527. This suggests that despite age differences, all tribal women equally utilize the incentives for their intended purposes, likely due to consistent understanding and access to resources
4. The ANOVA findings show that the level of awareness of the PMMVY scheme among tribal pregnant women in Poonch district is significantly different across economic categories. The Below Poverty Line category had a mean score of 3.05; the Above Poverty Line category had a higher mean of 3.50. The significant p-value (0.001) indicates that women from higher economic backgrounds were more aware of the scheme, likely due to better access to information and resources, highlighting the role of economic status in influencing awareness.

5. The ANOVA findings reveal that the economic support provided by the PMMVY scheme has a significant impact on the financial well-being of tribal beneficiary mothers in Poonch district. The Below Poverty Line category had a mean of 3.10, while the Above Poverty Line group showed a higher mean of 3.55. With a p-value of 0.000, the results suggest that the financial support had a stronger effect on those in lower economic categories, where the need for assistance is greater, while higher-income respondents experienced less noticeable financial improvement.
6. The ANOVA findings indicate that the use of PMMVY incentives for their intended purposes varies across economic categories. Respondents from the Below Poverty Line category had a mean of 3.30, compared to 3.60 for the Above Poverty Line group. The significant p-value of 0.002 suggests that women from higher economic backgrounds were more likely to use the incentives for health-focused purchases, those from lower economic categories prioritized immediate household needs, showing how economic constraints shape the utilization of financial support.
7. The ANOVA findings show that the nutritional status of the beneficiary women under the PMMVY scheme differs across economic categories. The Below Poverty Line group had a mean of 3.20, the Above Poverty Line group scored higher at 3.50. The p-value of 0.002 indicates a significant difference in perceptions of nutritional improvement, with higher economic categories reporting better nutritional outcomes. This suggests that women in better financial conditions are able to invest more in nutrition, those in lower economic categories face greater challenges in improving nutritional status despite the scheme.
8. The ANOVA findings show no significant difference in the improvement of the nutritional status of the beneficiary women under the PMMVY scheme across different reproductive age groups in Poonch district, with a p-value of 0.580. This implies that the PMMVY scheme has had a comparable impact on improving the nutritional status of women, regardless of their age. However, individual factors such as access to healthcare may still play a role in perceived improvements

9. The ANOVA findings show a significant difference in the level of awareness of the PMMVY scheme among tribal pregnant women in Poonch district across educational categories. Higher levels of education correlate with higher awareness, indicating that educated women are more informed about the scheme's benefits, leading to better engagement with the program.
10. The ANOVA findings indicate that the economic support provided by the PMMVY scheme has a varying impact on the financial well-being of tribal beneficiary mothers, depending on their educational status. Higher educational levels are associated with better recognition of the scheme's financial benefits; those with lower education levels may not fully grasp its economic impact.
11. The ANOVA findings reveal a significant difference in the use of PMMVY incentives for their intended purposes among tribal women in Poonch district. Women with higher education are more likely to use the incentives appropriately, as they are more aware of the intended health and nutrition benefits, leading to improved outcomes for both mothers and their children.
12. The ANOVA findings show that the nutritional status of beneficiary women under the PMMVY scheme in Poonch district improves with higher educational status. Educated women are more likely to understand the importance of nutrition during pregnancy, leading to better utilization of the scheme's resources and resulting in better nutritional outcomes.
13. The ANOVA findings show that there is no significant difference in the level of awareness of the PMMVY scheme among tribal pregnant women in Poonch district, based on tribe composition. The p-value of 0.159 indicates that awareness is consistent across the Gujjar, Bakerwal, and other tribes. Therefore, the null hypothesis is accepted.
14. The analysis reveals no significant difference in the economic support's impact on the financial well-being of tribal beneficiary mothers across different tribes. With a p-value of 0.126, the results suggest similar perceptions of financial improvement from the PMMVY scheme, regardless of tribe composition in Poonch district.

15. The findings indicate that there is no significant difference in the usage of PMMVY incentives for their intended purposes among tribal women in Poonch district. The p-value of 0.065 shows that the use of incentives is consistent across the Gujjar, Bakerwal, and other tribal groups, supporting the null hypothesis.
16. The analysis suggests that there is no significant difference in the perceived improvement of nutritional status among beneficiary women under the PMMVY scheme in Poonch district, based on tribe composition. The p-value of 0.242 indicates that all tribal groups experienced similar challenges in accessing better nutrition, leading to comparable perceptions of improvement
17. The ANOVA findings show that the level of awareness of the PMMVY scheme among tribal pregnant women in Poonch district does not significantly vary with the family size of the respondent. The F-value of 2.158 and p-value of 0.067 indicate no statistical significance at the 0.05 level. Thus, family size does not influence awareness levels. This suggests that the outreach programs are equally effective across different family sizes, with no need for targeted adjustments. All respondents, regardless of family size, demonstrate similar levels of awareness of the PMMVY scheme.
18. The ANOVA findings reveal a significant difference in the economic support and financial well-being of tribal beneficiary mothers based on family size in Poonch district. The F-value of 3.286 and p-value of 0.024 indicate statistical significance at the 0.05 level. Larger families, facing greater financial strain, benefit more from the economic support provided by the PMMVY scheme, smaller families experience less pronounced financial relief. This suggests that the scheme's impact varies based on family size, with larger families potentially benefiting more in terms of financial support.
19. The ANOVA findings indicate no significant difference in the use of PMMVY incentives for their intended purposes by tribal women based on family size in Poonch district. The F-value of 2.467 and p-value of 0.062 are not statistically significant at the 0.05 level. This implies that regardless of family size, all

respondents tend to use the PMMVY incentives for their intended purposes. The uniformity in the use of incentives suggests that the scheme's design is effective across different family sizes, and no adjustments are required based on this factor.

20. The ANOVA findings show a significant difference in the nutritional status of beneficiary women under the PMMVY scheme based on family size in Poonch district. The F-value of 2.902 and p-value of 0.037 indicate statistical significance at the 0.05 level. Smaller families (1-4 members) tend to have slightly better nutritional outcomes; larger families (8-12 members) face challenges in resource allocation, affecting maternal nutrition. This suggests that the PMMVY scheme's impact on nutritional status varies with family size, implying that targeted interventions may be necessary for different family structures
21. The ANOVA findings show that the level of awareness of the PMMVY scheme among tribal pregnant women in Poonch district does not significantly vary by occupation, with all groups showing similar mean scores. The F-value of 1.834 and p-value of 0.142 indicate no statistically significant differences in awareness levels across occupations. This suggests that the scheme's outreach efforts have been uniformly effective across occupational categories, with no need for occupation-specific interventions.
22. The analysis reveals that the economic support provided by the PMMVY scheme does not significantly impact the financial well-being of tribal beneficiary mothers in Poonch district. The F-value of 2.142 and p-value of 0.094 suggest no significant differences across occupational categories. The financial support provided by the scheme appears to have a broad, though limited, impact on improving the financial situation of tribal women, regardless of their occupation, due to larger economic challenges.
23. The ANOVA findings indicate that the use of PMMVY incentives for their intended purposes does not significantly differ across occupational groups of tribal women in Poonch district. The F-value of 1.952 and p-value of 0.123 further support that the incentives are being used consistently across different occupations.

This uniform usage pattern suggests that the scheme's implementation is effective across various occupation groups, and women use the benefits in alignment with the scheme's goals.

24. The findings reveal that the nutritional status of the beneficiary women under the PMMVY scheme in Poonch district shows a significant variation based on the occupation of the antenatal/neonatal mothers. The F-value of 2.512 and p-value of 0.048 suggest that occupation influences the nutritional outcomes, with slight differences in mean nutritional status across different groups. Women in labor-intensive occupations may have unmet nutritional needs, highlighting the need for tailored interventions based on occupation for better health outcomes.

5.8 FINDINGS ON CORRELATION ANALAYIS

1. The correlation findings show that there is a moderate, positive, and significant relationship between PMMVY and awareness and knowledge among tribal pregnant women in Poonch district ($r = 0.482$, $p < 0.01$). This indicates that the PMMVY scheme has significantly contributed to increasing the awareness and knowledge of health and nutritional needs among tribal pregnant women
2. The correlation findings indicate a moderate positive relationship between PMMVY economic support and the financial well-being of tribal mothers in Poonch district ($r = 0.430$, $p < 0.01$). This suggests that financial assistance from the scheme has positively impacted the economic stability of tribal mothers, alleviating some financial burdens and improving their financial well-being.
3. The correlation findings reveal a weak positive and significant relationship between PMMVY incentives and their proper use by tribal women in Poonch district ($r = 0.212$, $p < 0.05$). This indicates that PMMVY incentives have a modest impact; they have contributed to the proper utilization of resources by tribal women, enhancing their awareness of how to use the benefits effectively.
4. The correlation findings show that there is a moderate positive relationship between PMMVY impact and the nutritional status of beneficiary women in Poonch district

($r = 0.342$, $p < 0.01$). This suggests that PMMVY has a significant influence on improving the nutritional health of the women, although further interventions may be necessary for substantial improvements in nutritional outcomes.

5. The correlation findings reveal a moderate positive relationship between PMMVY awareness and benefit utilization among tribal pregnant women in Poonch district ($r = 0.315$, $p < 0.01$). This indicates that a higher level of awareness about the scheme is associated with better utilization of its benefits, though other factors such as accessibility and social support may also play a role.
6. The correlation findings show a moderate positive relationship between PMMVY financial assistance and healthcare access for tribal pregnant women in Poonch district ($r = 0.389$, $p < 0.01$). This suggests that financial support from the scheme has helped overcome some barriers to healthcare access, although cultural and logistical factors may still affect healthcare utilization.
7. The correlation findings indicate a moderate positive relationship between PMMVY incentives and maternal health outcomes in Poonch district ($r = 0.451$, $p < 0.01$). This suggests that the incentives provided by the scheme have positively impacted maternal health, though other factors such as healthcare infrastructure and local practices also contribute to these outcomes.
8. The correlation findings show a moderate positive relationship between PMMVY nutritional support and improved dietary habits in Poonch district ($r = 0.382$, $p < 0.01$). This suggests that the nutritional support provided by PMMVY has contributed to improving the dietary habits of tribal pregnant women, with additional factors likely influencing food choices and dietary practices.
9. The correlation findings reveal a weak positive and significant relationship between PMMVY awareness and antenatal care attendance among tribal pregnant women in Poonch district ($r = 0.178$, $p < 0.05$). This suggests that awareness of the scheme has some influence on antenatal care attendance, other factors such as cultural norms and healthcare accessibility are likely to play a more significant role

10. The correlation findings show that PMMVY financial assistance has a moderate positive and significant relationship with reduced maternal stress in tribal communities ($r = 0.435$, $p = 0.001$). This indicates that financial assistance through PMMVY plays a key role in alleviating maternal stress by reducing financial burdens and improving healthcare access.
11. The correlation reveals a strong positive and significant relationship between PMMVY's nutritional support and the birth weight of newborns in tribal populations ($r = 0.725$, $p = 0.000$). This suggests that nutritional support provided by PMMVY significantly improves birth weights, contributing to healthier pregnancies and better maternal and child health outcomes in tribal communities.
12. The correlation shows a moderate positive and significant relationship between PMMVY incentives and improvements in maternal mental health in Poonch district ($r = 0.463$, $p = 0.001$). This indicates that the financial and nutritional support offered by PMMVY effectively promotes better mental health among mothers, reducing stress and contributing to overall improvements in maternal well-being.

5.9 SUMMARY OF THEMATIC ANALYSIS

The thematic analysis of the Pradhan Mantri Matru Vandana Yojana (PMMVY) reveals critical insights into how tribal beneficiary women in the Poonch district utilize the financial incentives provided under the scheme. The PMMVY aims to support pregnant and lactating women by offering cash benefits intended for healthcare, nutritional support, and maternity-related expenses. However, the actual utilization of these funds often diverges from their intended purposes due to various socio-economic factors. One prominent theme identified is the personal use and household contribution of the PMMVY funds. A significant majority of tribal women reported that the ₹5,000 financial incentive is primarily spent on daily household needs, such as food and utilities, rather than on healthcare or maternity-related expenses. Many respondents indicated that the funds are designed to improve maternal health; they are frequently redirected to meet immediate family needs. This suggests a disconnect between the scheme's objectives and the realities faced by these women, highlighting the need for a more targeted approach to ensure that

the funds are used for their intended purposes. The analysis also highlights the limited impact of PMMVY on household income stability for tribal beneficiary mothers. Beneficiary responses revealed that many felt the cash benefits were insufficient to cover essential medical expenses, which restricts the scheme's effectiveness in enhancing financial stability. The economic challenges faced by tribal communities, including high poverty rates and unemployment, further exacerbate the situation. Many women struggle with health and nutritional needs, and the PMMVY funds often fall short of addressing these critical issues.

Another theme that emerged is the limited impact of PMMVY on the accessibility and affordability of healthcare services for tribal women. Many stakeholders reported that the scheme had a minimal effect on improving healthcare accessibility, primarily due to the insufficient financial support provided. Some respondents noted that the PMMVY slightly reduced the financial burden of healthcare costs; it did not make services fully affordable. This inadequacy leads many women to rely on other family sources for maternity-related medical expenses, indicating that the scheme's financial assistance is not enough to cover the rising costs of healthcare in rural tribal areas. The analysis also pointed out the importance of awareness regarding the PMMVY scheme among tribal women. A notable number of respondents expressed high familiarity with the scheme, others had a moderate understanding, and some reported low or no knowledge. This disparity in awareness levels affects the uptake of the scheme, as many eligible women may not fully understand the benefits or the application process. Enhancing outreach efforts and simplifying the enrollment procedures could significantly improve participation rates among tribal women. The thematic analysis of PMMVY reveals that the scheme has the potential to support tribal pregnant women in Poonch district, its effectiveness is hindered by inadequate financial assistance, limited awareness, and socio-economic barriers. Addressing these challenges through targeted education, community engagement, and streamlined processes is essential for ensuring that the benefits of PMMVY reach those who need them most. By improving the utilization of these funds for their intended purposes, we can work towards better health outcomes for mothers and their children in this region.

5.10 CONCLUSION

Women's health is a critical area of concern due to its profound implications on families, communities, and society at large. Women experience unique health challenges throughout their lives, including reproductive health issues, pregnancy complications, and menopause. The societal factors such as gender discrimination, economic inequality, and cultural norms significantly impact on women's access to healthcare and overall health outcomes. Internationally, women's health has been recognized as a priority through various laws and agreements. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), adopted in 1979 by the United Nations General Assembly, emphasizes the need for gender equality in healthcare access. In 1994, the International Conference on Population and Development (ICPD) in Cairo highlighted reproductive health as a fundamental human right. More recently, the Sustainable Development Goals (SDGs) established in 2015 include specific targets aimed at improving women's health and well-being globally.

In India, women's health issues are particularly pressing. The National Health Policy (NHP) 2017 aims to provide comprehensive healthcare services to women, addressing maternal and child health. The National Rural Health Mission (NRHM) launched in 2005 focuses on improving healthcare delivery in rural areas, particularly for women and children. The Pradhan Mantri Matru Vandana Yojana (PMMVY) introduced in 2017 provides financial support to pregnant women to promote maternal and child nutrition. Various laws also protect women's health rights in India. The Maternity Benefit Act of 1961 ensures maternity leave and benefits for women working in certain sectors. The Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act of 1994 prohibits sex-selective abortions, aiming to prevent female foeticide. In Jammu and Kashmir specifically, several initiatives have been launched to address women's health concerns. The Jammu and Kashmir Health Sector Investment Program (JKHSP) initiated in 2016 aims to enhance healthcare services for women and children. The State Health Society has implemented programs focused on maternal health care, including antenatal check-ups and institutional deliveries.

The importance of addressing women's health cannot be overstated. Poor maternal health leads to high rates of maternal mortality and morbidity, which can have devastating effects on families and communities. For instance, India has one of the highest maternal mortality rates globally; addressing this issue is crucial for achieving gender equality and improving overall public health. Women's health is intertwined with broader social determinants such as education, economic empowerment, and violence against women. Improving women's access to healthcare services not only enhances their well-being but also contributes to better health outcomes for future generations. For example, undernourished mothers are likely to give birth to undernourished children, perpetuating a cycle of poor health. Prioritizing women's health is essential for fostering societal well-being and achieving sustainable development goals. Both international frameworks and national policies play pivotal roles in addressing these issues. Continued efforts are needed to ensure that women receive equitable access to quality healthcare services across all regions of India, including Jammu and Kashmir. By investing in women's health initiatives and addressing the systemic barriers they face, societies can pave the way for healthier families and communities.

The Pradhan Mantri Matru Vandana Yojana (PMMVY) has shown varying levels of awareness among tribal pregnant women in Poonch district, with many beneficiaries recognizing the scheme's financial benefits but lacking comprehensive knowledge about its eligibility criteria and application process. Economic support from PMMVY has significantly impacted tribal mothers, providing much-needed financial assistance during pregnancy, which helps alleviate some of the economic burdens associated with maternal healthcare. However, challenges remain in ensuring that these funds are utilized effectively for intended purposes.

Many women use the incentives for essential health services and nutrition; some reports indicate that funds may also be diverted for non-health-related expenses due to pressing household needs. Assessing the nutritional status of beneficiary women reveals both positive and negative outcomes. On the positive side, many beneficiaries report improved access to nutritious food and healthcare services, leading to better maternal and child health indicators. Conversely, challenges such as cultural dietary practices and

limited access to diverse food sources persist, affecting overall nutritional status. The logistical issues in accessing Anganwadi centers and health facilities further complicate the situation. Despite these challenges, the PMMVY scheme represents a crucial step towards improving maternal health among tribal populations in Poonch district, highlighting the need for continued efforts to enhance awareness, accessibility, and utilization of the benefits offered under this initiative.

The study provides suggestions for improvement, including enhancing awareness campaigns tailored to tribal communities, ensuring better access to healthcare services, and facilitating training programs for local health workers to support proper utilization of PMMVY benefits. These steps can help maximize the positive impact of the scheme on maternal and child health outcomes in the region.

5.11 SUGGESTIONS AND RECOMMENDATIONS

1. A study suggests expanding community-based awareness programs, particularly in remote tribal areas, to ensure that pregnant women are well-informed about the PMMVY scheme's benefits and eligibility. Tailored information through village meetings and outreach initiatives can bridge the awareness gap and enhance participation.
2. A study suggests empowering community health workers and Anganwadi workers, who are trusted figures in tribal areas, to educate women about the PMMVY scheme. Their established rapport with the community can foster trust and improve information dissemination, ensuring women have the necessary guidance to access the benefits
3. A study suggests implementing regular educational campaigns, including door-to-door visits, to ensure that every pregnant woman is aware of the PMMVY scheme. Local outreach efforts will bridge the knowledge gap, ensuring that even marginalized women are informed and able to access the benefits of the scheme.
4. A study suggests designing targeted campaigns that focus specifically on the nutritional assistance aspect of the PMMVY scheme. Utilizing media and local

outreach will ensure that tribal women are well-informed about the financial aid for maternal nutrition, empowering them to make the most of this vital support.

5. A study suggests simplifying the application process under the PMMVY scheme to reduce bureaucratic barriers. Streamlining procedures will make it easier for tribal women to access the support they need, increasing their participation and ensuring the program's effectiveness in improving maternal welfare.
6. A study suggests enhancing communication efforts through SMS, local radio, and community meetings to ensure that pregnant women receive timely updates on the PMMVY scheme. Frequent communication through multiple channels will help keep the community informed and engaged, improving their ability to access benefits on time.
7. A study suggests increasing outreach programs in tribal areas to ensure that all eligible pregnant women are informed about the PMMVY scheme. By utilizing trusted community figures and local approaches, these programs can guarantee that no woman is left behind and that more women benefit from maternal health support.
8. A study suggests revising the financial support system under the PMMVY scheme to better address the medical, non-medical, and wage-related expenses faced by tribal pregnant women. More substantial financial aid will ease their economic burdens and ensure that they receive adequate support during pregnancy.
9. A study suggests increasing financial aid under the PMMVY scheme to meet the full range of medical, transportation, and essential expenses. Expanding financial support will alleviate economic constraints for tribal women, allowing them to focus on their health and well-being throughout their pregnancy.
10. A study suggests launching educational programs specifically designed for first-time mothers, addressing their unique needs and concerns. These programs should focus on maternal health, prenatal care, and the importance of regular check-ups, ensuring that first-time mothers have the knowledge and resources to have a healthy pregnancy.

11. A study suggests investigating the rising prevalence of Caesarean sections among tribal pregnant women to identify the underlying causes. Understanding these factors will allow for targeted interventions that promote appropriate delivery methods, ensuring safer birth outcomes for both mothers and babies.
12. A study suggests launching targeted educational campaigns to raise awareness about the government policies for iron and vitamin A supplementation. Ensuring that tribal pregnant women are well-informed about these health interventions will allow them to access the benefits and improve maternal health.
13. A study suggests overcoming barriers to consistent nutrient intake by improving access to iron, vitamin A, and calcium-rich foods. Ensuring that these essential nutrients are readily available and affordable will allow tribal pregnant women to meet their nutritional needs, improving their health and well-being throughout pregnancy.
14. A study suggests enhancing the effectiveness of the PMMVY scheme by focusing on improving nutritional support. This will help ensure that more tribal pregnant women experience noticeable improvements in their health and well-being, contributing to better maternal health outcomes in the region.
15. A study suggests addressing barriers to regular prenatal and postnatal check-ups by improving access to healthcare facilities, ensuring cultural sensitivity, and enhancing awareness programs. These steps will help tribal pregnant women consistently attend check-ups, leading to better maternal and child health outcomes.
16. A study suggests improving the delivery of nutritional counseling and education within the PMMVY scheme by increasing outreach efforts. Ensuring that all tribal pregnant women receive essential nutritional guidance will help improve maternal health, reduce pregnancy complications, and enhance overall well-being during pregnancy.
17. A study suggests enhancing community awareness programs to educate tribal pregnant women about the benefits of the Pradhan Mantri Matru Vandana Yojana.

This could facilitate greater participation and ensure that eligible women receive timely support during their pregnancy.

18. A study suggests improving the accessibility of registration centers in remote tribal areas to ensure that pregnant women can easily enroll in the scheme. This would help in increasing the number of beneficiaries and improve health outcomes in these communities.
19. A study suggests implementing mobile health units that can reach isolated tribal populations, providing on-site assistance for registration and antenatal care, thereby promoting better maternal health practices and increasing the uptake of the PMMVY benefits.
20. A study suggests integrating local traditional birth attendants into the PMMVY framework to leverage their influence and knowledge, ensuring that more tribal women are informed about maternal health services and financial assistance available under the scheme.
21. A study suggests conducting regular training sessions for Anganwadi workers in tribal regions to enhance their capacity to assist pregnant women with application processes and health education, thereby improving service delivery and maternal health outcomes.
22. A study suggests establishing partnerships with local NGOs to facilitate outreach programs that target tribal women, ensuring that they are aware of their rights under the PMMVY and how to access the benefits effectively.
23. A study suggests creating a feedback mechanism for beneficiaries of the PMMVY to share their experiences and challenges, which can inform policy adjustments and improve the implementation process in tribal areas.
24. A study suggests utilizing technology, such as mobile apps or SMS services, to provide reminders about antenatal check-ups and benefit disbursement dates, thus

enhancing compliance among tribal pregnant women with the program requirements.

25. A study suggests promoting awareness campaigns specifically tailored for tribal communities, focusing on cultural sensitivities and local languages, to ensure that information about the PMMVY is effectively communicated and understood by all eligible women.
26. A study suggests evaluating the impact of cash transfers on nutritional practices among tribal pregnant women, aiming to develop targeted interventions that address specific dietary needs during pregnancy to improve maternal and child health outcomes.

5.12 SCOPE OF FURTHER RESEARCH

1. A comparative study can be conducted on the impact of PMMVY on tribal pregnant women in Poonch district versus tribal pregnant women in another district of Jammu and Kashmir by increasing the sample size
2. A study can be conducted on the socio-cultural factors influencing the participation of tribal women in the PMMVY scheme
3. A study can be conducted on the challenges faced by tribal women in accessing PMMVY benefits and how they can be addressed
4. A study can be conducted on the role of PMMVY in encouraging exclusive breastfeeding among tribal women in Poonch district
5. A study can be conducted on the effectiveness of awareness campaigns and outreach programs for PMMVY in Poonch.

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- Business Standard
- Daily Excelsior.
- Deccan Chronicle

- Economic and Political Weekly.
- Frontline.
- Greater Kashmir
- Himalayan Times
- Hindustan Times
- Jammu and Kashmir Times
- Jammu Daily News
- Kashmir Observer
- The Economic Times
- The Hindu
- The Indian Express
- The Indian Express.
- The Kashmir Monitor
- The Times of India
- The Tribune.

MAGAZINES

- Awaz-e-Gurjar
- Chronicle IAS Magazine
- Civil Services Chronicle
- Gujjar Desh
- Gujjar Times
- Jammu and Kashmir Academy of Art, Culture and Languages

LIBRARIES VISITED

- Allama Iqbal Library at the University of Kashmir
- Jammu and Kashmir Digital Library
- Jammu and Kashmir State Library

- LPU's Department of Sociology Library
- LPU's state-of-the-art multi-storey Central Library
- National Institute of Technology, Srinagar Library
- Sher-e-Kashmir University of Agricultural Sciences and Technology Library
- Srinagar Municipal Library
- The library at Baba Ghulam Shah Badshah University
- The library at Baba Ghulam Shah Badshah University
- University of Jammu Library
- Waqf Board Library, Jammu and Kashmir

ANNEXURES

Annexure-I
LOVELY PROFESSIONAL UNIVERSITY
(School of Liberal and Creative Arts: Social Sciences& Languages)
DEPARTMENT OF SOCIOLOGY

Interview Schedule for Beneficiaries of PMMVY Scheme

Researcher's Name: Shafiya Rasheed

Date: _____

Consent from the Participant

Dear Respondent/Informant/Participant, the following questionnaire has been developed by the Research Scholar (Regn. No.12105524) from the Department of Sociology, Lovely Professional University, Phagwara Punjab, India. The purpose of this questionnaire is to gather information about a study on the **“Impact of Pradhan Mantri Matru Vandana Yojana on Tribal Pregnant women. A study of District Poonch in Jammu and Kashmir”** This questionnaire's main objective is solely academic. Your responses will not be used for any other purpose and your identity will be confidential. Your support in this regard would be significantly appreciated. Your information will be treated as totally confidential by the researcher, who also agrees not to reveal any specific information to anybody not involved in the study. Thus, its confidentiality is protected.

It is requested that the following questions be answered to the best of your knowledge. Please put a tick mark on the option you choose.

Part-I: Demographic Profile of the Respondent

Participant's Pseudo Name/Code _____

1. Reproductive Age of the Respondent

- a) 18-22 years
- b) 22-34 years
- c) 35-44 years
- d) 45-55 years
- e) Above 55 years

2. Economic Category of the Respondent

- a) Below Poverty Line

- b) Above Poverty Line
- c) Annapurna Yojana
- d) Antyodaya Anna Yojana

3. Educational Status of the Respondent

- a) Illiterate
- b) Primary Schooling
- c) Secondary Schooling
- d) Senior Secondary
- e) Graduates & above

4. Marital Status of the Respondent

- a) Married
- b) Unmarried
- c) Divorced
- d) Separated
- e) Any other

5. Caste composition of the Respondent

- a) Gujjar
- b) Bakerwal
- c) Any other

6. Family size of the Respondent

- a) 1-4 members
- b) 5-8 members
- c) 8-12 members
- d) Above 12 members

7. Occupation of Antenatal/Neonatal Mother

- a) Labour
- b) Agriculture
- c) Household servant
- d) other

Part II: Level of awareness of PMMVY scheme among the tribal pregnant women in Poonch district

1. Are you aware of the Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme?
 - a) Yes
 - b) No
2. How did you come to know about the PMMVY scheme?
 - a) AWW
 - b) Mass media
 - c) Health workers
 - d) Friends and family
3. Are you aware of the benefits provided under the PMMVY scheme?
 - a) Yes, I am fully aware.
 - b) I am partially aware.
 - c) I am not aware of any benefits.
4. Do you know if the PMMVY scheme provides cash assistance for nutrition during pregnancy and lactation?
 - a) Yes
 - b) No
5. Have you or any pregnant woman you know availed the benefits provided by the PMMVY scheme?
 - a) Yes
 - b) No
6. If yes, what benefits did you avail or are aware of? (Select all that apply)
 - a) Cash assistance for institutional delivery
 - b) Cash assistance for early pregnancy registration
 - c) Cash assistance for child immunization
 - d) Cash assistance for nutrition during pregnancy and lactation
 - e) Cash assistance for anaemia prevention
7. How easy or difficult was the process of availing the benefits under the PMMVY scheme?
 - a) Very easy

- b) Somewhat easy
 - c) Neutral
 - d) Somewhat difficult
 - e) Very difficult
8. Have you faced any difficulties or challenges while applying for the PMMVY scheme or availing its benefits?
- a) Yes
 - b) No
9. If yes, please specify the difficulties faced.
- a) Awareness and information gaps
 - b) Application and documentation challenges
 - c) Access to registration and disbursement centers
 - d) Socio cultural and gender related barriers
10. Do you believe that the PMMVY scheme should be promoted and made more accessible to tribal pregnant women?
- a) Yes, definitely
 - b) Maybe, with some improvements
 - c) No, it is not necessary.
11. How frequently do you receive information or updates about the PMMVY scheme?
- a) Regularly
 - b) Occasionally
 - c) Rarely
 - d) Never
12. Are you aware of any awareness campaigns or activities conducted by the government to promote the PMMVY scheme?
- a) Yes
 - b) No
13. How much satisfied are you about the overall effectiveness of the PMMVY scheme in reaching out to tribal pregnant women?
- a) Highly effective
 - b) Moderately effective

- c) Not effective at all
- 14. In your opinion, how can the awareness of the PMMVY scheme be enhanced among tribal pregnant women?
 - a) Increasing awareness through media campaigns.
 - b) Conducting community awareness programs.
 - c) Involvement of local influencers/leaders
 - d) Strengthening the role of health workers in disseminating information.
 - e) Other (please specify)
- 15. How would you rank your knowledge and understanding of the PMMVY scheme?
 - a) Very low
 - b) Average
 - c) Very high

Part III: Economic impact of PMMVY scheme on tribal beneficiary mothers of Poonch District.

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- 1. Have you personally benefited from the PMMVY scheme?
 - a) Yes
 - b) No
 - 2. Did you receive any instalment of the PMMVY scheme?
 - a) One instalment
 - b) Two instalments
 - c) All the instalments
 - d) Nothing
 - 3. How much medical expenditure incurred during and after pregnancy? _____
 - 4. How much non-medical expenditure incurred during and after pregnancy? _____
 - 5. How much of the wage loss occurred during and after pregnancy? _____
 - 6. How much medical expenditure was covered by the PMMVY? _____
 - 7. How much of the non-medical expenditure was covered by the money received under PMMVY scheme? _____
 - 8. How much of the wage loss occurred during the period was covered by the scheme? _____
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9. Do you believe that the PMMVY scheme has reduced some financial burdens on tribal pregnant women during and after pregnancy?
- a) Yes
 - b) No
10. On a scale of 1 to 5, how would you rate the financial support provided by the PMMVY scheme?
- a) 1 (Very poor)
 - b) 2 (Poor)
 - c) 3 (Average)
 - d) 4 (Good)
 - e) 5 (Excellent)

PREGNANCY STATUS

- a) Is it your first pregnancy: (a) yes (b) no
- b) If not, how many children do you have?
- c) Procedure of delivery: (a) Normal (b) LSCS
- d) Any miscarriages: (a) yes (b) no

PAST MEDICAL PROBLEMS

- a) Diabetes
- b) High blood pressure
- c) Heart disease
- d) Thyroid disorder
- e) Kidney or bladder disease
- f) Infertility

ANTHROPOMETRIC SURVEY:

1. Height

- a) 4 feet
- b) 5 feet
- c) Above 5 feet

2. Weight

- a) 37-45
- b) 46-54

c) Above 55

3. Weight gain during pregnancy

a) 40-45

b) 46-51

c) 52-57

d) Above 58

4. Haemoglobin level (g/dl blood)

a) 7 to 8 g/dl

b) 8 to 9 g/dL

c) 9 to 10 g/dL

d) More than 10 g/dL

General information about the nutritional status of pregnant women

1. Do you know about the basic nutritional requirement of the pregnant women?

a) Very familiar

b) Somewhat familiar

c) Not familiar at all

2. Do you know the policies of Iron and vitamin A supplementation through Government for pregnant women for combat anaemia?

a) Very familiar

b) Somewhat familiar

c) Not familiar at all

3. What kind of changes in your dietary patterns have you made since receiving the incentives from PMMVY?

a) Increased consumption of fruits and vegetables

b) Increased consumption of protein-rich foods

c) Reduced consumption of junk food and sugary drinks

d) No changes in dietary patterns

4. Do you take iron and vitamin A, calcium rich foods after enrolling into PMMVY scheme?

a) Every day.

b) 4-6 times a week

- c) 1-3 times a week
 - d) Rarely or never
5. Have you noticed any improvements in your overall health and well-being since becoming a beneficiary of the PMMVY in Poonch district?
- a) Yes, significant improvements
 - b) Yes, some improvements
 - c) No noticeable improvements
 - d) Not sure
6. How often do you attend prenatal and postnatal check-ups after becoming a beneficiary of the PMMVY scheme?
- a) Every visit recommended by the healthcare provider
 - b) Most of the recommended visits
 - c) Some of the recommended visits
 - d) Rarely or never attend check-ups
7. Have you received any nutritional counselling or education sessions as part of the PMMVY scheme?
- a) Yes
 - b) No
8. Are you satisfied with the nutritional support and guidance provided through the PMMVY scheme?
- a) Very satisfied
 - b) Somewhat satisfied
 - c) Neutral
 - d) Somewhat dissatisfied
 - e) Very dissatisfied
9. Do you believe the PMMVY adequately addresses the nutritional needs of beneficiary women in Poonch district?
- a) Yes
 - b) No

10. Do you feel that the PMMVY has helped in reducing malnutrition among women in Poonch district?
- a) Yes, significantly
 - b) Yes, to some extent
 - c) No, not at all

Part IV: The PMMVY Incentives were used for Intended Purposes by Beneficiary Tribal Women in Poonch district.

1. Did you receive the PMMVY incentives in a timely manner?
- a) Yes
 - b) No
2. How did you utilize the PMMVY incentives?
- a) Purchased nutritional food items
 - b) Purchased clothes and other household items
 - c) Repaid loans or debts
3. Did the PMMVY incentives help you meet your nutritional expenses?
- a) Yes, fully
 - b) Yes, partially
 - c) No, not at all
4. Did the PMMVY incentives help you to cover the wage loss during pregnancy?
- a) Yes, fully
 - b) Yes, partially
 - c) No, not at all
5. Did you utilize the funds primarily for health expenses?
- a) Yes, fully
 - b) Yes, partially
 - c) No, not at all
6. Were the funds utilized for improving the dietary intake?
- a) Yes, fully
 - b) Yes, partially
 - c) No, not at all

7. How has the PMMVY incentives impacted your overall ante-natal and post-natal life?
- a) Improved significantly
 - b) Improved moderately
 - c) Remained the same
 - d) Decreased moderately
 - e) Decreased significantly
8. How would you rank the effectiveness of the PMMVY incentives in addressing the needs of tribal women in Poonch district?
- a) Highly effective
 - b) Moderately effective
 - c) Somewhat effective
 - d) Ineffective
 - e) Not sure
9. On a scale of 1 to 5, how satisfied are you with the PMMVY incentives?
- a) 1 – Very dissatisfied
 - b) 2 – Dissatisfied
 - c) 3 – Neither satisfied nor dissatisfied
 - d) 4 – Satisfied

Annexure-II
LOVELY PROFESSIONAL UNIVERSITY
(School of Liberal and Creative Arts: Social Sciences& Languages)
DEPARTMENT OF SOCIOLOGY

Part II: Level of awareness of PMMVY scheme among the tribal pregnant women in Poonch district

1. How familiar are you with the Pradhan Mantri Matru Vandana Yojana (PMMVY)?
2. Have you received any training or information sessions about PMMVY?
3. Are there any barriers preventing the tribal pregnant women in Poonch district from accessing PMMVY benefits

Part III: Economic impact of PMMVY scheme on Tribal Beneficiary mothers of Poonch district.

1. How has the Pradhan Mantri Matru Vandana Yojana (PMMVY) positively impacted the economic well-being of tribal beneficiary mothers in the Poonch district?
2. What are the key economic challenges faced by tribal beneficiary mothers in the Poonch district, and how does PMMVY address those challenges?

Part IV: The PMMVY Incentives were used for Intended Purposes by Beneficiary Tribal Women in Poonch district

1. How do tribal beneficiary women in the Poonch district utilize the financial incentives provided under the Pradhan Mantri Matru Vandana Yojana (PMMVY)?
2. Are there any initiatives to educate tribal beneficiary women about the importance of utilizing PMMVY incentives for the intended purposes and the potential consequences of misusing the funds?

Part V: The Nutritional Status of Beneficiary women of PMMVY in Poonch district

1. How would you evaluate the nutritional status of beneficiary women in the Poonch district before the implementation of the Pradhan Mantri Matru Vandana Yojana (PMMVY)?
2. What are the main factors contributing to the nutritional challenges faced by beneficiary women in the Poonch district, and how is PMMVY addressing these issues?
3. What kind of nutritional support programs or initiatives are implemented under PMMVY to improve the dietary practices and nutritional intake of beneficiary women in the Poonch district?