

Socio-economic Impact of Maternity Allowance: A Study Conducted in Sarail Upazilla of Brahminbaria District*

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Abstract: Women constitute half of the population of Bangladesh. About fifty percent of the total population live below the poverty line for whom it is difficult to meet basic needs. Here women including adolescents are the most suffered people. A very good of women living in the rural areas is very poor. The condition of poor pregnant mothers is undoubtedly miserable. United Nations (UN) has set target of developing mother's health and reducing mothers' mortality to 75% by 2015. In line with the UN agenda Bangladesh has also emphasized on this issue and taken initiatives. Maternity allowance for poor mothers is one of the important schemes to help the distressed poor mothers. This programme started from July 2007 all over the country with a view to disburse 162 million taka providing three hundred taka per person as monthly allowance for 45000 poor mothers of 3000 extreme poor unions selected country wide. This programme kicks off with some short and long-term objectives to be achieved. The objectives are mainly to reduce the rate of death of mothers and infants in order to achieve Millennium Development Goals (MDGs) and objective of Poverty Reduction Strategies (PRS); to increase the rate of breastfeeding ; to increase the rate of taking highly nutritious food during the pregnancy period in order to meet extra need of food for mothers and infant; to enhance the service during the delivery and after the delivery; to increase the rate of accepting family planning method and make successful of EPI (Extended Programme on Immunization); to prevent dowry system prevailing in society, to thwart divorce and child marriage and encouraging people for birth and marriage registration. This article attempts to show the importance of the programme and analyze the socio-economic impact of the programme in the society as well as amongst the beneficiaries in the selected area. It also suggests some potential recommendations to be implemented by the government in order to help the poor people, distressed women in particular in a broader aspect across the country.

* This article is dedicated to the departed souls of the women who died due to pregnancy related complications specially to **Nahid Sultana**, former Lecturer of BPATC School & College, Savar, Dhaka;

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1.0 Introduction

During the last two decades, there has been a remarkable development in some sectors of Bangladesh where maternal health and reduction of infant mortality rate are the most significant areas. It happens due to the awareness of mass people, globalization, internationalization of products, free market economy, pressure and support of local Non-Government Organizations (NGOs) and international agencies like World Bank, International Monetary Fund (IMF), United Nations Population Fund (UNFPA) and government has taken initiatives like female education programme, female participation in local government, widow & separated allowance, maternity allowance etc (Ahsan et al 2002; Gardiner and Martinez, 2006; Karim and Bhowmik, 2007). With the view of development of maternal health with infant, hazards free child caring and rearing, Ministry of Women & Children Affairs has introduced a programme on maternity allowance for poor mothers all over the country. Maternity Allowance (MA) is a tax-free benefit payable to pregnant women who cannot get statutory maternity pay from their employer, to the self-employed and women who have recently given up their jobs (http://www.dsdni.gov.uk/index/ssa/benefit_information/a-z_of_benefits/maternity_allowance.htm). Here MA is a monthly allowance of three hundred taka to be provided to the poor pregnant mothers for two years which is supposed to cover 4500 poor mothers of 3000 unions all over the country. This paper attempts to discuss introduction and importance of the programme and analyze the socio-economic impact of the programme in the society as well as amongst the beneficiaries in the selected area. This article also suggests some recommendations to be implemented by the concern authority in order to help the poor people, distressed women in particular in a broader aspect.

2.0 Background of Maternity Allowance

2.1 History and Comparative Study on Maternity Allowance

The German Radical Kathe Schirmacer had utilized her thinking mostly for the first time as the part of a movement for establishing rights of women in Europe though this idea was first initiated in Paris, France in 1878. In 1982 General Congress of Feminist Societies of France called the women's conference and showed urgency of protecting women rights. In this regard feminist Hubertine Auclert demanded maternity allowance by a paternal tax levied on man to pay to mothers in 1899. Atus Russell³

³ Wife of Bertrand Russell

demeaned the payment for motherhood in a public discussion in 1896 in Britain on the issue of miserable condition facing women and mothers having small children (Bock and Thane 1991). Here they demanded the maternity allowance with a greater scheme to be taken by the government.

It appears that globally rich and developed countries have the higher degree of benefits provided for the women as the maternity allowance and statutory benefits. European countries are the highest provider where as the Asian and African countries are the lowest ones. According to the new research conducted by Mercer Human Resource Consulting, among the EU countries, Greece, Luxemburg and the UK have the lowest level of statutory maternal pay (Bock, 2002; <http://hr.blr.com/news.aspx?id=8147>). However, Denmark and Italy are the most generous in paying maternity allowance. A woman earning \$25,000 a year, the total pay accumulated after 6 months maternity leave would be just \$2083 in Greece, \$2883 in Luxemburg and \$4009 in the UK whereas the entitlement in Denmark, Italy and Sweden would be as much as \$10556, \$10096 and \$ 10000 respectively. The highest provider of benefits is Norway where this amount is \$12500. This is globally highest ever paid to a woman for maternal case in the world. Outside the EU, maternity benefits appear to be lowest with the exception of Brazil. Interestingly in the USA there is no statutory maternity pay at all, although women may receive short term disability or sick leave (http://lilt.ilstu.edu/gmclass/pos232/articles/Maternity_benefits.html). Here is a table shown below that indicates the huge variation of the maternity allowance paid to a woman:

Table-1: Maternity Allowance paid to Women all over the World

Sl. No.	Country	Maternity Allowance paid to (total)	Remarks
1.	Norway	\$12500	
2.	Brazil	\$11538	
3.	Italy	\$10096	
4.	Denmark	\$10556	
5.	Sweden	\$10000	
6.	The UK	\$4009	
7.	Luxumberg	\$2883	
8.	Greece	\$2083	
9.	Czech Republic	\$1762	
10.	Russia	\$2000	
11.	Hungary	\$8077	
12.	Poland	\$7692	
13.	Singapore	\$3846	
14.	Taiwan	\$3846	
15.	Australia	\$448, \$4000 (since July 2006)	
16.	The USA	Nil	
17.	Bangladesh	\$104 (7200Taka)	This allowance is paid to poor mothers

*Source: http://lilt.ilstu.edu/gmklass/pos232/articles/Maternity_benefits.html

2.2 Maternity Allowance in Bangladesh

Bangladesh is a developing country with huge population encircled with many problems particularly women in rural areas have to face social, economic threats. Although government has emphasized on women and children issues, they are still deprived of education facility, medical facility. As it is the basic need and human right, medical facility is to be provided by the government on the priority basis taken for the adolescent and mothers. Medical facility is limited not only in the rural areas but also in urban areas. Poor mothers cannot get treatment of their own cost as they are unable to meet their first basic needs i.e. food, shelter, safety needs, social needs, self-esteem (Maslow, 1970). Due to the illiteracy, lack of awareness, economic poverty, mothers especially pregnant mothers are in vulnerable position, even at the risk of death. Considering vulnerability of poor pregnant mothers government has taken steps to mitigate their sufferings as the part of social safety net. Hence the programme 'maternity allowance for poor mother' has been initiated in rural areas. This programme starts with the objectives of doing betterment of pregnant mothers and new born babies (GOB, 2007; Ikfat et al, 2008) Perry, 2000)). This has some direct objectives to be achieved on the short term basis and some other indirect objectives to be attained long term basis related to policy of the government.

3.0 Maternity Allowance Programme

3.1 The Government of Bangladesh (GOB) has initiated the programme titled 'Maternity Allowance for Poor Mothers' as a social safety net programme with an objective to assist the under privileged distressed people since the fiscal year 2007-2008. It was decided that every pregnant woman would be given 300 taka as the monthly allowance. Now this allowance is increased upto 350 taka (GOB, 2008). This scope would be running in three thousand Unions⁴ all over the country according to the poverty-map⁵ which would cover 45000 poor mothers with a condition of 15 mothers would be provided this allowance in each Union. This programme was designed to disburse total taka 162 million with an additional allocation of 8 million for implementation cost as a whole (GOB, 2007).

3.2 Terms and conditions of being selected the beneficiary: A woman can avail this opportunity fulfilling at least four of following conditions including first two:

- A poor mother can get benefit during her first or second pregnancy period; however she will be given this opportunity once only.
- She must be of twenty years old or more.
- Her income level should not exceed 1500 taka per month.
- This pregnant mother would be the main income earner of her family
- Physically challenged poor mother
- She has only living house or lives in other's place
- She or any of her family members does not have agricultural land or pond for fish cultivation or other livestock.

If any woman fulfills the criteria, she will be enlisted as the eligible candidate of getting this opportunity whereas poorer mother will be given preference. Even if the first or second issue dies, this can be provided for the third issue (GOB, 2007).

⁴ There are some tiers of local government, such as Union level, Upazilla Level, District level where the Union is the lower level of local government initiatives.

⁵ The whole Bangladesh has been taken into consideration and those areas where people, women in particular, are very poor, in vulnerable condition and need more help from the government initiatives. On the basis of these criteria some Unions of Upazillas have been selected which gives a geographical picture of poor women. Here this denotes the poverty-map.

3.3 Selection Process of Beneficiary and Distribution of Allowance

3.3.1 Primary selection process would be completed with the help of responsible NGO representative, Female Ward Commissioner, Union Social Worker and Union Family Planning Worker following the process stated below:

- Conducting local survey and gathering information about the potential beneficiaries.
- Collecting specific and valid information on age, marital status, number of children, monthly income, ownership of property from the head of school/college/madrasha or local *Kazi*⁶ and Union Land Assistants.
- Collecting certificate free of charge from the Upazilla Family Planning Officer or Upazilla Medical Officer on the maternity issue.

They will submit a provable list to the Upazilla Maternity Allowance Committee on the basis of real information collected from the field paying visit the area in person (GOB, 2007).

3.3.2 Upazilla Maternity Allowance Committee will be formed with seven members headed by Upazilla Nirbahi Officer (UNO) including concerned Chairman of unions, Upazilla Social Welfare Officer, Upazilla Family Planning Officer, representative of concern Bank of Upazilla, representative of concerned NGO as members and Upazilla Women Affairs Officer who will be working as the Member Secretary. This Committee will finalize the list of beneficiaries and monitor the whole programme (GOB, 2007).

3.4 High powered National Steering Committee headed by the Secretary of Ministry of Women and Children Affairs has been formed to guide and evaluate the programme.

4.0 Importance of the Programme

Women are the most vulnerable in all aspects; this condition is seen at highest degree at the stage of pregnancy. World Health Organization (WHO) estimates that there are about 500,000 pregnancy-related deaths each year, 99% of them in developing countries like Bangladesh, India and Nepal. In Bangladesh 12000 women die needlessly every year as a result of the complications of pregnancy and childbirth (Austin, 2007;

⁶ Kazi is the authorized person responsible for marriage registration.

Maine, 1991). Child mortality rate is still high in the country. The miserable condition of pregnant women is remaining at the highest degree for poor mothers. This happens due to low calorie intake during the pregnancy, lack of medical care, insufficient money to buy food, lack of awareness. In most cases purchasing power is the main cause. In order to reduce infant mortality, mortality of pregnant mothers, a special allowance can be served as the best help to the poor mothers. Maternity allowance helps create safe motherhood which has potential and substantial benefits. This is an investment to improve women's health and the health of her family in order to increase the labor supply, productive capacity and economic well-being of communities, ultimately having a positive impact on the economy. If safe motherhood can be ensured through this allowance it will help stopping unwanted or unplanned pregnancies that interfere with women's social and economic activities and cause emotional and economic destitution not only to women but also to their families (Anne *et. al.*, 1996; Austin, 2007; Tasnim, 2009). If the mothers die or are disabled in childbearing, children have drastically diminished prospects of leading a productive life. Unsafe motherhood creates burden on women associated with frequent pregnancies, poor maternal health, pregnancy complications, and caring for sick children deplete their productive energy, puts at risk their income-earning capacity, and contributes to their poverty (Anne *et. al.*, 1996). Here comes the necessity of maternity allowance. Besides these, the constitution of Bangladesh has guaranteed to provide basic needs of human being including medical facility⁷ as the significant one (GOB, 1997 GOB, 2007; <http://www.un.org/millenniumgoals/maternal.shtml>). This initiative is taken as the social safety net programme in order to improve the backward and vulnerable people, women in particular (Faisal and Rajagopalan, 2005).

⁷ It shall be a fundamental responsibility of the State to attain, through planned economic growth, a constant increase of productive forces and steady improvement in the material and cultural standard of living of the people, with a view to securing to its citizens-

(a) the provision of the basic necessities of life, including food, clothing, shelter, education and medicate..... (The Constitution of the People's Republic of Bangladesh, Article-15).

5.0 Strategic Objectives of the Programme

This programme has been initiated with some objectives which are:

- a) To reduce the rate of death of poor mothers and infants in order to meet objectives of Millennium Development Goals* (MDGs) and Poverty Reduction Strategies (PRS) (GOB, 2007a).
- b) To increase the rate of breastfeeding developing awareness about nutritious value of mother's milk through campaign, advertisements.
- c) To increase the rate of taking highly nutritious food during the pregnancy period in order to meet extra need of food for mothers and infant.
- d) To enhance the service during the delivery and after the delivery.
- e) To increase the rate of accepting family planning method and make successful of EPI (Extended Programme of Immunization).
- f) To prevent dowry system prevailing in society, divorce and child marriage.
- g) To encourage people for birth registration and marriage registration as well.

Here the first four objectives are directly related to programme which can be achieved through this programme and remaining others are to be achieved as the outcome of the programme.

6.0 Programme Area

According to the poverty-map of the whole country three thousand unions were selected as the programme implementing area where in each union fifteen pregnant mothers would be provided the maternity allowance at the rate of three hundred taka per month. These mothers would be selected on some criteria set by the programme. It is being implemented by the directorate of Women and Children Affairs. However, Upazilla Women Affairs Officers under the Ministry of Women and Children Affairs are the key responsible persons to implement this programme around the country.

* Goal 4 : Reducing Child Mortality

Target 5 : Reduce by two-thirds between 1990 and 2015, the under five child mortality rate.

Goal 5 : Improving Maternal Health

Target 6 : Reduce the maternal mortality ratio by three quarters between 1990 and 2015

7.0 Analysis of the Study

7.1 The study on the beneficiaries of the programme has the aim of analyzing the socio-economic impact in order to establish unique and dynamic cause and effects in the situation. It has been conducted on the basis of some unstructured questionnaires suitably prepared for the illiterate poor people for unfolding the complex issues and (Cohen *et. al.*, 2000; Karim, 2004). Here the study has been chosen to investigate the multifaceted dynamics and unfurl multiple factors related to the allowance. In order to analyze the impact of the programme Sarail Upazilla under the Brahminbaria district has been selected as the study area. Beneficiaries of the programme, concerned officers and local elites have been interviewed using unstructured questionnaire (Annex-1) and focused group discussion (FGD), face to face discussion as methods of data collection on the basis of checklist prepared beforehand. Considering strengths and weaknesses of social research methods which might be applicable for this study, above mentioned multi-methods were selected to conduct this study (Cohen *et. al.*, 2000; Descombe, 2002).

7.2 Detailed information which is taken from the programme documents supplied by the Directorate of Women and Children Affairs is stated below:

Sl. No.	Issues/ area	Information	Remarks
1.	Number of Unions where this program is run	9	All unions of the Upazilla Sarail
2.	Total number of beneficiaries	135	
3.	Total amount allotted	973750 Taka	6.01% of the total money allotted for the Upazilla
4.	Total money disbursed	923350 Taka	94.82% of the total money
5.	Number of beneficiaries with no child	40	29.63% of the total beneficiaries
6.	Number of beneficiaries with one child	95	71.27% of the total beneficiaries
7.	Average distance from Union to Upazilla	8km	Distant one is 10 km away from the UWAO office

7.3 On the basis of checklist and unstructured questionnaire data were collected from field with the help of support staff of Upazilla Women Affairs office, Sarail:

Table-3: Detailed information received from the study

Sl. No.	Issues/ area	Information	Remarks
1.	Average income of the beneficiaries	3000	Single income earner
2.	Average size of the family	5.4	As they live in extended family
3.	Who lives with you	Father-in-law, brother or sister in law, husband, one or two kids	
4.	Whether it is the first/second/third issue	One third replied first issue, less than two thirds said second issue	
5.	Support of other family members	Most of them replied that family members supported it	
6.	Extra care taken by the family members during the pregnancy period	Pregnant mothers answered that they are being taken extra care of	
7.	Percentage of beneficiaries can use this allowance for their own selves	About 50% of the money is used for their own food and medicine	
8.	Percentage of beneficiaries use this allowance for their family members	About 50% allowance is used for family members as they are poor	
9.	Feeling of pregnant women about the value given by other family members	Because of being illiterate of lack of awareness, pregnant mothers were well behaved, however, after this programme they were emphasized	
10.	Weightage given by the family members for taking more food during the pregnancy period	As these mother are getting extra money, family members or head of the family members buy food and medicine for them	
11.	How do they know about this programme	UWAO circulated and informed the beneficiaries through the women members of unions	
12.	How the people feel about the programme	First time it was ambiguous to the beneficiaries whether this allowance is given like other NGOs or they have pay back with a interest	
13.	Feeling of people whether they encourage this programme	Local feeling felt that it is good project for poor people. As all 135 women have been selected for providing this allowance no new members can be added. So those pregnant mothers are not getting allowance they are very much interested to know about the future of the programme so that that they can avail this opportunity	Coming mothers

8.0 Impact of the Programme

Maternity allowance programme run by the GOB has tri-dimensional impact. First of all it has a positive impact on health issue including maternal and infant health care, post and anti-natal care in order to reduce maternal and infant mortality. It creates social awareness not taking more children, stopping child marriage, early marriage, dowry system, creating a good atmosphere of practicing social values like treating woman as human being, respect to woman etc. There are some important issues related to economic development or empowerment of woman which leads to reduce poverty. It has some negative impacts as well.

8.1 Health Issue

8.1.1 Food Intake: As a gender differentiation in the South Asia, Bangladesh in particular, nutrition can be cited as one of the significant axes. Many factors responsible for this difference in the quality and quantity of food that household gives to male or female even to children either boy or girl are interconnected with the values and ideas of the family particularly in the poor family (Dube, 1997; Lee, 1998, Imam, 2002)). There is a superstition that pregnant mothers should be given less food. Here adds the poverty as well with the social and familial superstitions. Since these poor mothers are facing severe hardship of economic solvency due to poor income which around taka 3000 they are unable to meet their basic needs including sufficient calorie intake. According to doctor's advice pregnant mothers should take 2800 kilo calories which 500 more than a normal women takes (<http://completewellbeing.com/article/eat-age-wise/>). Though the monthly allowance is not very much satisfactory, it helps them buying some necessary food which a mother needs during the pregnancy period (GOB, 1990). This allowance forces them to decide on this matter in order to keep them healthy which is urgently needed for coming baby (Mayall, 1996).

8.1.2 Health checking: One of the important objectives of the programme is to ensure safe delivery for poor women. A mother under this programme has to see, consult the medical officer which was severely ignored and causing many negative consequences including death threat (http://www.pregnancyetc.com/pregnancy_complications.htm). Many women face some minor health problems and pregnancy complications. However, there is significant number of women who unfortunately get faced with more serious complications during pregnancy (Austin, 2007;

Gittesohn *et. al.*, 1994; Tasnim, 2009; World Bank, 1994). When these pregnancy complications occur, usually a visit to healthcare provider is required. This programme provides them this opportunity, basically compulsion to see doctor to be in well condition both in physically and mentally. This health checking creates two benefits that ensures the good health of coming baby as well as vulnerable mother (Kaushik, 1993). All mothers and other family members acknowledge this praising the programme as the best one initiative of the government.

8.1.3 Awareness about health: These illiterate people are not aware of the health conditions, consequences of pregnant women. They have very limited scope to know. However this project helped them being aware of health issue, health hazards, present and future consequences and the cost of ignorance. Through this programme they came to know primary health care, particularly about six diseases of children. This class of people having so many superstitions about coming baby or mother, which have been overcome from their knowing through this programme. Most of them said that they (95%) did not know the consequences of pregnant mothers and also about new born baby who might face so many complications due to ignorance.

8.1.4 Breastfeeding: Although these poor mothers breastfeed their babies, they did not know the benefits and necessity of doing this. Breastfeeding alone is the best food and drink for a baby. Poor mothers do not know that no food or drink needed for the first six months of life. Even in hot or dry climate breastfeed contains sufficient water for a young baby for which additional water or surgery drinks are not needed to quench the baby's thirst. Breastmilk serves as the baby's first immunization which helps protecting babies and young children against dangerous diseases (GOB, 1998). As they get in touch with the Upazilla Medical Officer or other health workers, they could take best decision about their breastfeeding. When these mothers were asked about the breastfeeding they recognized the benefits of doing so and they acknowledged the contribution of the programme. Another important issue is that breastfeeding gives a mother 99% protection against pregnancy for the six months after giving birth which indicates the reduction of birth rate and fulfils the indirect objective of the programme (GOB, 1998; GOB, 2007).

8.1.5 Cleanliness: Cleanliness during the maternity period is very important issue to be maintained. This comes through the awareness of this group including family members.

8.1.6 Danger during maternity period: The United Nations Population Fund (UNFPA) says that Every minute, another woman dies in pregnancy or childbirth from pregnancy case due to ignorance, lack to proper treatment, lack of timely admission into hospital, negligence etc (<http://www.unfpa.org/mothers/>) . An estimated 600,000 suffer maternal complications every year (http://www.unfpa-bangladesh.org/php/thematic_motherhood.php). The programme has initiatives to aware them about health consequences which can easily be addressed. This includes regular health treatment for which any critical condition for both mother and baby can be treated by taking remedial measures. During this programme period there was no single incident of death case of pregnant mother or infant happened in any Union of Sarail Upazilla particularly among them 135 women who are under this programme.

8.1.7 Food value of other kids: This is very unusual for poor family to provide balanced food for every child and this is not possible for them to do so. There is a terrible report that ten children die in Bangladesh per every hour due to malnutrition which happens in those areas where poor people live (Moral, 2009). As this group is getting special support from the government for doing a particular thing, family members emphasized that the other kid should also be given, more or less, balanced food including mother. Those who are having another kid of around 1-5 years old, they tried to develop the food value both in quality and quantity. About 34 % of the total beneficiary responded this.

8.1.8 Reducing the rate of infant mortality: From the starting date on 1 July 2007 of this programme in Sarail, there is no single case happened that any infant died due to negligence or any other unusual cause, it is better to keep the rate unchanged. However, it can be inferred that due to the programme no infant died which indicates the reducing rate of infant mortality. This conclusion has been drawn on the basis of data collected from the FDG conducted with stakeholders and local elites and adult family members.

8.1.9 Access to modern facility: Poor people are still habituated with traditional *dai*⁹ culture who are not aware of the modern facility. But medical facility has been extended upto union level for the betterment of people in order to meet basic rights as constitutional obligation (GOB,

⁹ Elderly woman engaged in helping the pregnant mother for delivery particularly in rural areas for poor illiterate people.

1997). People are becoming acquainted with the modern health facility and utilizing those. More than three fourths pregnant mothers put remarks that due to the programme they came to know the modern facility which made their life comfortable and easier even tension free from health hazards.

8.2 Economic Issues

8.2.1 Economic empowerment: In rural Bangladesh women are treated as the supportive earners where their economic activities are not measured in currency or added to Gross Domestic Product (GDP). Here only male counterparts are treated as the bread winner though they have same contribution in developing and maintaining the family (Kibria, 2001; Mahmud, 1997; Gabriel, 1991 in Zafarullah, 2000). Most of the pregnant mothers said that they are now treated as the earning member of their families as they are getting money. At least breadwinner needs not to pay more in this regard or they can think this money as extra which was supposed not to earn anyway. Just for this getting money they are behaved well by mothers-in-law, sisters-in-law or brothers-in-law even from their husbands.

8.2.2 Purchasing power parity: The rural people have the opportunity to buy at a minimum rate from the local people or local market where this 300 taka is not very little for them whose income is about ten times of this. As this group of people are in vulnerable condition during this pregnancy period, this money helps them developing purchasing power which can be utilized in buying necessary items (food & medicine) for their lives. This is not only for buying foods but also buying medicines if they need. A significant number of poor mothers replied that they have utilized this allowance for their food as well as medicine if they needed, even for expenditure to communicate to move from house to Upazilla Health Complex or Bank or Upazilla Women Affairs Office. They emphasized one thing that they used to walk during this time if they would not get this money.

8.2.3 Reducing poverty: In the vicious circle of poverty the most important component is less earning which gears up other factors. This allowance helps reducing poverty by giving them economic advancement adding to their normal income (Hamid, 1996; http://www.absolut.eastronomy.com/topics/Virtuous_circle_and_vicious_circle). A good number of beneficiaries remarked that with the help of this allowance they reduced their poverty; they upgraded their livelihood as well.

8.3 Social Impact

8.3.1 Creating social awareness for limiting more children, stopping dowry system divorce, child marriage, early marriage: The programme has some very good objectives to be achieved in the short term and long term setting some terms and conditions which limit taking more children as it is discouraged to provide this facility to those who are having two children. Through this process beneficiaries might know the consequences of dowry system, social and legal impact of divorce, physical and psychological impact of child marriage and early marriage, this automatically creates a significant impact on these social factors. People around the society they get information about the programme. It is found that the positive relation between the social awareness on these factors and the maternity allowances that indicates the success of the project.

8.3.2 Creating community awareness and belongingness to the government programme: This is another important issue that has given the new dimensions in the democracy in the poor country like Bangladesh. People want some government interventions which may give comfortability to the people, rural poor in particular. This has also created demand as the international agencies have pressure. If the government takes some social programmes like this people feel that government is pro-poor. This has a great impact. This maternity allowance has proved that. This programme has created a positive impact that family members know that a mother during the pregnancy period she should not do any hard work. However, due to ignorance and illiteracy poor pregnant mother would not get relief of this for which they had to pay a lot sacrificing their lives or infant's lives.

8.3.3 Social safety network: As the components of social safety network programme government has taken some initiatives where the maternity allowance for poor mother is significant one. It plays the vital role as the important factor of reducing miserable condition for poor people as well as factor of mitigating gender issue especially maternal health which is not only the government intervention but also the fulfilling UN agenda.

8.3.4 Developing social value: This maternity allowance programme shows that women are treated important factor in the government agenda particularly the poor distressed vulnerable pregnant women (Nasir, 1998). Traditionally poor pregnant women are not well behaved or given proper treatment by the family members which is off on and proved by the

torture by family members. This programme enables them being treated important in the family as well as in the society. Most of the mothers remarked that they are evaluated well in the family as well as in the society. This is the outcome to maternal allowance.

8.3.5 Creating family bondage: Since the government has emphasized the issue of pregnancy of poor mothers and they are providing the financial support, family members give positive emphasis to the pregnant mother thinking that she is also a earning member. From the financial perspectives they are evaluated more. However, from socio-psychological perspective the family members, illiterate in particular, this thinking has been developed that women are in very vulnerable condition during this time which may cause to death. This programme creates awareness among the illiterate people which ties the relationship between them.

9.0 Findings

9.1 Relation between income and health hygiene

There is significant positive correlation between increasing rate of income and maintaining health hygiene. Because of poor income they could not live well from hand to mouth let along proper treatment or providing extra care for pregnant mothers. A good number of mothers replied that they had added some nutritious food needed during the pregnancy period. Some informed that this opportunity helped enabling them to buy more food for the mother and newborn baby. Even most of the persons who were interviewed informed that they have taken extra care for the pregnant mothers. It denotes that there is significant change happened of food taking between before pregnancy and during pregnancy.

9.2 Regarding Social awareness

General people either literate or illiterate aware of consequences during the pregnancy period which may affect mothers and infants severely. This may be due to awareness created for taking awareness programme or making them forced to visit doctor. However, this programme has a positive impact in creating social awareness in this regard.

9.3 People's satisfaction regarding the maternity allowance programme

While the FDG was being conducted among the three important stakeholders, they were asked to make comments how they felt or were

satisfied with the ongoing programme. None was found dissatisfied. Rather the ultimate beneficiaries i.e. women showed strong satisfaction about the programme recommending to extend further or increase the rate of allowance. Another group of people i.e. family members of the beneficiaries expressed deep satisfaction from the economic viewpoint as they were poor and economically insolvent; they were unable to take extra care for mothers as well as infants. This small portion of money provided them as a great help. Local elites viewed from different perspective as the good initiatives of the government.

9.4 Replicability and sustainability:

General mass people appreciated the programme as important SSN programme as well as the important intervention of the government for addressing the gender issue and poverty reduction. From every corner of society a positive response has got to extend the number of poor mothers under SSN programme with the request to set criteria in terms of income of the beneficiary where they have suggested about three thousand taka per month considering the current price hike of necessary food items.

10. Limitations of Implementing this Programme

This is well treated and widely praised government initiatives as the important elements of SSN. Social scientists and concerned officials engaged in implementation find some potential limitations which have caused as the hindrance to reach at the highest peak of success of this programme. If the condition of selecting pregnant mothers having not exceeding taka 1500, the programme would not be implemented as there is none found having monthly income less than 3000 taka per month. This maternity allowance has been designed targeting of 45000 women to be provided this facility which is very insignificant number comparing the women in poverty line. There is another condition of selecting pregnant mothers having the age of twenty or more which is sometimes very difficult because of existing child marriage in the society. If this condition can be strictly followed there may be a chance of unselecting most vulnerable pregnant women i.e. teenage mothers. Selection of beneficiaries is done with the help of local elites who may be bias or may set own criteria based on nepotism or favoritism. As the government has taken this initiative, local as well as national political persons think that this is the avenue to do something for poor people particularly for their own interests in order to get vote in future. Right person may not be selected for this benefit. Local culprits might find the way of getting bribe

from the illiterate people. Another potential limitation of the programme is to provide this allowance facility from a Sonali Bank of the Sadar Upazilla or from UWAO that creates difficulties for those who live far away.

11.0 Recommendations

- The programme has a principle condition that those pregnant mothers would be eligible for getting this allowance whose monthly income would not exceed 1500 taka, which is practically not found in the field. Their income average is about 3000 taka. So this condition should be revised and fixed on the basis of present living expenses.
- There is a condition in the programme that beneficiaries can draw their allowances only from the Sonali Bank of Sadar Union or from the Upazilla Women Affairs (UWA) Officer at her office. This condition should be relaxed and which can be drawn from any state owned bank of the concern union or nearest union. If the state owned bank does not provide this facility it can be extended through private bank. Though this provision has been relaxed that this allowance would be drawn from UWA office which does not create any substantial value because the office is also situated at Upazilla headquarter. If this condition can be loosened up, pregnant mothers can get rid of physical sufferings, even this can save their communication cost. If they have to draw this allowance from bank or UWA Office far away the resident that there is a possibility or risk of abortion for an uncomfortable journey along with the uneven and damaged road.
- In accordance with the policy of the programme concerned beneficiaries have to collect medical certificate from the Upazilla Health and Family Planning Officer. In that case they have to suffer from the journey from home to Upazilla. It can be better to collect the sub centre of family planning or health office which can save them from the communication cost and physical hazards.
- In the allowance distribution committee Upazilla Health and Family Planning Officer (UHFPO) is not included as the member where s/he has to play a significant role. So committee members should be rearranged and UHFPO must be included in order to play the vital role in selecting the right beneficiary and get

involved in this process. Though later Ministry of Women and Children Affairs issued a revised order about Upazilla Allowance Distribution Committee UHFPO is not included there.

- Since there is no specific committee in the Union or Upazilla for selecting appropriate beneficiaries there is a scope of selecting wrong person or misuse of opportunity. So there should be a committee which can be formed comprising 3-5 of members from local elites headed by UWAO with a specific duty to select right beneficiaries on the basis of some criteria which may be set on consensus with the consultation of the Upazilla Nirbahi Officer of the concerned Upazilla.
- Every mother is given only three hundred taka per month upto two years which is significantly low in this day to day life where living cost is extremely high not only in the urban area but also rural area. Only fifteen mothers are provided this allowance in every union. This allowance should be increased in rate and number of beneficiary as well. Although some development have been made in increasing the rate of allowance upto 350 taka, number of union 1000 more, and 102 upazilla under this programme. However, still number is insignificant and 496 union of the country are not under this programme which are to be taken into consideration.
- There is a significant role assigned for local NGO representative to work as the monitoring officer with some specific jobs which are to search and prepare a list of poor pregnant mothers, to create awareness of reproductive health, to motivate beneficiaries about ante-natal care (ANC), post-natal care (PNC), caring during the pregnancy, breastfeeding; to communicate with the beneficiaries in order to monitor & update Upazilla committee, to assist UWAO for disbursing allowance and to help them in getting loans for developing income generating activities (IGAs) after the allowance scheme is over. The fact is that he hardly does these jobs or cooperates with the UWAO in implementing this project. His job should be redefined and responsibilities should be monitored with the help of UNO.

12.0 Conclusion

Maternity allowance is no doubt praiseworthy programme as the most important component of social safety network in order to ensure safe motherhood and a better future generation. In spite of limited number of beneficiaries, this allowance creates significant value for the poor mothers who really need. The purpose of this allowance, more or less, is achieved. However, it is encircled by some limitations which may be addressed in short term basis and some in the long term basis by the policy level initiatives. Recommendations may be followed to implement in other Upazilla, District or Division where these are felt necessity or urgency.

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