

Assessing the Effectiveness of Pradhan Mantri Matru Vandana Yojana in Enhancing Maternal Health Among Tribal Women in Poonch District

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Abstract

The study evaluates the effectiveness of the Pradhan Mantri Matru Vandana Yojana (PMMVY) in enhancing maternal health among tribal women in Poonch District, examining factors such as age and educational level that influence awareness, accessibility, and utilization of the program. Data were collected from 200 respondents through structured surveys, focusing on awareness levels, utilization rates, and perceived impacts of PMMVY on healthcare and nutritional support during pregnancy. Results indicate that although 70% of respondents are aware of PMMVY, only half have accessed its benefits, highlighting existing barriers. Younger women (ages 26-35) and those with higher education levels demonstrated higher awareness and perceived benefits from the program, suggesting demographic influences on engagement. Cultural beliefs also emerged as significant factors impacting PMMVY usage, with many women indicating a need for culturally sensitive outreach to improve program reach. The study recommends tailored approaches, including simplified processes, additional nutritional support, and collaboration with community leaders, to increase PMMVY's effectiveness in addressing maternal health needs among tribal women in underserved areas.

Keywords

Pradhan Mantri Matru Vandana Yojana, Maternal Health, Tribal Women, Poonch District, Policy Effectiveness, Education, Age Groups

Introduction

Maternal health remains a crucial focus of public health initiatives, especially in regions with marginalized communities that face unique challenges in accessing healthcare (Dar & Sharma, 2015). In India, the Pradhan Mantri Matru Vandana Yojana (PMMVY) was launched to address maternal health needs through financial assistance aimed at improving prenatal and postnatal care for pregnant and lactating women (Ravishankar, 2012). PMMVY offers direct cash transfers to support nutrition and healthcare costs during pregnancy, with the goal of reducing maternal and infant mortality rates and promoting healthier maternal outcomes (Raina & Ahmed, 2022). However, the effectiveness of PMMVY varies significantly across regions and demographic groups, especially among tribal populations where access to information and healthcare services is often limited (Abdullah & Pieroni, 2021).

In Poonch District, a predominantly tribal region, socio-cultural norms, limited educational opportunities, and geographic isolation present substantial barriers to maternal healthcare (Dwivedi, 2018). Tribal women in the area may not fully benefit from PMMVY due to challenges such as lack of awareness, cultural resistance, and procedural complexity (Sonwane, 2015). It focuses on assessing the effectiveness of PMMVY among tribal women in Poonch District, with a specific emphasis on how age and educational level influence awareness, accessibility,

and utilization of program benefits (Akhtar, 2023). By exploring these factors, it aims to provide insights into the program's reach and impact within underserved communities, identifying specific gaps and barriers to accessibility (Dar & Sharma, 2015). The findings will help to inform policy recommendations that enhance PMMVY's relevance and efficacy in addressing maternal health needs among tribal women, contributing to the broader objective of achieving health equity and improving maternal health outcomes across India (Koundal, 2012).

Objectives

The study aims to assess the impact of Pradhan Mantri Matru Vandana Yojana (PMMVY) on maternal health outcomes among tribal women in Poonch District, examining the role of demographic factors such as age and educational level in influencing awareness, accessibility, and utilization of PMMVY benefits. It study seeks to identify key socio-cultural barriers that limit program engagement within the tribal community, aiming to provide evidence-based recommendations for improving the program's effectiveness and reach.

Hypotheses

1. **Hypothesis 1:** There is a significant difference in perceptions of PMMVY's impact on maternal health among tribal women across different age groups.
2. **Hypothesis 2:** Higher educational levels are associated with greater awareness and utilization of PMMVY benefits among tribal women in Poonch District.

Problem Statement

Despite the introduction of the Pradhan Mantri Matru Vandana Yojana (PMMVY) to support maternal health in India, significant challenges persist in ensuring equitable access and utilization of this program among tribal women in Poonch District. Tribal communities in this region face unique barriers to healthcare access, including geographic isolation, limited educational opportunities, and deeply rooted cultural beliefs that influence health-seeking behaviours. These factors contribute to limited awareness and utilization of PMMVY benefits, even though the program was designed to address critical health and nutritional needs during pregnancy.

Research indicates that while PMMVY has succeeded in creating a degree of awareness among women, many eligible individuals remain uninformed or unable to access the benefits due to procedural complexities and cultural resistance. Age and educational level appear to play significant roles in determining program engagement, with younger and more educated women more likely to understand and utilize the benefits. The problem lies in the gap between PMMVY's intended goals and its real-world impact on marginalized populations. The study aims to identify the specific factors limiting PMMVY's effectiveness in Poonch District, providing evidence to inform more targeted and culturally sensitive approaches that will enable PMMVY to fulfil its potential as a transformative maternal health initiative in tribal areas.

Theoretical Framework

The study draws on the Health Belief Model (HBM) and Social Determinants of Health (SDH) to understand the factors influencing awareness and utilization of the Pradhan Mantri Matru Vandana Yojana (PMMVY) among tribal women in Poonch District. The HBM, which suggests that health-seeking behaviours are influenced by individual perceptions of health risks, benefits of action, and perceived barriers, provides insight into how tribal women assess PMMVY's relevance (Rehman & Dhiman, 2022). For instance, women's likelihood to engage with PMMVY may be impacted by their perception of maternal health risks, the benefits they expect from the program, and the cultural or logistical barriers that may prevent them from accessing it.

The SDH framework highlights how social factors—such as education, socioeconomic status, and cultural norms—influence health outcomes. In this context, the SDH framework aids in analysing how educational disparities and socio-cultural beliefs within tribal communities affect PMMVY awareness and utilization. By combining these models, the study explores both individual and societal influences on maternal health behaviours, providing a comprehensive understanding of the factors shaping PMMVY's effectiveness in a tribal context. Such framework informs the study's examination of age, education, and cultural factors as critical determinants of maternal health program engagement in underserved communities.

Material and Method

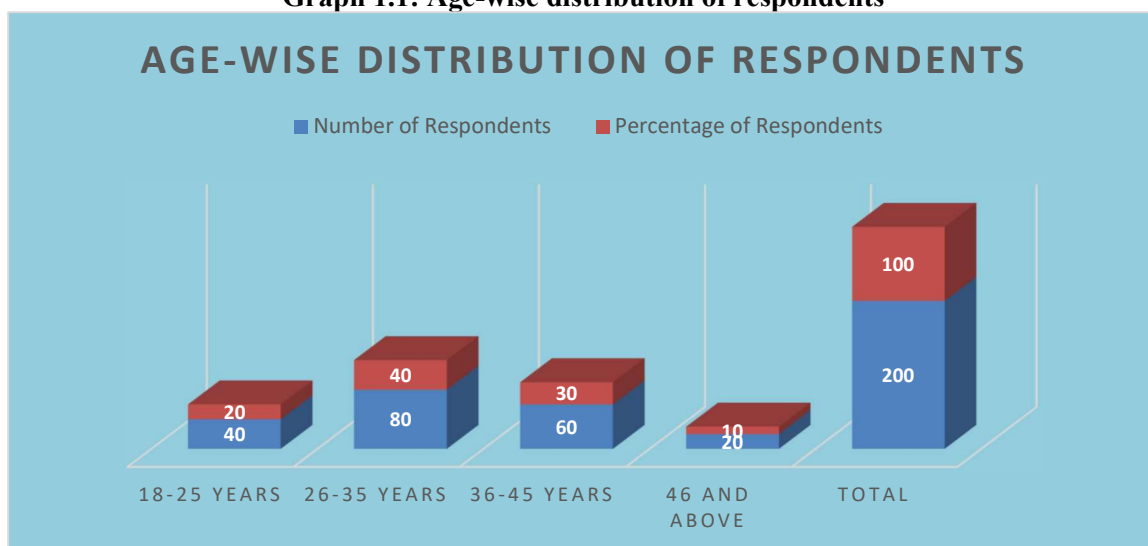
The study employs a quantitative approach, using a structured survey to collect data from a sample of 200

tribal women in Poonch District. Variables examined include awareness of PMMVY, accessibility, and perceptions of impact on maternal health. Responses were categorized by age groups (18-25, 26-35, 36-45, 46+) and educational levels (no formal education, primary, secondary, higher). Data were analysed using SPSS software, with descriptive statistics, t-tests, and ANOVA applied to examine relationships between demographic factors and PMMVY perceptions.

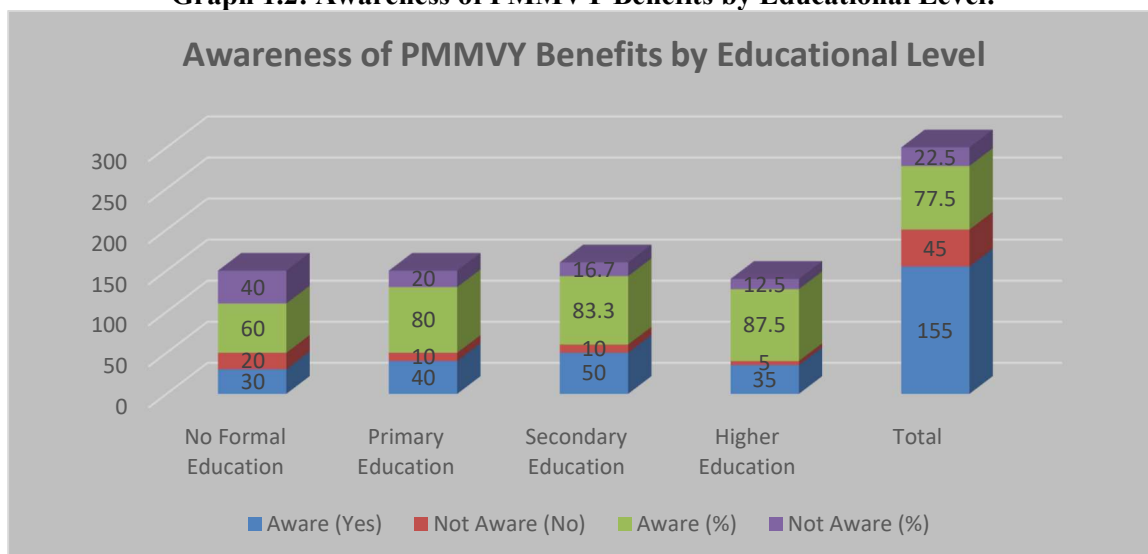
Variables

The selected variables—age groups (18-25 years, 26-35 years, 36-45 years, and above 46 years) and educational level (no formal education, primary, secondary, and higher)—play a crucial role in testing the hypothesis. By categorizing respondents based on these variables, the study can assess whether factors like age and education level influence awareness, accessibility, and utilization of the Pradhan Mantri Matru Vandana Yojana (PMMVY) benefits. This approach allows for a detailed comparison across different demographic segments, providing insight into how these characteristics impact perceptions and behaviours related to maternal health support. The analysis helps validate or refine the hypothesis by examining the influence of age and education on the effectiveness of PMMVY among tribal women in Poonch District.

Graph 1.1: Age-wise distribution of respondents



Graph 1.2: Awareness of PMMVY Benefits by Educational Level:



Awareness and Accessibility of PMMVY Benefits

Table 1.1: Frequency Distribution of Responses on Awareness and Accessibility of PMMVY

S. No.	Statement	Yes	No	Unsure	Yes (%)	No (%)	Unsure (%)
1	Are you aware of PMMVY and its benefits?	140	40	20	70.0%	20.0%	10.0%
2	Have you accessed PMMVY benefits during pregnancy?	100	80	20	50.0%	40.0%	10.0%
3	Do you think PMMVY has helped in meeting nutritional needs?	120	60	20	60.0%	30.0%	10.0%
4	Is PMMVY support sufficient to cover healthcare expenses?	90	70	40	45.0%	35.0%	20.0%
5	Do cultural beliefs influence your use of PMMVY benefits?	130	50	20	65.0%	25.0%	10.0%

Source: Survey Data

Table 1.1 shows awareness and accessibility of Pradhan Mantri Matru Vandana Yojana (PMMVY) benefits among tribal women in Poonch District. The data reveal a relatively high level of awareness, with 70% of respondents acknowledging familiarity with the program and its benefits. However, the remaining 30%—comprising those who are either unaware (20%) or unsure (10%)—indicates a substantial information gap. It suggests that while outreach efforts for PMMVY have reached a majority, there is a clear need for further targeted communication strategies, particularly for isolated or underserved segments of the community. Ensuring full awareness across all demographic groups is essential to maximize the program's reach and impact. Despite this level of awareness, the rate of actual utilization of PMMVY benefits is lower, with only 50% of respondents having accessed the benefits during pregnancy. The disparity between awareness and access may reflect underlying barriers, such as complex administrative processes, limited resources, or even cultural resistance to engaging with government programs. The fact that 40% of respondents reported not utilizing the benefits and another 10% were unsure suggests that awareness does not necessarily translate into program use. Such findings underscore the importance of addressing procedural or logistical hurdles to improve accessibility and encourage eligible women to benefit from the program.

PMMVY's perceived impact on nutritional needs is moderately positive, with 60% of respondents agreeing that the program has helped meet these needs. However, 30% of respondents disagree, while 10% remain uncertain. This division highlights that while PMMVY provides some degree of nutritional support, there may be limitations in the sufficiency of its financial assistance to fully address the dietary requirements of pregnant women, particularly in areas where access to diverse and nutritious foods is limited. Addressing these gaps could involve supplementing PMMVY with additional support initiatives focused on nutrition or increasing awareness about affordable nutritious food options. Opinions on the sufficiency of PMMVY support in covering healthcare expenses are more divided. Only 45% of respondents believe that the financial support provided is adequate, while 35% disagree, and 20% are uncertain. The division reflects a broader issue regarding the scope of PMMVY's financial support, which, while beneficial, may fall short of covering comprehensive healthcare needs. The finding points to a potential need for expanding or enhancing the program to include a broader range of healthcare-related costs or to develop complementary support services that can bridge the financial gap.

A critical observation from the data is the influence of cultural beliefs on program utilization. With 65% of respondents affirming that cultural beliefs impact their use of PMMVY benefits, the data highlight the significant role that traditional norms play in decision-making within the community. The remaining 25% who stated cultural beliefs did not influence their use, along with the 10% who were unsure, indicate some diversity in responses, but the overall data suggest that deep-seated cultural attitudes may limit full engagement with PMMVY. To address it, culturally sensitive outreach and education efforts could help align PMMVY's objectives with community values, fostering greater acceptance and utilization.

Hypothesis Testing

Table 1.2: t-test Analysis of PMMVY Perceptions by Age Group

Variable	Age Group	N	Mean	SD	t	p-value
Perception of PMMVY Impact	18-25 years	40	3.1	0.5	3.12	0.002
	26-35 years	80	3.3	0.6		
	36-45 years	60	2.9	0.4		
	46 and above	20	2.8	0.6		

Table 1.2 examines the variation in perceptions of the impact of the Pradhan Mantri Matru Vandana Yojana (PMMVY) across different age groups of tribal women in Poonch District. Respondents are divided into four age categories: 18-25 years, 26-35 years, 36-45 years, and 46 years and above. The mean perception scores indicate the extent to which women from each age group view PMMVY as beneficial to maternal health outcomes, with higher scores suggesting a more favorable perception of the program's impact. It reveals that respondents in the 26-35 years age group exhibit the highest mean perception score at 3.3, with a standard deviation of 0.6. It suggests that women in the age group generally view PMMVY more favorably, potentially because they are more likely to be of childbearing age and thus may feel a more immediate need for maternal health support. Women in group may experience the benefits of the program firsthand, leading to a higher perceived impact. The 18-25 years age group also shows a relatively high mean perception score of 3.1, with a standard deviation of 0.5. These younger respondents may similarly recognize the value of PMMVY's support, possibly due to their awareness of the financial and nutritional challenges faced by pregnant women and new mothers within their community.

In contrast, the mean perception scores are lower for the older age groups. Respondents aged 36-45 have a mean perception score of 2.9 with a standard deviation of 0.4, while those aged 46 and above have an even lower mean score of 2.8 with a standard deviation of 0.6. These scores suggest that older women, particularly those in the 46 and above category, perceive PMMVY as less impactful. Such a trend may reflect different priorities and experiences; older women may have fewer immediate needs related to maternal health, which could make them less attuned to the program's benefits. Cultural or generational factors may shape their views, potentially influencing them to place less value on government interventions or to rely on traditional support systems rather than formal programs like PMMVY.

The t-test results show a t-value of 3.12 and a p-value of 0.002, indicating that the differences in perception scores across these age groups are statistically significant at the 0.05 level. The low p-value strongly suggests that age is a significant factor in shaping perceptions of PMMVY's effectiveness among tribal women in Poonch District. The statistically significant result supports the hypothesis that age impacts women's perceptions of the program, with younger and middle-aged women generally perceiving PMMVY more positively than older respondents. The significance of this finding implies that age-specific factors, such as life stage and current healthcare needs, may play a critical role in determining how tribal women view the value and effectiveness of maternal health support programs.

It shows the importance of considering age in the design and implementation of PMMVY. The higher perception scores among younger and middle-aged respondents suggest that these groups are more likely to benefit from and appreciate PMMVY's support, likely because they are more actively engaged in maternal health care needs. For policymakers, it suggests that PMMVY messaging and outreach could be tailored to better resonate with older age groups, potentially by addressing their specific healthcare priorities or increasing awareness of the indirect benefits PMMVY might offer to families and community health. Overall, the results underscore the program's differential impact across age groups, which is essential to consider in efforts to enhance PMMVY's relevance and acceptance within diverse demographic segments.

ANOVA Analysis of PMMVY Awareness by Educational Level**Table 1.3: ANOVA Results of PMMVY Awareness by Educational Level**

Educational Level	N	Mean Awareness Score	SD	F	p-value
No Formal Education	50	2.5	0.4	4.45	0.01
Primary Education	60	3.0	0.5		
Secondary Education	60	3.2	0.6		
Higher Education	30	3.5	0.4		

Table 1.3 examines differences in awareness of the Pradhan Mantri Matru Vandana Yojana (PMMVY) across different educational levels among tribal women in Poonch District. Respondents are categorized into four educational levels: no formal education, primary education, secondary education, and higher education. The mean awareness scores indicate the extent to which respondents in each educational group are aware of PMMVY and its benefits, with higher scores reflecting greater awareness of the program. It reveals a clear trend in which awareness of PMMVY increases with educational attainment. Respondents with no formal education have the lowest mean awareness score at 2.5, with a standard deviation of 0.4, suggesting limited awareness of PMMVY benefits among the group. Such a relatively low score may reflect limited exposure to information channels that promote government initiatives or a lack of familiarity with the types of formal healthcare programs available. Individuals with no formal education may rely more heavily on traditional knowledge and local support systems, which could restrict their awareness of government-sponsored maternal health benefits like PMMVY.

Among those with primary education, the mean awareness score increases to 3.0, with a standard deviation of 0.5, indicating a moderate level of awareness. The group may have had some exposure to basic information on maternal health programs, possibly through community interactions or limited educational materials. The slight improvement in awareness among primary-educated respondents could be attributed to their ability to access basic health information, understand official communication to a certain extent, and participate in community discussions about maternal health programs.

Awareness continues to rise among respondents with secondary education, who report a mean awareness score of 3.2 and a standard deviation of 0.6. The score reflects a substantial level of awareness, suggesting that respondents with secondary education are more likely to be informed about PMMVY. Having completed secondary schooling, these individuals are better positioned to comprehend government initiatives and their eligibility criteria, as well as the benefits associated with maternal health support programs. Secondary education may also enhance access to information through broader social networks and community organizations, thereby contributing to greater PMMVY awareness.

Respondents with higher education exhibit the highest mean awareness score of 3.5, with a standard deviation of 0.4, indicating a very high level of awareness about PMMVY. The group's elevated awareness level may be due to several factors, including increased literacy, access to information, and a greater understanding of healthcare programs. Individuals with higher education are more likely to engage with various information sources, such as digital media, printed materials, and community health resources, which can provide comprehensive insights into the benefits and eligibility of PMMVY. Higher education often correlates with increased health literacy, empowering individuals to actively seek out and utilize information on maternal health programs.

The ANOVA results yield an F-value of 4.45 and a p-value of 0.01, indicating that the differences in awareness scores across the educational levels are statistically significant at the 0.05 level. The low p-value confirms that education is a significant factor influencing PMMVY awareness among tribal women, validating the hypothesis that educational attainment is associated with greater awareness of the program. It underscores the crucial role that education plays in enhancing awareness of maternal health benefits, as higher educational levels consistently correspond to increased knowledge about PMMVY.

The significance of these results has important implications for program outreach and policy adjustments. Given that awareness levels are substantially lower among respondents with minimal or no formal education, targeted outreach efforts may be required to bridge this gap. Community-based education programs, simplified

informational materials, and collaboration with local leaders could enhance PMMVY's reach among less-educated segments. For respondents with higher education, awareness is already high, suggesting that they are well-informed about the program's benefits and may require less intensive outreach efforts.

RESULTS AND DISCUSSION

Awareness and Accessibility of PMMVY Benefits

Awareness and accessibility of the Pradhan Mantri Matru Vandana Yojana (PMMVY) are essential in understanding the program's effectiveness among tribal women in Poonch District. Table 1.1 reveals that 70% of respondents are aware of PMMVY, indicating that a majority of tribal women have at least heard of the program (Braveman & Gottlieb, 2014). However, the remaining 30%, comprising 20% who are not aware and 10% who are unsure, highlights an existing information gap that may prevent these women from taking full advantage of the benefits available to them (Dar & Sharma, 2015). The lower awareness levels among a portion of the population underscore the need for improved communication strategies that can reach isolated or less-connected tribal communities, ensuring all eligible women have the necessary information about PMMVY (Cozma & Grigoriu, 2014).

In terms of program utilization, only half of the respondents (50%) reported accessing PMMVY benefits, while 40% had not utilized them and 10% were unsure. The disparity between awareness and actual usage suggests that even when tribal women are aware of PMMVY, several barriers still prevent them from fully engaging with the program. These barriers could be administrative (e.g., complicated application processes or eligibility verification), logistical (e.g., difficulty reaching service centers), or cultural (e.g., reluctance to participate in government schemes). The data imply that simply being aware of PMMVY is not enough to guarantee usage; there must also be efforts to make the program accessible and easy to navigate (Dwivedi, 2018).

When assessing the perceived impact of PMMVY on nutritional needs, 60% of respondents felt that the program had helped meet these needs, while 30% disagreed, and 10% were uncertain. Although a majority recognized PMMVY's positive contribution, the significant minority who perceived it as inadequate suggests that the current level of financial assistance may not fully cover the diverse nutritional requirements of pregnant women, particularly in regions where access to varied and nutritious foods is limited. The finding points to the potential for supplementing PMMVY benefits with targeted nutritional support or providing additional resources for remote tribal communities to ensure comprehensive maternal nutrition (Sharma & Sharma, 2015).

Moreover, when asked whether PMMVY support was sufficient to cover healthcare expenses, responses were even more divided, with only 45% of respondents indicating that it was adequate, while 35% disagreed and 20% were unsure (Deb & Mondal, 2023). This suggests that the financial support offered by PMMVY, while helpful, may not comprehensively address the healthcare needs of beneficiaries, especially in rural settings where healthcare costs may vary significantly. Addressing this gap may require additional financial resources or the introduction of complementary services that support maternal health in a more holistic manner, ensuring that beneficiaries have access to all necessary care.

Cultural factors also play a significant role in determining PMMVY utilization, with 65% of respondents acknowledging that traditional beliefs influenced their use of the program. The finding highlights the powerful influence of cultural norms and practices on healthcare behaviours in tribal communities (Raina & Ahmed, 2022). Women who are bound by traditional norms may face restrictions on mobility, decision-making, or may even hold beliefs that prioritize local remedies over government-provided healthcare support. Such an aspect emphasizes the need for culturally sensitive communication strategies that align PMMVY's objectives with community values, potentially through community leaders or local health advocates who can bridge the gap between government initiatives and tribal practices (Dhingra, 2011).

Perceptions of PMMVY Impact by Age Group

The analysis in Table 1.2 highlights significant differences in PMMVY perception scores across age groups. The data reveal that women aged 26-35 have the highest mean perception score at 3.3, suggesting that women in this age bracket perceive PMMVY as having a meaningful impact on their maternal health (Akula et al., 2024). Such an age group likely includes women who are actively engaged in childbearing and childcare responsibilities, making them more attuned to the immediate benefits PMMVY provides (Dwivedi, 2018). For these women, PMMVY's support may be particularly valuable, as it aligns closely with their current healthcare and nutritional needs (Ravishankar, 2012).

Conversely, perception scores are lower for older age groups, with respondents aged 36-45 reporting a mean score of 2.9 and those aged 46 and above scoring even lower at 2.8. The trend suggests that older women, who may have fewer childbearing responsibilities or rely on other forms of support, view PMMVY as less relevant or impactful. The generational difference in perceptions could also stem from variations in healthcare expectations, familiarity with government programs, or access to alternative resources that make PMMVY seem less essential (Dar & Sharma, 2015). The statistically significant t-value (3.12) and p-value (0.002) indicate that age is a crucial factor in shaping perceptions of PMMVY, supporting the hypothesis that younger women perceive greater value in the program.

Awareness of PMMVY by Educational Level

Table 1.3 presents the ANOVA analysis of PMMVY awareness scores by educational level, which shows a clear positive correlation between education and awareness. Respondents with higher education reported the greatest awareness of PMMVY (mean score of 3.5), while those with no formal education had the lowest awareness levels (mean score of 2.5). It suggests that education significantly impacts the extent to which women understand and engage with the program (Sonwane, 2015). Higher education levels often provide individuals with greater literacy skills, access to diverse information sources, and the ability to navigate complex application processes—all of which contribute to better awareness and utilization of healthcare programs like PMMVY (Abdullah & Pieroni, 2021).

For women with lower or no formal education, the low awareness scores may indicate limited access to information about PMMVY benefits (Rehman et al., 2024). These women might face barriers in comprehending official communications, understanding eligibility criteria, or even knowing that such programs exist (Braveman & Gottlieb, 2014). The ANOVA results ($F=4.45$, $p=0.01$) indicate that the differences in awareness are statistically significant across educational levels, validating the hypothesis that education plays a critical role in influencing PMMVY awareness. The finding suggests that targeted interventions, such as simplified information dissemination, community-based education, or involving local leaders, could improve program awareness among less-educated segments of the population.

Implications for PMMVY's Effectiveness and Future Program Development

The findings from the study underscore both the strengths and limitations of PMMVY in enhancing maternal health among tribal women in Poonch District. While the program has successfully generated awareness among a majority of respondents, actual utilization remains low, highlighting a need for greater accessibility and streamlined processes. The program's perceived impact is stronger among younger and more educated respondents, suggesting that PMMVY's current structure may not fully address the needs of older or less-educated women (Raina & Ahmed, 2022).

The significant influence of cultural beliefs on program utilization suggests that PMMVY implementation in tribal areas could benefit from a more culturally adaptive approach (Bhat, 2018). By involving community leaders, incorporating culturally relevant health education, and tailoring communication strategies, the program could better align with tribal norms and practices, fostering greater acceptance and engagement (Dwivedi, 2018). Moreover, the disparities in perception and awareness by age and educational level imply that PMMVY could adopt differentiated strategies to cater to various demographic groups, maximizing its impact across a wider spectrum of the population (Cozma & Grigoriu, 2014). These insights advocate for a multifaceted approach to improve PMMVY's effectiveness, encompassing enhanced outreach, community-based support structures, and additional financial or logistical assistance (Dar & Sharma, 2015). Through these targeted strategies, PMMVY can better meet the unique needs of tribal women in Poonch District, ultimately improving maternal health outcomes and promoting long-term welfare for women and their communities (Nagpal et al., 2024).

Final Reflections

1. The Pradhan Mantri Matru Vandana Yojana (PMMVY) has achieved considerable awareness among tribal women in Poonch District, yet significant gaps in actual program utilization remain, indicating the need for accessible and user-friendly processes.

2. Women aged 26-35 demonstrate the highest perception of PMMVY's impact, likely due to their active engagement in maternal health care, highlighting the relevance of the program for women in their prime childbearing years.
3. Lower perceptions of PMMVY impact among older respondents suggest that additional outreach may be required to demonstrate the program's broader health benefits across all age groups.
4. Educational level plays a decisive role in PMMVY awareness, with respondents possessing higher education levels displaying significantly greater awareness and understanding of the program.
5. The influence of cultural beliefs on PMMVY utilization suggests that integrating cultural sensitivity into program design and outreach could enhance its acceptance and impact within tribal communities.
6. Many women report that PMMVY's financial support is insufficient for comprehensive healthcare expenses, indicating a potential need for additional resources or complementary programs.
7. Awareness and engagement levels are disproportionately low among women with no formal education, pointing to a need for targeted, simplified information dissemination efforts to bridge the gap.
8. Barriers such as complex administrative procedures and limited accessibility in remote areas hinder program utilization, suggesting that more streamlined processes could increase participation.
9. Although PMMVY provides some nutritional support, many women feel it does not fully meet their dietary needs during pregnancy, signaling a need for more targeted nutritional resources.
10. The differences in program perception across age and educational groups underline the importance of adopting a tailored approach to meet the diverse needs within the tribal community.
11. Community involvement and support from local leaders could facilitate PMMVY's acceptance and effectiveness, as these figures hold significant influence in tribal communities.
12. To maximize its impact, PMMVY should consider incorporating continuous feedback mechanisms from beneficiaries to understand evolving needs and adapt accordingly.
13. The findings highlight the importance of combining PMMVY with other maternal health initiatives to create a more comprehensive support system for tribal women in remote and underserved areas.
14. Effective maternal health programs should address not only direct health benefits but also the socio-cultural factors that impact accessibility, such as traditional norms and family dynamics.

Suggestions

1. Enhance outreach initiatives in remote areas to ensure comprehensive awareness of PMMVY among all eligible women, especially those with lower levels of formal education.
2. Simplify the PMMVY application process and eligibility verification to make the program more accessible to women with limited literacy or digital skills.
3. Introduce community-based education programs that address maternal health benefits, nutritional needs, and program usage, fostering greater understanding and engagement.
4. Increase the financial support provided under PMMVY or introduce supplementary financial assistance to help meet the full spectrum of healthcare expenses for pregnant women.
5. Tailor informational materials to different literacy levels, ensuring that all eligible women, regardless of educational background, can understand and access PMMVY benefits.
6. Establish partnerships with local leaders and community health workers to promote PMMVY and build trust within the community.
7. Incorporate culturally sensitive approaches into PMMVY outreach, aligning the program's goals with local customs and values to improve acceptance and engagement.
8. Provide additional nutritional support or food security initiatives in tandem with PMMVY to address the dietary needs of pregnant women more effectively.

9. Develop age-specific and contextually relevant health communication that addresses the unique needs and perceptions of different age groups within the community.
10. Create mobile health units or outreach clinics in rural areas to increase access to maternal health resources and facilitate PMMVY application and benefit distribution.
11. Introduce periodic workshops or informational sessions to update the community on PMMVY benefits, processes, and changes, ensuring sustained engagement and understanding.
12. Implement a feedback system allowing beneficiaries to share their experiences and challenges, which can guide continuous improvements to PMMVY.
13. Partner with non-governmental organizations to supplement PMMVY with complementary services, such as counseling, maternal education, and nutritional advice.
14. Address logistical barriers by offering support for travel or mobile clinics, ensuring that remote populations can easily access maternal healthcare.
15. Conduct regular impact assessments to evaluate PMMVY's effectiveness, allowing for adaptive program adjustments that respond to community needs and enhance maternal health outcomes.

Conclusion

The Pradhan Mantri Matru Vandana Yojana (PMMVY) has shown potential in supporting maternal health among tribal women in Poonch District, but its effectiveness is moderated by a range of demographic, cultural, and structural factors. The study reveals that while PMMVY awareness is high among respondents, actual utilization remains low, particularly among older and less-educated women. Barriers such as limited accessibility, complex administrative procedures, and cultural beliefs significantly impact program engagement. The findings underscore the need for targeted outreach strategies, streamlined processes, and culturally adapted messaging to enhance PMMVY's reach and effectiveness. Education emerged as a critical determinant of awareness, with higher education levels correlating with greater knowledge and utilization of PMMVY benefits. Furthermore, younger women, especially those in their prime childbearing years, showed a more favourable perception of the program's impact, indicating a need for age-specific approaches. To maximize PMMVY's impact, a holistic strategy that includes enhanced financial support, supplementary nutritional resources, and integration with community-led initiatives is essential. Tailoring PMMVY implementation to meet the unique needs of tribal communities could significantly improve maternal health outcomes, making PMMVY a vital component of health equity for India's tribal populations.

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