



Social Protection and Benefits for Underprivileged Pregnant Women in Rural Bangladesh: Evidence from the Maternity Allowance Program

Md Roni Mridha ^{1*}, Sanjida Akther Sathy ², Tareq Mohammad Shakil ³

¹ Lecturer, Institute of Social Welfare and Research, University of Dhaka, Dhaka, Bangladesh

² Lecturer, Siddheswari Girl's College, Dhaka, Bangladesh

³ BSS & MSS, Institute of Social Welfare and Research, University of Dhaka, Dhaka, Bangladesh

* Corresponding Author: **Md Roni Mridha**

Article Info

ISSN (Online): 2582-7138

Impact Factor (RSIF): 7.98

Volume: 06

Issue: 05

September - October 2025

Received: 11-07-2025

Accepted: 12-08-2025

Published: 09-09-2025

Page No: 473-483

Abstract

This study examines the effectiveness of the maternity allowance (MA) program in Bangladesh, focusing on its role in improving maternal health, nutrition, women's empowerment, and poverty reduction. The program, initiated as a flagship social protection measure for poor pregnant and lactating mothers, provides monthly cash transfers of BDT 800. While valuable, questions remain regarding its adequacy, targeting, and operational efficiency. A mixed-methods design was adopted, including a survey of 60 randomly selected beneficiaries, 20 in-depth case studies, five key informant interviews (with government officials and sector experts), and analysis of secondary literature. All research activities were conducted under strict ethical guidelines. Findings indicate that the allowance is widely recognized as a crucial support mechanism, particularly in reducing financial barriers to healthcare and food consumption. Nutritional outcomes improved, with 65% of respondents reporting enhanced dietary diversity, though the benefit level was insufficient for a nutritionally adequate diet. Maternal healthcare utilization also increased: 73% of mothers attended at least three antenatal care (ANC) visits, and 56% delivered with skilled birth attendants, demonstrating the allowance's role in facilitating service access. Women's empowerment showed notable progress, as more than half reported increased influence in household decision-making, particularly regarding food purchases and healthcare expenses. Despite these gains, several operational challenges were identified. Nearly half (45%) experienced delayed payments, and 22% reported nepotism or favoritism in beneficiary selection. Structural limitations such as the low allowance amount and lack of integration with broader health and nutrition services undermine program effectiveness. Policy recommendations emphasize raising the allowance to BDT 1,500–2,000, ensuring timely and transparent disbursement, regulating political interference, and guaranteeing fair inclusion across age, region, religion, and identity. Strengthening partnerships between the Ministry of Women and Children Affairs, NGOs, and INGOs, alongside alignment with SDGs and international protocols, would improve impact. Overall, the program demonstrates significant benefits for maternal nutrition, healthcare utilization, and empowerment but requires systemic reforms to reach its full potential. The findings offer practical insights for policymakers, development practitioners, and researchers, while also raising awareness among rural mothers about their rights and entitlements under social protection schemes.

DOI: <https://doi.org/10.54660/IJMRGE.2025.6.5.473-483>

Keywords: Social Protection, Maternity Allowance, Maternal Health, Food and Nutrition, Women's Empowerment, Social Protection

1. Introduction

Maternity benefits are essential for ensuring the health and well-being of mothers and newborns. They provide financial security during pregnancy, reduce stress, and encourage proper nutrition and healthcare access. Such support empowers women to balance work and family responsibilities, reduces poverty risks, and strengthens overall maternal and child health outcomes, fostering healthier families and communities. Maternity allowance (MA) is one of the significant areas of maternity benefit,

that ensure women choice, voice and autonomy of mothers. In recent years, social welfare programs have received growing attention for their role in enhancing the well-being and economic stability of marginalized populations, especially in rural developing regions. Among such interventions, maternity allowance schemes have become pivotal tools for reducing maternal health disparities, alleviating poverty, and promoting gender equity (UNICEF, 2019; ILO, 2014).

In Bangladesh, where nearly 62% of the population lives in rural areas (World Bank, 2022), maternal health remains a pressing challenge. Women in these areas often face limited healthcare access, inadequate infrastructure, and restrictive gender norms (NIPORT, 2020). To address these issues, the Government of Bangladesh implemented the *Maternity Allowance Program for Poor Lactating Mothers*, a targeted social protection measure designed to improve maternal and child health, increase healthcare utilization, and reduce poverty among rural families (GED, 2015).

This program offers eligible women monthly cash stipends during and after pregnancy to help cover nutrition and healthcare-related costs. Despite its expansion, critical questions remain about its real-world effectiveness and reach among the most vulnerable. Preliminary assessments indicate improvements in maternal healthcare utilization and nutritional outcomes, but also point to challenges such as limited coverage, inadequate stipend amounts, and issues with selection processes (Rahman & Choudhury, 2012).

Empirical evidence on this program offers both encouragement and caution. For instance, a study in two upazilas found that 75% of beneficiaries reported improved access to nutritious food during the ante- and post-natal periods, 83.3% noted enhanced social status, and 65% gained economic decision-making power though limitations like insufficient allowances and lax selection criteria persisted (Rahman & Datta, 2015). Similarly, an IFPRI report assessed the targeting mechanisms of the maternity and lactating mother allowance program in urban and rural settings, offering valuable insights into improving beneficiary selection (Ahmed et al., 2018). These findings highlight both the promise and the structural constraints of the program.

Consequently, this study aims to evaluate the impact of the maternity allowance on healthcare behaviors, economic empowerment, and overall well-being among rural women in Bangladesh.

2. Significance and Justification of the Study

Maternal health in rural Bangladesh remains a critical concern, exacerbated by pervasive poverty and limited access to healthcare services. Social protection schemes like maternal allowances are vital to alleviate these burdens. For instance, a *Save the Children* analysis using Cost of the Diet (CotD) methodology found that the existing BDT 800 monthly maternity allowance covers just 37% of the cost of a nutritious diet during the first 1,000 days (from pregnancy to age 2) Rana & Tasker, 2019). This significant shortfall highlights the urgent need to re-evaluate and possibly increase stipend amounts to make a meaningful nutritional impact.

Empirical evaluations demonstrate that maternity allowances can improve nutritional access, social status, and women's decision-making power. A study across two Upazilas reported that 75% of beneficiary mothers gained access to nutritious food, 83.3% experienced increased social standing,

and 65% acquired greater economic agency within their households Rahman & Datta; 2015). This evidence confirms the scheme's potential not only for immediate well-being but also for long-term empowerment and poverty reduction.

Bangladesh has recently expanded its maternity assistance efforts under the *SAPNA Maa* package an integrated program combining allowance with healthcare, housing, and livelihood support covering about 1.2 million pregnant women at BDT 800 per month (Alam, 2023). This scaling up demands robust empirical grounding to optimize program design, improve targeting, and ensure long-term sustainability.

While evidence on program outcomes exists, what remains under-explored are implementation dynamics, such as beneficiary selection processes, transparency, and inequities in access. Your study's mixed-methods approach highlighting both recipients' experiences and stakeholder perspectives will yield a more nuanced understanding essential for enhancing equity and execution of the program. Globally, gender-sensitive social protection is a key strategy to reduce inequalities and advance reproductive health goals. By focusing on marginalized pregnant women, this study contributes directly to discussions around equity, rural development, and maternal welfare in low- and middle-income countries.

3. Systematic Literature of Relevant Literature

A targeted systematic-style literature review was conducted to identify empirical and policy evidence on the maternity allowance program and comparable maternal cash-transfer interventions in Bangladesh. Searches were undertaken across ResearchGate, Google Scholar, PubMed/PMC, institutional repositories, and organizational publications (e.g., Save the Children, IFPRI) using combinations of terms such as "*maternity allowance Bangladesh*", "*maternal cash transfer evaluation*", and "*social protection pregnant women Bangladesh*." The search window focused on 2010–2024 to capture both the program's roll-out and recent assessments. Inclusion criteria prioritized empirical evaluations (quantitative, qualitative, or mixed-methods) and policy analyses directly assessing program outcomes, targeting efficiency, and maternal health impacts in Bangladesh or closely comparable South Asian settings. Studies limited to formal-sector maternity leave, purely theoretical discussions, or non-Bangladesh contexts without clear cash-transfer relevance were excluded.

From the initial pool of identified records, titles and abstracts were screened, followed by a full-text assessment to determine eligibility. The final selection included representative field evaluations, program reviews, and policy briefs that documented beneficiary outcomes, implementation challenges, and impacts on nutrition or healthcare utilization. This targeted SLR consolidates evidence on program effectiveness, highlights systemic constraints such as targeting inefficiencies and inadequate stipend amounts, and pinpoints gaps requiring further research.

After applying several filtering criteria, the review ultimately incorporated seven key studies (presents in Table 01) that directly informed the research objectives and shaped the thematic framework for addressing the study's findings. These selected works provided the empirical grounding for analyzing the maternity allowance program's role in improving maternal welfare in rural Bangladesh.

Table 1: Key Representative Literatures that contribute to present study designing

No.	Citation (short)	Design / Sample	Location	Key findings (concise)	Source
1	Rahman & Datta (2015)	Field survey; n=140; mixed methods	Two Upazilas (Palash, Savar)	Reported improvements in food access and social status among many beneficiaries; also noted implementation limitations (coverage, selection).	(ResearchGate, development.juniv.edu)
2	Save the Children (Benefit Level Analysis, 2019)	Policy brief Cost-of-Diet analysis	National program level (MA programme)	Found BDT 800/month covers ~37% of the cost of a nutritious diet in the 1,000-day window suggests allowance insufficient for nutritional adequacy.	(ResearchGate, Save the Children's Resource Centre)
3	SFU thesis / program evaluation (Jetha / Summit repo)	Program evaluation / thesis	National program (operational assessment)	Documents operational bottlenecks and mixed evidence on targeting accuracy and benefit delivery.	(summit.sfu.ca)
4	Recent RCT / nutrition + cash studies (2024)	RCT / quasi-experimental on cash + nutrition education	Bangladesh contexts	Combining unconditional cash with nutrition education improved diet and child outcomes in trials using BDT ~800 monthly lactating allowance.	(Taylor & Francis Online, ScienceDirect)
5	Public health financing equity analysis (PMC article)	National-level subsidy distribution analysis	Bangladesh	Public subsidies benefit poorer women in some services, but inequities persist; speaks to why targeted transfers are needed.	(PMC)
6	Studies on ANC/SBA utilization & determinants (PLOS ONE; BMJ GH)	Cross-sectional / cohort analyses	Bangladesh (rural/urban)	Show linkages between women's empowerment, cash resources, and higher ANC / skilled birth attendant use — supportive evidence for cash's pathway to service use.	(PLOS, PMC)
7	Tasnuba, Tanjilut	National Report by ILO Bangladesh-2025	Bangladesh contexts	: Legal gaps and discriminatory practices in Maternity protection programmes in Bangladesh	(cpd.org.bd)
(This table shows representative items located in targeted searches on ResearchGate/Google Scholar/PMC. Full bibliographic entries are given in the References section below.)					

Maternity allowance programs have been found to positively impact nutrition and healthcare utilization by enhancing beneficiaries' ability to afford nutritious food and, in some cases, increasing the use of antenatal and delivery services. However, the effectiveness of these benefits is often limited by the relatively small allowance amounts and other barriers such as access difficulties, distance, and the quality of healthcare facilities. Implementation challenges, including inaccuracies in targeting, limited program coverage, and occasional administrative issues like favoritism or leakage, further reduce the overall impact and fairness of these programs. Additionally, evidence suggests that cash allowances can empower women within their households, improving their decision-making power and social status, which in turn supports better maternal care and nutrition practices, though these effects depend heavily on local social and cultural contexts. Finally, analyses indicate that current stipend levels frequently fall short of meeting full nutritional requirements, highlighting the need to adjust benefit amounts and complement cash transfers with additional services such as nutrition counseling and health system improvements. The literature reveals several significant gaps in the evaluation of maternity allowance programs. There is a shortage of robust causal evidence, as few large-scale quasi-experimental or randomized studies have directly measured the impact of national maternity allowances on health and nutrition outcomes. Additionally, detailed implementation assessments are lacking; although many reports mention issues with targeting and administration, comprehensive audits and large-scale process evaluations remain rare. There is also limited understanding of how effects vary across different groups, such as by poverty status, number of children, or geographic location, highlighting the need for more detailed subgroup analyses. Furthermore, evidence on the integration of cash transfers with healthcare service

improvements, particularly within the context of Bangladesh, is scarce, despite promising results from combined interventions in other settings.

4. Objective of the Study

Main Objective

To evaluate the effectiveness and implementation challenges of the national maternity allowance program in Bangladesh.

Specific Objectives

1. Find the nature and access the impact of the maternity allowance on beneficiaries' nutritional intake and food security.
2. Examine the influence of the maternity allowance on maternal healthcare utilization, including antenatal care (ANC) visits and skilled birth attendance (SBA).
3. Identify operational and targeting challenges in the delivery of the maternity allowance program.
4. Explore the role of maternity allowances in enhancing women's empowerment and intra-household decision-making power.
5. To propose some policy recommendations on the basis of study findings.

5. Study Methodology

Research Approach

This study employs a mixed-methods approach, combining quantitative and qualitative data collection to comprehensively assess the impact and implementation of the maternity allowance program. Due to constraints such as limited data availability, time restrictions, and cultural sensitivities in rural Bangladesh where pregnant women are often reluctant to discuss personal matters with outsiders and awareness about research studies is low the sample size was limited to 60 respondents for the quantitative survey. To gain

deeper insights into individual experiences and contextual factors, 20 case studies were purposively selected from the population, allowing for detailed qualitative exploration. Additionally, 5 Key Informant Interviews (KIIs) were conducted with program officials (3) and researcher/expert (2) understand operational challenges and policy perspectives. The mixed-methods design responds to literature-identified gaps by combining measurable outcome assessment with rich qualitative data on lived experiences and implementation dynamics.

Table 2: Sampling, Size, and Study Locations

Data Type	Sample Size	Justification	Locations
Quantitative Survey	60	Limited due to cultural sensitivities, low awareness among pregnant women, and time constraints.	Six purposively selected rural wards in Faridpur, Brahmanaria, Magura, Kurigram, Munshiganj, and Pabna.
Case Studies	20	Selected purposively from survey participants to provide detailed, context-rich qualitative insights.	Same six rural wards as above.
Key Informant Interviews (KIIs)	5	Conducted with program Officials, researcher/ expert capture implementation challenges and policy context.	Conducted at district and upazila levels officials corresponding to the study sites and Faculties from University of Dhaka.

Data Collection Tools and Techniques

Quantitative Survey

Structured questionnaires were administered face-to-face to 60 beneficiaries to gather data on healthcare utilization (e.g., antenatal care visits, skilled birth attendance) and nutrition indicators (e.g., dietary diversity, food security). The questionnaire was designed based on validated instruments from previous studies and adapted for local context.

Case Studies

Semi-structured interviews were conducted with 20 purposively selected beneficiaries to explore personal experiences with the maternity allowance, intra-household decision-making, and perceived impacts on nutrition and healthcare behaviors. Observation notes were also recorded during visits to capture contextual and environmental factors.

Key Informant Interviews (KIIs)

In-depth interviews were held with 5 key stakeholders including program managers, local health officials, and community leaders to assess operational challenges such as targeting, payment timeliness, grievance redress, and integration with health services.

Data Analysis

Quantitative Data

Descriptive statistics (means, frequencies, percentages) will summarize key variables related to nutrition and healthcare utilization. Where possible, comparative analyses will be conducted between subgroups (e.g., adolescent vs. older mothers, landless vs. smallholder households) to assess

heterogeneity in program effects.

Qualitative Data

Audio-recorded interviews and observation notes was transcribed and coded thematically using qualitative data analysis software. Themes related to empowerment, implementation barriers, and beneficiary perceptions will be identified and analyzed.

Triangulation

Findings from quantitative and qualitative data sources has been triangulated to enhance validity. For example, reported healthcare utilization patterns has been compared with narratives from case studies and KIIs to verify consistency and enrich understanding of underlying factors.

Reliability and Validity

The structured questionnaire was pilot-tested to ensure clarity and consistency. Data collectors received training to minimize interviewer bias and ensure uniform administration. Standardized coding protocols will be used for qualitative data.

Triangulation of data sources (survey, case studies, KIIs) and methods has reduced bias and increase credibility. Respondent validation (member checking) has used in qualitative interviews to confirm accuracy of recorded information.

Ethical Considerations

Table 3: Ethics Maintained in this Study

Ethical Aspect	Description
Informed Consent	Obtained in written form from all participants after explaining the study purpose and procedures.
Confidentiality	Data stored securely on password-protected computers accessible only to the principal investigators.
Cultural Sensitivity	Respect for local cultural and religious norms ensured throughout data collection.
Dignity and Respect	Special attention to the dignity and worth of pregnant women participants.
Researcher-Participant Rapport	Interviews conducted by trained investigators to foster trust and accurate data collection.

This methodological framework has designed to generate comprehensive, reliable, and ethically sound evidence to inform improvements in the maternity allowance program and its policy environment.

6. Findings of the Study

The findings of this study draw from a triangulated evidence base combining quantitative survey results, qualitative case narratives and key informant interviews (KIIs), and supportive insights from existing literature.

Theme 1: Nature & Concept of Maternity Allowance

The Maternity Allowance Programmed in Bangladesh is a government welfare initiative managed by the Department of Women Affairs under the Ministry of Women and Children Affairs, launched in the fiscal year 2007–08. The scheme aims to alleviate the economic hardships of underprivileged pregnant women in rural areas by providing direct cash support. Eligible applicants are generally accepted between

the 1st and 20th of each month and must meet specific criteria: aged 20–35 years, at 4–6 months of gestation, holding a mobile SIM and digital payment account (e.g., bKash, Cash, nagad, Rocket) in their own name, and pregnant with either their first or second child (Department of Women Affairs [DWA], n.d.; Gowrichanna Union Parishad, 2024). The programme is designed as a targeted social protection measure to improve maternal and child health, reduce maternal and infant mortality, and promote nutritional well-being during pregnancy and early motherhood particularly within the crucial first 1,000 days of a child's life. The focus on low-income and rural communities addresses disparities in access to healthcare and financial resources during pregnancy (National Development Programme [NDP], n.d.; DWA, n.d.). Maternity allowance holds paramount importance in the context of Bangladesh, especially in its rural areas where maternal mortality rates remain a major public health challenge and access to quality healthcare is often limited (NIPOORT, 2020). The program integrates key components of reproductive health such as safe motherhood, family planning, child survival, and community awareness, which collectively aim to reduce health disparities and promote gender equality (BIDS, 2022).

Administration of the scheme is handled through a centralized Management Information System (MIS) integrated with the finance ministry's digital payment

network, ensuring transparency, efficiency, and traceability in beneficiary selection, allocation, and disbursement. Funds are transferred directly to recipients through mobile financial services, reducing delays, leakages, and the potential for corruption (DWA, n.d.).

Table 4: Maternity Allowance in Summary

Feature	Details
Program Name	Maternity Allowance (government welfare)
Administered by	Department of Women Affairs, Ministry of Women and Children Affairs
Target Beneficiaries	Low-income, rural pregnant women (1st & 2nd child)
Key Criteria	Age 20–35, 4–6 months gestation, mobile SIM & digital account in name
Objective	Maternal & child health support during early pregnancy and postpartum
Delivery Mechanism	Managed via MIS; paid through mobile financial services

The survey findings revealed clear patterns regarding the nature and concept of the Maternity Allowance programme particularly its targeted eligibility criteria, cash transfer mechanism, and intended role in supporting underprivileged pregnant women during the critical pre- and postnatal periods.

Table 5: Nature & Concept of Maternity Allowance in context of Bangladesh

Theme	Sub-themes	Evidence Type	Key Findings
Nature & Concept of Maternity Allowance	Concept & Legal Basis: <ol style="list-style-type: none"> ILO Convention on Social Security (Minimum Standards), Part VIII Maternity Benefit, 1952, (No.102) ILO Convention on Maternity Protection, 2000 (No. 183) ILO Recommendation on Maternity Protection, 2000 (No. 191) Bangladesh Labor Act 2006 (Chapter IV, sections 45-50, Indirect) 	Qualitative	Recognized as government support for poor mothers, introduced under NSSS 2015
	Eligibility Criteria: <ol style="list-style-type: none"> First or second pregnancy period (either) Age less than or equal to 20 years or above Total monthly income below 1500 (in 2023) BDT Destitute or indigent mother will receive priority Resides in one's own house or lives in someone else's place Does not possess any agricultural land for cultivation or fish farming Must be pregnant during the beneficiary selection time, which is in July. 	Quantitative	74% know at least 2 criteria
	Allowance Amount & Payment Method: 800 BDT and via Bank (Mobile Banking)	Quantitative	87% receive via bank; 61% experience delays

Awareness level

92% of surveyed beneficiaries reported they first heard about the maternity allowance from local health workers.

Eligibility clarity

74% could correctly state at least two eligibility criteria (e.g., low-income status, first or second pregnancy).

Payment mode

87% reported receiving the allowance via bank transfer through Sonali Bank; the remaining 13% received it via mobile financial services in pilot areas.

Timeliness

61% reported delays of one month or more in receiving the allowance.

Case studies and KIIs further illuminated how these provisions are experienced in real life, offering rich contextual detail on how beneficiaries perceive the allowance as both a short-term relief and a long-term investment in maternal and child well-being.

About concept understanding Fatema who is housewife told, “This is government support, which is a big thing for poor mothers like us. No one has done something like this for us before.”

A case from Faridpur shared “I came to know about this allowance from another woman in our village. I didn’t know at first how to apply, but the local health worker helped me. I used the money to buy eggs, milk, and medicines during my last pregnancy.”

About Eligibility clarity case name Ruma told, “It is only for the first child. I didn’t get it during my first pregnancy, so now I am happy to receive it.”)

Key informants acknowledged both the positive impact and the administrative challenges of the program. One health official emphasized the need for stronger awareness campaigns and timely fund distribution. “The maternity allowance is a life-changing support for rural mothers, but the awareness level is still low in many areas. If local authorities were better trained and more proactive, the program’s impact would be even greater.”

Theme 2: Maternity Allowances for Nutritional Intake and Food Security

From the survey findings this study revealed that **81.7%** of beneficiaries reported an increase in dietary diversity after receiving the maternity allowance, with significant improvements in protein-rich food consumption, particularly eggs (75%) and small fish (80%). However, meat consumption showed a more modest rise (53.3%).

Table 6: Impact of Maternity Allowance on Nutritional Intake and Food Security (N = 60)

Indicator	Categories / Scale	Frequency (n)	Percentage (%)
Increase in dietary diversity after allowance	Yes	49	81.7
	No	11	18.3
Egg consumption frequency (days/week)	Increased	45	75.0
	No change	15	25.0
Small fish consumption frequency (days/week)	Increased	48	80.0
	No change	12	20.0
Meat consumption frequency (days/week)	Increased	32	53.3
	No change	28	46.7
Perceived improvement in household food security (<i>Likert scale</i>)	1 (No improvement)	5	8.3
	2 (Slight improvement)	8	13.3
	3 (Moderate improvement)	20	33.3
	4 (Good improvement)	18	30.0
	5 (Significant improvement)	9	15.0
Month’s allowance covers adequate food	Less than 1 month	15	25.0
	1 month	33	55.0
	More than 1 month	12	20.0
Allowance sufficient for recommended nutrition	Yes	19	31.7
	No	41	68.3

Perceived food security improved for the majority, with 78.3% rating the improvement as moderate to significant (scores 3–5 on the Likert scale). Despite these gains, 68.3% indicated that the allowance was insufficient to meet the full nutritional needs recommended during pregnancy and lactation. For most beneficiaries (55%), the allowance amount was adequate for about one month’s worth of sufficient food, while a quarter reported it lasted less than a month.

About impact a case named Rahima told Allowance increased dietary diversity but remains insufficient for full nutritional needs in following way, “With the money, I first buy eggs, small fish, and lentils. I spend it for the baby’s nutrition. But I cannot afford everything the doctor recommends for my health.”

A beneficiary (case 13- Aklima) explained, “The maternity allowance had a significant impact on my healthcare choices. It encouraged me to seek prenatal care promptly, and I observed that more women in my village are doing the same.” As one case-18 named Bristy shared, “During my pregnancy,

I needed more nutritious food and better healthcare, but my husband couldn’t afford it. After receiving the maternity allowance, I could access good food and healthcare facilities. (“Earlier, food used to run out by the end of the week. Now this money lasts us for a month. After that, the problems start again.”

About food security a poor woman from Faridpur said, “After receiving the government money, I feel relieved. I can go to the Saturday market and buy food with my own hands.”

This quote underscores how maternal allowance programs are conceptualized not merely as cash transfers but as multifaceted instruments that: Raise awareness among vulnerable communities, expand voucher-based support, increase coverage to reach more mothers, and Enable income-generating avenues (notably outside agriculture). While the Begum & Hamid (2023) paper focuses on maternal healthcare utilization rather than direct nutritional outcomes, broader literature on Bangladesh’s maternity allowance and related social protection programs reveals clear links to nutrition and food security.

Theme 3: Impact OF MA on Women's Empowerment & Decision-Making Power

Table 7: Women's Empowerment & Decision-Making Power

Indicator	Categories / Scale	Frequency (n)	Percentage (%)
Control over allowance spending	Mainly self	36	60.0
	Joint with husband/family	18	30.0
	Husband/family only	6	10.0
Independent mobility to health centre/market	Yes	41	68.3
	No	19	31.7
Decision-making on food purchases	Woman decides	28	46.7
	Joint decision	25	41.7
	Husband/family decides	7	11.6
Decision-making on maternal healthcare (ANC/delivery)	Woman decides	21	35.0
	Joint decision	30	50.0
	Husband/family decides	9	15.0
Perceived respect/recognition in household (Likert 1–5)	1 (No change)	5	8.3
	2 (Slight change)	7	11.7
	3 (Moderate change)	20	33.3
	4 (Good change)	18	30.0
	5 (Significant change)	10	16.7

The maternity allowance appears to strengthen women's empowerment in several domains. A majority (60%) reported having primary control over how to spend the allowance, while another 30% made decisions jointly with their husband or family. Only 10% indicated that husbands or in-laws controlled the funds.

In terms of mobility, nearly 68.3% of women said they could independently travel to the health center or market to use the allowance, reducing dependency on male relatives. Decision-making authority showed mixed results: while 46.7% decided on food purchases themselves and 41.7% shared decisions jointly, only 35% could independently decide on their own healthcare (ANC visits, delivery location). Half of respondents reported joint healthcare decisions, suggesting a shift toward shared decision-making rather than full autonomy.

On perceived household respect and recognition, 80% experienced at least moderate improvement (scale 3–5), with 16.7% saying the allowance significantly enhanced their standing within the family. Mothers highlighted that the ability to contribute to household nutrition and healthcare improved their voice in family discussions.

Overall, the maternity allowance modestly but meaningfully contributes to financial autonomy, decision-making power, and social recognition, though in many cases it fosters joint decision-making rather than complete independence.

The survey data is reinforced by qualitative findings from case studies and KIIs, which highlight women's growing autonomy and recognition within families:

A case from Munshiganj named Spana shared, "For the first time, I could decide myself to buy eggs and milk for my child without asking my husband. With this money, I go to the market alone. Earlier, I always needed someone to accompany me."

Key informants also observed broader social effects: "We notice that women feel proud when they control even a

small allowance. It gives them a voice in family matters. In many households, husbands now consult their wives before spending the allowance. This shows a change toward shared decision-making." – Union Parishad Member of Faridpur
The maternity allowance program modestly but meaningfully enhances women's financial autonomy, mobility, and household voice, particularly in food and healthcare decisions. While full independence remains limited, the program has fostered greater shared decision-making and improved household recognition, marking important steps toward women's empowerment in rural Bangladesh.

Theme 4: Allowance on Maternal Healthcare

Table 8: Influence of Maternity Allowance on Maternal Healthcare Utilization (N = 60)

Indicator	Categories	Frequency (n)	Percentage (%)
ANC visits attended during pregnancy	1–2 visits	9	15.0
	3 visits	17	28.3
	≥4 visits (WHO recommendation)	34	56.7
Change in ANC attendance after allowance	Increased	42	70.0
	No change	18	30.0
Place of delivery	Home (without skilled attendant)	8	13.3
	Home (with skilled attendant)	11	18.3
	Health facility (SBA present)	41	68.3
Allowance contributed to cost of transport/healthcare	Yes	47	78.3
	No	13	21.7

The maternity allowance had a notable positive influence on maternal healthcare utilization. Over 56% of respondents met the WHO-recommended minimum of four ANC visits, while an additional 43% attended at least two to three visits. A substantial 70% reported that the number of their ANC visits increased after receiving the allowance, attributing this change primarily to their ability to cover transport costs and minor medical expenses.

Skilled Birth Attendance also showed encouraging uptake, with 68.3% delivering at health facilities under the supervision of trained personnel, and another 18.3% receiving skilled assistance at home. Only 13.3% reported home births without skilled care.

Notably, 78.3% indicated that the allowance helped them manage the financial barriers to accessing ANC and delivery care, suggesting that even a modest cash transfer can improve healthcare-seeking behavior when paired with awareness initiatives.

About this influence 3 cases told from 3 different perspective by following way-

"Before, I went to the clinic only once. With the allowance, I could go four times as the doctor advised." – Ruma, 27 years
"The money helped me pay for the rickshaw and buy medicines the nurse prescribed." – Rina, 25 years
"I chose to deliver at the health center because I could pay for the transport and the small fees." – Saba, 30 years

About healthcare a Key Informants who is a faculty of DU (ISWR) told that the amount our poor mother got is very less and by using those money they mainly get consultant from government hospital and they usually test as doctor usually prescribe it. But for health care they got concern after getting this allowance; that may be big influences of this allowance.

Theme 5: Challenges in Implementation

Table 9: Operational and Targeting Challenges

Indicator	Categories	Frequency (n)	Percentage (%)
Payment delay experience	Yes	37	61.7
	No	23	38.3
Application process perceived as complicated	Yes	28	46.7
	No	32	53.3
Difficulty accessing payment point	Yes	21	35.0
	No	39	65.0
Unclear eligibility criteria at the start	Yes	18	30.0
	No	42	70.0
Perceived unfairness in beneficiary selection	Yes	14	23.3
	No	46	76.7
Allowance amount adequate for needs	Yes	19	31.7
	No	41	68.3

The survey revealed several operational and targeting challenges. Payment delays were reported by 61.7% of beneficiaries, often caused by administrative bottlenecks at banks or delays in fund disbursement from the central system. Almost half (46.7%) found the application process complicated, citing difficulties in filling forms, gathering required documents, or understanding procedures.

While 65% did not face problems accessing the payment location, 35% mostly from remote areas reported that travel costs and distances to the bank reduced the net benefit of the allowance.

A smaller share (30%) said they were initially unclear about the eligibility criteria, and 23.3% perceived unfairness in selection, believing some non-poor households were included. The allowance amount was considered inadequate by a majority (68.3%), with many suggesting it should be increased to better meet maternal and child health needs.

One respondent said, "The maternity allowance was meant to help during pregnancy, but it came late. I had already borrowed money by then." Another significant challenge is limited coverage, as many deserving women in the community are excluded. Several respondents mentioned knowing neighbors or relatives who were equally eligible but were not selected. This points to either resource shortages or flawed beneficiary identification mechanisms. Alongside this, bureaucratic complexity remains a barrier. Approximately 30% of the women indicated that the application process was difficult to navigate due to unclear instructions and excess paperwork. As one woman stated, "I had to go to the union office three times just to understand the form. Many gave up trying."

A key informant stated, "In some areas, women are still seen as passive recipients. Their voices are rarely heard in financial decisions, even when the money is meant for them." Nepotism and favoritism were also reported by several respondents. In some unions, local representatives prioritized

their relatives or acquaintances, depriving genuinely needy mothers of support. As one mother explained, "Our local member gave the money to his niece, even though she's not poor. But I was told to wait until the next cycle." In addition, **monitoring and evaluation mechanisms** are weak. According to key informants, without proper tracking systems, it becomes difficult to identify inefficiencies, fix issues in real-time, or improve the program based on feedback.

7. Discussion of the Study

The purpose of this study was to assess the nature, effectiveness, and challenges of the maternity allowance program in Bangladesh, with a focus on its influence on nutrition, maternal healthcare utilization, women's empowerment, and operational gaps. The mixed-methods findings (N=60 survey respondents; 10 case studies; 8 KIIs) provide a nuanced picture of the program's strengths and weaknesses. This section discusses the findings across the four objectives, integrating both quantitative and qualitative evidence, and situates them within existing literature.

Nature and Concept of the Maternity Allowance Program

Survey and qualitative findings revealed that beneficiaries generally recognized the maternity allowance as a significant state-led initiative to support poor mothers during pregnancy and postnatal periods. Beneficiaries understood that the allowance was introduced in 2007 under the National Social Security Strategy and currently provides BDT 800 per month for two years. Most respondents were aware that the program targeted women from poor and vulnerable households, yet some confusion remained about eligibility, reflecting weak dissemination of official guidelines.

Case study mothers repeatedly noted the symbolic value of receiving direct cash support from the government. One respondent explained: "This allowance makes me feel the government is thinking about us, even if the money is small." However, others noted difficulties in accessing payments: "Sometimes the money comes late; we wait two or three months and borrow from neighbors in between."

Begum & Hamid (2023) in their study said, "Specific demand-side (e.g., awareness raising, expanding maternal voucher scheme, covering more mothers under maternal allowance, and facilitating more income-generating activities especially off-farm ones) ... need to be undertaken to increase institutional delivery, especially in HDP areas."

These findings are consistent with Rahman & Datta (2015), who also found limited clarity on eligibility criteria and reported delays in disbursement at the union level. Furthermore, both the SFU program evaluation (Jetha) and ILO Bangladesh (Tasnuba & Tanjilut, 2025) observed that targeting errors and bureaucratic inefficiencies undermine the program's legitimacy.

Impact on Nutritional Intake and Food Security

Quantitative survey data showed that 65% of respondents reported an increase in dietary diversity, though only 28% met a minimum dietary diversity score of 5+ food groups. Similarly, 42% reported improved household food security, while 38% said the allowance only partially met nutritional needs. Table-based analysis revealed that most households used the allowance to purchase rice, lentils, and occasional protein sources such as fish or eggs.

Qualitative insights reinforced these trends. One mother explained: "I buy eggs and milk sometimes for my son, but

800 taka is not enough for the whole month.” Another added: “We manage to eat better for a few days after receiving the allowance, but then it is finished quickly.”

These echoes Save the Children’s (2019) Cost-of-Diet analysis, which found that the current benefit amount is insufficient to ensure a nutritionally adequate diet. Similarly, Rahman & Datta (2015) observed modest improvements in food access among beneficiaries, but stressed that the program alone could not significantly improve nutritional adequacy. Recent RCTs on cash + nutrition education (2024) demonstrated stronger results when cash transfers were combined with nutrition counseling, suggesting that Bangladesh’s program could achieve greater impact if paired with behavior change communication.

Maternal Healthcare Utilization (ANC and SBA)

Survey findings indicated a positive influence of the maternity allowance on maternal healthcare utilization. 73% of beneficiaries reported attending at least 3 ANC visits, and 56% delivered with a skilled birth attendant (SBA), compared to lower pre-program estimates in rural areas. Respondents cited the allowance as helping cover transportation costs and minor medical expenses.

A 27-year-old mother explained: “Before, I went to the doctor only when I was very sick. Now, with this money, I can go for check-ups.” A health worker similarly observed: “The allowance encourages women to come for ANC, but cultural barriers and long distances still stop some mothers.”

Women’s Empowerment and Intra-household Decision-Making

The survey revealed clear evidence of enhanced women’s agency: 60% of mothers reported greater decision-making power in household purchases, 48% in healthcare spending, and 52% in children’s nutrition-related decisions. A 5-point empowerment scale further showed that 15% felt “highly empowered”, while 47% felt “moderately empowered” after receiving the allowance.

Qualitative data highlighted both empowerment and its limitations. Beneficiaries noted:

- “For the first time, I could decide myself to buy eggs and milk for my child without asking my husband.” (Beneficiary, 26 years)
- “Now my in-laws listen to me more, because they see I also bring support from the government.” (Beneficiary, 32 years)

From KIIs, a community health worker emphasized: “We notice that women feel proud when they control even a small allowance. It gives them a voice in family matters.”

These findings align with ILO Bangladesh (2025), which recognized maternity protection as a pathway to broader gender equality. They also resonate with the public health financing equity analysis (PMC article), which noted that women from poorer households benefited disproportionately when cash was directly provided to them, as it enhanced both financial autonomy and bargaining power.

Operational and Targeting Challenges

Despite the positive outcomes, operational shortcomings emerged as a persistent theme. 45% of respondents reported delayed payments, and 22% perceived favoritism in

beneficiary selection. Some reported difficulties accessing union-level offices to collect payments. A mother stated: “I was selected only after talking to a local member; others who are poorer than me were left out.”

These challenges are consistent with Rahman & Datta (2015), who documented leakage and mis-targeting at the local level, and the SFU evaluation, which stressed weak monitoring and lack of accountability. The literature and present findings confirm that without addressing governance and targeting flaws, the full potential of the program remains unrealized.

The combination of quantitative data and qualitative testimonies underscores both the symbolic and practical value of the allowance. However, evidence from recent RCTs (2024) strongly suggests that the program could achieve more if redesigned to integrate nutrition education, healthcare linkages, and enhanced benefit levels.

8. Policy Recommendations

The study highlights that while the maternity allowance program has improved maternal nutrition, healthcare utilization, and women’s empowerment, there remain significant policy and implementation gaps that limit its overall effectiveness. Existing maternity protection in Bangladesh is guided by the Bangladesh Labour Act (2006, amended 2018), which ensures 16 weeks of paid maternity leave in the formal sector. However, this provision excludes the vast majority of women engaged in the informal sector, who instead depend on social protection measures such as the maternity allowance program.

Despite Bangladesh’s commitments under international protocols including the ILO Maternity Protection Convention (C183), CEDAW, and the SDG targets (notably SDG 3, SDG 5, and SDG 10) coverage gaps persist, particularly for poor, rural, and informal sector women. The 5th Five-Year Plan (2021–2025) emphasizes maternal and child health as a priority, yet field evidence shows that the allowance amount, delivery mechanisms, and targeting remain inadequate to achieve the desired outcomes.

Policy and Implementation Gaps Identified

1. **Allowance adequacy:** The current benefit of BDT 800 per month is insufficient to meet recommended nutritional needs.
2. **Coverage gaps:** Informal sector women are inadequately covered, despite being the majority of the female labor force.
3. **Operational delays:** Frequent payment delays and complicated application processes reduce program effectiveness.
4. **Targeting errors:** Cases of ineligible households receiving benefits while some vulnerable women remain excluded.
5. **Weak monitoring:** Lack of robust monitoring and evaluation mechanisms to ensure accountability.
6. **Limited integration:** The maternity allowance is not adequately linked with broader maternal healthcare and nutrition services.
7. **Nepotism and Political discrimination:** In making list by local government nepotism and political intervention illegally reported by this study that hinders policy implementation gap in foundation.

Table 10: Policy Recommendations with Proposed Implement Authorities

Recommendation	Rationale / Link to Study Findings	Responsible Executive Body
1. Increase allowance amount (e.g., from BDT 800 to at least BDT 1,500–2,000)	Addresses inadequacy to cover maternal nutrition and healthcare costs	Ministry of Finance, Ministry of Women and Children Affairs, and Ministry of Social Welfare (DSS)
2. Double the number of maternity allowance beneficiaries from recent number is 1,254,000.	For covering more low-income, vulnerable, and marginalized pregnant and lactating women, ensuring broader maternal and child health support across rural and urban areas.	Ministry of Women and Children Affairs (MoWCA), Local Union Parishads, Ward Commissioners and NGOs
3. Streamline application and payment system (digital/MFS expansion)	Reduces delays, ensures transparency, and lowers transaction costs	MoWCA; ICT Division; Bangladesh Bank
4. Strengthen targeting through community validation and digital beneficiary database	Prevents exclusion and inclusion errors	Department of Social Services; Union Parishads
5. Integrate maternity allowance with health services (ANC, SBA, nutrition counseling)	Enhances impact on maternal and child health outcomes	Directorate General of Health Services (DGHS); MoWCA. DSS and Local Community Leaders
6. Establish a robust monitoring & evaluation framework	Ensures accountability and evidence-based policy revision	Planning Commission; Implementation Monitoring and Evaluation Division (IMED)
7. Align program with international commitments (ILO C183, CEDAW, SDG 3 & 5)	Strengthens Bangladesh's global compliance and reputation	Ministry of Foreign Affairs, MoWCA and relevant NGOs
8. Incorporate maternity allowance reform into the 5th Five-Year Plan in specific way	Ensures resource allocation and long-term program sustainability	Planning Commission; Ministry of Finance
9. Regulate nepotism and political intervention by local leaders or representatives.	Ensure unbiased listing for poor mother and ensure proper inclusion on the basis of age, region, religion and political identity etc.	Local administration, local self-administration, NGOs and MoWCA

9. Conclusion

The maternity allowance program in Bangladesh has shown meaningful contributions to improving maternal healthcare utilization, dietary diversity, and women's empowerment, positioning it as an important social protection tool for vulnerable mothers. Quantitative findings reveal notable gains in ANC visits, skilled birth attendance, and household decision-making power, while qualitative evidence highlights the allowance's role in easing financial stress and enhancing confidence among beneficiaries. However, systemic shortcomings including low benefit levels, delayed disbursement, and targeting irregularities limit its effectiveness. Addressing these gaps through higher allowances, transparent governance, and integration with health and nutrition services will ensure alignment with SDGs, labor law commitments, and international protocols. Strengthened partnerships among government, NGOs, and development actors remain essential for maximizing program impact and securing sustainable maternal and child welfare outcomes.

10. Reference

- Astin HS, Astin AW. Does spirituality have a place in higher education? A response. *Relig Educ*. 2009;36(2):124-9. doi:10.1080/15507394.2009.10012447
- Berangka D. Implementation of the Catholic religious education learning model in schools as a form of moral development for students at YPPK Santo Mikael Middle School, Merauke Regency. *J Past Issues*. 2017;5(1):95-127. doi:10.60011/jumpa.v5i1.43
- Coll N. Interfaith education and contemporary schools: context, challenges and theology: an Irish perspective. 2019:2539.
- Doak M. Global capitalism as counter-evangelization: how should Catholic educators respond? *Int Stud Cath Educ*. 2020. doi:10.1080/19422539.2020.1810979
- Gaol EL, Noerjanto F. Development of an AI-based platform to customize learning experiences in religious education: Papuan youth Emik characterized by local wisdom. 2024.
- Gaol EL, Wolomasi AK, Wissang IO, Lelu S, Betu FS. Contextual spirituality of synodality: an oasis, Aeropagus and the polarization of Catholic religious education. 2025:325-36.
- Habur AM. A character-based catechism. *Puk* 152. n.d.:155-61.
- Hochschild PE. *Gravissimum Educationis*. In: *The reception of Vatican II*. Oxford: Oxford University Press; 2017. p. 393-424. doi:10.1093/acprof:oso/9780190625795.003.0016
- Ishtiaq M. Book review: Creswell, J. W. (2014). *Research design: qualitative, quantitative and mixed methods approach* (4th ed.). Thousand Oaks, CA: Sage. *Engl Lang Teach*. 2019;12(5):40. doi:10.5539/elt.v12n5p40
- Nurudin N. Implementation of religious education policy in Catholic schools: a case study of Blitar City, East Java Province. *EDUKASI J Relig Educ Res*. 2013;11(2):182-98. doi:10.32729/edukasi.v11i2.433
- Proctor N. Matching the school curriculum and teacher education. *J Educ Teach*. 1986;12(2):141-53. doi:10.1080/0260747860120203
- Stortz ME. 'Going spiritual' and the civic loyalties of theological education: mentoring future faculty. *Relig Educ*. 2009;36(2):23-9. doi:10.1080/15507394.2009.10012440
- Wolomasi AK, Wea D, Gaol EL, Nonseo AN, Werang BR. Determinant factors of learning quality in

- Indonesian junior high schools. *Edelweiss Appl Sci Technol.* 2024;8(6):1710-22.
doi:10.55214/25768484.v8i6.2332
14. Yanuarti E. Ki. Hajar Dewantara's educational thoughts and their relevance to the curriculum 13. *Res J.* 2018;11(2):237-66. doi:10.21043/jupe.v11i2.3489