CHAPTER-7

SUMMARY, MAJOR CONCLUSIONS AND POLICY IMPLICATIONS OF THE THESIS

7.1 Introduction

The thesis deals with the aspects of gender discrimination, child nutrition and human development. We have tried to construct an aggregative index of gender inequality by incorporating the problem of "missing women", analysed the short and long run relationship between gender inequality and child nutritional status and examined the association between income and quality of life with and without the existence of gender inequality over time. In all three cases, we have tried to derive our results and analyse various issues keeping India into consideration. Speaking from the Indian point of view, we see that there are many studies on "missing women" and the falling trend of JFMR, but none of them clarifies whether existing indices based on quality of life are capable enough to capture that problem. We also find it pertinent to make a comparative study between two time periods to see how a movement in gender inequality affects child nutritional status. Attempts have also been made to examine the relationship between Income and Quality of life in the backdrop of gender bias.

The theme of the study has been dealt in six chapters. The first chapter presents a brief introduction for identifying the problems of investigation. The second chapter provides a review of existing literature specific to the identified problems of the study. Chapter three outlines the objectives data and methodology of the study. Then, fourth chapter deals with the inadequacy of GDI and constructs a new index of gender inequality. The fifth chapter focuses about the relationship between gender inequality and child
nutritional status and the sixth chapter addresses the issue of the linkage between income and quality of life. Chapter four, five and six forms the crux of the thesis.

In India, a declining trend of the overall sex ratio and the juvenile female – male ratio (JFMR) can be traced over the last 70-80 years – a phenomenon which speaks of gender discrimination. Currently, this trend is more prominent in urban than in rural India. Assuming that urbanisation is a sign of growth, one can safely infer that this problem is positively related to economic growth of the country.

A large number of female children are missing from our society. During 1991-2001, almost all the states have witnessed a declining trend of FMR, and the rate of decline of JFMR is higher in most of the states than that of the FMR. In India, it is more acute in the North-Central and Western part and comparatively low in the Southern and Eastern Parts. The magnitude is the highest in Haryana followed by Punjab, and lowest in Tamil Nadu followed by Kerala.

7.2 The major findings of Chapter Four

The basic objective of this chapter is to construct a new index of gender inequality which will be able to capture the problem of "missing women". The major findings of this chapter are as follows:

1. The Gender Development Index (GDI) is not found to be a satisfactory aggregative measure of gender inequality, as it fails to address the problem of "missing women" properly. A new index such as the Gender Inequality Index (GII) has been constructed by incorporating age specific death rate (ASDR). It is found that the ASDR is quite capable of capturing the discrimination at an age group of 0-4 years quite satisfactorily.
Accordingly, GII could capture gender bias (in aggregative form) in a much better way than GDI. So, GII is an improvement over GDI.

2. The problem of “missing women” has been adequately captured in the new index of gender inequality that is in GII. It is evident that in some states both GII and GDI are low but GII is worse than GDI. This is mainly due to the fact that the death rates of girl children of those states are very high. This incident is more aptly absorbed by GII than the GDI. We can actually find out a group of states where there is a drastic variation in terms of ranking of GII’s and GDI and there are states where variations are not that wide. Clearly, rank variation takes place more where the ASDR is quite high, that is, where female discrimination is long standing. Andhra Pradesh, Gujarat, Haryana, Madhya Pradesh, Maharashtra, Orissa and Punjab are those that belong to the group where there is a high variation of GII and GDI ranks. Here, we observe that in Andhra Pradesh, Madhya Pradesh and Orissa the ranking has improved and it has become worsened for the remaining states.

3. The GII’s are sensitive to the ASDR and ASDR is responsive to the JFMR. The difference between GDI and GII’s is that the latter includes ASDR with Life Expectancy at Birth (LEB), thus providing a second health component. So, states where the JFMR is either quite high or quite low or even somewhere stays in between with some stable value, are those where we find that the rank of the GII’s are more or less similar. This is because in these states the ASDR becomes stable over time correspondingly and hence both the measures of gender inequality GDI and GII yield almost the same result. This has been empirically justified. There are some states like Bihar, Karnataka, Kerala, Rajasthan, Tamil Nadu, Uttar Pradesh and West Bengal where both measures provide the same ranking of gender discrimination. Among them Bihar, Rajasthan and Uttar Pradesh are underdeveloped in the three fields of human
development and gender development. Except one particular case, Assam belongs this
group which otherwise remains stable with its typical mediocrity. It may seem that the
GII mechanism has not had any effect in these states. In Karnataka, Kerala, Tamil
Nadu, and West Bengal also the relative position in terms of GDI and GII’s are quite
similar but in the opposite sense that these are the developed states.
Chapter five examines the relationship between child nutritional status and gender
inequality especially in the developing countries. Also attempts have been made to look
at it both on the basis of short and long time frame.

7.3 The major findings of Chapter Five

The objective of this chapter is to examine the relationship between child
nutritional status and gender inequality especially in the developing countries. Also
attempts have been made to look at it both on the basis of short and long time frame. The
major findings of this chapter are as follows:

1. From the cross section results, it is not quite apparent that an increase in gender
inequality over time leads to a corresponding enhancement in child nutritional status.

2. We find that adult literacy rate, labour force participation ratio and under five mortality
rate are significant determinants affecting individual food and nutritional security in
cross section results. Apart from the fact that Life Expectancy at Birth (LEB) and
Maternal Mortality Ratio (MMR) has also become significant in some cases, what is
true is that they have not shown a better performance in the year 2006 than in 1999 in
comparison with the other three components. Just by concentrating purely on cross
section results there is a case to presume that adult literacy has become the most
important factor in explaining the child nutritional status.

3. Talking about the determinants of child nutritional status from the pooled data analysis
we see that an aggregative index like GDI is a statistically most significant indicator to
capture gender disparity. Besides that LEB, MMR, CMR are the other variables that are statistically significant. For example, MMR has become an important indicator in this case as we have already mentioned that there is a one-to-one correspondence between mother’s health status and child health status. Again under five mortality rate is found to be significant in the cross section results whereas child mortality rate becomes so in pooled data. So basically we can locate a number of variables like GDI, AL, LEB, CMR, MMR and UMR for explaining the relationship between gender inequality and child nutritional status. Also, what we have seen in cross section results do match in some sense with the long-term trend. As AL and LEB are components of GDI, there is some resemblance to both cases.

4. The role of CMR is found to be vital and thus suggests that a dimension of gender inequality may be quite noteworthy encompassing a frame of “missing women” problem and intrahousehold resource allocation. It is quite true that the extent of discrimination is intensively related with child mortality rate. The discrimination in terms of nutrition leads to mortality for children specifically for the young girls. It is already known that there is high CMR in South Asian countries along with India in particular. That it provides better estimates in terms of pooled data as an independent variable instead of UMR is quite expected and hence relevant too. There is every reason to conclude that no matter how this relationship is studied (that is either by cross section or by pooled data), CMR has a very important role to play in a meaningful understanding of this association.

5. For measuring child nutritional status we have taken percentage of stunted children and percentage of wasted children separately as the dependent variable. When we take the percentage of wasted children as dependent variable we find that MMR, LEB and UMR are the variables as the significant ones. But, if we consider percentage of stunted
children as dependent variable then ASDR and MMR have been found to be significant. Comparing both cases it is evident that MMR has become the most significant variable while determining child nutritional status in Indian states. This just goes to show that mother’s health status is one major determinant when we look at this particular relationship.

7.4 The major findings of Chapter Six

The basic objective of this chapter is to inquire how income and quality of life is related across countries and over a period of time. We have tested in this chapter as to how income and quality of life is related across countries and over a period of time. In order to pursue this objective we have studied the association between income and QLI in two ways, (i) without the gender issue (ii) with the gender issue.

The major findings of this chapter are as follows:

1. The relationship between income and quality of life is strongly positive when we consider all countries. This will be justified when we analyse this association across different developing zones. There are two exceptions to this, for example i) East Asia and Pacific (EAP), ii) Sub Saharan Africa (SSA). So, it can be safely inferred that the relationship is not unique. The cross-country analysis brings out the fact that in some developing zones like EAP income and the indices of QLI are moving towards opposite direction and in some cases they are moving in the same way. Latin American Countries (LAC), Sub Saharan Africa (SSA) etc. are well known for having low per capita income. Therefore, sufficient income may not be there for people of those countries where after having spent the major amount of money for food consumption they find insignificant proportion of income left for spending on health or education. But from regression results between U5MR and LOGGDPPC in Asia (especially in its southern part) it looks as if they are positively linked. This is not something that one
would have hoped to observe. Actually, this is the background of testing the relationships under the scanner of gender inequality.

2. When gender discrimination has been taken into consideration we have shown how results do change. The linkage between the NGII and \( \text{LOGGDPPC} \) has been found to be inverse when 119 countries are taken into consideration. This indicates that as income rises NGII falls, implying thereby the reduction of net gender inequality, and hence an improvement in the quality of life. But, this NGII and \( \text{LOGGDPPC} \) relationship has yielded positive association in the end as we go on constructing health indices by varying the weight of the CMR and calculate NGII, NGIV and NGV respectively. As a consequence, the t-value and \( R^2 \) have gradually increased and in particular t-values have become more significant as the weight of CMR was adjusted. CMR plays an important part in determining the relationship between income and quality of life. This has been shown statistically that there is a clear difference in results if we ignore the role of CMR.

7.5 The broad conclusions

1. GDI is not an adequate aggregative measure of gender inequality, because it fails to address to the problem of “missing women” properly. A new index GII has been offered by adding in age specific death rate (ASDR). It is found that the ASDR is quite capable of capturing the discrimination at an age group of 0-4 years quite satisfactorily. Hence, GII could capture gender bias (in aggregative form) in a much superior manner than GDI. So, GII is advancement over GDI.

2. It has not been established evidently from the cross section results whether child nutritional status has really improved if gender inequality gets reduced over time. It is possible to find a group of variable like GDI, AL, LEB, CMR, MMR and UMR for explaining the relationship between gender inequality and child nutritional status. The
cross section results match in some sense with the pooled regression results. Also, GDI has been statistically found to be a better indicator to capture gender disparity in the pooled data analysis. The role of CMR is found to be important and thus suggests that a dimension of gender inequality may be quite significant encompassing a frame of missing women problem and intra household resource allocation.

3. The relationship between income and quality of life without the consideration of gender bias is strongly positive when we consider all countries. This has been replicated when we analyse this association across different developing zones. The East Asia and Pacific and Sub-Saharan Africa are two exceptional zones for this case. So, it can be safely inferred that the relationship is not unique. When we take gender discrimination into account the linkage between income and quality of life has been found to be inverse without the role of CMR. But, this relationship has become positive in the end as we take the CMR’s role into consideration.

We have tried to do so in the chapter on Income and Quality of life but that has been done in a cross country framework with a relatively small number of countries. In the chapter on Gender inequality and Child Nutritional Status, data for Indian states are available only for three years and so whatever we have done and concluded is once again a tentative conclusion.

In all the three chapters it has been observed that the problem of ‘vanishing half’ needs to be addressed more purposefully while discussing the issues of gender inequality. This is also important for the policy makers. They will be expected to frame policies that are best suited in this structure in the days to come. However, there are a few occasions especially for Indian states where the data set is too small to make any sweeping generalisation on the relationship among the variables.
7.6 Policy Implications

As far as policies to be framed one can dish out a few for a country like India though issues that have been discussed here will be seen in most of the developing countries. The main objective in this thesis is to address the problem of “missing women”. This has been observed that in order to prevent the use of sex selective technology there is prenatal detection technique (PNDT) act employed in our country. The intention is to see that people may abstain from knowing the sex of their unborn child. In that case there is a chance that the baby will be allowed to be born. This practice has to be made mandatory in all parts of the country. Women who are more educated, and who can assure that their children will live longer and healthier lives, and that they themselves will have longer lives with fewer days spent in illness are likely to prefer some aspects of life today relative to what it was thirty years ago. But persistent gender inequality can place a ceiling on women’s ability to advocate for themselves and for their children. Explicit state-level policies that enhance women’s access to resources and empowerment are necessary to achieve that goal. There is another lesson here—that a growth strategy that allows gender inequality may not be the best one to improve their well-being. Life’s richness and indeed survival itself depend to a large extent on our ability to make choices about how we live our lives, a choice that is less available to women than men when there is persistent gender inequality. Policies that boost the relative growth rate of the agricultural sector in a country like ours will help reducing mortality. After the mid-1970s, the rate of growth of agricultural income has become a bit sluggish in comparison to non-agricultural income in India. This has acted as a force to reduce mortality.

Public health expenditure only has a favorable effect on mortality at high levels of expenditure. Even if we have not investigated the allocation of public expenditure in this study, it is understandable from earlier research (World Bank 2004) that the structure of
expenditure and its helpful delivery are crucial for its effectiveness. Five Indian states comprise in excess of half of all childhood mortality. A substantial intervention requires to be given in these states. The data demonstrate that under-five death probabilities are higher with the girls, first-born children and children of scheduled-tribes. Directing these comparatively weak groups will contract average mortality incidence. A meaningful pro-women development policy should be launched. The state is to act as the prime agent to promote the development process with elaborate programmes of expansion of human capabilities, by ensuring proper nutrition and health care and primary education for the target group of people who are not in a position to have access to such public facilities. Empowerment of women may be achieved when state, civil society and women themselves feel committed towards women’s needs. The question is that those countries, which want to promote human welfare, should focus on growth, or it is advisable to adopt some specific social interventions over and above growth. It is obvious that whilst growth is necessary to sustain welfare improvements, it is alone not sufficient. An active social policy to address basic needs will bring about a more rapid improvement in social indicators.

Even if human development is the concern then also that cannot be thought off without gender development in today’s world. In fact a wider view of QLI advocates that the impact of those basic services is best reached when both female and male population can reap the benefit. So, if the objective of the government is to promote human development, it should give adequate emphasis on income generation. People would not be too keen on sending their children to school or having some basic health facilities if they feel that their earning is exhausted for meeting the food consumption expenditure and it becomes even more difficult if it fails to reach a minimum level. We are not advocating exclusively growth-promoting policies neither are we in favour of utmost social
development planning by putting inadequate attention to the role of income. What we are trying to hint at is a blend of both, and that too with the assurance of initiating a minimum income level.

For India to set out further down the path of Millennium Development Goals (MDG), it requires a substantial amount of concentration on supplying basic health services to its population and on eradicating existing gender biases across caste, gender and rural-urban location. There is a huge requirement of developing the health infrastructure and for providing better infrastructure in general. The economically backward states, especially Rajasthan, Uttar Pradesh and Bihar still lag behind the rest of India in human development. Madhya Pradesh has made some improvement in education but does not exceed than the other BIMARU states in health. However, both Kerala and Madhya Pradesh give evidence that with well-organised social intermediation and public action, it is possible to attain greater social development at low levels of income and at a relatively short span of time.

Realisation of the target of falling child mortality is highly dependent on a considerable cutback in child malnutrition, since undoubtedly the bulk of child deaths in developing countries stem from diseases connected to nutritional deprivation. Numerous researches have been carried out in recent years to figure out the determinants of child malnutrition. The most frequently used methodology is to divide the factors into two large groups, like, the adjacent determinants and the basic determinants. In this structure, the role of employment can be best comprehended as belonging to the set of basic determinants. Employment, especially women’s employment, interacts with other basic determinants of child nutritional status of children. These connections can create several lanes through which employment can have an impact on child nutrition. A familiarity with
proper appreciation of these tracks is essential for inventing appropriate employment strategies as part of the overall strategy for dropping child mortality.

The employment focus has to be gender-responsive as deprived women confront some additional difficulties in comparison to men. Gender-sensitivity is particularly essential in the background of a whole range of MDGs in which women and children exist in a most important place that is eliminating gender discrimination, improving maternal health, assuring universal access to primary education, falling child mortality, and fighting HIV/AIDS and other infectious diseases. A fundamental argument may be that empowering women and improving their status vis-à-vis men within and outside the household is of crucial importance for realising all these objectives. Empowered women would be better able to control the decision-making procedure within the household in an approach that would improve their own well-being and that of their children. A gender-receptive employment strategy is capable of playing a radically dynamic role here by putting in some positive efforts in order to strengthen the empowerment of women.