Chapter 8

Summary and Conclusion

8.1 Introduction: During the last decade government policies in India have undergone some serious experiments to include women in the mainstream planning policies. This study seeks to examine the impact of those policies on the status of rural women with reference to the state of West Bengal. Since there is a wide range of development interventions, dealing with all of them in a single study is an enormous task. Therefore, for simplification, we take one representative programme from three basic fields of development (as identified by Human Development Index developed by Mehbub Ul Haq), i.e. education, health, and economic empowerment.

From education sector, the most important ongoing development intervention in recent times is Sarva Shiksha Abhiyan (2001-02 onwards). The primary objective of Sarva Shiksha Abhiyan is to provide useful and quality education for all children in the elementary levels i.e. in the 6 to 14 years age group. Even though SSA is not a gender specific programme, it serves as an umbrella for schemes directly and indirectly beneficial to the girl child, and also aims to provide vocational and non--formal education to out-of school children, of which, girls are, intuitively, significant in number.

In the health sector the study concentrates on the most important sister programme of National Rural Health Mission named Janani Suraksha Yojana (2005-06 to 2011, reconstructed as Janani and Sihsu Suraksha Karmasuchi in 2012), a programme specifically to ensure safe motherhood. The aspect of economic empowerment has been examined through the programme of Swarnjayanti Gram Swarozgar Yojana (1999-2000 to 2010--2011, reconstructed as National Rural Livelihood Mission in 2011), a programme based on SHG model. Again, SGSY programme is not exclusively for women; however, the government mandate holds that 50% of Self-Help Groups formed in each block should be exclusively for...
women who should account for at least 40% of total swarozgaris. Hence, all of the selected programmes have a close relation to gender and development and empowerment.

8.2 Summary:

An attempt has been made in this study to critically examine the schemes.

- Supply-Side Investment Under the Selected Schemes:

An important prerequisite for success for all interventions is that facilities be of a good standard. This reinforces the importance of coordinating demand-side strategies with appropriate supply-side investment. Now production factors (i.e. the input factors required to “produce” schooling or reproductive treatments or economic upliftment) are basically influenced by improving existing services—such as improving quality, influencing access conditions, lowering or abolishing user fees, etc. These factors are controlled largely by the overall level of (public) resources allocated to services and also local capacity to manage them efficiently. Now, the Indian union is comprised of 29 states and 6 union territories with diverse patterns of development and there exists a sharp North-South divide where the developed southern states such as Kerala and Tamil Nadu significantly differ from Uttar Pradesh and Bihar regarding, education, health and other social and economic outcomes. Therefore, if the policy interventions try to mitigate inequalities, public resources have to be channelized to the poor disadvantageous states. According to the policy framework, all of the three selected programmes practices “positive discrimination” in respect of resource allocation. The correlation matrices in our analysis found negative association between composite educational development index and aggregate SSA allocation and the strength of this association is more than -0.60 in both for the selected period (2006-07 and 2009-10) but it is stronger for the later year (-0.69). In respect of JSY the correlation coefficient between poverty ratio and number of beneficiaries found no significance in the earlier years of the programme but in the later years of JSY (here, 2009-10) the correlation between these factors, were found to be significant.
One probable reason may be the removal in the later years of the exclusion principle like removal of age restriction, restriction on birth orders, BPL proof or marriage certificate in backward states. The correlation coefficient between poverty ratio and allocations under SGSY shows that in all the three selected years (1999, 2005 and 2010) years, representing initial, mid and late years of programme, the coefficients come positive and statistically significant (0.71 in 2010). Thus all the three selected schemes favour the poor or backward states in respect of allocation though in varying degrees but there are enough scopes of improvement. A major critic against government’s allocation is that a considerable portion of this allocation was left unspent resulting in insignificant effect, as developed states spent more in comparison to developing or less developed states. Thus to investigate the extent to which higher allocation is translated to better outcome we considered cross state comparisons in terms of some selected indicators for each selected programme.

The chosen indicators to represent the status of access to education were: primary schools per thousand children, ratio of primary to upper primary schools, primary and upper primary schools opened between 2002-2010 (i.e. the period considered for study). Similarly the infrastructural status of the schools is captured through the availability of adequate classrooms, drinking water and toilet facilities, and electricity connection. Our findings in this context are:

1. Number of primary schools serving per thousand child population is highest in Assam followed by Orissa and Rajasthan which are surprisingly the backward states in terms of human development indicators. However, in rich southern and northern developed states a considerable number of schools (having both primary and upper primary sections) are privately owned. For example, 43 percent schools in Kerala are privately owned. Moreover, the data about the private schools are scarce and there is a mismatch between household data and census data in this respect (Kingdom, 1999).
2. Another important factor for assessing the possibility of completing elementary education is the ratio of primary to upper primary schools. If there is a dearth of upper primary schools, the probability of enrolment in class V will be lesser. Unlike in west Bengal Bihar and Assam the ratio is low for other states ranging from 2.55 for Andhra Pradesh to 1.34 for Kerala. Thus the number of primary schools and that of upper primary schools are almost similar in those states. West Bengal, on the other hand has one high schools for six primary schools while Bihar and Assam have nearly one high schools for three primary schools. This development may be attributed to SSA intervention. Number of primary schools opened between SSA period is highest in up (17886) followed by Bihar (16133 and Orissa (7938) whereas for Kerala the number is only 22. For upper primary level also, more than 50% of the newly opened upper primary schools situate in northern backward states. This is one of the most important aspects of SSA intervention.

3. Another important development under SSA is constructions of toilets both common and for girls. Two backward states Uttar Pradesh and Rajasthan registered a high figure (71% and 89%) in respect of providing toilet to girl students in schools. Drinking water facilities have now reached a majority of schools both in developed and developing states. However, the data for provisions of boundary wall and electricity shows a close association with the states’ development status.

Like SSA, one of the important objectives of JSY was to meet the infrastructure differentials between the developed and the underdeveloped regions. We had chosen some familiar indicator to see whether the objectives are realized or not. The indicators were: numbers of PHCs functioning on 24x7 basis, First Referral units, and SHA selected upto2010, percentages of villages having sub-centre within 3km, villages having PHC within 10 km, PHCs with 2 Doctors, PHCs with Lady Doctors. The first
three indicators are particularly related to JSY instruments and the rest are related to accessibility of health services in rural area. Our findings are:

1. Despite the efforts of JSY and its mother programme NRHM, the supply side intervention is quite weak in underdeveloped states except for employment of ASHA employment.

2. The number of PHCs operating on 24x7 basis is highest in Tamil Nadu (1215) followed by Karnataka (940) and Andhra Pradesh (800). Among the low performing states, the number is highest in Rajasthan (500) but it is still less than the first three southern states. The percentage of villages having sub-centre within 3km is least in Madhya Pradesh (57.0%) whereas Kerala occupies the highest position (99%). It is quite undesirable because distance to health centre is a critical factor in the access and use of obstetric care, particularly delivery. Distance is also cited as a reason behind having home delivery. Therefore to increase the viability of JSY programme, this should be taken as a serious concern.

3. Sharp difference has been observed between High Performing States (HPS) and Low Performing States (LPS) regarding the availability of doctors (mean 41.74 in HPS against 28.47 in LPS).

4. In both HPS and LPS the percentage of PHCs having lady doctor is very low. Having lady doctor is a prerequisite condition of having institutional delivery in conservative areas where socio cultural norms restricts women to have reproductive health care from male doctors.

5. The performance of West Bengal in respect of all the indicators is far behind than that of the HPS; rather, those are in some cases worse than the average of LPS.

For SGSY, our findings are almost similar to JSY where the developed region clearly gets an advantage. But we have seen that rich states with low poverty ratio gets greater amount of credit disbursed. Again the credit subsidy ratio is very low for
backward states. Expenditure on capacity building is also disturbingly low for poor states. The group approach which is a key element of SGSY programme is also missing in underdeveloped states. Economic infrastructure in respect of the chosen indicator is moderate in West Bengal.

- **Outcome of the Selected Programmes:**

  We have also examined the output sides of the selected programmes by examining the impacts of these selected programmes through some related indicators.

  For the programme of SSA, we have observed the following:

  1. In all the states the percentage change in literacy rate for females is greater than that of males. Secondly and most importantly, the change is noticeable in the backward states of Bihar, Uttar Pradesh and Orissa.

  2. In 2009-10, all of the major states achieved gross enrolment ratio (GER) close to hundred percent or more than hundred percent for both boys and girls in the primary level. In the upper primary level, GER rose considerably in all the states most noticeably in Bihar, Madhya Pradesh, Rajasthan, Orissa, and Uttar Pradesh (BIMAROU) states. It shows that net enrolment ratio (NER) for both boys and girls is close to 100 and there are very little differences between NER for boys and the girls.

  3. In India, the gender gap in Gross Attendance Ratio (GAR) has been considerably narrowed at the primary level for all the states including the BIMAROU or backward states. In 2009, GAR for girls is either more than hundred or very close to hundred for all the states, except in Bihar, in the primary level which is a very positive picture. In West Bengal gender gap in GAR in upper primary education is nearly thirty percentage points which is more or less equal to Karnataka, Maharashtra and Andhra Pradesh.
4. The overall school dropout statistics shows a declining trend after the initiation of the programme and the decline is more prominent for the girls at the primary level. Another notable thing is that there is hardly any difference in dropout rates for boys and girls. In fact in 2009-10, girl’s rate is marginally three percentage point lower than boys in primary schools. The interstate comparison of dropout in the initial and late years of the SSA also supports the above observation. West Bengal recorded considerable differences where boys’ dropout figure is 9 percentage point higher than that of girls’. This gender dimension of dropout rate needs further investigation.

The outcome of JSY could be summarized as follows:

1. With the inception of NRHM in 2005-06, the figure for institutional delivery registered an upsurge up to 2007-08. The figure for institutional delivery recorded a galloping increase after 2007-08.

2. Among the lagging states- Madhya Pradesh experienced 19% increase in Ante Natal Care (ANC). The corresponding figure for Bihar and Orissa is 16%. Rajasthan also recorded 14% growth in their ANC rates. West Bengal experienced the highest increase (21%) in ANC.

3. The most important aspect of post JSY period development of institutional delivery is perhaps that the lagging states (LPS) experienced a steep increase in their institutional delivery rate after the initiation of the programme; but the progress in the advance states is either moderate or negligible (in case of Tamil Nadu). It is even negative in case of Kerala. The annual rate of progress in the JSY period (2005-2010) in Assam is 34%. In Rajasthan, Madhya Pradesh and Bihar, it is 27%, 25% and 22% respectively compared to around 7% annual rate of progress in Andhra Pradesh and Karnataka.
4. Even though the West Bengal registered a good figure of institutional delivery before the inception of JSY programme, the growth of institutional delivery is low compared to backward or low performing states.

It has been well documented that an increase in women’s resources results in increased well-being of the family, especially children. Transfers to women rather than men appear to have an impact on nutrition, child goods, education expenditure and school enrolment. Therefore, participatory status under SGSY is associated with improved status of education and health as it increases both assets and female autonomy. But in respect of SGSY programme the striking regional disparity among the states is observed regarding the group formation. It has been seen that in eight out of fourteen states all women groups are more than 80% of total SHG formed. Uttar Pradesh which has performed very well in formation of SHG group performed very poor in respect of all all women group formation (only 25%) In Gujarat, Madhya Pradesh and Rajasthan also, the prevalence of all women groups is limited to 47% and 57% respectively. Among the groups formed under SGSY, only 35% of them are able to undertake economic activities after grade I.

- **Use of Public Provisioning in the state of West Bengal:**

We have also examined whether the socio economically developed regions of West Bengal are better users in respect of public provisioning or otherwise. The theoretical proposition often holds that households with better resources and better knowledge should have better outcome regarding education, health and economic participation. Same explanation is true for the district level analysis also. But our analysis did not find such a unique relationship. We first constructed an index which would reflect the status of women in the respective districts (WWI)). Then we selected some indicators from three chosen fields. After selection of indicators, the districts were divided into three groups, each containing six districts: the high six, the medium six and the low six for each of the selected indicators. Then we have used the selected indicators to construct matrices first with per capita NDDP and then with Women
Well-being Index (WWI). This exercise helped us to locate the performance of the districts relative to their socio-economic status. The mapping of the districts in West Bengal in such way revealed a more complex heterogeneous relationship. Whereas the backward districts experienced an upward movement relative to their development position, some of the advanced districts observed a downward movement relative to their socio-economic position. This trend needs further clarification. It may so happen that the provisions under the selected programmes outweigh the poverty and demographic factors and paved the way towards better quality of life for women; or it may be that the familiar demographic variables that could work as a constraint at their lower values for obtaining basic capabilities lost its previous significance.

For analytical purpose, we have run a primary survey in the backward district of Murshidabad in the state of West Bengal where we tried to locate the underlying factors responsible for better or not so better outcome. For SSA, our primary survey was a micro study; 30 representative households from each selected gram panchayat—(found pertinent for the study), have been randomly selected and interviewed with structured questionnaire. So, there were total 360 households for SSA programme. For JSY, a list of pregnant and lactating mothers between the periods of 31st April, 2009 to 31st August, 2010 was obtained from the records maintained by respective primary health unit workers (ASHA workers). 25% of such women are selected by simple random sampling without replacement method.

Now, according to the theoretical proposition there are two types of variable affecting status of women: background factors and policy factors; where policy factors affect background factors and are supposed to leave a positive impact on the chosen dependent variables representing women’s status which were taken as proxies to represent different fields of development. Even though, primarily, we dealt with three programmes of SSA, JSY and SGSY but in this part of the study
(primary survey) we have taken the first two programmes only because the success story of SGSY is already established in various literature. Rather we have taken the participatory status of SGSY as an empowering variable in the models.

In respect of SSA programme, the categorical dependent variable of the study was selected as the probability of retention of rural students at all eight years of elementary schooling of student residing in rural area. The selected independent variables were Maternal education, Father’s education, Family income of the household, Mother’s labour force participation, Student works, Father’s migration status, Perception of parents about ideal age of marriage, Assistance from the government mainly financial, Mother’s participation in SHG, School infrastructure, Distance to school, Religion, and Caste. Given the 0-1 nature of the dependent variable, the Maximum Likelihood Probit Estimation Technique was used to analyze the effect of independent variables on the dependent variable. Among the entire concerned variables, assistance proves to be the most important factor to keep students in school irrespective of their sexes; however, the effect is more for the girls. Moreover, our study did not find any connection of distance to school upto 10 km to children’s retention, which is again, a positive finding because long distances to school is often blamed for frequent dropout of students, particularly for girls. As far as school infrastructure is concerned, the study found statistically significant positive relationship between school inputs (which is the compound effect of three factors, namely- availability of female teachers (at least 40% of the total teaching staff), proper sanitation facilities and pacc building with boundary wall) and retention for both the sexes but the effect is more for the girls. As a whole, it could be said that the programme SSA itself largely influence girl’s retention. At the same time we have found migration, paid works even though unorganized and poorly paid, like- bidi rolling, teenage marriage become more regressive factors than family income, caste or religion stratification of education. Again, the participation of mother in SHG decreases dropout for both boys and
girls though the level of significance is greater for the girl’s (5%). The probability
of girl’s schooling increases by 10% if her mother belongs to SHG but the
percentage is higher for the boys (13%). As a whole we have seen that among our
sample household the strength and intensity of some familiar variables restricting
girl’s education has declined while some new variables on the policy front have
become more important in decision making process.

For JSY Programme, the dependent variable was probability of having an
institutional delivery. The related independent variables were: Completed years of
schooling of wife and husband, Total income of the family per month, Husband’s
migration status, Working status of the wife, Age of wife, Wife is a SHG member,
Beneficiary status of JSY, Distance to well equip Health Centre, Religion and
Caste. Since the dependent variable is dichotomous, the Probit Technique is
adopted for analysis. The study found that mother’s primary schooling status has
no statistically significant influence on institutional delivery. However, a
significant positive relationship has been found between women who studied
beyond the primary education and institutional delivery. In respect of husband’s
education status, the study revealed no significant relationship between
institutional deliveries and husband’s primary and middle education; however,
husband’s higher schooling status proves to be significant in this context (5% level
of significance). As far as the family income is concerned, an increase in income
over that level (here, Rs. 3001-5000 above) an increase in family income increases
the probability of having institutional delivery by 9 percent. Therefore, the present
study also locates poverty as a major hindrance of institutional delivery. In our
study, being a JSY beneficiary influences the chances of institutional delivery only
14% whereas being the wife of a migrant husband lowers the probability of having
institutional delivery by 41.7% or being a bidi worker reduces the chance by 34%.
Surprisingly, being a SHG member increases the chances of institutional delivery
only by 16 percent (significant at 10 percent). One of the positive aspects found is
that the younger age cohort has been positively influenced by the heightened awareness about the need for institutional delivery. As a whole, JSY cannot prove as a strong predictor variable of institutional delivery which is taken as a proxy to reproductive health use of women.

8.3 Conclusion and Directions for Policy:

In a developing country, which is trying to raise the average standard of living of the women citizens along with their male counterpart, the state necessarily has to play a big role. In recent years, the state development interventions in India for social sector development have gained a momentum through various ‘Missions’. The particular targets of these missions are mainly in line with the Millennium Development Goals (Eight international development goals established following the Millennium Summit of UN in 2000. All 189 members including India are committed to achieve the goals by 2015). These missions or schemes embrace different techniques to meet the desired targets. The instruments reveal that SSA is basically a supply driven model and the prime concern is to satisfy a latent demand by meeting the infrastructural gap existing in the system. In this case, planners accepted that there is a latent demand for girl’s education and it is planners’ task to make up the infrastructural shortfall. On the other hand, the instruments of JSY are basically demand driven. It was felt by the planners that if the households lack the financial resources, or do not have required information on the benefits of health care, short-term financial incentives may increase demand for maternal health care. SGSY is not a conventional demand or supply driven programme rather it is an empowering device based on participatory approach through a process of social mobilization, community action and group dynamics. The major challenge remains to convert these efforts into measurable results. We have found that in West Bengal, SSA left significant impact on girl’s education while the impact of JSY on reproductive health use is less prominent. The micro finance which is figured as a starting point for
women’s empowerment within a framework of complete liaison between economic, social and political inter-linkage, failed to change rural women’s mindset about own health needs but have some favourable impact on their children’s education particularly girls. From the above results we gleaned some observations as follows:

There are two aspects of government programmes: (a) what facilities are available under the programmes; and (b) how the target people respond to the available facilities. There should be a link between these two aspects. Now, the extent of response depends on the ‘perceived’ needs or demand for the services offered. There are two types of demand: voiced demand and unvoiced or latent demand. Voiced demand is the demand raised by the deprived themselves (like demand for increased wages under trade union movement, demand for land rights under land reform movement, demand for hospitals, roads and schools in the rural areas, etc). The public interventions mostly reflect this voiced demand. But in respect of the women, either there is no demand or unvoiced demand (like demand for girl’s schooling, demand for reproductive services, demand for decent wage and working conditions etc). These demands, in most cases, are shaped by socio-economic profile of the incumbents and are not approved by the prevailing customs and traditions. So, the interventions in this field, the reproductive health of women, found little applicability because of the lack of demand. After SSA intervention, girl’s education became a voiced demand which is expressed by the incumbents themselves but demand for safe reproductive practices still remained as unvoiced demand. Actually, conversion of unvoiced demand to voiced demand is a process constrained by poverty barrier and empowerment barrier.

As far as the poverty barrier is concerned, the state intervention can mitigate it in two ways:

1. Direct transfer of monetary gains
2. Reduction of the real ‘price’ of the ‘goods’
The programme of JSY takes the first route whereas the SSA programme follows the second. Even though the strategy of direct transfer worked well in low performing states (Rs. 1500 for institutional delivery) it did not work as per expectations in West Bengal. Being a high performing state in respect of institutional delivery, the financial incentive is only Rs. 700. It is to be remembered that the poverty concentration in the state is among the highest fives in India and the status of poor is not very much differentiated in Indian states. Therefore, the development interventions should not partition the poor in terms of a single indicator. Another problem is the identification of BPL families on the basis of which the assistance under the selected programmes is distributed. Now, whether a household is poor or not is supposedly based on the money value of its monthly per capita consumption expenditure which is quite impossible to ascertain systematically for each village household. So, alternatively, the poor are identified on the basis of an amalgam of several rough criteria such as amount of land owned by a household, whether his dwelling is pucca or not, whether members possess a bicycle, a watch, etc. The criteria are sufficiently vague and elastic to leave considerable scope for manipulations. Thus, for proper implementation of the programmes a well prepared BPL list is a necessary pre-condition.

In the education sector, the experience is somewhat different. The SSA programme does not provide direct financial assistance but the sister programmes under the programme reduces the real price of the programme through providing free text books, school uniforms, mid day meals. At the same time it seeks to increase the benefits of schooling through improving the schools infrastructure. All these interventions have been aimed together to improve school attending of all children specifically of girl students. However, there is still ample scope for improvements in sustained school attendance. Keeping in mind the high prevalence of child marriage, incentives need to be introduced desisting the girls from marrying before the age of eighteen. Moreover, attention should be given to
the design of schemes meant for the temporary migrant workers and complementary policies to make their families more development friendly.

Another important barrier towards conversion of unvoiced demand to voiced demand is empowerment barrier. To break the constraint, the government adopted SHG approach. It is quite surprising to see, even though participatory status of SHG proves to be significant at 5 percent level determining the retention status of the girl children; but it is significant only at 10 percent level determining institutional delivery. This is so perhaps because most of the SHGs in West Bengal under SGSY programme are in a budding stage (i.e. in stage I), the income generation in the process is too small to invest on both mother and the children. Therefore, the mothers prefer to invest the additional income on their child rather than on themselves. Another reason may be that joining in the SHGs increased their workload as the SHGs add some supplementary tasks to their regular household chores. This increases the opportunity cost of time spent for health care. So, to reap the benefit of the programme as a ‘vehicle of change’ for the poor and marginalized, these SHGs should be supported by the government with more financial recourses and technological upgradation of the activities undertaken by the groups.

Hence, we are on a cross-road. The policies now have growing importance at the local level across caste, gender and religion. This scenario is unlike the previous situation when women are either unaware or least aware about the government policies and failed to include themselves as beneficiaries of mainstream policies. This attitude is complemented by the gender sensitive government policies. The need of this hour is not only to improve the status of rural women as users of social and economic goods but also to promote programmes to elevate themselves as ‘human capital’.

........................