

# Political decentralisation, women's reservation and child health outcomes

A case study of rural Bihar



## In brief

- Research has shown that political decentralisation and female leadership at the local governance level can influence policy decisions in favour of women and children.
- This study analyses how decentralisation and women's reservation (or quotas) at local levels of governance can improve health outcomes.
- The 73rd and 74th Amendments to the Constitution of India devolved more power to the local governments, i.e., Panchayati Raj Institutions (PRIs). In its second panchayat election in 2006, Bihar became the first state that reserved 50 percent of panchayat seats for women.
- The study shows decentralisation and gender quotas for women in Bihar have increased institutional births, thus increasing the safety of child delivery.
- It also shows that women's reservation policy has, on average, no significant effect on child mortality. However, it did find child mortality was reduced in richer households but found no such effect in middle-income or poor households.
- The study suggests that empowering local bodies and supporting female leadership may improve public health facilities and child health outcomes at the local level in Bihar.

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## Motivation

One of the important objectives of the Millennium Development Goals (MDGs) was to improve the health outcomes of the most economically and vulnerable sections of society. One of the important mechanisms through which health outcomes can be improved is through decentralisation of governance.

Bihar is the third most populous state in India with major health indicators like Infant Mortality Rate (IMR), Maternal Mortality Ratio (MMR), and Total Fertility Rate (TFR) being higher than the national average. Bihar also measures lowest in terms of the Human Development Index (HDI) across Indian states. It records the highest prevalence of certain vector borne, communicable, and waterborne diseases among Indian states. According to the National Family Health Survey-3 (2005-06), 50 percent of the children in Bihar are underweight and 42.3 percent of children under 3 are stunted.

Evidence shows decentralisation improves local governance and development outcomes. The 73rd and 74th Amendments to the Constitution of India devolved more power from the state to local governments, i.e., Panchayati Raj Institutions (PRIs), and reserved 33 percent of the locally elected member positions for women – coming into effect in 1993. In 2006, Bihar became the first state that reserved 50 percent of its panchayat seats for women, significantly more than the legally required 33 percent. As almost a decade has passed since the first panchayat election in Bihar, it is of tremendous policy interest to evaluate the impact of political decentralisation and women's reservation on development outcomes.

Studies have shown that political decentralisation and female representation lead to more investment in public infrastructure for the welfare of women and children (Chattopadhyay and Duflo, 2004; Bhalotra and Clots-Figueras, 2014). There is also evidence that female leaders spend in non-water related goods (Munshi and Rosenzweig, 2008) and are more sensitive to institutional factors (Ban and Rao, 2008). Studies also show the impact of female leaders on the provision of public goods, especially on availability of proper drinking water, sanitation facilities, and educational activities (Beaman et al, 2010; Ban and Rao, 2008). Most studies focus on the impact that female leadership through reservations has on provision of public goods.

## The study

The main objective of this study is to estimate the impact of political decentralisation and female leadership on health outcomes and behaviours through a district level analysis of the share of female leaders at the panchayat level.

## Data and methodology

The study used a difference-in-difference (DID) method where districts in Bihar are “treated” districts and districts in Jharkhand are “control” districts. This method helped in comparing the difference in outcomes in Bihar and Jharkhand in the pre-industrialisation period (1998-99) versus the post-industrialisation period (2007-08). Jharkhand is used as a counterfactual state as the carving out of Jharkhand from Bihar in 2000 is helpful in studying the effects of the policy change. The second panchayat election held in Bihar in 2006 reserved 50 percent of seats for women. This study used two rounds of District Level Household Surveys (DLHS), i.e. DLHS-1 (1998-99) and DLHS-3 (2007-08), for health-related indicators. The outcomes for health-related measures are immunisation, status of children, antenatal care, safe delivery (both at public and private facilities), and mortality for children under five.

## Research findings

The findings show decentralisation and gender quotas for women in Bihar have increased institutional births, thus increasing the safety of child delivery. After adjusting for socio-economic characteristics of households and time trend captured by the increase in the corresponding rate in Jharkhand, researchers found institutional births increased by 6.5 percentage points in Bihar due to policies enacted in 2001. This increase in institutional births was driven by increase in public health facilities rather than private health facilities – births at public health facilities increased by 16 percentage points while those in private facilities fell by 5 percentage points in Bihar.

*“Researchers found institutional births increased by 6.5 percentage points in Bihar due to policies enacted in 2001.”*

On the other hand, the rate of safe child delivery increased by 10 percent on average between 1998-99 and 2007-08, of which 3.6 percentage points may be attributed to the reservation policy. The findings also show that women’s reservation policy has no significant effect on child mortality on average. However, upon examining the effect of women’s reservation policy on child mortality across income groups, the study found that child mortality reduced in rich households because of the reservation policy but found no such effect in middle-income or poor households.

## Conclusion

The findings of this study indicate that political decentralisation implemented due to the 73rd and 74th Amendment and the reservation of 50 percent of panchayat seats for women led to an increase in institutional births in Bihar, specifically births in public health facilities. The effect on child mortality is insignificant for children belonging to poor households but significant in richer households. This differential mortality effect across income groups indicates elite capturing in which wealthier households were able to capture the benefits of public resources relative to poor households.

## **Policy implications**

This study provides the first estimates of the overall impact of political decentralisation on institutional delivery and child mortality in Bihar, which is important given the Government of Bihar's top priority to reduce the infant and child mortality rate. The findings suggest that in Bihar, health outcomes can be improved by empowering female leaders at the local level along with improving the functioning of public health facilities and increasing monitoring of local health workers.

The study's focus is limited to understanding the impact of women's reservation on health outcomes. However, empowering local bodies and female leaders cannot be a substitute for other basic interventions like increasing doctor to patient ratios, improving availability of essential medicines, and other basic supply-side health interventions.