

**HOUSEHOLD DECISION-MAKING IN DEVELOPING
ECONOMIES: AN INVESTIGATION INTO INTRA-HOUSEHOLD
INCOME DISTRIBUTION, EDUCATIONAL MOBILITY AND
HEALTH STATUS IN RURAL WEST BENGAL**

**THESIS SUBMITTED FOR THE DEGREE OF DOCTOR OF PHILOSOPHY
IN ARTS
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SUBMITTED BY
JOHNNY MURMU

UNDER
THE SUPERVISION OF
PROF. (DR.) SANCHARI ROY MUKHERJEE

**DEPARTMENT OF ECONOMICS
UNIVERSITY OF NORTH BENGAL
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2017**

DECLARATION

I declare that this thesis entitled "Household Decision-Making in Developing Economics: An Investigation into Intra-Household Income Distribution, Educational Mobility and Health Status in Rural West Bengal" has been prepared under the guidance of Dr. Sanchari Roy Mukherjee, Professor, Dept. of Economics, University of North Bengal. No part of the thesis has been formed as the basis for the award of any degree or fellowship previously.

Date: 28/04/2017

..Johnny.. Murmu.....

(Johnny Murmu)



CERTIFICATE

This is to certify that the thesis entitled "Household Decision-making in Developing Economies: An Investigation into Intra-household Income Distribution, Educational Mobility and Health Status in Rural West Bengal" submitted to the University of North Bengal, India for the award of the Degree of Doctor of Philosophy in Economics is a bonafide record of the research work done by Mr. Johnny Murmu under my supervision. It is also certified that this work has not previously formed the basis for the award to candidate of any Degree, Diploma, Associate-ship, fellowship or any other similar title and the thesis is an independent and honest work of the candidate. He bears a good moral character.

Prof. Sanchari Roy Mukherjee
Department of Economics
University of North Bengal &
(Research Supervisor)

28/04/2017

Professor
Department of Economics
University of North Bengal

DECLARATION

I declare that this thesis entitled "Household Decision-Making in Developing Economics: An Investigation into Intra-Household Income Distribution, Educational Mobility and Health Status in Rural West Bengal" has been prepared by Johnny Murmu under the guidance of Dr. Sanchari Roy Mukherjee, Professor, Dept. of Economics, University of North Bengal. No part of the thesis has been plagiarized. The above is to the best of my knowledge and belief.

Date: 28/04/2017

..Johnny.. Murmu.....

(Johnny Murmu)

Sanchari Roy Mukherjee

Professor & Coordinator,
UGC SAP DRS - III
Department of Economics
University of North Bengal



ENLIGHTENMENT TO PERFECTION

P.O. NORTH BENGAL UNIVERSITY
Raja Rammohunpur, Dt. Darjeeling,
Pin-734013, West Bengal, India
Tel : 0353-2580226
Mobile No : 9832068254
E-mail : sancharim@gmail.com

Declaration

This is to certify that the thesis entitled "Household decision-making in Developing Economies: An investigation into Intra-household Income Distribution, Education Mobility and Health Status in Rural West Bengal" submitted by Johnny Murmu for the award of Ph.d degree in Arts, of the North Bengal University under my guidance has been checked.

No sentence, paragraph has been copied, verbatim from any other work unless it is placed under quotation marks and has been properly referenced. The present work is original and own work of the author. The above is ^{to the} best of my knowledge and belief.

Dr. Sanchari Roy Mukherjee,

Professor, Department of Economics,

University of North Bengal.

Date : 28/04/2017

Professor
Department of Economics
University of North Bengal

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Johnny Murmu
Johnny Murmu
University of North Bengal

Abstract

The present work as prepared in the proceeding chapters endeavored an attempt to investigate the process decision-making within the households. The pattern of household decision-making with regard to all household issues, food expenditure, ownership of property, children's education, healthcare services, contraceptive use, family planning, permission before leaving the house, household head wife's wishes of joining a social group,, permission with regard to visits of doctor for treatment of a child, control of finance,, pooling of income,, ownership of productive assets, and carrying out economic activities, has been enquired in Darjeeling and Jalpaiguri districts of North Bengal. The study reveals that participation in decision-making with regard to different issues in the household involves solely male (household head) or solely female(the respective spouse) or jointly(Male and female) participates in most of the household issues. Further, the survey also indicated that there is substantial disparity in terms of decision-making in most of the households aspects. Women participation in decision-making continues to be less than their male counterparts, and they are discriminated with regard to educational and health outcomes. Women belonging to SCs and STs Communities face many disadvantages in the household. There are inter village and intra village differences pertaining to decision-making, particularly with regard to pattern in food expenditure and children's education.

The first chapter states the research problem, review of literature, its objective, hypotheses, and policy prescription are the guide lines and direction to carry out the study. Methods and approaches such as descriptive statics, review of relevant literature and field observations have been employed.

The second chapter deals with different aspects of gender discrimination and decision-making ability of women. Women's autonomy in decision-making,, ownership rights of women and decision-making status- women still face gender inequality with regard to ownership of property and fares worse than men in measures of such inequality . Women's decision- making status and education, women's decision-making status and health are also two areas of examination.

Third chapter- deals with the demographic and socio-economic profile of the Darjeeling district, as they have influence on both the welfare of women population and the level of socio-economic development of the region.

An attempt is made to examine the demographic and socio-economic characteristics of the respondents of Darjeeling district as well as of West Bengal for comparison. Comparison have been done in terms of total population, sex ratio, literacy rate for both (0-6 age group, and above 6), work participation rate under different categories. The study has revealed that women are at disadvantage in terms of number of demographic fronts. For instance, infant mortality rate in West Bengal was 17.2 per mille in comparison to 22.5 per mille in India in 2009, death rate in West Bengal 6.2 per mille in comparison to 7.2 mille in India in 2009, female life expectancy were 63.5 in West Bengal in comparison to 65 at all India level in 1999-2003. In the field of education, women in West Bengal are in a better position than the all India average. As per the Census of 2011, the total literacy rate in West Bengal was 77 percent as against 74 percent rate for India. While the male literacy rate was 82.7 percent (India 82.1 percent), female literacy rate stands at 71.2 percent (India-65.5 percent). Although the sex ratio of West Bengal have been increasing over the period 1951-2011 with the increase of female literacy rate, the work participation rate of main and marginal workers of West Bengal, have been lower over the period between 2001 to 2011. The male-female work participation rate of West Bengal, Darjeeling and chosen blocks and sample villages revealed that the work participation rate of women in Darjeeling district, Mirik Development Block and Phansidewa development Block have been much lower over the period 2001 to 2011. But at a village level a different picture has been revealed. Some sample villages have higher female work participation rate than men in comparison to state average. Although the female literacy rate of Darjeeling was 45.45 slightly higher than the West Bengal, the sex ratio was at 1000:970 in Darjeeling district followed by 1000:982.30 in Mirik block and 1000:971 in Phansidewa block. Similarly, the female work participation rate is 49.25.

Life expectancy at birth has a direct bearing with the level of socio-economic development of a region. In order to ascertain the physical well-being of any population, life expectancy at birth is the parameter. Although female life expectancy of West Bengal was higher than the males over the period 1999-2003 to 2003-2006, it was much lower than national level.

Fourth chapter deals with the demographic and socio-economic profile of Jalpaiguri district of North Bengal. It has analysed the nature of economic activities of men and women of the sample group of West Bengal, Jalpaiguri, and Alipurduar-I and

Maynaguri blocks. There is not only low female work participation rate of total workers but also there are main and marginal differentials. The work participation rate of main workers is very low against their marginal female counterpart in West Bengal. Moreover, the female work participation rate of marginal workers of Jalapiguri district is higher than the state average. The employment indicators such as female WPR and also the proportion of main and marginal workers are close to the state average literacy rate of West Bengal.

The Census data relating to male-female work participation rate of main and marginal workers has revealed that the percentage of male main workers decreased while the percentage of female main workers has increased marginally from 15.33 percent to 15.60 percent during the period 2001-2011 in West Bengal. This trend is indicative of that work for female workers is available in both agricultural sector and in household industries where skill is not required. Also figures from the census show that, marginal female workers (defined as working for less than 183 days per year) has decreased from 55.2 percent to 44.46 percent during 2001 to 2011 period. Although there has been a decline in the proportion of female workers in the marginal category, it is still therefore, these figures imply that there is more of feminization of the work force, because the number of marginal workers had increased.

The analysis of occupational structure reveals that substantial proportion of rural work force engaged in household industries and as agricultural laborers and small proportion have been engaged in cultivation in West Bengal. Agriculture is the main occupation to the large proportion of the working population. Around 91.81 percent of males are engaged as cultivators in West Bengal, 88.33 percent in Jalpaiguri district and 85.08 in Alipurduar-I block. While, 6.27 percent are females engaged as cultivators in West Bengal, 7.66 in Jalpaiguri and 6.64 in Alipurduar-I block in 2011. In fact percentage of female workers as engaged in agriculture are slightly more than average percentage of West Bengal. Female employment in agriculture is of seasonal nature. This does not require women workers being very far away from home for long period of time to far off places. Even when work has to be done by family it can be found in close neighborhood. In addition, the family structure is such that mothers have less personal responsibility since old lady of the family shoulders the responsibility of rearing and caring for the little children. Secondly, agriculture sector absorbs women with little or no skill also.

Majority of the female main workers are having occupation as either cultivators or agricultural laborers. As many as 6.27 percent of female main workers in West Bengal are cultivators and 15.78 percent are as agricultural laborers, 42.76 are working in household

industries. In Jalpaiguri district, 7.66 percent of main workers are cultivators and 21.52 percent are agricultural laborers. In fact, it is observed that percentage of agricultural laborers is higher than West Bengal which implies economic conditions are poor and large number women are found to be landless.

As majority of female main workers are either agricultural laborers or engaged in household industries, therefore, Chapter V would examine the role of selected households in rural area of West Bengal where male head and respective spouse of the household participates in decision-making in different aspects of household. One of the roles of these rural women of selected households is economic contribution- through their agricultural labors in the fields and by producing goods in home industries. This chapter examines the pattern of decision-making as one of the roles in the household based on field survey data. For collection of the data, the technical design of the study required three stages stratified random sampling with Block as the first stage of the sampling unit, villages as the second stage of the sampling unit and the farm and nonfarm households as the third and ultimate stage of the sampling unit. The data were collected on the basis of interview method by asking research questions to the household head and respective spouse. Their responses were tabulated and classified as responses given by male, female and jointly. Such responses were tabulated against different aspects of household for the analysis of the decision-making role of male and female. In doing so, the attention was paid to the activities, such as participation in decision-making with regard to purchase of food items, property ownership children's education, accessing female healthcare, contraceptive use, family planning adoption, permission before leaving the house, membership in a social group (SHG) by the wife of household head, visits of natal family members, control of expenditure/finance, visits of doctor for treatment of a child, pooling of income, ownership of productive assets, participation in economic activities by the women. It has been found that percentage of joint decision-making is relatively greater in terms of purchase of food items, children's education, healthcare services, contraceptive use, family planning, joining of self help group, control of finance, pooling of income, taking up economic activities. Relatively higher percentage of involvement of women in decision-making is observed with regard to obtaining of permission before leaving the house, visits of doctor for treatment of children. The study, therefore, shows that in most of the issues of household considered in the study, there is joint decision-making.

Fifth chapter this chapter has examined the women's autonomy in rural areas of Darjeeling district by probing into the decision-making processes in the households of

selected villages. The findings of the study revealed that on an average all the issues pertaining to household decision-making with regard to expenditure on food items has male dominance, ownership of property has joint participation on average, children's education has dominance of joint participation, and female health care has on average the dominance of joint participation, followed by female participation. Decision pertaining to family planning has dominance of joint participation followed by female participation, use of contraceptive, her wishes of joining self help group has dominance of joint participation in decision-making; visitation of natal family members has female dominance, followed by joint decision-making; control of finance has dominance of joint followed by female participation; visitation of doctors for child treatment has dominance of joint decision-making; pooling of income has dominance of joint participation; ownership of productive assets has male dominance followed by joint decision-making, and participation in economic activities has dominance of joint participation. While pattern of household decision-making on the basis of community with regard to allocation of expenditure on food items had male dominance in decision-making within SC community, among ST community, there was equal participation of male, female and joint. Ownership of assets had male dominance among General community on average and among SC community, there was male dominance and among ST community there were equal participation of female and joint categories. Pattern of participation in household decision-making with regard to children's education, had the dominance of male on average within the General category participation, male dominance within the SC community and dominance of joint participation within the ST community. Pertaining to female health care, there was male dominance among the General community, similarly, male dominance within the SC community and female participation a within the ST community. Pattern of household decision-making with regard to family planning, there was dominance of joint participation within the General community, dominance of male participation within the SC community and joint participation within the ST community.

Finally, the pattern of household decision-making on the basis of occupation of women among General, SC and ST Communities with regard to allocation of expenditure on food items, the study revealed the dominance of male members on average among paid women within the SC community, while among the unpaid women, there was male dominance but equal participation of female and joint participation within the ST community. Pattern of household decision-making with regard to children's education, it was evident of male dominance among the paid women within the SC followed by again

male dominance among unpaid women, and joint participation among the unpaid women within the ST community. The study also revealed the influencing factors in the matter of household decision-making such as women's access to household productive resources, women's mobility and purdah system, differential treatment of children by gender; inter-spousal communication, and literacy and prevalence of peace and tranquility within the family.

Sixth Chapter this chapter has examined the women's autonomy in rural areas of Jalpaiguri district by probing into the decision-making processes in the households of selected villages.

The findings of the study revealed that on average all the issues tabulated- issues pertaining to household decision-making with regard to expenditure on food items, ownership of property, children's education, female health care, family planning, use of contraceptive, her wishes of joining self help group, visitation of natal family members, control of finance, visitation of doctors for child treatment, pooling of income, ownership of productive assets and participation in economic activities, all of these issues had male dominance in decision-making.

While pattern of household decision-making on the basis of community with regard to allocation of expenditure on food items, the study found the male dominance in decision-making within SC community, among ST community, there was equal participation of male, female and joint. Ownership of assets had male dominance among General community on average and among SC community, there was male dominance and among ST community there were equal participation of female and joint categories. Pattern of participation in household decision-making with regard to children's education, the study revealed the dominance of male on average within the General category participation, male dominance within the SC community and dominance of joint participation within the ST community. Pertaining to female health care, there was male dominance among the General community, similarly, male dominance within the SC community and female participation a within the ST community. Pattern of household decision-making with regard to family planning, there was dominance of joint participation within the General community, dominance of male participation within the SC community and joint participation within the ST community.

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Seventh chapter deals with the econometric study (Ordered Probit Regression analysis) of participation of women in different spheres of decision making has been done to show the significance of socio-economic factors in decision making status of women.

Eighth chapter deals with the summary and conclusions, policy-prescriptions designed to improve and uplift the relative contributions of women in the study region.

Review of Literature

Given below is a survey of literature on the area of household decision-making.

Around the world, the rapid economic growth has been accompanied by increased inequality in outcomes such as income, wealth, and education. The reason forwarded for this lopsided rise in inequality outcomes is attributed to inequality in opportunities across group of people in a society which are identified by gender, race, geographical location or social class. Although many factors affect the ability of women to take part in the decision-making process in the household, education plays a decisive role here. In socio-economic decision making, level of education motivates occupation, decision regarding sending children to school and educational status also influence demographic variables for decision-making including age at first marriage, consent to get married, decision to have children, and decision to use contraceptives (Chanda, Howlader and Nahar ,2012). Sarkar (2013) found that in the male dominated society, decision-regarding well-being of the children including their education , became gendered biased, thus, it resulted in a situation where girl's received less preferences by the father. Accordingly he noted that father invested more resources in son, rather than daughter. His analysis suggested when mother participates with the father in the household decision-making, household decisions are less gendered biased or daughter receive more preferences than the sons.

Todaro (2003) has reported that young females receive considerably less education than young males in almost every developing country. This educational gender gap is the greatest in the Middle East and North African countries. Dyson; Moore (1983) and Miller

(1961) analysis shows that there is extreme form of discrimination; this was also associated with more marked preference over son in regards to education attainment.

Visaria (1993) documented that in Gujarat, about 50 percent of the women do not feel free to take a sick child to doctor without the approval of their husband or parent-in-law, and about 70 percent do not make decisions regarding the purchase of their own or their children's clothing. There is excessive mortality of females which is hypothesized to be due to discrimination against females, particularly female children, relative to males, in the allocation of food and health care within the household (Gupta 1987). Gupta (1987) focused in the household decision-making and traced how the balance of bargaining power affects the resource allocation decisions between the spouses. He further asserts that many empirical studies have established that mother specific income changes tend to increase spending on children's good and human development, while father specific income changes tend to increase spending on vices, e.g. alcohol and tobacco. In addition, relatively higher income or assets in the hands of mothers is associated with improved outcome measures such as better household nutrition and health, and enhanced anthropometric development and survival for children. Acharya, Bell, Simkhada, Teijlingen and Regmi (2010) in their study explored the links between women's household position and their autonomy in household decision-making. There was a mixed variation in women's autonomy in the developed region across all outcome measures. Western women mostly participated in household decision-making with regard to their own health status while they have hardly participated in decision-making with regard to daily purchases. Women's attainment of higher education is positively related to autonomy in household decision-making pertaining to their health status.

Caldwell (1986) study reveals that health status of both women and children, particularly female children, suffers in relation to that of male in areas where patriarchal kinship and economic system limit women's autonomy. Balk (1994) explores that lower family size or desired fertility was observed among women with higher levels of autonomy in Bangladesh. Castle (1993), Das Gupta (1990) and, Miles-Doan and Bisharat (1990) observed that lower rates or child mortality were observed among women who lived in household structures with independence and with more decision making power.

Bloom, Wypis and Das Gupta (2001) investigated the dimensions of women's autonomy and their relationship to maternal health care utilization in a sample of 300 women in Varanasi, India. They found out that health status of both women and children,

particularly female children, suffers in relation to that of males in areas where patriarchal kinship and economic system limit women's autonomy.

Kelkar (2011) has explored that woman agricultural workers are frequently discriminated against their livelihood security, education and autonomy. The gendered distribution of assets and resulting vulnerability of women substantially limits national efforts of overcoming poverty, thus indicating the need for policy attention to address persistent gender discrimination and the weaker starting point by women in ownership and control of productive of assets. The strongest say in household decision-making often belongs to the family member who controls the largest share of household income and assets. Women are at a distinct disadvantage in terms of economic affluence because they earn less than men and tend to own fewer assets. Smaller salaries and less control over household income constrain women's abilities to accumulate capital. Gender biases in property and inheritance laws and in other channels of acquiring assets-including state land distribution programmes leave women and children at greater risk of poverty. The consequences of exclusion from owning property or assets can be even more direct, particularly when a marriages breaks down or the husband dies.

Srivista and Srivista (2010) in their large scale survey shows that while rural women's employment has grown over the decades, women are still largely self-employed employed as a casual labour in agricultural. Their findings reveal that they face various forms of discrimination, including job -typing-that pushes them into low- paying jobs. Higher work participation per se does not lead to better outcomes unless accompanied by higher education, and assets. Education may not positively influence a women's participation in work, but for women who are in the work force, education is the most important determinant of better for non agricultural worker. Women's autonomy, measured in terms of control over land, mobility, and willingness to join self-help groups enables them to move into non-agricultural jobs.

Swaminathan, Lahoti and Suchitra (2012) have shown that there is substantial gap in asset ownership between men and women. As far as women are concerned they are mostly landless and in the rare cases, women have land or house of their own, Again such women normally faces less risk of destitution and domestic violence, and provide welfare for the children. Thus, a mother's asset is found to have a greater positive effect in terms of children's education, nutrition and health than the father's assets. Further, women also

spend more income on their children's necessities than men. Therefore, allotment of land to women would mean benefit to poor women and their families.

The conditions of subordination of women at both micro and macro levels of society itself is discrimination of women. Empowerment involves acquiring new knowledge to create a different understanding of gender relations as well as destroying of old beliefs that structure powerful gender ideologies. Thus, empowerment of woman, the cognitive aspect of it involves the understanding of the self power and the need to make choices and this may be possible only when woman's decision making power in different aspects of decision making process has to be taken into consideration in the household premises.

Several studies reveal that women's autonomy is associated with lower fertility preferences and greater contraceptive use. Women's autonomy is also associated with lower child mortality and better maternal and child health. The different indicators of women's autonomy are greater mobility, decision-making power, and control over resources to benefit their children, and to make use of health-care and family planning services, and to engage in healthier practices in general. The process of women's autonomy leading to various outcomes such as demographic outcome, are all based on the information gathered from the women during an interview (Allendorf, 2007).

Jejeebhoy (1995) argues that education influences five elements of autonomy which are important for fertility change. These are "knowledge autonomy... decision-making autonomy, physical autonomy in interacting with the outside world...emotional autonomy...and economic and social autonomy and self-reliance" (p 37). All of these factors however presume that women are in a gender equal situation where traditional and kinship structures support the autonomy that results from education. According to him women's autonomy is also linked to the amount of education a woman has received especially in gender-stratified societies. For example, Jejeebhoy suggests that women need to have "considerable education' before they can have a say in important family decisions such as whom and when to marry, whether to work, how best to utilise household resources, all of which have fertility-inhibiting consequences. A small amount of education does nonetheless bring about a change, for example, in women's knowledge of basic good health practices which has a positive impact on child mortality and can possibly result in a decline in fertility. Regarding women's age at marriage which affects the supply of children, Jejeebhoy suggests that secondary schooling provides women with autonomy

which enables them to "exercise greater veto power in marriage choices"(p 182). In south Asia, it is clear, as Jejeebhoy notes, "modest increases in women's autonomy are unlikely to change women's demand for children or...are unlikely to translate into deliberate fertility control" (p 183). This results in a moderately negative relationship between education and fertility. However, when women become economically secure and have extensive decision-making authority, the impact of education on fertility can be significant as the family size is lowered and contraceptive use increased.

Most of the studies on women empowerment support the direct relationship between the education and decision-making ability. However, many studies also contradict the former relationship between education and decision-making. Some say that there may be direct relationship between education and women's empowerment; even though women cannot have full control or say over their earnings. A study on 'Women's Education and Intra-Household Autonomy' from Nepal has asserted that education is an important tool for empowering women (Acharya 2006).

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PREFACE

Women's participation in household decision-making which forms an integral part of any economy is often underestimated and discriminated in many respects. Mostly the women's participation in decision-making with regard to achieving of education, generation of income and access to necessary health care utilization are not given due attention or not acknowledged and address at the grass root level by the policy makers in the development agenda. Women being characterized by tradition and cultural sex discrimination, the Indian women occupy a secondary position in the household aspects, though they contribute in terms of household management which is important in continue of next generation and care of husband, children and elderly members in the household. The circumstances in this respect in North Bengal in general and Darjeeling and Jalpaiguri districts in particular is also true with such gender discrimination. Though female main workers form the larger part of the main work force, their work participation is low and they have little or no say in decision-making.> In this research work an effort is made to investigate the role of women in the household domain and present the various socio-economic characteristics in North Bengal in general and in the two chosen districts in particular. With a logical research framework based on secondary and primary data, the main seven chapters have been devoted to the analysis of pattern of participation in household decision-making in North Bengal. The final chapter analyses the extent of disparity in decision-making and few suggestions have been recommended for improving their decision-making status.

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CHAPTER-I

HOUSEHOLD DECISION MAKING: AN INTRODUCTION

1.1 Introduction

It has been observed in our society that women are not allowed to become equal partners in taking decisions on household matters. The mother in the house arranges most of the things in the household but she hardly takes part in any decision-making. There is division of work, for there are certain types of work which by nature, women do better, and these are critically important for household management. Whether the discrimination against woman is universal, or it varies from place to place, household to household, on the basis of caste, religion, levels of education, income disparity, rural urban locations, etc., raises questions to be enquired and to answer these questions this study undertakes to investigate these happenings, in the selected region of West Bengal namely the two districts of Darjeeling and Jalpaiguri.

According to Census 2001, a 'Household' is usually a group of persons, who normally live together and take their meals from a common kitchen unless the exigencies of work prevent any one of them from doing so. Persons in a household maybe related or unrelated or mix of both. However, if a group of unrelated persons in a census household live but do not take their meals from the common kitchen then they are not constituent of a common household. Each such person was to be treated as a separate household. This was the important factor in finding out whether it was a household or not. There may be one member household, or two member households or multi-member households. The household is the basic residential unit in which economic production, consumption, inheritance, child rearing, and shelter are organized.

Decision-making is one of the key activities in the households. Decision may be taken individually or by involving other members of the household to participate in the decision-making, or by involving members of the group or the community. The members of the household are individual decision making units. Decisions are made within the household by the household members. Most of the models of household decision making assume that the family as a whole is the decision-making unit and there exists a single household utility function. Each member of the household jointly maximizes the level of utility for a given income. These so-called 'unitary models' are based on the assumption that the tastes and preferences of all household members are the same. Whereas household

function and household welfare would be different if the tastes and preferences of the household members are different. This type of structure of the households is known as cooperative structure that requires the attention of the distribution of the resources where the household members have different tastes and preferences, maximize each ones utility in their own way.

Contribution of women by any means to the total income in the family enhances women's bargaining power within their household through participation in the household decision-making. Firstly, it enhances the perceived contribution of women to their household economic status. Secondly, it provides economic independence to the women who are employed. If it is gainful employment rather than working in the family business, it improves her fallback position, giving her greater bargaining power. A woman can exercise greater control over her own earnings once she has the power to influence the mode of allocation of the total household income, depending on her household decision mode (Smith and Byron, 2005). Many important economic decisions such as labor supply, residential location, buying of insurance or a new car, and investing in stocks and bonds or in children's education- are often made by households rather than the individuals-while the traditional, neoclassical model of household behavior – known as the unitary model – has assumed that households behave as if they were a single entity with a common utility function and income pooling, the approach of collective models of household decision-making has allowed for different preferences of household members. Collective (non-unitary) models assume that household behavior is determined in a bargaining process that leads to an efficient use of the available resources (Tai Wai, Liu & Zhang, 2007)

All the economies of the world are not equally developed. Some are more developed and advanced than others. Therefore, the economies of the world have been classified into developed economies and developing economies. This difference in the level of development has consequently resulted in development of household member differently. Thus, households have different decision-making status. For instance, if the household members have higher economic status, then their influence in decision-making would be higher pertaining to the household issues. The women in the developing countries are disadvantaged while participating in household decision-making with respect to earning of income, educating children and while maintaining the health status of women within the household.

In India women comprises the majority of the population below the poverty line and are very often in situations of extreme poverty given the harsh realities of intra household and social discrimination. The women particularly those belonging to weaker sections including Scheduled Castes, Scheduled tribes, Other backward Classes and minorities, majority of whom are in rural areas and in the informal/unorganized sector are discriminated in terms of education, health and productive resources. Therefore, they remain largely discriminated, marginalized, poor and socially excluded.

1.2 Importance of Household Decision Making and Associated Factors Responsible for Decision Making

The underlying process of demand for healthcare, is essential to know for better assessment of the role of Public Intervention in the health Sector. From a development perspective, the design of an efficient and effective healthcare system is of utmost importance because the health status of the population in developing countries is far below that of developed countries. In fact, the provision of better healthcare is the key to improving health and economic productivity in developing countries. Any barriers to accessing and utilizing medically necessary services are therefore, a cause for concern. Thus, a thorough understanding of the healthcare decision-making processes of individuals would assist in designing national health policy in developing countries (Sarma, 2007).

Household decision-making is important from the view point of policy making since many development outcomes are influenced through the decisions which is made at the household level. Therefore, many empirical studies in the development economics use the household as the unit of analysis and decision-making is the means through which development outcomes are influenced, such as fertility decisions, education of children, labor force participation, and production activities at various agricultural and non agricultural household enterprises. Policy makers intend to increase the welfare of the individuals in the household. Households are intermediate institutions between policies, programs and the targeted individuals. An understanding of household decision-making is essential for tracing the effects of the programs and for evaluating their policy impacts on the developments aspects of the economy. Thus, a dynamic balance of power between male and female heads of the household would enhance the desired economic and social goals. Before extending any development programme to the targeted population it is necessary to understand the concept of decision-making within the household.

There are different types of households where the decision-making units are different. In a nuclear household, the decision may be taken collectively by the husband-household head and the respective spouse, and in extended household, the decision is taken by the household members jointly (Avinashilingam, et al 2004). Evidence shows that when women are able to participate in decision-making it impacts many aspects of household welfare, including improving the educational status, health and nutrition of their children. Moreover the outcomes which are instrumental for policy making can be achieved only if the spousal relationship is characterized by equal participation in decision-making (Swaminatha, Suchitra and Lahoti, 2012).

One of the factors that influence the household decision-making is land which is the most valuable individual asset that can increase an individual's bargaining power. However, it is more uncommon and difficult for women to own land than men for number of reasons: inheritance laws that allow women to inherit the land are not strongly enforced. In order to own land individuals must obtain a certain levels of education, which women have not had traditionally the access to obtain education, and owning land and enforcing laws depends upon one's and physical access to legal machinery, as well as access to government officials.

Regardless of what determines autonomous decision-making of women, this decision making power play an important role in determining fertility. A woman who has greater decision-making power within the household may feel less need to have children in order to improve her health status. As a woman gains more power within a household; with this her family members may come to see her in light that deemphasizes the traditional role of women only as mother and allows room for other roles, putting less pressure on the women to have many children. If women have any say at all in reproductive decisions, these processes may influence fertility by influencing a women's position in negotiations with her husband and other family members regarding reproductive decisions. Thus, the autonomous decision-making power helps to determine the relationship between itself and other fertility variables (Barret, 2007). Intra-household decision-making increases the women's bargaining power within the household to share the responsibilities of providing their household in hostile conditions; these women can be seen as agents of change in reducing the economic disparity faced by them (Khan and Quershi, 1995).

Households are intermediate institutions between policies, programs and the targeted individuals. An understanding of household decision-making is essential for tracing the effects of the programs and for evaluating their policy impacts on the developments aspects of the economy. Intra-household decision-making regarding earning an income, educating children within the family and maintaining of health status of the household members depends upon individual or collectively (husband & wife) decisions-making.

To empower women, it is important to take women's decision into consideration, because many decisions made at the household level influence the welfare of the individuals living in the household as well as their communities. Decisions such as where to live, how to generate income, and how much to invest and consume, and how many children to have raises the dilemmas to be faced by the households. The outcomes of such decisions are often related to economic performance at the household level as well as in the aggregate for the country as a whole.

The household member who owns the largest share of assets and income has largest say in the decision-making. The response variable, income distribution is the income brought in or contributed by the spouses within the household, the portion of income that is earned by the female members of the household especially decision-maker(individual) wife doesn't have the autonomous decision to spend her disposable income for the daily purchase of household goods, and consequently she is discriminated. This discrimination is not due to restriction on the autonomy in decision-making but there are some household members who do not have the autonomy to make decisions to do daily purchase. It is analyzed and understood that transfer income paid to male head of the household should also be given to female so that inequality in decision-making can be reduced. The results of the study conducted by Khan and Khan (2009), suggested that working women in the informal sector of the economy may have a varying influence on the household decision making while seeking for maintenance of their status health. The responses suggested that earning an income through employment, increases women's bargaining power within the household through involvement in decision making. The findings revealed the fact that in some cultural regions, the relative contributions made by grooms and brides to the costs of marriage and asset position at marriage in general play an important role in the future relationship of husband and wife within the household. The resulting pattern of intra- household decision-making power sharing can have in turn

impact on the welfare of the children. Observation has been based on the above findings and the investigation can be conducted to study the relative impact of parent on specific aspects such as educational attainment and on children's welfare (Namoro and Roushdy, 2008).

1.3 Household Decision Making: Background of the Study

In recent years, literature on economic models of intra-household decision-making has gained importance (Haddad et al., 1996). The intra-household model is different from co-operative household model, which assumed joint household utility functions. The social norms and institutional conditions that influence the interactions of household can be easily incorporated into intra-household model. The intra-household model provide a theoretical frame work for analyzing observed differences between men and women in time allocation, expenditure patterns, access to resources and enterprise choices (Lundberg and Pollak, 1993). The analysis of intra-household decision-making provides insight regarding intra-household income distribution, education, and health in the developing economies. Given below is an eclectic survey of literature on the area of household decision-making.

Around the world, the rapid economic growth has been accompanied by increased inequality in outcomes such as income, wealth, and education. The reason forwarded for this lopsided rise in inequality outcomes is attributed to inequality in opportunities across group of people in a society which are identified by gender, race, geographical location or social class. Although many factors affect the ability of women to take part in the decision-making process in the household, education plays a decisive role here. In socio-economic decision making, level of education motivates occupation, decision regarding sending children to school and educational status also influence demographic variables for decision-making including age at first marriage, consent to get married, decision to have children, and decision to use contraceptives (Chanda, Howlader and Nahar ,2012). Sarkar (2013) found that in the male dominated society, decision-regarding well-being of the children including their education , became gendered biased, thus, it resulted in a situation where girl's received less preferences by the father. Accordingly he noted that father invested more resources in son, rather than daughter. His analysis suggested when mother participates with the father in the household decision-making, household decisions are less gendered biased or daughter receive more preferences than the sons.

Todaro (2003) has reported that young females receive considerably less education than young males in almost every developing country. This educational gender gap is the greatest in the Middle East and North African countries. Dyson; Moore (1983) and Miller (1961) analysis shows that there is extreme form of discrimination; this was also associated with more marked preference over son in regards to education attainment.

Visaria (1993) documented that in Gujarat, about 50 percent of the women do not feel free to take a sick child to doctor without the approval of their husband or parent-in-law, and about 70 percent do not make decisions regarding the purchase of their own or their children's clothing. There is excessive mortality of females which is hypothesized to be due to discrimination against females, particularly female children, relative to males, in the allocation of food and health care within the household (Gupta 1987). Gupta 1987) focused in the household decision-making and traced how the balance of bargaining power affects the resource allocation decisions between the spouses. He further asserts that many empirical studies have established that mother specific income changes tend to increase spending on children's good and human development, while father specific income changes tend to increase spending on vices, e.g. alcohol and tobacco. In addition, relatively higher income or assets in the hands of mothers is associated with improved outcome measures such as better household nutrition and health, and enhanced anthropometric development and survival for children. Acharya, Bell, Simkhada, Teijlingen and Regmi (2010) in their study explored the links between women's household position and their autonomy in household decision-making. There was a mixed variation in women's autonomy in the developed region across all outcome measures. Western women mostly participated in household decision-making with regard to their own health status while they have hardly participated in decision-making with regard to daily purchases. Women's attainment of higher education is positively related to autonomy in household decision-making pertaining to their health status.

Caldwell (1986) study reveals that health status of both women and children, particularly female children, suffers in relation to that of male in areas where patriarchal kinship and economic system limit women's autonomy. Balk (1994) explores that lower family size or desired fertility was observed among women with higher levels of autonomy in Bangladesh. Castle (1993), Das Gupta (1990) and, Miles-Doan and Bisharat (1990) observed that lower rates or child mortality were observed among women who lived in household structures with independence and with more decision making power.

Bloom, Wypis and Das Gupta (2001) investigated the dimensions of women's autonomy and their relationship to maternal health care utilization in a sample of 300 women in Varanasi, India. They found out that health status of both women and children, particularly female children, suffers in relation to that of males in areas where patriarchal kinship and economic system limit women's autonomy.

Kelkar (2011) has explored that woman agricultural workers are frequently discriminated against their livelihood security, education and autonomy. The gendered distribution of assets and resulting vulnerability of women substantially limits national efforts of overcoming poverty, thus indicating the need for policy attention to address persistent gender discrimination and the weaker starting point by women in ownership and control of productive of assets. The strongest say in household decision-making often belongs to the family member who controls the largest share of household income and assets. Women are at a distinct disadvantage in terms of economic affluence because they earn less than men and tend to own fewer assets. Smaller salaries and less control over household income constrain women's abilities to accumulate capital. Gender biases in property and inheritance laws and in other channels of acquiring assets-including state land distribution programmes leave women and children at greater risk of poverty. The consequences of exclusion from owning property or assets can be even more direct, particularly when a marriages breaks down or the husband dies.

Srivista and Srivista (2010) in their large scale survey shows that while rural women's employment has grown over the decades, women are still largely self-employed employed as a casual labour in agricultural. Their findings reveal that they face various forms of discrimination, including job -typing-that pushes them into low- paying jobs. Higher work participation per se does not lead to better outcomes unless accompanied by higher education, and assets. Education may not positively influence a women's participation in work, but for women who are in the work force, education is the most important determinant of better for non agricultural worker. Women's autonomy, measured in terms of control over land, mobility, and willingness to join self-help groups enables them to move into non-agricultural jobs.

Swaminathan, Lahoti and Suchitra (2012) have shown that there is substantial gap in asset ownership between men and women. As far as women are concerned they are mostly landless and in the rare cases, women have land or house of their own, Again such women normally faces less risk of destitution and domestic violence, and provide welfare

for the children. Thus, a mother's asset is found to have a greater positive effect in terms of children's education, nutrition and health than the father's assets. Further, women also spend more income on their children's necessities than men. Therefore, allotment of land to women would mean benefit to poor women and their families.

The conditions of subordination of women at both micro and macro levels of society itself is discrimination of women. Empowerment involves acquiring new knowledge to create a different understanding of gender relations as well as destroying of old beliefs that structure powerful gender ideologies. Thus, empowerment of woman, the cognitive aspect of it involves the understanding of the self power and the need to make choices and this may be possible only when woman's decision making power in different aspects of decision making process has to be taken into consideration in the household premises.

1.4 The Study: Statement of the Problem

A household decision-making process in a developing economy is an important factor that determines many aspects of human development. Household decision making process can be made more effective by providing human resources with equal income distribution, basic health maintenance facilities, proper nutrition, education, child care and housing facilities. These facilities, if properly provided can make human resources healthier, knowledgeable, and skillful and they can take effective decision on attaining education, good health and proper child care. This effective household decision yields a stream of economic benefits over their working life. We know that a state of good health and improvement in mental ability, skill and physical capability of the people would mean an increase in the human capital and consequent growth and development of the developing economies. India, like many developing economies, has gone through many changes such as demographic family structure, rate of fertility, women's participation in the labour force and educational attainment, health maintenance and proper child care, and thus has important implications for a developing economy.

With regard to definition and composition of household, the economists are relatively silent, but have focus particularly on the household activities and their behavior. Whereas, anthropologists after long study and debate on the household, have considered the relationship between the "family" and "the household" and have drawn a distinction between the household as a unit and the family. They have defined household in terms of a co-resident dwelling groups, and kinship groups. They also accept that the household may

encompass these units and they should be different from family (Martin and Beittel, 1987). Based on the economist's interest in the activities and behavior of the household, the anthropologists have pointed out the functional definition of the household. Based on the functions there are different definitions of households such as collective production, consumption and investment or ownership. In this regard, the anthropologists have considered the definition of unit of consumption, which organizes to consume collectively material goods and this unit of household is referred to 'hearth household'. In brief, the anthropologists conclude that there is no relationship between household and family, and this distinction has several implications for understanding the household as decision-making unit. In terms of the understanding of the relationship between family and household there are three systems of household formation: joint, stem, and nuclear. Under the joint system, all sons bring their brides to the father's house. Under the stem system, only son remains in the household and brings in his wife (Goody, 1996). And, under the nuclear system, all sons establish separate households upon marriage. However formed, the household encompass one or more conjugal units. The feminists have enquired about the universality and stability of the conjugal unit and have found that even in those regions and social groups where marriage is universal, women may spend considerable portion of their lives with internal division in terms of production, consumption and prioritization of expenditures on different household objectives (Bruce, Lloyd and Leonard, 1995). Furthermore, in many developing countries the number of such families and household is increasing.

For the sake of simplicity, the study considers an easily identifiable entity with few individuals in a family living together within defined boundaries as households. It is also accepted that numerous cultural and specific social differences affect intra-household decision-making process and resource allocation.

The household decision-making process analysis is one of the ways to examine the cluster of disadvantage that exist within the community and to locate their disadvantages in wider socio-economic context, along with identification of practical and strategic needs. Since early 1990s, a growing literature has paid increasing attention to the role that household decision-making process plays in affecting the outcome of development policy. The main objective of this study is to synthesize knowledge on household decision-making process derived from different cultures and specific social differences.

The study is an investigation into the decision-making process within the households among selected communities of Jalpaiguri and Darjeeling district of North Bengal. The objective of the study is to map out intra-household decision-making process regarding income distribution, education and health at the household level. Since household members have priorities when allocating available resources to their needs including education and health care, to map out intra-household decision-making process regarding these aspects it is important to examine how resources are generated and pooled at the household level, and how spending priorities are set. The study also intends to examine the relationship between spending priorities and female disadvantage in the selected districts.

In a developing economy household decision-making towards expenditure on education remain to be a critical area of research. The importance of education has been recognized immensely and its prominence as social infra-structure has been highlighted in the development agenda adopted by the government and international development communities. In the last two decades, economic research has revealed the importance of education as a crucial factor in the enhancement of human skills and knowledge of the people or labour force. Household decision-making and education are closely related. The findings of a study undertaken in 40 developing countries indicate that on average, men tend to spend more time in education than women. (Duraismy and Duraismy, 1995) found that that the productivity and information processing effects of education are the ways through which education affects household decision-making.

Poor health conditions are intimately linked with almost every aspect of life in South Asia. When we focus our attention on the Indian sub-continent, it is found that as with many other countries in Asia, India is characterized by high fertility, mortality, morbidity and decrease in levels of living, despite governmental efforts and legacy of health facilities to improve overall health and well being of its populations (Myrdal, 1982). The poor health conditions are due to low utilization of health services in India with similar features in the selected districts of North Bengal. This is not only due to physical reach and cost but it also depends upon pattern of health seeking behavior which is different in different culture and context. The level of good health depends upon how to diagnose health deficiencies among different socio-cultural factors. According to some cultural beliefs and attitudes some symptoms of diseases are believed to be from spiritual world (Feyisetan et al, 1997).

Jejeebhoy (1997) discusses regarding women's health seeking behavior, while women who lack autonomy in decision-making and movement are also an important constraint on women's health seeking behavior. Women are by and large, taught self denial and modesty from an early age and are hence unlikely to acknowledge a health problem and particularly a gynecological problem. Lack of autonomy in decision-making, freedom of movement and available of time can restrict visits to health centres, even where health problem has been recognized. Moreover, pelvic examinations are strongly resisted by women. And if a problem has been diagnosed, treatment is not frequently sought because it is seen as unnecessary expense. Often, in addition, the focus in allopathic medicines has tended to alienate women, generally more exposed to traditional medicines and their benefits are to be realized. In most of the societies, decision regarding health status at the household level is highly dependent on the balance of power between the spouses. While designing participatory approaches to health service delivery, it is important to identify the key decision-maker while providing them with health services. It is also crucial to put decisions pertaining to health status within the broader context of intra-household decision dynamics guiding other factors that have a direct or indirect bearing on health seeking behavior such as healthcare costs and how resources are mobilized to cover these costs, and women's autonomy.

Women's autonomy in decision-making is positively associated with their age, employment and number of living children. Moreover, women's increased education is positively associated with autonomy in own healthcare decision-making (Acharya, Bell, Simkhada, Teijlngen and Regmi 2010).

As the study is concentrating in household decision making pattern of rural households, the variables associated with decision making status of women in the rural households i.e., income distribution of households, educational attainment of children, health related issues has been taken into consideration for the two districts namely, Darjeeling and Jalpaiguri. The source of income in these districts is primarily from the agriculture sector and partly from trade and commerce.

Intra-household income distribution is influenced by household decision-making process and intra-household income distribution is gender unequal. The present study would like to identify whether household decision-making process is influenced by socio-cultural set-up of the communities and by their economic conditions. Again the study would like to know that when women are engaged in paid activities in the agricultural

sector or non-agricultural sector, whether they enjoy more autonomy in household decision-making or employed women have greater bargaining power with regard to household decision-making within the household.

In addition to the above problem, the study would like to identify the factors which are responsible for unequal household decision-making with regard to attainment of educational status and health status of women among the social groups. The present study is an attempt to identify inequalities in decision-making and the factors responsible for influencing it against the backdrop of existing gender inequalities. Therefore, the objective of the study is to investigate intra household decision making process under the influence of gender discrimination. Presence of gender discrimination is a presupposed notion on the basis of observations during the interview process of households. Households where the women (wives) could respond freely without being prompted by the men (husbands) for most number of queries were taken to be more liberal and less subjected to gender discrimination. However, in all the cases, the women's response were almost always guided by the men.

1.5 Objectives of the Study

The objectives of this study are:

- (i) To analyze the extent of gender disparities existing between communities in relation to intra-household decision-making processes.
- (ii) The study will observe the impact of various factors in decision-making in farm and nonfarm households.
- (iii) To explore the dynamics of differentiation in household decision making as an individual unit (Household members) or group-wise (treating household as a unit).
- (iv) To investigate the gender implications regarding decision-making in the household.

These objectives are relevant for all communities and social groups within the study sample frame and across farm and non-farm households.

1.6 Research Questions

The study attempts to answer the following research questions:

- i) Is there gender discrimination in household decision-making process with regard to household issues like education, health, expenditure and other family matters?
- ii) How does household decision-making process differ from one community to another and why?
- iii) How is household decision-making process influenced by economic conditions?

- iv) How is household decision-making process influenced by socio-cultural set-up of the communities?
- v) Who participates mostly in the household decision-making, male head of the household or the spouse of the rural households in the study region?
- vi) How do the factors like contribution to the household income or education influence the decision-making process?
- vii) Do factors like work participation, and income contribution help in balancing the power relations within the household in the study region?
- viii) To what extent does gender disparity exist in attaining educational achievement among the sample communities? In which communities do we find marked gender inequality?
- ix) What factors are responsible for unequal household decision-making with regard to attainment of health status of women among the social groups?
- x) What are the probable impacts of household decision-making on policy framing?

1.7 Research Hypotheses

The present study would attempt to test the following research hypotheses:

- i) Household decision-making is gender biased.
- ii) Intra-household income distribution is influenced by household decision-making process and Intra-household income distribution is gender unequal.
- iii) Household decision-making process is influenced by socio-cultural set-up of the communities and by their economic conditions
- iv) There are gender gaps in schooling within the selected districts.
- v) Employed women have more autonomy in household decision-making.
- vi) Employed women have greater bargaining power with regard to household decision-making within the household.
- vii) Gender discrimination with regard to health care is more pronounced among poor households/selected communities.

1.8 The Study Region

The proposed field of study is located in the northern part of West Bengal with primary survey work to be carried out in the rural areas of two districts of Darjeeling and Jalpaiguri. These two districts gained importance because of their strategic location bordering the state of Sikkim in the extreme north and Bihar in the west, along with international borders with Bhutan, Bangladesh and Nepal in the north and the east. Both the districts have an agrarian character but Jalpaiguri has retained at least 80 percent of

population in the rural areas. Darjeeling district on the other hand has large urban population owing the growth of Siliguri city and Darjeeling town. In the rural areas of both the districts, majority of the rural workforce depends on agriculture for their livelihood. In addition, both the districts have a significant workforce in the tea plantations with a substantial number of women workers in this sector. Besides, Darjeeling district has a mountainous segment where the rural population is engaged in activities which are both arduous and time-taking. Both the districts have a significant area under forests with forest villages lining the forest fringes.

Another significant feature that characterizes these two districts is the large number of migrant population that resides in both the rural and urban areas of the districts. This phenomenon has led to a significant rise in the population over the last half century and consequently has been exerting more pressure on inelastic land. The migrants are a mixed lot with migration taking place across the districts of North Bengal, the states of India and across the international border. In the face of land constraints as well as limited non-farm opportunities, both men and women are forced to seek employment opportunities for mere survival. Thus, while work participation rates of women in these two districts are high, it is primarily because of the existence of a large number of agricultural labors and marginal workers. Economic pressure within the household causes women to even undertake low paid activities to supplement household income. But whether their status as contributors to the family income is acknowledged or not is itself research issue. However, this issue is intricately related to household decision-making which is expected to be gender equal under the best of circumstances.

1.9 Methodology of the Study

The type of research carried out would be a comparative analysis. The pattern of participation in intra-household decision-making with regard to different variables would be compared across the two districts of Darjeeling and Jalpaiguri of North Bengal. The chosen districts have a substantive population of SCs and STs along with OBCs and General categories.

The study will be based on both primary and secondary data. Primary data will be collected on the basis of questionnaires. The structured questionnaire and interview schedule would be used to collect the responses of men and women involved in household decision-making. The questionnaire consists of questions related to general information of

respondents, educational status, occupational information, aspirations and indebtedness of household. Modelling of participation in household decision-making will be under taken for the study villages. However, this model is not region specific and can be applied in any other region. Therefore, the choice of West Bengal state is for locational convenience of the researcher. However, the selection of districts and blocks have been accomplished scientifically.

Sampling Frame and Procedure:

Three types of sampling will be used viz., the stratified, the purposive and the random sampling. The study will be based on both the primary and secondary data for the districts of Darjeeling and Jalpaiguri. In the first stage, purposive selection of two blocks will be undertaken. Thus, there will be four blocks for two districts in North Bengal. The blocks will be selected on the basis of highest and least female work participation rate.

In the second stage two villages in each of the blocks will be selected purposively on the basis of the highest and lowest female literacy rate since literacy rate is a significant variable that affect workforce participation rate for both the genders from each of the four blocks. However, another criterion that will play an important role in the village selection is the presence of non-farm or non agricultural households.

In the third stage, the study first collects a list of agricultural and non-agricultural households from the panchayat. A sample of 30 households will be drawn taking care to cover some households where both men and women are engaged in some paid activity in both agricultural and non-agricultural households. Thus, the total sample frame will be 120 households in each district.

Data Processing

Data from secondary sources like the Census, BAES, NFHS, NSSO and Statistical Abstract will be collected for *a priori* information about the district population. Primary Data will be collected on various socio-economic aspects and on decision-making of the households through structured questionnaire as noted above.

1.10 Chapterisation

The proposed study consists of the following chapters that is outlined below:

Chapter-I: Introduction

This chapter introduces the problem. In addition to the statement of the problem, it deals with its importance to policy planning and the response variables to decision-making

namely income distribution, education and health. The chapter also reviews the various literature sources and outlines the Research Questions and Research hypotheses, Methodology etc..

Chapter-II: Household Decision-making and Gender Discrimination

This chapter is organized to provide the conceptual frame work. It reviews the literature on *Gender Discrimination and Household Decision-Making* with regard to income distribution, education and health. Further, it lists the factors contributing to gender discrimination and the feminists views on Socio-economic factors influencing household decision-making.

.Chapter-III: Demographic and Socio-economic profile of Darjeeling district

Demographic and Socio-economic profile of Darjeeling district has been discussed in this chapter based on secondary sources. The data on various demographic and socio-economic attributes is tabulated and examined in comparison to average figure of West Bengal and India in general and Darjeeling district in particular.

Chapter-IV: Demographic and Socio-economic profile of Jalpaiguri district

Demographic and Socio-economic profile of Jalpaiguri district has been discussed in this chapter based on secondary sources. The data on various demographic and socio-economic attributes have been tabulated and examined in comparison to average figure of West Bengal and India in general and Jalpaiguri district in particular

Chapter-V: Primary Survey results and Analysis for Darjeeling district

This chapter is based on the survey data collected from the area under study. Primary survey data analysis has been undertaken for Darjeeling district. Here the role of household decision-making of male, female and their joint decision of rural households in the production process is examined. Further, it examines the pattern of household decision- making role of male, female and jointly with regard to purchase of food items, female health, ownership of property rights, family planning, ownership of productive assets, children's education, visits of natal family members, control of finance, etc. We will also examine the discrimination in decision-making within the household on the basis of altruism where joint decision making is treated as the ultimate form of decision making and is sans any form of gender bias.

Chapter-VI: Primary Survey results and Analysis for Jalpaiguri district

This chapter is based on the data collected through field survey from the area under study and the primary survey results analyzed for Jalpaiguri district. Approach similar to the previous chapter analyse the data has been undertaken.

Chapter-VII: Comparative Analysis of Decision-making Pattern of Darjeeling and Jalpaiguri districts

This chapter makes a comparative analysis of the pattern of household decision-making in Darjeeling and Jalpaiguri districts. Further, it also examines the extent of variations in decision-making pattern, based on econometric application and modelling, among the rural households of the two districts. The extent of unequal decision-making with respect to different variables has been explored.

Chapter-VIII: Summary, Conclusion and Recommendations.

This chapter summarises the research findings of the earlier chapters. It also provides certain observations of policy relevance that may empower women in household decision-making with regard to income contribution, health aspects and educational mobility within the household domain.

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CHAPTER-II
GENDER DISCRIMINATION AND HOUSEHOLD
DECISION-MAKING

2.1 Introduction:

Gender equality is a potential determinant of economic efficiency and economic development and not only about the protection of human rights. With the recent focus in countries on resource efficiency, measures for development, gender equality provides a measure to unleash the economic potential of a country and to efficiently leverage fruits of economic growth. The two critical components for gender equality are economic empowerment of women through increased investment in human capital of women - an investment that ensures returns not only for women themselves but for other members of the family as well as the nation. However, recognition of women as economic agents is not easy to come by with limited enforcement of women's rights and social justice (Sepashvili 2003). To consider women as economic agents implies maximum utilization of available female human resources, while exercising a word of caution against their exploitation at work and burdening them with the dual responsibility of working at home and outside. The second argument can be qualified with assigning equal importance to the rights and opportunities for both the genders and to ensure a harmonious existence and balanced development of the entire society. Meanwhile, equal opportunities and rights suggest women's equal participation in the country's political, economic, cultural and social life. These are the areas that policy makers have to address while acknowledging gender equality to be the key factor to pursue the ultimate goal of social welfare. This chapter is a preliminary effort to explore the interrelations between social processes that generate continuity in the cultural ideas about gender and the processes that induce significant changes in other aspects of female-male relations i.e., gender inequality in terms of decision-making within the household domain. The extent of gender inequality that exists in the household has been examined with regard to ownership of property by the male and female members in the household. The existing gender gap has been analyzed in the developing economies and developed economies in several studies while, the factors responsible for influencing the disparity in the household decision-making have also been illustrated. In this chapter, the disparity in household decision-making has been studied on

the basis of three development indicators namely, income distribution, education and health, based on available literature.

2.2. Different Aspects of Gender Discrimination and Decision Making Power of Women:

Agarwal (1998) examines the conventional treatment of a household as a homogenous unit in economics, from a 'gender' perspective. As a homogenous unit, the household (HH) is expected to be governed by common tastes and preferences and interests, an assumption that is implicit in most of the standard economic theory. This form of 'unitary' household model operates and has been central to development policies. According to this HH model, equitable sharing of resources among all members is proposed, the failure of which results in intra-household gender inequalities inducing co-operative bargaining to reach equilibrium. In India, these inequalities are most starkly evident in the allocation of basic necessities such as healthcare, education, and in several regions also in food; in access to property and assets; and in the gender division of labor.

Lancaster, Maitra and Ray (2008) have investigated the existence of gender bias in the distribution of resources within the household. This issue has importance in the developing countries: if this phenomenon is true, then the phenomenon of 'missing women' in South Asia could be explained by advancing this reason as 'unequal allocation of household resources'. Unequal allocation of resources among HH members results in 'gender biases'. However, it is difficult to ascertain the internal dynamics of a HH owing to paucity of data, compelling one to approach the gender bias from observations on outcomes in terms of health, education and expenditure. This has been found to be especially true in the cases of Nepal and India. One explanation for this gender inequality within the household domain is the differential effects of traditional kinship norms on women's autonomy and subsequently on outcomes such as children's education and health in India, Nepal and Pakistan. Two types of kinship systems prevail in these countries namely, patrilineal kinship system in which lineage is determined through the father, and matrilineal kinship system which traces lineage through mother. Marriage customs practiced in the former specify that daughter/bride should move on to the groom's household, while in the latter, the son-in-law is accommodated in the bride's HH. In the patrilineal system as opposed to matrilineality, women's autonomy is generally much lower with property rights etc. enjoyed by the male descendents. Such forms of patrilineal kinship have a debilitating impact on the status of women. This is evident from studies on

South Asian countries like India, Pakistan and Nepal where women suffer from low status and excess female mortality (Rammohan and Johar, 2009).

Desai and Jain (1994) in their study on ‘Maternal Employment and Changes in Family Dynamics: The Social Context of Women’s Work in Rural South India’ have examined the role of gender inequality responsible for intra-family dynamics associated with women’s employment. Particularly, they have examined the relationship between maternal employment and child welfare in the context of gender inequality in the labor market, poverty, and lack of excess to infrastructure in rural South India. They have argued that in many developing countries women’s domestic burdens become obstacles with regard to child-care responsibilities while participating in activities which yield higher income. The study on ‘Maternal Employment and Changes in Family Dynamics: The Social Context of Women’s Work in Rural South India’ have advanced the argument that women’s concentration in the private or inside the household leads to the loss of power within the family and reducing their opportunity to earn income which is independent of their husbands and other kin. The preference for limiting women’s activities to the domestic sphere, this is overridden by the economic necessity. Also it has been observed that women in lower strata are more to be employed than women in the higher strata. Thus, women have lower status in the society but due to income they have higher status in the family (Desai and Jain, 1994). Whereas the converse is true for women in higher economic groups. Further, the focus also has been on the relationship between maternal employment and child welfare, this relationship reveals conflict when women or mothers of young children participate in income generating activities and this reduces the amount of time available for child-care, which in turn results in poor health outcomes and higher mortality for children.

A study on “Wealth: Crucial but not Sufficient-Evidence from Pakistan on Economic Growth, Child Labor and Schooling” (2010) has examined the relationship between wealth and child labor and schooling in Pakistan by using cross-sectional time-series data. The findings from this study revealed that wealth is a crucial determinant of child’s activities but as far as schooling is concerned it is not the sufficient and only condition to enroll a child in school in rural areas. Further, non parametric analysis revealed that there is universal increase in school enrollment for rural girls which is independent of wealth.

Mel, McKenzie and Woodruff (2009) in their study on ‘Are Women More Credit Constrained? Experimental Evidence on Gender and Microenterprise Returns,’ shows how

random grant provided to the micro-enterprise owners has resulted in the increased income. The capital shock was the grants provided to the selected male and female in the study in Sri Lanka. The grants resulted in large increase in income of the males which was contrary to their initial expectations. Women could not experience similar increase in income although they were more credit constrained. In order to understand the differences between outcomes for males and females, it is necessary to take into account not only with regard to credit constrains but the competing demands of the household and their bargaining power. They found significant differences among male and female micro-enterprise owners with regard to grant of capital shocks, the outcome of which revealed that returns to grants are heterogeneous on the basis of gender.

Sen (1977) has emphasized the importance of endowments and entitlements of individuals as determinants of economic welfare. While his theory was to explain food availability but the same theory can be subsequently extended to explain the socio-economic status of women in India.

‘Gender’ has been defined as a specific set of characteristics, roles and behavior patterns socially and culturally ascribed to women and men and define power relations between them. These behavior patterns and power relations are indeed dynamic, varying over time and between different cultural groups. Unequal power relations between men and women results in different gender roles that are meant to be socially appropriate behavior. These are all culture-specific. Different gender roles assign different work roles to men and women leading to sexual division of labor. Generally there are three types of actions: productive, reproductive and community activities. Production of goods and services are achieved through productive activities related to income generation. Reproductive activities include child bearing and nursing, as well as activities performed for the maintenance of the family, such as fetching water, cooking, collecting firewood, etc., Community activities are those related to the welfare of the general community such as attending meetings, participation in associations etc. In most cultures, reproductive activities are defined to be the roles of women, where as productive and community activities are heavily dominated by men. Gender gap in such activities has also been identified on the basis of environment, particularly against work at home or away from home. This is usually interlinked with mobility of women and whether one has access to better income generating opportunities or not. In most societies, women bear the responsibility of managing the household or domestic chores, while men operate in the public sphere undertaking paid activities to become the breadwinner of the family. As a

result, the place of work of men and women, in such context, is strongly associated with the level of autonomy and economic empowerment (Ababa, 2008).

Consequent to this separation of work spheres, is the loss of power on the part of women who undertake majority of the unpaid activities outside the monetized sector, and reducing their opportunities to earn income that is independent of their husband's or other kin's. The choice of restricting the women's activities to domestic sphere is often overridden by economic necessity and therefore women in lower strata are much more likely to be employed than the women in higher strata. When the poor women are employed and contribute towards household income, this enables them to have control over their income to some extent. Usually such income empowers them to take decisions towards the welfare of children belonging to both the gender (Desai and Jain, 1994).

Gender inequality is found to be all pervasive - whether in education or in wages, in health or in occupations, outside the home or within the household, in rich or poor countries, but exist in pronounced form in the developing world. In South and South-East Asia, the proportion of young men alive is much higher than young women resulting in as many as 80 million 'missing' young women. The most common explanation for such gender gap is attributed to parent's behavior of allocation of unequal resources to children who have potential for being more economically productive as adults. Also the socially persistent backdrop of wage discrimination in the labor market, loss of earnings from daughters following their marriage, and some proportion of unexplained parental discrimination, the sons emerge as the most preferred gender (Lahiri and Sharmistha, 2004).

Gender division of labor further impacts women's decision-making power. As mentioned earlier, decision-making within the household is subject to cooperative bargaining, and the strength in bargaining capacity depends on endowments possessed by the members of the household. Unfortunately, these endowments are not natural, but are mostly the products of human behaviour. Women are constrained by the lack of opportunity to compete with men for certain jobs, to undertake market based activities, etc. Because of socio-cultural and biological nature, women in most societies tend to dominate non-market activities. This traditional division of labor situates women in roles based on providing emotional support and maintenance, while men are primarily responsible for economic support and contact with the world outside the home. Women's participation in activities outside the cash economy, their chores are not considered as "work" and therefore these activities are not recognized and are undervalued. (Sikod, 2007).

2.2.1. Women's Autonomy in Decision Making

Women's autonomy implies their opportunity to make choices that affect their lives. Women's autonomy has demographic outcomes. Several studies reveal that women's autonomy is associated with lower fertility preferences and greater contraceptive use. Women's autonomy is also associated with lower child mortality and better maternal and child health. The different indicators of women's autonomy are greater mobility, decision-making power, and control over resources to benefit their children, and to make use of health-care and family planning services, and to engage in healthier practices in general. (Allendorf, 2007).

Bloom, Wypi and Dasgupta (2001) revealed the female disadvantage in less-developed countries with regard to health and well-being. The female disadvantage is reflected on health status of women and children, particularly female children, who suffer in relation to that of males in areas where patriarchal kinship and economic systems limit women's autonomy. This pattern has been shown with empirical data that compared the demographic outcomes between North and South India, where the respective kinship structure affect the women's position differently. It has been observed that in North India, where women's status is generally low, reflects higher rate of fertility, greater infant and child mortality, and higher ratios of female to male infant mortality were observed. Autonomy refers to capacity to manipulate one's personal environment through control over resources and information in order to make decisions about ones own concerns or about close family members. Further, the study elaborates that since in North India, women's lives are rooted primarily in the domestic sphere, their activities are also related to domestic chores. Thus, family and kinship becomes the key parameters in defining the autonomy. In addition, women's individual roles, rights and responsibilities are defined by household structure and by their relationship with affinal and natal kin. Since the kinship system is patrilineal, the daughter gets married and lives with the husband's family. Also women's progeny belongs to the patriline in which she marries. In addition, any material good that is given to a daughter belongs, in effect, to her affinal kin after marriage. This organization of the kinship structure around property, ownership, and rights ultimately marginalizes daughters in north Indian society.

Kalugina and Sofer (2009) have applied the collective model with the household production, and showed the relationship between the sharing rule from the collective model and self-reported budget data. The values of the budgeted data reported by husbands and wives were significantly different. The data was taken from the Russian Longitudnal

Monitoring Survey. The test was applied to a number of alternative explanations of those discrepancies and concluded that the data supported their hypothesis that differences in those subjective responses reflected real difference in income sharing. Endogenous ordered Probit model was estimated to explain the differences in answers of husband and wife. As expected they found that the more “ bargaining power” a woman has which is measured by her wage relative to her husband, reflects that her higher level of income is based on higher level of autonomy. Further, she reports a level of budget higher than her husband.

Spousal age is an expression of individual preference and social norms, and it varies with psychological and cultural factors, social organizations, and family systems. It is widely used to measure the status of women at both societal and individual levels and is found to be a significant predictor of fertility. At the societal level, the usual pattern of marriages take place where husbands are older than their wives, but large variations exist. Age differences are often larger in patriarchal societies and smaller in more gender-equal societies. Research from different studies have shown that the mean age differences exceeded seven years in some parts of Africa and West Asia, six in South Asia, while less than four in Southeast and East Asia and Latin America. In the United States it declined from greater than four years in the 1990s to about two in the 1970s. Westernization and modernization have narrowed the average spousal age differences. Meanwhile, the increased female status, educational attainment and occupational aspirations usually lead to smaller age differences and more marriages with younger husbands. Moreover, at an individual level within a society, as premarital selectivity, women who choose to marry older men tend to be more traditional in their gender –role beliefs. Within the post-marital power structure, husbands who are older than wives tend to have more power because of their advanced age and achievements and often can command ‘obedience’ from the spouses. This power structure curbs career aspirations of spouses, aspirations that are expected to reduce the desire for large families. It also inhibits wife’s use of contraception and abortion. As a result, the older the husband is relative to his wife, the higher is the fertility; while childlessness is more likely when the husband is younger than his wife. Since husband’s power is supported by their achievements relative to the wives, the spousal differences in education and income are also indicators of marital power structure and women’s status. Education, a leading factor in fertility decline, is one of them. According to the demographic transition, education effectively changes people’s attitude towards the family, resulting in a desire for fewer children and smaller families. It also enhances women’s autonomy and leads them to believe that they can control their own

fertility. Furthermore, many factors known to affect fertility could affect both men and women. Education, a leading factor in fertility decline, is one of them. According to the demographic transition theory, education dramatically changes people's attitude towards the world and the family, resulting in a desire for fewer children and smaller families. It also enhances people's autonomy and leads them to believe that they can control their own fertility (Caldwell, 1982; Coale, 1973; Weeks, 2002). Furthermore, the pursuit of higher education often leads to delayed marriage and childbearing, which, itself, often results in lower fertility. Meanwhile, education prepares people for the non familial labor market and thus weakens family ties that are often conducive to high fertility (Rumbaut and Weeks, 1986). All these mechanisms work on men as well as on women.

Tsuya, Wang, Alter, Lee et al (2010) found that in traditional Japanese and Chinese families with patrilineal and patrilocal ties, women who lived with elders or in complex households in the husband's family, on average, had more children. In addition to the above issues, most fertility studies have ignored men and couple dynamics. They treat marriage as one unity for fertility decisions and pay little attention to the conflicts and negotiations within it. Interestingly, however, fertility decisions are usually made jointly by husband and wife, who often differ in their fertility preferences.

A study by Kambhampati (2009) found that the extension of the concept of mother's autonomy beyond the household included the constraints imposed by the extent of gender equity in the regions in which women lives. The study had begun with the expectation that increased autonomy for Indian mothers living in heterosexual households would increase child schooling and decrease child work. However, the result indicated that mother's autonomy can be reinforced or constrained by the environment. The study concluded that mothers and fathers in India make different decisions for girls and boys and that the variable reflecting mother's decision varied in their impact, so that mother's level of education relative to fathers is not often statistically significant, while mother's increased contributions to household expenditure decreased the probability of schooling and girl's work.

Beside the benefits of greater women's autonomy for the welfare of the children found in the studies, Rammohan & Johar (2009), in their study based on Indonesian households, reveal that in many developing countries like Indonesia, women have very little household decision-making authority. One of the explanations offered in support of this is the probable differential effects of traditional kinship norms on women's autonomy and this is subsequently manifest in the outcomes such as children's education and health.

‘Physical mobility and economic autonomy’ are also expected to influence women’s autonomy and decision making and their influence varies with kinship structure as mentioned earlier. Women’s autonomy in decision making is reduced in patrilocal communities than in ‘uxorilocal’ communities especially in terms of personal autonomy and decisions related to child care.

There has been a new measure that is related to a mother’s preference for a son for the next generation. In China (and in several South Asian countries), there is a long-standing social norm that a son is generally preferred than a daughter. Only through son, the family name and inheritance could be carried to a family patrimony. Therefore, women who gave birth to a boy might receive more respect from the older generations and have a higher status in the family. The One-Child Policy in China placed a limit on the maximum number of children that a couple could legally have, making the gender of the children more important. Thus, the gender of children could reflect the mother’s status within the family and serve as an effective measure for her relative bargaining position (Lixing Li, Xiaoyu Wu, 2011).

2.3. Ownership Rights of Women and Decision-making Status (Women as Property Owner and/or Income Earner & Decision Making Status):

A Study in Rajasthan examined that the women’s participation in paid work enhances their well-being, which has been measured through the freedom of decision-making and freedom from spousal violence. The study asserts that paid work has been effective measure in enhancing women’s well-being. It has been attributed that women’s lower well-being is on account of not participating in paid work and thereby depriving them of access to independent income and decision-making freedom (Jose, 2012).

In some cases, women do not fulfill their requirements because of interruptions in their work, due to the unbalanced remunerated and unremunerated work (Alam, 2010). Desai and Jain (1994) have examined the relationship between mother’s employment and child welfare in the context of gender inequality in the labor market, poverty, and lack of access to infrastructure in rural South India. Women who participate in income generating activities will find lesser time for child care which might result in poor health conditions of children with higher infant mortality outcomes. In developing countries this conflict has sometimes been resolved by promoting employment that use traditional skills and are primarily home-based or part-time work. These activities include sewing, cooking, knitting, poultry farming, etc. which are low productive activities and hence low income

generating, do not contribute much to the economic bargaining power or capacity of the women.

Women are found to be concentrated in jobs with low pay and authority levels, placing limits on their overall access to income, status and power (Patel, 2005). With the introduction of new technology such as green revolution in the late 1960s in India, a differential impact on rural populations by both class and gender was experienced. With increase in the demand for labour, the revolution succeeded in affecting rich and the poor, landed and the landless, male or female headed households, irrespective of their caste and religion. However, the wage earners brought in women agricultural labourers from poor HHs, increasing their work burden. Induction of modernized farming methods and extensive 'mechanization' of agriculture also displaced women from 'wage earning opportunities' (Upadhyya,1994).

Constraints in accessing paid work opportunities is also evident in case of a group of women in Africa, where typically women are responsible for cultivating the subsistence food crops. The promotion of new rural earning-schemes for the men which was launched by national and international agencies, have in many ways adversely affected the household of women. Women continue to be solely responsible for producing the family subsistence food needs and have to carry out obligatory functions to their husband's new activities. Thus, any extra cash income so generated accrues typically to the men alone. And such money are spent by men particularly for their need such as for drinks, clothes, radios, inputs for their fields, etc. with relatively little accruing to women (Agarwal,1995). Another study was undertaken in Tamil Nadu to understand the impact of microfinance on women empowerment revealing that even though women are capable of increasing their money income and consumption, they had little control over their resources, assets and could not participate equally in major household decisions. The associated reasons are hierarchal nature of the society, the lack of entrepreneurial talent and the risk-taking ability among these women (Kumar, 2013).

Exploration of literature on gender equality and female empowerment policy revealed that women represented only one third or less of land owners in the five Latin American countries. While in the Europe and Eurasia region, after the fall of communism, land privatization schemes resulted in granting of titles of land to men than women. More recently, the world development report cited data from 16 countries in 5 developing regions showing that female headed households were far less likely to own land. Whereas, across all developing regions, female land holdings were systematically smaller than the

male land holdings, and also the mean value of men's land holdings was substantially larger than that of women's while socio-economic and other factors were controlled due to smaller land holding their income earning opportunities were reduced (Clinton, 2012).

The study on land management in rural China and its gender implications, shed light on women as important mainstay of agricultural production in China, although their access to land has been characterized by even greater ambiguity than to their male counterparts. With embracing liberalization, China undertook agricultural land management policy reforms that were aimed at increasing the securing of land tenure rights, but these reforms have controversially increased the uncertainty surrounding women's claim to land. A growing number of women experienced loss of contract land coincident with marrying, and this trend may be expected to increase given the current direction of land policy (Hare, Yang and England, 2008).

Study on the effect of asset ownership on women of urban households in Nepal has shown that a higher proportion of women were property owners, better educated, had bank accounts and made household financial decisions, had voted in the most recent elections and were satisfied with their lives compared to women without any property. However, these two groups of women were not statistically different in their employment experience, use of contraceptives, and in their experience of domestic conflict (Pandey, 2003).

Limited property rights are a constraint for economic development and even more so for women. A legal change in inheritance law in India was introduced to improve property rights of women. The study by Amaral (2012) estimated the effect of women's improved economic conditions on violence against them. It was found that inheritance rights decreased violence committed against women. Distinction was also made between family and non-family related violence against women and found that improved inheritance rights decreased both types of violence but the effect was larger in magnitude in non-family related violence. This study provided evidence that improved property rights for women may represent an improvement in welfare which need not necessarily be accompanied by an improvement in autonomy.

The study on women's property, mobility and decision-making in Karnataka, India, has shown that a substantial gap exists in asset ownership between men and women. It further examined the impact of rural women's property ownership on their mobility and autonomy in decision-making. Using logistic regression models, it was revealed that owning a house or a plot of agriculture land enhanced women's ability to travel to the market, health centre, and other places outside the community, and to make decisions

about their employment, health, and use of money independently (Swaminathan, Lahoti and Suchitra 2012).

Kambahampati's (2009) study on 'Child Schooling and Work Decision In India' revealed that the highly unequal gender relations that exists in many parts of the country were reflected in very low female labor-force participation, large gender gap in literacy rates, extremely restricted female property rights. Similar study was conducted by Garikipati (2009) and found in Andhra Pradesh that women laborers with access to productive assets including agricultural land, livestock, sewing machines and small retail shops had greater autonomy in decision-making within the households and in labor markets. The ownership of productive resources will create a sense of ownership and belonging. This in turn helps them to take decisions in the family and in the local group activities. Other impact of ownership is the enhancing of the decision-making ability (Puttaraja and Heggade, 2012).

Globally, there has been evidence of correlation between gender inequality, societal poverty, and the failure to respect, protect and fulfill the rights for women. This failure entrenches gender inequality by reinforcing women's dependence on men, and prevents poor countries from finding a sustainable and equitable path to development. Strengthening women's rights to land can help empower them to reach their potential as citizens, and enable them to take control over their own lives. Further, as per the World Bank report, only independent or joint ownership can ensure that women have access to and control over land based earnings. Moreover, the World Bank recognizes that rights to land and natural resources increase women's bargaining power within the household, which results in increased allocation of household resources to children and women as well as increased household welfare (Gomez and Tran, 2012).

2.4. Women's Decision Making Status and Education:

Looking at the struggle to establish or restore women's human rights, one observes that women's position as an equal partner in society can be achieved only when women become literate, can articulate their needs, voice their concerns and demand their rights, can think of themselves as citizens as well as wives and mothers and when men take on responsibilities that are otherwise entrusted solely on women: for care of children and the home (Fraser 2003, p 58).

Jejeebhoy (1995) argues that education influences five elements of autonomy which are important for fertility change. These are "knowledge autonomy... decision-making autonomy, physical autonomy in interacting with the outside world...emotional

autonomy...and economic and social autonomy and self-reliance" (p 37). All these factors however presume that women are in a gender equal situation where traditional and kinship structures support the autonomy that results from education. According to the author, women's autonomy is also linked to the level of education a woman has received especially in gender-stratified societies. For example, Jejeebhoy suggests that women need to have "considerable education' before they can have a say in important family decisions such as whom and when to marry, whether to work, how best to utilize household resources, all of which have fertility-inhibiting consequences. Lower levels of educational achievement does none the less bring about a change, for example, in women's knowledge of basic good health practices which has a positive impact on child mortality and can possibly result in a decline in fertility. Regarding women's age at marriage which is directly related to fertility, Jejeebhoy suggests that secondary schooling provides women with autonomy which enables them to "exercise greater veto power in marriage choices"(p 182). In south Asia, it is clear, as Jejeebhoy notes, "modest increases in women's autonomy are unlikely to change women's demand for children or...are unlikely to translate into deliberate fertility control" (p 183). This results in a moderately negative relationship between education and fertility. However, when women become economically secure and have extensive decision-making authority, the impact of education on fertility can be significant as the family size is lowered and contraceptive use increased.

Most of the studies on women empowerment support the direct relationship between the education and decision-making ability. However, many studies also contradict the former relationship between education and decision-making. Some say that there may be direct relationship between education and women's empowerment, even though women cannot have full control or say over their earnings. A study on 'Women's Education and Intra-Household Autonomy' in Nepal has asserted that education is an important tool for empowering women (Acharya 2010).

Lahiri and Sharmistha (2004) have documented in *Gender Bias in Education* the existence of gender inequality in education outside the home or within the household, in rich or poor countries. This bias against women is much more pervasive in the developing world. For instance, in Southeast Asia, the proportion of young men is much higher than young women. The most common explanation for this phenomenon was that parents allocate a larger share of the family resources to children who had potential of being more economically productive as adults. They have also included the wage discrimination aspect in the labor market as one of the factors responsible for not allocating household resources

to educate the female child. The reason advanced for this behavior was that in future there would be a loss of earning from daughters following their marriage, and some proportion of unexplained parental discrimination; they have found that son emerged as more preferred gender. Hence the bias.

The study on 'Female Autonomy and Gender Gaps in Education in Pakistan' has examined whether gender bias in education depends on the extent of female decision-making power. To understand the relationship between whether bias in education depends upon the female decision-making power, household headship has been used as a measure of female autonomy. Most of the female headed households in Pakistan have been formed either because women were widowed or husband had migrated. Women in male headed household are understood to have least autonomy, followed by those households which are headed by married women whose migrant husband may retain some decision-making power. Further, widow heads are supposed to have the greatest degree of autonomy among women in different households. The relationship reveals that married women heads have similar propensity to gender discriminate as much as male heads but that widow heads have lower bias against girls in enrollment decisions than the male heads. Additionally, the result also brings out that educated female headed households gender differentiate less than both uneducated female heads and then male heads. There has been evidence that households having better educated women with more independent status, discriminate less against the education of their daughters than the other households (Aslam, 2007).

Edmonds and Pavcnik (2013) found that girls are expected to perform more household tasks than boys, a gap that grows with preference for sons. This preference for sons is also linked to differential treatments between boys and girls. When parents consider allocation of family resources with gender disparities in parental investments in children's health and education, the gender disparities is well established. All these phenomena happen because in a male dominated society, household decisions are made, for the most part, solely by husbands. This argument is also supported by concept of bargaining model on household decisions which argues that the stronger the bargaining power of decision-maker, the greater that decision maker have influences on resource allocation decisions. Thus, in patriarchal societies, if women have higher bargaining power, they are more likely to participate in the decision-making process with regard to educating a girl child (Sarker, 2013).

In some households, fewer resources are allocated to the female members of the household because many women are not able to fully participate in intra-household

decision-making on the allocation of economic resources. As a consequence, when lesser household resources are allocated, fewer girls than boys may be able to attend school. Girls may also have more housework responsibilities than boys, even when the households are not fighting for survival, and therefore their school attendance and performance may be more affected (Chen, 2013).

The study on international migration, household decision making and gender discrimination in the allocation of household resources, explains the factors responsible for the shift in the household resources which favors girls while fathers have migrated, and favoring boys once fathers have returned home. One assumption was that absence of father allows for increase in women decision-making power and subsequently, women shift resources towards their daughters. After the father has returned home, their bargaining power increases on account of increase in resources from the money they earned abroad. The question remains as to what explains this shift in household resources favoring girls while fathers are migrating and favoring boys once fathers have returned home. With this the related possibility was that fathers felt the need to compensate for the reduced share of resources spent on boys during their absence (Antman, 2012).

2.5. Gender discrimination and Household decision-making with regard to health Status:

A study in India on dimensions of women's autonomy and the influence on maternal health care utilization reveals that employed women were much more likely to have higher control over finances, high decision making power and a tendency toward better freedom of movement (Ababa, 2008). The study on 'The Women's autonomy in household decision-making: a demographic study in Nepal' has explored the link between women's position at house and their autonomy in decision-making. As far as women's position within the household is concerned in terms of their age, employment and number of living children, women's autonomy in decision making is positively associated with their age, employment and number of living children. (Acharya, Bell, Simkhada, Teilingen and Regmi, 2010).

Haddad and Smith (1997) found that increases in the level of nutrition of infants can be attributed directly to improvements in women's education and in their status relative to men. They found that for developing countries as a whole, these factors were directly responsible for over 50% of the total reduction in rates of malnutrition amongst children from 1970 to 1995. Sen (1985) based a study in villages in Bengal and concluded that differential mortality rates were caused by neglect of the female child. He also

concluded that the bias was most prevalent among the landless, asserting also that even minimal land reform yielded substantive results. Pal (1998) conducted a large-scale study that had several important findings. He found strong correlations between the birth order of a child and its level of nutrition. Later born female children were found to be the most discriminated against within the household, though a similar bias was not found for later born male children. Das Gupta (1987) and Vlassof (2007) also found bias against later born female children, evidenced by higher rates of mortality for this group. Das Gupta also quantified differential nutrition expenditure in Ludhiana district in Punjab and found that parents spend twice as much on male children than on female children between the ages of 0-6yrs., possibly explaining Punjab's horrifically low infant sex ratios.

Swaminathan (1997) on 'Work and Reproductive health' discusses about women's right and to what extent the right exercised in employment contribute to greater sexual and reproductive choice. As based on the perception that high fertility stem from women subordination and oppression. Oppression results as exclusion of women from outside employment. Liberating the women from the subordination and oppression would require enlarging women's role outside the family and ensuring equal pay, would, enhances their greater sexual and reproductive autonomy than had the women and girls done work at home.

The issue concerning which household members should consume the medical services and in what quantities was examined by Japanese household level data. To understand the issue two concepts were employed; health risk and income risk and along with these concepts whether the family heads or the dependents bore the risks were also investigated. Health risks were the risk when household member became ill and the income risk was concerned with the reduced household income. The result revealed that both the heads and the dependents made fewer visits to doctors with increase of household size. After the reform of public insurance system, only dependent visited the doctors less frequently. This implied that the health risk was borne by both while the income risk was borne by the household alone. This reflected discriminating behavior on dependent members of the household who were usually female members (Yoshida and Kim, 2008).

Thus gender inequalities are crucial while designing health promotion strategies. Health promotion involves the agent of promotion and the beneficiary of it. With regard to this promotional strategy, social construction of gender has been considered as many of the promotional measure put into action by women who are the care guarantor of every individual in the household. Consequently, health promotion messages often target women

in their assigned role as caregivers in the family (Doyal,2001).Since women's ability to make decisions about implementing health promotional measures is often limited in many countries due to their lower status in the household. Thus, the positive health effects of the promotional measures may be less than expected (Ostlin, Eckermann, Mishra, Nkowane and Wallsam, 2014). The study on reproductive healthcare in the context of women's perceptions and experiences of illness in general as well as in terms of the material, ideological and political dynamics of household, kin and gender relations, highlights the disadvantage of women relative to men with regard to seeking for healthcare services in terms of their access and utilization of healthcare services. Especially in their role as mothers, women account for greater health burden as well as greater reproductive burden than men in the households. Further, the recent inequity approach to health considers the gender skewed allocation of resources and power in the household as among the critical factors responsible for women's disadvantaged position within the healthcare system (Kumar, 1999).

In China, the trend of increased male-bias primarily reflects two forms of discrimination against females, firstly sex-selective abortion which has a great impact on the sex ratio at birth, and also negligence of preventive and curative health care for girls, which leads to excess mortality among females at the youngest ages and this is especially because of the attitude of the patriarchal culture where the male child is preferred to female child due to expectation of higher return of labour of male over female children. And also the son is preferred since he would support the parents in the old age (Attane, 2009).

There is now consensus that increasing rates of delivery with a skilled attendant, ideally in a well-equipped facility, are essential to reduce maternal mortality globally. While technical biomedical improvements are important, attention to larger, socially shaped aspects, such as access, use, and quality, is essential to reducing maternal and neonatal deaths in developing countries. Women are not necessarily autonomous agents in decisions regarding childbirth, and influence of partners on reproductive health outcomes. It has been shown to be direct and indirect –biological and social. In low settings such as Tanzania, strategic decisions may have to be made regarding delivery in a health facility, which is more expensive and less convenient than delivery in the home, and it is likely that these decisions are influenced by partners and other household members (Danforth, Kruk, Rockers, Mbaruku and Galea, 2009). In developing countries, men seek treatment more frequently at formal health services, whereas women are more likely to self-treat or use

alternative therapies. This has been explained by factors, such as multiple roles of women which limit their activities mainly to the domestic sphere and make it difficult for them to go to clinics during opening hours. By contrast, traditional healers or community shops are easier to access and would often accept delayed payment or payment in kind. Traditional healers also provide explanations in ways that are easily understood, in contrast to the more scientific explanations of clinic staff. Women are often treated in an inferior ways at health services and are blamed for coming late or for not bringing their children for regular immunization or check-ups. This only exacerbates women's reluctance to access healthcare, even when other access barriers are removed. Insensitive treatment by health personnel is also a problem in industrialized countries, although in these situations women have more options for restitution (Vlasoff, 2007). A study on gender discrimination revealed that women's decision-making power within the households with regard to decisions about caring for children takes place and it is known to be lower than that of their husbands, women were the main caretakers of children in South Asia, as in the most of the developing world. Past studies have demonstrated that when their power is increased, women use it to direct household resources toward improving their caring practices and therefore, the health and nutritional status of their children (Smith and Elizabeth, 2005).

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CHAPTER-III

**DEMOGRAPHIC AND SOCIO-ECONOMIC PROFILE OF
DARJEELING DISTRICT**

3.1 Introduction

This chapter analyses the various socio-economic and socio-demographic determinants which influences the pattern of participation in household decision-making in Darjeeling district. The analysis helps to illuminate the circumstances that encourage discriminating practices against female members within the household. Demographic and Socio-economic profile of Darjeeling district measures indirectly the status of men and women. Demographic attributes such as birth rate, infant mortality rate, life expectancy, and other demographic variables are all related to gender inequality. Further, the socio-economic characteristics also measure the social and economic status of women.

Studies have shown that women's status and the variables considered in this chapter are closely related. The status of women is a multidimensional concept and therefore a difficult concept to quantify. Previous studies have typically measured married women's autonomy using education, employment status, and age differences between spouses as proxies (Rammohan and Johar, 2009).

Women's participation in the labor force reduces the established gender inequalities. Their participation in agricultural production reduces poverty and enhances economic growth. General models of gender inequality tend to emphasize the importance of women's economic roles in determining their position in other spheres, from household bargaining to representation in state governance. Empirical research has found that women's labor force participation is associated with less bias against girls in child mortality and better health for girls and with more say in some household decision-making. (Sundaram and Vanneman, 2008). *It has by now been established through various studies in different parts of the world that literacy has beneficial effects for women in all crucial areas of life.*

Household decision-making being one of the aspects of women's status is related to many factors. Further, the socio-economic status of women has a significant bearing for both the quality of women population and ability to make decisions within the household. Nadel (1969) asserts that that the socio-economic status of women generally refers to the

life style that a woman is entitled to lead within the family or society. The economic status of women and the system of social organization in it can be understood by considering the nature and characteristics of economic activities, precisely for women and their occupational pattern in different regions of the economy. There is a positive correlation between an individual's participation in household decision-making process and his/her economic contribution to household income in addition to 'pure gender bias'. In other words, a person makes various household decisions not only because the person is a male or female, but because he/she contributes more to the household income. That is, if a person contributes more household income he/ she participates more in household decision-making irrespective of his/her gender.

Demographic attributes such as birth rate, death rate, infant mortality rate and life expectancy at birth indicate both the physical quality of human population and the socio-economic development of any region. These attributes are also important to understand the physical well-being of women population of a region. Further, an understanding of the demographic profile of women in the region is essential to understand the relationship between women empowerment and the participation in the household decision-making. Sex-role norms impact on almost all aspects of family consumption behavior including the buying process tasks, finance handling, purchase behavior, brand specification, store choice, and types of products purchased. The examination of sex roles and their relationship to family purchase behavior of complete families have received relatively little emphasis in consumer-behavior issues. The sex-roles influences the factors which influences household decision-making (Buss and Schaninger, 1983). Further, we find that as female contribution rate to household income increases, their participation in household decision making also increases almost proportionately (Alam,1998). Paid work has attained a prominent position among a handful of policy measures advocated for enhancing women's wellbeing in India and the Asian countries in general – is partly related to, among other things, their lack of direct access to an independent income and decision-making freedom. It has been therefore argued, that women's participation in paid work, by offering them access to an independent income and bestowing them some decision-making, would enhance their well-being. The work participation rate, the employment indicators like female work participation rate and proportion of female main and marginal workers and literacy rate of state/ district and chosen blocks and the prevalent gender disparity in different economic pursuits definitely reveal the economic

status of women. In this chapter, the attempt has been made to study the demographic and socio-economic profile of the Darjeeling district in terms of indicators discussed above.

Darjeeling district is the northernmost district of West Bengal. It is located in the lap of the Himalayas. For administrative and revenue purposes, the district has four subdivisions namely, Darjeeling Sadar, Kalimpong, Kurseong and Siliguri. Further, the district has 12 development blocks. Darjeeling Himalaya forms a part of eastern Himalayan ranges and is bounded by Sikkim, Nepal and Bhutan on the north, west and east respectively. The district occupies a geographical area of 3149sq.Km. In 2001 census, Darjeeling had a population of 1,609,172 of which males were 83,0644 and remaining 77,8,528 were females. The initial provisional data released by Census of India 2011, shows that density of Darjeeling district for 2011 is 586 people per sq.km. The sex ratio in Darjeeling is 937 females per thousand males. Rural population of Darjeeling according to Census 2011 is 11, 23,859. Darjeeling's urban population according to Census 2011 is 7, 18,175. The total population living in rural area is 1,118,860 of which males and females are 566,965 and 551,895 respectively. As per 2011 census, 60.58 percent population of Darjeeling district lives in rural areas of villages. Out of the total Darjeeling population for 2011 census, 39.42 percent lives in urban regions of district. In total 727,963 people lives in urban areas of which males are 370,294 and females 357,669. In 2011 census, the male and female literacy rate in Darjeeling was 80.05 percent and 62.94 percent respectively. Total workers were 5, 69,442 and non- workers were 10, 39,730 (Census of West Bengal, 2001). The district has a sizeable SC and ST population and the present study attempts to explore the differential household decision-making status of men and women of such households.

3.2: Physical, Demographic and Socio-economic profile of the surveyed villages

Darjeeling district is bounded by Nepal in the West. In the south, the district is bounded by Jalpaiguri district of West Bengal. In the north are the Himalayas. Eastern part of Darjeeling is bordered by Bhutan. The study was based on the primary and secondary data for the chosen villages in the district of Darjeeling, which represents substantial proportion of SC and ST population.

Darjeeling district has thirteen blocks. Thus, in the first stage two blocks –namely, Phansidewa and Mirik have been selected purposively on the basis of high female work participation rate. In the second stage, two villages have been selected from each block

purposively based on the same criteria i.e., high female work participation rate. Each list was collected from farm households and non-farm households from concerned Block Office. Then, 30 sample households were selected at random from each group of farm and non-farm households.

Four villages namely, Chikenmati, Bandiachaata, Panthabari and Lohaghar of Phansidewa and Mirik blocks of the district were chosen for the study since the female literacy rate were very low with high female work participation rate. The survey was conducted in the months of October, November and December, 2009, and the sampling procedure adopted was a stratified, purposive random sampling. One hundred and twenty households belonging to this district were surveyed. Stratification was necessary to represent the scheduled castes and scheduled tribes in the sample villages. The Gram Panchayat members were interviewed for general information about the social and physical infrastructure of these villages. From the sample households surveyed, information regarding their social status, demographic characteristics, living conditions has been collected.

Sufficient knowledge about the villages is necessary to understand the socio-economic perspective and demographic of the respondents. Knowledge about the infrastructural, geographical and environmental characteristics of these villages would be the backdrop against which the households may be placed and analyzed. Among the four villages surveyed, the Chikenmati village is connected with the Block Head Quarters by the road which is used during all weather, via Bithannagaar police station outpost, which is situated by the side of National High way No. 31. The village is 8 km away from Bidhannagar which is again away from Phansidewa Block Development office. The village is situated in the border of two Gram Panchayats-Bidhannagar and Chaater Haat Bosgaon and it belongs to Chaater Haat Bonsgaon Panchayat. As per the jurisdiction list no. of the village is 121. The village is comprised of 600 people belonging to different religion and groups.

The metalled road connects Chikenmati village with Bidhannagar. The village is also surrounded by fair weather roads only. An all weather road actually connect the village with other villages of Chatter Haat Bonsgaon Gram Panchayat via Teesta Barrage road. Although the village is not far away from Bidhannagar, transportation facility is not adequate. During rainy season this facility cannot be availed. As small bridges over the stream on the main road is damaged.

The village is inhabited by the Hindu Rajbhansis, the Santhal Tribal and the Muslims. The study has considered only the two communities-Rajbhansis and Santhals. The SC and ST communities inhabit the villages. The origin of Rajbhansis has been traced and history reveals that they have migrated from Bangladesh and Santhals from Bihar and Chhotanagpur. The village has been supplied with electricity connection. There is only one primary school in the village. The nearest high school is at Bdthannagar. The students of this high school face lot of difficulties during rainy season. There are no Post office, Bank and Health Centres within the village. The nearest and only Primary Health Centre is at Bidhannagar. Sanitation is not adequate, but the drinking water is supplied through tube wells which are sufficient in number.

Bandiachaat is the second village which was surveyed. This village is under the Gangaram Tea Estate. Bandiachaat is extended to Dulaarchaat village. The actual demarcation of the village reveals more than 30 households. The Bandiachaat village is connected with the block Head Quarters by the road which is used during all weather, which also connects the village to Siliguri city. The village is inhabited mostly by the Oroan, Munda and Santhal Tribal, (Christians) and a few Bengali community. The village has been supplied with electricity connection. There is one primary school. There is no Post office, but SBI Bank has been established. The nearest and only Primary Health Centre is at Bidhannagar. The tea garden supplies drinking water and each household has a tube well.

Loha Ghar (also known as Girmit commonly) which comprises of 375 households is under the Mirik Block. It is under Loha Gar Forest area. Loha Gar is a forest village and is connected to Siliguri city by the metalled road. The distance from the state highway is around 2 km.

Naya Busty was the last village surveyed. It is under Panthabari Forest. Naya Busty is also a forest village and comprises of 154 households. This village has been newly established in little out of the Pankhabari forest after the establishment of Gorkha Autonomous Territory. Mostly Nepali community dominates the village. It is connected to the main highway from Siliguri to Panitanki. It is 5 km from the North Bengal University Campus. There was no electricity connection. It did not have primary school, or post office, bank and health centre. In comparison with the broad patterns of literacy and education in North Bengal and specifically the Darjeeling district, the level of female literacy was by far the lowest among these chosen villages. The population of the

state,/district, block and villages show whether the population is increasing or decreasing or has stabilized. Table 3.1 depicts distribution of percentage population.

3.3: Distribution of population

Table-3.1: Distribution of population by sex in West Bengal, Darjeeling, Phansidewa and Mirik blocks and villages (in percent)

State / District / Blocks	2001					2011			
	No.Hhs	Male	Female	Total	Sex Ratio	Male	Female	Total	Sex Ratio
West Bengal	15872083	51.72	48.28	100	933.54	51.28	48.72	100	949.96
Darjeeling	318737	51.61	48.38	100	937.25	50.75	49.25	100	970.45
Mirik	8804	49.98	50.02	100	1000.6	50.45	49.55	100	982.30
Lohaghar Forest	4	85.71	14.29	100	166.67	52.78	47.22	100	894.74
Panthabari Forest	154	48.38	51.62	100	1067.00	49.64	50.36	100	1014.49
Phansidewa	32443	51.28	48.72	100	950.17	50.71	49.29	100	971.89
Bandiachaata	24	51.61	48.39	100	937.50	46.93	53.07	100	1130.82
Chikenmati	121	52.44	47.56	100	906.98	51.69	48.31	100	934.48

Source: Census of West Bengal, 2001, 2011

It has been observed from the Table- 3.1 that the male population is higher than the female population in 2001. The percentage of male population in Bandiachaata is equal to district average but marginally lower than the state average. The percentage of male population in Chikenmati is higher than both the district and state average. The percentage of female population in Bandiachaata is close to district and state average. The percentage of female population in Chikenmati is lower than the district and state average. In 2011, the percentage of male population in Bandiachaata and Chikenmati has decreased, while the percentage of female population in Bandiachaata and Chikenmati has increased. The percentage of male population has decreased during 2001-2011 while the percentage of female population has increased during 2001-2011. The percentage of female population is closer to district and state average in Bandiachaata and Chikenmati villages. The percentage share of population is less by 4.35 percent point for males against 4.35 percent more for females from the state average during 2011.

3.4: Sex Ratio

The ratio which is defined as number of females per thousand males, as defined by the state of India is important in population study in many ways. Sex ratio has three basic components: sex ratio at birth, sex ratio at death, and sex selective migration. Sex ratio reveals the socio-economic condition of the population in an area. As far as socio-economic indicator is concerned, it has a profound impact on demographic structure of any region such as growth of population, working force and employment pattern. Further, an imbalance in sex ratio may lead to the emergence of many evils in the society. Moreover, differentials in sex ratios are connected to variations in well-being are vitally related to biological and social reproduction and also economic production (Townsend, 1987). It is in this respect that an analysis of the pattern of sex ratio in West Bengal in the light of national average is analysed to reveal the status of women population in the region.

Table-3.2: Percentage of female population and sex ratio

Year	West Bengal	India	West Bengal	India
1951	46.4	48.48	946	946
1961	46.7	48.52	941	941
1971	47.1	48.17	930	930
1981	47.7	48.27	934	934
1991	47.8	48.25	926	926
2001	48.3	48.26	933	933
2011	48.71	48.54	950	943

Source: Census of India, West Bengal 1951, 1961, 1971, 1981, 1991, and 2001.

The data relating to the trend in sex ratio from Table 3.11, for West Bengal during 1951-2001 shows that it has always been lower than the national average. The prevalence of higher rate of mortality among females than that of males and the immigration of males in excess of females from outside the state may be the reasons behind the shortage of the females throughout the period 1951-2011.

3. 5: Birth Rate, Death Rate and Infant Mortality Rate

Fertility which is expressed in different ways is one of the important measures of natural increase of population in any region. It may be expressed in terms of general fertility rate, age-specific fertility rate, marital fertility rate and crude birth rate. The fertility rate is also considered as an important indicator of physical well-being of women population. It is closely associated with the health conditions of child bearing women, and

educational advancement, economic condition and socio-cultural background of the population of a region.

Like fertility, mortality is another important determinant of natural increase of population of any region. It has also been considered as an indicator of physical well-being of the population. As fertility rate is very closely associated with the mortality rate, the physical well-being of the women particularly of the child bearing age is also indicated by the mortality pattern of population of any area. However, the influence of other associated socio-economic factors in this regard cannot be overlooked. In similar way, the quality of human population and health status of women population can be judged by looking into the infant mortality pattern. It is because the fertility rate of any population is directly related to the infant mortality pattern. The data obtained from Sample Registration Bulletin published by the Registrar General of India (Table-3.2) depicts some features about the trend in birth and death rates, and infant mortality rate in the state.

Data presented in the Table 3.2 indicate that the birth rate of West Bengal is lesser than all India average during the period 2005-2009, but there has been a gradual decline of birth rate from 2005 to 2009. According to SRS Bulletin, 2009, the birth rate of West Bengal as 17.2 is higher than the birth rate of many states.

Not only that the birth rate is high, it has remained almost stable at a high level during the five years period from 2005 to 2009. In five years or since 2005 onwards, there has not been significant decline. For example, it fell from 18.8 in (2005) to 17.2 in 2009. There is a fall in the birth rate during these periods. High birth rate in any region is a typical feature of under development. There are many economic and non-economic factors accounting for this high birth rate. But among them, the important ones are poverty, marriage at early age, illiteracy and a large ignorance of family planning.

Table-3.3: Birth Rate, Death Rate and Infant Mortality Rate of India and West Bengal

Year	Birth Rate		Death Rate		Infant Mortality Rate	
	West Bengal	India	West Bengal	India	West Bengal	India
2005	18.8	23.8	6.4	7.6	38	58
2006	18.4	23.5	6.2	7.5	38	57
2007	17.9	23.1	6.3	7.4	37	55
2008	17.5	22.8	6.2	7.4	35	53
2009	17.2	22.5	6.2	7.3	33	50

Source: Sample Registration Bulletin, R.G.I., New Delhi, Demographics of India

The birth rate and death rate has registered a decline that also resulted in the natural growth rate of population in West Bengal as well as in India during 2005 -2009. But, the birth rate exceeded the death rate in the whole period.

The infant mortality rate which is an index of health status of women has been declining in West Bengal and in India during the period 2005 to 2009. But, the rate of decline of IMR in West Bengal is slower than the national level during this period. During 2005-2009, the IMR in West Bengal fell from 38 to 33 per mil. There is thus a fall of only 5 per mil as against 8 per mil at all India level. However, the IMR has remained lower than the national average during the period 2005 to 2009 indicating high health status of women population of West Bengal than the national level.

3.6: Total Work Participation and Economic Activity

Table-3.4: Male-Female work participation rate in West Bengal, Darjeeling district, selected blocks and villages, 2001 and 2011 (percentages)

State/District/Blocks/Villages	2001		2011	
	Male	Female	Male	Female
West Bengal	22,388,044(54)	7,093,646(18)	26,716,047(57)	8,040,308(18)
Darjeeling (T)	402,970(49)	166,472(21)	479,586(57)	204,140(22)
Darjeeling (R)	266,736(48)	136,503(26)	285,007(50)	143,571(26)
Darjeeling (U)	136,234(50)	29,969(12)	194,579(53)	60,569(17)
Mirik(T)	9,131(43)	9,131(33)	10,453(45)	6,900(30)
Mirik(R)	9,131(43)	6,962(33)	10,453(45)	6,900(30)
Lohaghar Forest	11(92)	0(0)	47(62)	6(9)
Panthabari Forest	178(44)	69(16)	156(57)	9(3)
Phansidewa	43,483(49)	18,725(22)	52,599(51)	23,962(24)
Bandiachaat	32(50)	19(32)	206(46)	211(41)
Chikenmati	184(48)	54(15)	612(48)	252(41)

Source: Census of West Bengal 2001 and 2011

Table 3.2 depicts male-female work participation rate in West Bengal Darjeeling district, and selected blocks and villages under the chosen blocks. The female work participation rate of Darjeeling district as is evident from Table-3.3 is lower than half of the male work participation rate. Similar feature is also observed in case of female work participation rate in West Bengal in 2001. The table also indicates that female work participation rate of total Darjeeling district is greater than the state average. The female work participation rate of Mirik block is still higher than by 12 percent than the average figure of Darjeeling district in 2001. The female work participation rate of Panthabari Forest village is lower than the block and district average.

The female work participation rate of Phansidewa block is higher than the total district and state average. The female work participation rate of Bandiachaat village is higher than the block and district average in 2001, while the female work participation rate of Chikenmati village is lower than the block and district average. Moreover, the female work participation rate of West Bengal state remained same against 1 percent increase in Darjeeling district in 2001-2011. Although the female work participation rate of Darjeeling district increased by 1 percent during 2001-2011, the female work participation of Mirik block decreased by 3 percent.

Few reasons maybe ascribed for high work participation rate of females in Darjeeling district during both the period. Darjeeling district has many tea gardens which give work access to women primarily for field activities.

3.7: Male-Female work participation rate of main workers in West Bengal, Darjeeling and chosen blocks and villages

The census of India defined main workers as those who had worked for the major part of the year preceding the date of enumeration, i.e., those who were engaged in any economically productive activity for 183 days (or six months) or more during a year.

Table-3.5: Male-Female work participation rate of main workers in West Bengal, Darjeeling district, chosen blocks and villages (in percent)

State/District/Block/Village	2001		2011		
	Male	Female	Male	Female	
West Bengal(T)	19,494,971(87)	3,528,612(50)	21,678,279(81)	4,008,351(50)	
Darjeeling(T)	359,110(89)	119,741(72)	396,341(83)	136,514(67)	
Darjeeling(R)	229,942(86)	93,481(68)	219,497(77)	89,538(62)	
Darjeeling(U)	129,168(95)	26,260(88)	176,844(91)	46,976(78)	
Mirik(T)	7,245(79)	4,829(69)	7,169(69)	5,054(73)	
Mirik(R)	7,245(79)	4,829(69)	7,169(69)	5,054(73)	
Lohaghar Forest(R)	8(73)	0(0)	46(98)	5(83)	
Panthabari(R)	167(94)	61(88)	5(3)	0(0)	
Phansidewa(T)	38,780(89)	12,910(69)	44,510(85)	14,958(62)	
Phansidewa(R)	38,780(89)	12,910(69)	44,510(85)	14,958(62)	
Bandiachaata(R)	27(84)	11(58)	160(78)	156(74)	
Chikenmati(R)	129(70)	17(31)	551(90)	171(68)	

Source: Census of West Bengal, 2001 and 2011

Table-3.3 reveals that the percentage of male main workers decreased, while the female main workers remained the same during the period 2001-2011. But there were huge male –female gap of main workers. It was almost 37 percent in 2001 which had declined by 6 percent in 2011. Area wise, the percentage of female main workers to the total population was higher in rural and urban districts of Darjeeling in comparison to average figure of West Bengal. The percentage of female main workers to the total female workers of Darjeeling district is higher than the state average. The percentage of female main workers to the total female workers of Mirik block was higher than the state average but lower than the district average. The percentage of female main workers to the total female workers population has increased during 2001-2011 period and was higher than the state and district average. This could be due to location of the village near forest where mostly male are engaged in activities. While

Chikenmati village under the Mirik block had the least percentage of female main workers and lower than both the district and state average. In Bandiachat and Chikenmati villages, the female work participation increased during 2001-2011 period. This could be possible because pineapple orchards and tea gardens have proliferated, demanding more labour in the nearby villages.

3.8. Male-Female work participation rate of marginal workers in West Bengal, Darjeeling and chosen blocks and villages

Table-3.6: Male-Female work participation rate of marginal workers in West Bengal and selected blocks and villages, 2001 and 2011 (in percent)

State/District/Block/Village	2001		2011	
	Male	Female	Male	Female
West Bengal(T)	19,494,971 (13)	3,528,612 (50)	5,037,768 (19)	4,031,957 (50)
Darjeeling(T)	359,110(11)	119,741(28)	83,245(17)	67,626(33)
Darjeeling(R)	229,942(86)	93,481(68)	65,510(23)	54,033(38)
Darjeeling(U)	129,168(95)	26,260(88)	17,735(9)	13,593(22)
Mirik(T)	7,245(79)	4,829(69)	3,284(31)	1,846(27)
Mirik(R)	7,245(79)	4,829(69)	3,284(31)	1,846(27)
Lohaghar Forest(R)	8(73)	0(0)	1(2)	1(17)
Panthabari Forest(R)	167(94)	61(88)	151(97)	9(100)
Phansidewa(T)	38,780(89)	12,910(69)	8,089(15)	9,004(38)
Phansidewa(R)	38,780(89)	12,910(69)	8,089(15)	9,004(38)
Bandiachat(R)	27(84)	11(58)	46(22)	55(26)
Chikenmati(R)	129(70)	17(31)	61(10)	87(32)

Source: Census of West Bengal, 2001 and 2011

Figures from the census show that among women, the percentage of “marginal workers” has increased Darjeeling from 28 percent in 2001 to 33 percent in 2011. During the same period, there was a fall in the percentage of main workers. The figures thus indicate a casualisation and feminization of the work force, with the number of marginal women workers growing significantly. Blockwise, the percentage of female marginal workers in Mirik and Phansidewa blocks were same 69 percent which was higher than both the district and the state average, although it decreased to 42 percent in Mirik block over the period 2001-2011. During the period

2001, the percentage of marginal women workers in Lohaghar Forest village was zero, which was lower than both the district average and state average. The percentage of marginal women workers was highest by 88 percent in Panthabari Forest village which was higher than both the district and state average. During the same period there was rise in the percentage of marginal women workers by 17 percent in Lohaghar Forest village, and by 20 percent in Panthabari village. The percentage of marginal women workers was 58 percent in Bandiachaata, which was higher than both the district average and state average. The percentage of marginal women workers reduced by 32 percent in Bandiachaata over the period 2001-2011. The percentage of marginal women workers was 31 percent in Chikenmati which was higher than the district average but lower than the state average. The percentage of marginal women workers reduced by 1 percent over the period 2001-2011. It shows variation among the chosen villages in female marginal women workers and also possibility of higher incident of female marginal workers.

3.9. Distribution of main workers by industrial categories of West Bengal, Darjeeling and selected blocks and villages. (in percent)

Table-3.7: Distribution of main workers by industrial categories of West Bengal, Darjeeling and selected blocks (in percent)

		2001		2011	
		Male	Female	Male	Female
West Bengal	Cultivators	4,182,888 (21)	373,138 (11)	3,940,399 (18)	263,368 (7)
	Agri- Labors	3,744,905 (19)	778,029 (22)	4,943,086 (23)	926,412 (23)
	Household	778,046	658,332	869,039	649,089
	Industry	(4)	(19)	(4)	(16)
	Others	10,789,132 (55)	1,719,1113 (49)	11,925,755 (55)	2,169,482(5 (4)
Darjeeling	Cultivators	50,347(14)	18,318(15)	41,632(11)	10,352(8)
	Agri- Labors	23,877(7)	7,411(6)	23,372(6)	8,715(6)
	Household	7,810(2)	3,127(3)	7,863(2)	2,654(2)
	Industry				
	Others	277,076(77)	90,885(76)	323,474(82)	114,793 84)
Mirik	Cultivators	1,502 (21)	482 (10)	1,274 (18)	403 (8)
	Agri- Labors	348 (5)	166 (3)	802 (11)	663 (13)
	Household	166	77	133	41
	Industry	2)	(2)	(2)	(1)
	Others	5,229	4,104	4,960	3,947

		(72)	(85)	(69)	(78)
Lohaghar Forest	Cultivators	0(0)	0(0)	0 (0)	0 (0)
	Agri- Labors	0(0)	0(0)	27 (59)	3 (60)
	Household	0(0)	0(0)	0	0
	Industry			(0)	(0)
	Others	8 (73)	0 (0)	19 (41)	2 (40)
Panthabari Forest	Cultivators	137 82)	54 (89)	0 (0)	0 (0)
	Agri- Labors	0(0)	0(0)	0 (0)	0 (0)
	Household	6(4)	2(3)	0	0
	Industry			(0)	(0)
	Others	24 14)	5 (8)	5 (3)	0 (0)
Phansidewa	Cultivators	7,654 (20)	1,080 8)	7,299 (16)	688 (5)
	Agri- Labors	7,950 (21)	1,417 (11)	7,632 (17)	2,093 (14)
	Household	628	283	739	192
	Industry	(2)	(2)	(2)	(1)
	Others	22,548 (58)	10,130 (78)	28,910 (65)	11,985 (80)
Bandiachaat	Cultivators	0(0)	0(0)	0 (0)	0 (0)
	Agri- Labors	0(0)	0(0)	0 (0)	0 (0)
	Household	0(0)	0(0)	0	0
	Industry			(0)	(0)
	Others	10 (100)	3 (100)	160 (100)	156 (100)
Chikenmati	Cultivators	37 (29)	4 (24)	174 (32)	4 (2)
	Agri- Labors	79 (61)	8 (47)	191 (35)	115 (67)
	Household	3	2	5	7
	Industry	(2)	(12)	(1)	(4)
	Others	10 (8)	3 (18)	181 (33)	45 (26)

Source: Census of West Bengal, 2001 and 2011

The population concerning workers in West Bengal, Darjeeling district and chosen blocks and villages have been grouped into four occupational classes. Changes in occupational distribution and development are related. With the gradual process of economic development, the dependence on agriculture as cultivators and labourers would diminish and greater percentage of women workers is expected to be found in other activities.

The Table-3.5 reveals that cultivation alone provides employment to nearly less than one-third of the workers both for males and females in Darjeeling district during 2001-2011 period. Similar feature is revealed in West Bengal state. The percentage of female cultivators to the main workers was higher than the males by 3 percent in Darjeeling district during 2011, but also declined by 7 percent during the period 2001-2011. The percentage of both male and female cultivators are higher than the district average but closer to state average. In Phansidewa block, the percentage of male cultivators is higher than the district average but closer to the state average. The percentage of female cultivators to the main workers are higher than males by 7 percent in Panthabari Forest village. The percentage of both male and female cultivators in Panthabari Forest village are far higher than the district and state average. The cultivation-transplanting and harvesting may be mainly done by the female main workers, which may be due to the migrant husbands who go out of the district or state in search of work. In Bandiachaata, there are no cultivators and agricultural labour, while in Chikenmati village under Phansidewa block, the percentage of female cultivators to the main workers was less than males by 30 percent in 2011, but also declined by 22 percent during 2001-2011. Further, the percentage of both male and female cultivators and agricultural labour are higher than the district and state average. Chikenmati village is close to Bidhannagar and Chaata Towns (greater Siliguri city). Also, there may not be much of cultivation work in the fields since the region is of peri-urban nature with tea gardens. Mostly women are engaged in tea plucking activities.

It may be observed from Table-3.5 that the percentage of female agricultural laborers to the main workers remained stagnant during 2001-2011 as against 1 percent increase at state level. During the same period however, the percentage of female agricultural laborers increased by 10 percent in Mirik block during 2001-2011 with a high proportion of female workers engaged in other activities than the district and state average. Thus, most of the active female main workers in Panthabari Forest village and Chikenmati village are engaged in agricultural activities which emphasizes about engaged in home based or family farm work.

3.10: Literacy Rate

Education plays a fundamental role in improving man's physical and mental skills and thus enhances his ability to work and produce. But the very fact that women were living within the closed circles of their families prevented them from acquiring a broader

education. Education plays a fundamental role in improving physical and mental skills and thus enhances his ability to work and produce. This was also one of the reasons why they could not make their way into all spheres of human activity either and why they were forced to concentrate on traditionally women's work. These conventions were overcome only by the most deserving women.

Table-3.8: Literacy Rate of West Bengal and India by sex (in percent)

Year	West Bengal			India		
	Male	Female	Total	Male	Female	Total
1951	34.2	12.2	24	24.9	7.9	18.3
1961	40.1	17	34.5	34.4	12.9	28.3
1971	42.8	22.4	33.2	39.5	18.7	34.5
1981	59.9	36.1	48.6	56.4	29.8	43.6
1991	67.8	46.6	57.7	64.1	39.3	52.2
2001	77	59.6	68.6	75.3	53.7	64.8
2011	82.7	71.2	77.1	82.1	65.5	74

Source: Census of India

Literacy and educational attainment are considered as indication of progress in the modern society. The development of society such as urbanization, industrialization and modernization are closely related with the level of literacy and education. In addition, the aspect of educational development is so basic and fundamental to human life that its different level of achievement results in disparities among people and places (Desai, 1991). Sharma and Ford (1987) asserts that countries like India view literacy and education as necessary and basic ingredients of economic and social development planning. Major parts of West Bengal lags behind in respect of literacy and education than many other parts of the country. This is even more so in the case of female population of West Bengal. Further, spread of women's education is not only important for balanced socio-economic development of any region but also as a factor of women empowerment. Again literacy and educational attainment would help to remove regional inequality as well as gender discrimination.

Table -3.6 depicts literacy rate of males and females during different census period. It has been observed from Table-3.6 that the total literacy rate has been increasing in West Bengal and India, with sharp increase in the last 1991 to 2001. The female literacy rate in West Bengal and India has been much lesser during 1951-2011 period. The female literacy

rate in West Bengal has been greater than the female literacy rate in India from 1971 to 2011.

As per Census Report of 2011, the literacy rate at 71.2 in West Bengal and 74 in India marks around 11.5 percent rise in West Bengal and 9.2 percent in India over the previous rate of 2001. Although female literacy rate in West Bengal, is higher than the national level since 1991, yet there is male-female differential of literacy rate. However, the male –female differentials of literacy rate have been reducing over the period 1951-2011 both in West Bengal and India. Government has taken a step to expand the educational facilities and right attitude towards girl children. These are some of the important factors behind the reduction of gender gap in literacy rate.

Table-3.9: Male and Female Literacy Rate of West Bengal, Darjeeling district, selected blocks, and villages, 2001 and 2011

State/District/Block	2001		2011	
	Male	Female	Male	Female
West Bengal(T)	27,452,426(77)	19,743,975(60)	33,818,810(82)	27,719,471(71)
Darjeeling(T)	581,420(80)	426,868(63)	71,7673(86)	597,912(73)
Darjeeling(R)	364,483(76)	252,990(55)	410,782(82)	326,042(67)
Darjeeling(U)	216,937(88)	173,878(79)	306,891(91)	271,870(83)
Mirik(T)	15,305(82)	11,538(62)	18,873(88)	15,461(73)
Mirik(T)	15,305(82)	11,538(62)	18,873(88)	15,461(73)
Lohaghar Forest(R)	12(100)	1(100)	59(86)	35(60)
Panthabari Forest(R)	176(54)	81(25)	178(78)	136(57)
Phansidewa(T)	44,539(62)	25,465(38)	64,890(73)	64,890(56)
Phansidewa(T)	44,539(62)	25,465(38)	64,890(73)	64,890(56)
Bandiachaata(R)	52(96)	35(61)	578(76)	400(54)
Chickenmati(R)	54(16)	30(10)	890(57)	48,682(42)

Source: Census of West Bengal, 2001 and 2011

It has been observed from Table-3.7 that the male and female literacy rate has been increasing in Darjeeling district and West Bengal during 2001-2011. The percentage of female literacy rate in Darjeeling district increased by 10 percent against 11 percent increase in West Bengal state. The percentage of female literacy rate increased by 11 percent in Mirik block which is higher than the district average but same as state average. The percentage of female literacy rate increased by 16

percent in Phansidewa block, which is higher than both the district and state average. In Lohaghar Forest village, the female literacy rate decreased by 40 percent during 2001-2011 period, against 40 percent decrease in male literacy rate. In Panthabari Forest village, the female literacy rate increased by 32 percent during 2001-2011, which is higher than the district and state average. In Phansidewa block, the percentage of female literacy rate increased by 32 percent during 2001-2011 period, which is much higher than the district and state average. In Bandiachaahat, the female literacy rate decreased by 7 percent during 2001-2011 period. In Chikenmati village, the female literacy rate increased by 32 percent, which is much higher than both the district and state averages.

3.11: Illiteracy

Table- 3.10: Male-Female illiteracy rate by sex of West Bengal, Darjeeling and selected blocks and villages, 2001

State/District/Blocks	2001		2011	
	Male	Female	Male	Female
West Bengal	14,013,559(39)	18,966,237(57)	12,990,217(31)	16,747,617(43)
Darjeeling	249,224(34)	351,660(52)	219,586(26)	311,652(38)
Mirik	5,807(31)	9,587(51)	4,521(21)	7,519(36)
Lohaghar Forest	0(0)	1(100)	17(25)	33(57)
Panthabari Forest	227(69)	349(106)	98(43)	144(61)
Phansidewa	43,406(61)	58,098(86)	38,829(43)	52,121(60)
Bandiachaahat	12(22)	25(44)	155(40)	266(58)
Chikenmati	333(101)	321(110)	704(69)	798(83)

Source: Census of West Bengal, 2001 and 2011

It has been observed from the Table 3.8 that the female illiteracy rate of West Bengal has decreased from 2001 to 2011 period. West Bengal records 57.51 percent of female literacy rate during 2001 and 56.32 percent during 2011. However, the trend of Darjeeling district is reversed, the illiteracy rate of female has increased from 2001 to 2011 period. The female illiteracy rate of Mirik block has declined. The female illiteracy rate of Mirik block is lesser by 23.69 percent than the district average. Lohaghar Forest village records the female illiteracy rate at 66 percent which is higher than the block average illiteracy rate. Panthabari forest village has similar trend. In Phansidewa block, the female literacy rate has increased marginally. The Bandiachaahat village records lower female illiteracy rate in 2011 period. While in Chikenmati village the female illiteracy rate has increased. This is due to less educational infrastructure. In addition to this factor, the village is far away from Siliguri city. The reason for increasing female illiteracy rate of female members is due to lack of spread of educational facilities and negative attitude about education towards girl child.

3.12: Distribution of SC and STs Populations

Table-3.11: Percentage distribution of SC male-female population In West Bengal, Darjeeling and Blocks, 2001 and 2011

State/District/Block/Village	2001		2011	
	Male	Female	Male	Female
West Bengal	9,469,659(23)	8,982,896(23)	11,003,304(24)	10,459,966(24)
Darjeeling	132,858(16)	126,023(16)	161,495(17)	155,780(17)
Mirik	1,483(7)	1,591(8)	1,761(8)	1,858(8)
Lohaghar Forest	2(17)	2(100)	2(3)	0(0)
Panthabari Forest	40(10)	53(12)	14(5)	22(8)
Phansidewa	27,748(32)	25,624(31)	31,321(30)	29,383(29)
Bandiachaata	0(0)	0 (0)	6(1)	4(1)
Chikenmati	157(41)	165(47)	220(17)	220(18)

Source: Census of West Bengal, 2001 and 2011

As per the percentage distribution of SC population is concerned, the Table-3.9 shows that percentage of SC male and female were same in Darjeeling district. Similar feature is observed in West Bengal state during 2001 period. In Mirik block the percentage of female SC was higher by 1 percent. While in Phansidewa block, was lesser by 1 percent. In Lohaghar Forest village, the percentage of female SC was higher by 83 percent. In Panthabari Forest village, the percentage of female SC was higher by 2 percent than males during the same period.

Table-3.12: Distribution of Scheduled Tribe by sex, 2001 and 2011

State/District/Block/Village	2001		2011	
	Male	Female	Male	Female
West Bengal	2,223,924(5)	2,182,870(6)	2,649,974(6)	2,646,979(6)
Darjeeling	102,287(12)	101,880(13)	197,251(21)	200,138(22)
Mirik	89,740(7)	89,138(8)	7,190(31)	7,090(31)
Lohaghar Forest	0(0)	0(0)	23(30)	0(22)
Panthabari Forest	124(31)	140(33)	80(29)	75(27)
Phansidewa	26,898(31)	26,756(32)	30,744(30)	31,851(32)
Bandiachaata	25(39)	27(45)	359(80)	409(80)
Chikenmati	205(53)	165(47)	293(23)	274(23)

Source: Census of West Bengal, 2001 and 2011

Table-3.10 depicts the percentage distribution of ST population. The percentage of female population in Darjeeling district is higher than the males during 2001. Similar feature is observed in West Bengal state. The percentage of ST female population in Mirirk block is higher than the district average but lower than the state average. While the percentage of female population in Phansidewa block is higher than the district and state average during 2001 period. The percentage of ST female population in Bandiachaata is higher than both the district and state average. While the percentage of ST female population in Chikenmati village is much more higher than the district and state averages. The percentage increase in ST female population is by 9 percent against stagnant rate in Darjeeling district during 2001-2011 period. The percentage of female population decreased by 9 percent against 9 percent increase in Darjeeling district during the same period. The percentage increase in female population was by 35 percent in Bandiachaata during 2001-2011, while in the percentage of female population decreased by 24 percent in Chikenmati during 2001-2011 period.

3.13: Health Infrastructure

Health Facility: Medical Facilities available in West Bengal are given in Table.3.11. A hospital is a healthcare institution which delivers treatment to patients with trained staffs and equipment. General hospital is known to be best as far as delivering of services is concerned.

A healthcare centre is one of a network of clinics provided with staff to deliver healthcare services to people in a certain area. The healthcare services can be accessible to all individuals and families in a community.

Table-3.13: Health Facilities in West Bengal, 2001

Year	Hospitals	Health Centres	Sub-Centres	Total
1995-96	402	1263	1263	
1996-97	404	1263	1263	
1997-98	405	1263	1263	
1998-99	406	1262	1262	
199-00	415	1268	1268	
2000-01	416	1269	1269	
2001-02	429	1266	1266	
2002-03	434	1268	1268	
2003-04	434	1268	1268	
2004-05	433	1268	1268	
2005-06	2016	1256	1256	
2006-07	2081	1269	1269	
2007-08	2290	1273	1273	
2008-09	2291	1272	1272	
2009-10	2311	1257	1257	
2010-11	2312	1257	1257	

Source: State Bureau of Health Intelligence, Govt of West Bengal

It has been observed from Table- 3.11 that the number of health centres and sub-centres were more till 2004 -2005 in West Bengal, while the number of hospitals increased during the period 1996 to 2004-2005. The Table-3.11 revealed the dependence of the chosen population mostly on the health centres and sub-centres. The high degree of dependence on the public health care system might be due to the poor economic condition of sample population. Also, this indicates greater reliance on public health care system due to low subsistence level of living for sample population.

Table-3.14: Blockwise distribution of Health Infrastructure in Darjeeling district, 2001

Blocks	Hospitals	Health Centres	Clinics	Dispensaries
Darjeeling- Pul-bazar	0	2	0	2
Rangli-Ragliot	0	3	0	2
Jorebunglow-Sukhiapokhri	0	4	0	1
Kalimpong-I	0	3	0	2
Kalimpong-II	0	3	0	1
Gorubathan	0	3	0	3
Kurseong	1	4	0	4
Mirik	0	2	0	0
Matigara	1	2	0	2
Naxalbari	1	1	0	2
Khoribari	1	2	0	1
Phansidewa	0	2	0	1

Source: Census of West Bengal, 2001

Medical Facilities available at block level in Darjeeling district is given in Table-3.12. Table-3.12 shows the distribution of hospitals, health centre, clinics and dispensaries for the sample population in respective blocks. These health institutions serve as healthcare services. Moreover, 7.14 percent of hospitals were available for the sample population to seek medical healthcare, followed by 55.14 percent of health centers and 37.5 percent of dispensaries.

3.14. Educational facilities.

Table-3.15: Educational institutions in the Darjeeling district, 2001

Blocks	Primary	Middle	Secondary	Higher Secondary
	Darjeeling-pul-Bazar	192	9	6
Rangli-Ragliot	112	7	4	2
Jorebunglow-Sukhiapokhri	157	8	7	4
Kalimpong-I	108	6	5	1
Kalimpong-II	91	6	7	1
Gorubnathan	99	4	4	2
Kurseong	163	3	13	3
Mirik+Mirik Municipality	77	2	6	1
Matigara	115	5	5	3
Naxalbari	120	8	5	4
Kharibari	96	6	5	1
Phansidewa	152	3	7	6

Source: Census of West Bengal, 2001

Table-3.13 shows the distribution of educational institutions in the Darjeeling district. In respect to the above educational institutions it is found that there has been uneven distribution of institutions in the district under different blocks in Darjeeling. The number of primary schools is more in respective blocks than the middle, secondary and higher secondary schools. Amongst the blocks, Mirik block records the lowest number of primary schools followed by Kalimpong. While the number of primary schools in the Phansidewa are 152 followed by relatively lower number of secondary and higher secondary schools.

3.15: Life Expectancy:

Life expectancy reflects the physical well-being of population in a region. The life expectancy at birth is influenced by number of demographic and health factors. It is also related to infant mortality rate of any population. It is generally negatively correlated related with infant mortality rate. Also in most of the cases, the life expectancy is directly associated with the level of economic development. The infant mortality rate of West Bengal is lower than the national average during the 2005-2009 periods.

Despite the improvement of medical facilities and significant fall in the infant mortality rate, the life expectancy at birth (LEB) in West Bengal has been as low as 64.2 as against 65.8 years at national level for the same year (Table 3.14).

Table-3.14 depicts the life expectancy at birth in India and West Bengal. It has been observed from Table-3.19 that there exists a male –female differential in the projected levels of LEB during (1999-2003), the female life expectancy was higher than males in West Bengal. In subsequent period, West Bengal as well as India has witnessed higher female LEB as compared to males.

Table-3.16: Life Expectancy at Birth in India and West Bengal

	1999-2003		2000-2004		2001-2005		2002-2006	
	Male	Female	Male	Female	Male	Female	Male	Female
India	63.5	65	63.7	65.2	63.9	65.5	64.1	65.8
West Bengal	61.8	63.5	62.1	63.7	62.3	63.9	62.6	64.2

Source: SRS, based Abridge Life Tables, 2002-06

It is evident from the Table-3.14 that there exists a male-female differential in life expectancy. In the period (1999-2003) the female life expectancy of West Bengal was higher than the male. The male-female gap in life expectancy was 1.6 during 2000-2004 period. However, the life expectancy increased by 1.6 percent during 2001-2005. The life expectancy was lower in West Bengal than national level during all the periods considered.

3.16. Distribution of population by percentage as per the blocks under different sub-divisions

Table-3.17: Distribution of population by percentage as per the blocks under different sub-divisions

Sub-Divisions	Darjeeling-Sadar				Kalimp ong	Kurseong			Siliguri			
	Dar-Pul- bazar	Rangli-Rangliot	Jorebunglow	Kalimpong-I	Kalimpong-II	Gurubathan	KurSeong	Mirik	Matigara	Naxalbari	Khoriabari	Phansidewa
%age of population to district population	7.2	4	6.26	4.21	3.74	3.37	5.34	2.62	8.04	9.01	5.48	10.66
%age-of female pop to district population	5.1	2.9	4.5	3	2.6	2.4	3.8	1.9	5.4	6.2	3.8	7.4

Source: Census of West Bengal, 2001

Table-3.15 shows the distribution of population as per the blocks under four sub-divisions of Darjeeling district. It has been observed from the Table-3.15 that Darjeeling-Pulbazar block records 7.2 percent of population. This is the highest population among the blocks considered for the study while Mirik block records the lowest population, which is 2.26 percent. As far as the distribution of female population is concerned, Phansidewa block records the highest 7.4 percent under Siliguri block.

Conclusion

The higher percentage of female population in Bandiachaat than the percentage of female population in Chikenmati is close to district and state average. In 2011, the percentage of male population in Bandiachaat and Chikenmati has decreased, while the percentage of female population in Bandiachaat and Chikenmati has increased. The work participation rate of females in Chikenmati is closer to the district average, but lesser than the state average.

The above analysis of several indicators is a pointer to the existing status of women. Literacy rates among women in the blocks are lower than the males and the female workforce participation is also lower than males. Women have much lower representation in the main workers' category indicating the lack of work opportunities for greater part of the year and also their burden of household responsibilities that restrict them to access work opportunities throughout the year. Similar exercise is carried out in the following chapter for Jalpaiguri District and its selected blocks and villages for the present study.

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CHAPTER-IV

DEMOGRAPHIC AND SOCIO-ECONOMIC PROFILE OF JALPAIGURI DISTRICT

4.1: Introduction

Gender inequality is a multidimensional issue and can be measured by many indicators (Li, 2005). Only a few dimensions, however, are believed to be crucial to fertility studies, and they include the extent of men's control over women within the household, the relative control of household economic resources, women's autonomy in the household, and the kinship institutions in place (Mason, 1986; Yadava and Yadava, 1999; Hindin, 2000). These dimensions can be measured by a number of quantitative indicators including age gap and other spousal differences, post-marital locality, family complexity and the householderhood.

Demographic and Socio-economic profile of Jalpaiguri district measures indirectly the status of men and women. The socially and economically backward areas also confirm the existence of gender bias (Lancaster, Maitra and Ray, 2008). Demographic attributes such as sex ratio, birth rate, infant mortality rate, life expectancy, distribution of population and other demographic variables are all related to gender inequality. Further, the socio-economic characteristics such as literacy rate, illiteracy rate, distribution of SC and ST population also measures the status of women.

Studies have shown that women's status and the variables considered in this chapter are closely related. The status of women is a multidimensional concept and therefore it is a difficult concept to quantify. Previous studies have typically measured married women's autonomy using educational status, work participation rate, occupational structure, employment status, and age differences between spouses as proxies (Rammohan and Johar, 2009).

In Pakistan, decision making within the household is predominantly regarded as a male prerogative. That is why women labor force participation is ranked lowest in South Asia. Conceptually the women labor force participation in developing countries has a number of implications. Firstly, it results in an increased strengthening of women's position in the family and society due to their financial capacity, which in turn contributes to economy. The female labor force participation in Bangladesh is 42.4 %; India 32.4 %; Myanmar 43.4 %; Nepal 42.5 %; and Sri Lanka 36.8 %. Labor Force Participation of

Married Women in Punjab (Pakistan) development. Women's participation in the labor force reduces the established gender inequalities. Their participation in agricultural production reduces poverty and enhances economic growth. General models of gender inequality tend to emphasize the importance of women's economic roles in determining their position in other spheres, from household bargaining to representation in state governance. Empirical research has found that women's labor force participation is associated with less bias against girls in child mortality and better health for girls and with more say in some household decision-making. (Sundaram and Vanneman, 2008).

It has by now been established through various studies in different parts of the world that literacy has beneficial effects for women in all crucial areas of life. It empowers them, improves their mobility, and strengthens their decision-making capability for themselves, for their health, and for the needs of the households at their charge. But a recent study carried out in India, Cambodia and Bangladesh indicates that literacy also seems to protect women from abuse. Rene Raya, who represents the Asian South Pacific Association for Basic and Adult Education (ASPBAE) as its Lead Policy Analyst, lists the details.

These factors contribute to women's status. The status of women is relative and has many aspects. Household decision-making being one of the aspects of women's status greatly depends upon the demographic and socio-economic profile of a district. Further, these socio-economic statuses of women have a significant bearing for both the quality of women population and ability to make decision within the household. Nadel (1969) asserts that that the socio-economic status of women generally refers to the life style that a woman is entitled to lead out within the family or society.

The economic status of women and the system of social organization in it can be understood by considering the nature and characteristics of economic activities, precisely for women and their occupational pattern in different regions of the economy. There is a positive correlation between an individual's participation in household decision-making process and his/her economic contribution to household income in addition to 'pure gender biases. In other words, a person makes various household decisions not only because the person is a male or female, but because he/she contributes more to the household income. That is if a person contributes more to household income he/she participates more in household decision-making irrespective of his/her gender.

Demographic attributes such as birth rate, dearth rate, infant mortality rate and life expectancy at birth indicate both the physical quality of human population and the socio-

economic development of any region. These attributes are also important to understand the physical well-being of women population of a region. Further, an understanding of the demographic profile of women in the region is essential to understand the relationship between women empowerment and the participation in the household decision-making. Sex-role norms impact on almost all aspects of family consumption behavior including the buying process tasks, finance handling, purchase behavior, brand specification, store choice, and types of products purchased.

The examination of sex roles and their relationship to family purchase behavior of complete families has received relatively little emphasis in consumer-behavior issues. The sex-roles influence the factors which influences household decision-making (Buss and Schaninger, 1983). Further, we find that as female contribution rate to household income increases, its participation rate in household decision making also increases almost proportionately (Alam,1998). Paid work has attained a prominent position among a handful of policy measures advocated for enhancing women's wellbeing in India and the Asian countries in general – is partly related to, among other things, their lack of direct access to an independent income and decision-making freedom. It has been therefore, argued that women's participation in paid work, by offering them access to an independent income and bestowing them some decision-making, would enhance their well-being. The work participation rate, the employment indicators like female work participation rate and proportion of female main and marginal workers and literacy rate of state/ district and chosen blocks and the prevalent gender disparity in different economic pursuits definitely reveal the economic status of women.

4.2: Physical, Demographic and Socio-economic profile of survey villages in the Jalpaiguri district

Jalpaiguri is a part of West Bengal which is situated in North Bengal. The district is situated in the northern part of West Bengal and has international borders with Bhutan and Bangladesh in the north and south respectively and district borders with Darjeeling hills in the west and northwest and Alipurduar district and Coochbehar district on the east. According to the 2011 census Jalpaiguri district has a population of 3,869,675, roughly equal to the nation of Liberia. This gives it a ranking of 66th in India. The district has a population density of 621 inhabitants per square kilometer. Its population growth rate over the decade 2001-2011 was 33.77. Jalpaiguri has a sex ratio of 954 females for every 1000 males, and a literacy rate of 73.79 percent. It is well connected by rail, road and air from any part of the country. One can avail train up to Jalpaiguri station. By road it is well

connected with rest of the country. Air travel is available up to Bagdogra Airport, and from there it is well connected by a 50 km road.

Settlement 1-Parpatlakhawa

Parpatlakhawa village is situated in Alipurduar-1 block of Jalpaiguri district. Jurisdiction List No. of the village is 21. The village is located within 31.36 hectares of land. There are 76 occupied residential houses. It is connected with the Block Head Quarters (Alipurduar) by all-weather road which passes through Alipurduar to Guhati. It belongs to Falakata Development Block. The village comprises of 517 people belonging to different religion and groups. The village is situated near the Kunjunagar forest. Parpatlakhawa village is connected with Alipurduar town by a metalled road. The surrounding villages are also connected by fair-weather roads only. Transportation facilities are quite adequate. Although, van rickshaws are also available. This facility is not available during rainy season because few wooden bridges over the streams and rivers on the road on the metalled road are damaged. The village is mostly inhabited by the Hindu Bengalis, the Rajbhansis and the Oraon, Mundas and Santhals Tribals. Most of the Bengalis have migrated from Bangladesh and Tribals from Bihar and Chottanagpur. The village has been electrified. There are two primary schools. The nearest high school is in Falakata town. There is SBI Bank branch and nearby primary health centre (Falakata Gramin Hospital). Facilities for cultivation is not adequate. Mostly the farmers use tube wells for irrigation purposes. For worshipping and performing Pujas, the SCs and STs Communities possess a separate small hut made out of straw mostly and are known as Temples. During the pujas, they worship there.

Settlement 2- Uttachakwakheta

Alipurduar-1 Block encompasses the Uttachakwakheta village. This village is connected by same road which connects Parpatlakhawa village and all-weather road connects it to Block Head Quarters (Alipurduar). The village is 5 km far away from the metalled road which connects Alipurduar and Falakata. The village is situated very close to Chilapata forest. There are also forest resort restaurants and lodges for the tourists. This is the forests where tourists go and enjoy the elephant riding. The village is situated very near to the border of Bhutan. Village is surrounded by the forests. The road which runs very close to this village connects the village with NH which passes through Hasimara and crosses the border of West Bengal and enters into Assam through Srirampur and reaches Guhati. Uttachakwakheta is mostly inhabited by Hindu Bengali, Rajbhansis, and Tribals. Christian communities are also residing in this village. Most of the villagers are tea garden

workers. Cultivators are in other part of the village. There are narrow roads within the villages. As far as transportation facilities are concerned, it is quite adequate. There are quite many as migrants to different parts of the country. Mostly they have migrated to Siliguri city for their livelihood. The village is inhabited by the Hindu Bengalis, and Tribals. These SCs and STs Communities live in villages. As it has been revealed through the interview of Gram Panchayat member, education attainment and literacy levels among these village households have been very low. Thus, the compulsion to seek work for economic livelihood was felt by the respondents across different categories of social groups. There are four primary schools in whole area of Uttarchakwakheta village in the village itself there is a high school by the name of Natwatari high school very near to the metalled road. There is also a primary health centre for people to be treated. Village is completely electrified.

Settlement- 3 Uttarmarichbari

Uttarmarichbari village is situated in Maynaguri Block of Jalpaiguri district. The village is around 3 km away from the Maynaguri town. The village is connected with the Maynaguri town by metalled road. It is very close to the NH which runs from Alipurduar to Siliguri city. The study area was the two villages under Maynaguri block bordering Bhutan were chosen for the study. These villages namely Uttarmarichbari and Khaerkhal surrounding the Maynaguri town generally have important role in supplying the manual workers for urban town with nearly lowering the costs of transport. The physical nature and characteristics of these two villages is determined by combination of factors which include the economic and infrastructural base of the Maynaguri town. The villages particularly Uttarmarichbari and Khaerkhal are characterized by limitations in the land availability for agriculture and other rural activities, and thus, greatly influenced by urban characteristics with easy access to markets, services and other inputs. Due to the constraints in the regular rural activities, these villages form ready supplier of manual labors for the town.

Uttarmarichbari is completely inhabited by Hindu Bengalis and Rajbhonsis. There are SCs communities in both the villages. Most of the SCs communities have migrated to Bhutan and Siliguri city for their livelihood. Uttarmarichbari village is adjacent to Dohmohini railway station. Broadguage passes through this station. The villagers in this village are characterized by extreme poverty, backward in other aspects. As revealed by the survey and interview with the Panchayat member, Hindu SCs by far, is the largest

religious group in this area. A certain percentage of Bengalis were also found but very few of them were among the categories of cultivators and manual laborers.

Settlement- 4 Khaerkhal

Khaerkhal is situated in Maynaguri block of Jalpaiguri district. The village is around 3 km away from the metalled road which passes through Maynaguri. This village is also connected by metalled road. Khaerkhal is entirely inhabited by Hindu Bengali, and Rajbhansis. Most of the households belonging to this village are engaged in cultivators. Quite a good number of the residents migrate out in search of their livelihood.

Among the respondents in the two villages under Maynaguri block, a large number of households were found to be engaged in cultivation. Mostly women from few households were engaged in non-agricultural manual labor like shoveling sand from the bed of Jaldhaka River. The men in this same category of women were engaged in loading the sand onto the trucks. Some of the women were also employed to crush the big stones into small stone –chips, used for building purposes. Other women workers were engaged in paid domestic work, and also in construction work. The survey was conducted in the months of October, November and December, 2009, and the sampling procedure adopted was a stratified, purposive random sampling. One twenty households belonging to these villages were questioned with the help of tested questionnaire. Stratification was necessary to ensure the representation of farm and non-farm households from different categories of households found to live in these villages. In this chapter the attempt has been made to study the demographic and socio-economic profile of the Jalpaiguri district.

4.3. Total Population:

Table-4.1: Distribution of population by sex in West Bengal, Jalpaiguri, Alipurduar-1, Maynaguri blocks and villages (in percent)

State/Dist/ Block/Village	2001					2011			
	No. Hhs	Male	Female	Total	Sex Ratio	Male	Female	Total	Sex Ra
West Bengal	15872083	51.72	48.28	100	933.5414	51.28	48.72	100	949.97
Jalpaiguri	688139	51.48	48.51	100	942.2566	51.20	48.80	100	952.96
Alipurduar-I	40269	51.50	48.50	100	941.84	51.34	48.66	100	947.70
Uttarchakwakheta	241	51.24	48.76	100	951.64	52.61	47.39	100	900.82
Patlakhawa	98	53.57	46.42	100	866.42	51.61	48.39	100	937.50
Maynaguri	58804	51.69	48.31	100	934.71	51.68	48.32	100	935.14
Uttarmarichbari	1000	52.14	47.86	100	918.10	51.34	48.66	100	947.63
Khaerkhal	428	52.67	47.33	100	898.54	53.22	46.78	100	879.09

Source: Census of West Bengal, 2001, 2011

It has been observed from the Table 4.1 that the male population of West Bengal has declined from one census year to another. However, the female population has increased. While the share of male population has declined by forty four percent, from 2001 to 2011, the percentage of female population has increased by forty four percent

during the same period, the percentage share of the population is same among the males and females in West Bengal.

Similar trend has been observed in Jalpaiguri district, where the percentage share of male population decreased by point twenty eight percent from 2001 to 2011 as against point twenty nine percent increase of female, although percentage of male is lower in the Jalpaiguri district than the average figure of West Bengal in 2011.

Among the chosen blocks of Alipurduar-I and Maynaguri, the percentage of female population increased more rapidly in Alipurduar-I. While the percentage of female population increased slightly by point zero one percent in Maynaguri.

Among the villages, the percentage of female population decreased rapidly by 1.37 percent in Uttarchakwakheta. The percentage of female population increased by one point nine seven percent in Parpatlakhawa, followed by Uttarmarichbari by point eight zero percent. The percentage of female population decreased in Khaerkhal by point five five percent.

4.4: Sex Ratio

The ratio which is defined as number of females per thousand males, as defined by the state of India is important in population study in many ways. Sex ratio has three basic components: sex ratio at birth, sex ratio at death, and sex selective migration. Sex ratio reveals the socio-economic condition of the population in an area. As far as socio-economic indicator is concerned, it has a profound impact demographic structure of any region such as growth of population, working force and employment pattern. Further, an imbalance in sex ratio may lead to the emergence of many evils in the society. Moreover, differentials in sex ratios are connected to variations in well-being are vitally related to biological and social reproduction and also economic production (Townsend, 1987). It is in this respect that an analysis of the pattern of sex ratio in West Bengal in the light of national average is analyzed to reveal the status of women population in the region.

Table-4.2: Percentage of female population and sex ratio

Year	West Bengal	India	West Bengal	India
1951	46.4	48.48	946	946
1961	46.7	48.52	941	941
1971	47.1	48.17	930	930
1981	47.7	48.27	934	934
1991	47.8	48.25	926	926
2001	48.3	48.26	933	933
2011	48.71	48.54	950	943

Source: Census of India, West Bengal 1951, 1961, 1971, 1981, 1991, and 2001.

The data relating to the trend in sex ratio from Table 3.0, for West Bengal during 1951-2001 shows that it has always been lower than the national average. The prevalence of higher rate of mortality among females than that of males and the immigration of males in excess of females from outside the state may be the reasons behind the shortage of the females throughout the period 1951-2011.

4. 5: Birth Rate, Death Rate and Infant Mortality Rate

Fertility which is expressed in different ways is one of the important measures of natural increase of population in any region. It may be expressed in terms of general fertility rate, age-specific fertility rate, marital fertility rate and crude birth rate. The fertility rate is also considered as an important indicator of physical well-being of women population. It is closely associated with the health conditions of child bearing women, and educational advancement, economic condition and socio-cultural background of the population of a region.

Like fertility, mortality is another important determinant of natural increase of population of any region. It has also been considered as an indicator of physical well-being of the population. As fertility rate is very closely associated with the mortality rate, the physical well-being of the women particularly of the child bearing age is also indicated by the mortality pattern of population of any area. However, the influence of other associated socio-economic factors in this regard cannot be overlooked. In similar way, the quality of human population and health status of women population can be judged by looking into the infant mortality pattern. It is because the fertility rate of any population is directly related to the infant mortality pattern. The data obtained from Sample Registration

Bulletin published by the Registrar General of India (Table-3.2) depicts some features about the trend in birth and death rates, and infant mortality rate in the state.

Data presented in the Table 3.2 indicate that the birth rates of West Bengal is lesser than all India average during the period 2005-2009, but there has been a gradual decline of birth rate from 2005 to 2009. According to SRS Bulletin, 2009, the birth rate West Bengal as 17.2 is higher than the birth rate of many states.

Not only that the birth rate is high, it has remained almost stable at a high level during the five years period from 2005 to 2009. In five years or since 2005 onwards, there has not been significant decline. For example, it fell from 18.8 in (2005) to 17.2 in (2009). There is a fall in the birth rate during these periods. High birth rate in any region is a typical feature of under development. There are many economic and non-economic factors accounting for this high birth rate. But among them, the important ones are poverty, marriage at early age, illiteracy and a large ignorance of family planning.

Table-4.3: Birth Rate, Death Rate and Infant Mortality Rate of India and West Bengal

Year	Birth Rate		Death Rate		Infant Mortality Rate	
	West Bengal	India	West Bengal	India	West Bengal	India
2005	18.8	23.8	6.4	7.6	38	58
2006	18.4	23.5	6.2	7.5	38	57
2007	17.9	23.1	6.3	7.4	37	55
2008	17.5	22.8	6.2	7.4	35	53
2009	17.2	22.5	6.2	7.3	33	50

Source: Sample Registration Bulletin, R.G.I., New Delhi, Demographics of India

The birth rate and death rate has registered a decline that also resulted in the natural growth rate of population in West Bengal as well as in India during 2005 -2009. But, the birth rate exceeded the death rate in the whole period.

The infant mortality rate which is an index of health status of women has been declining in West Bengal and in India during the period 2005 to 2009. But, the rate of decline of IMR in West Bengal is slower than the national level during this period. During

2005-2009, the IMR in West Bengal fell from 38 to 33 per mil. There is thus a fall of only 5 per mil as against 8 per mil at all India level. However, the IMR has remained lower than the national average during the period 2005 to 2009 indicating high health status of women population of West Bengal than the national level.

4.6: Total Work Participation Rate

In many developing countries, decision making within the household is predominantly regarded as a male prerogative. That is why women labor force participation is ranked lowest in South Asia. Further, conceptually the women labor force participation in developing countries has a number of implications. Firstly, it results in an increased strengthening of women's position in the family and society due to the financial capacity, which in turn contributes to economic development (Khan and Khan, 2009). The study reveals that women's lower status in the household is attributed to lower market productivity or lower returns from women's labor. This implies that an improvement in a women's economic status will improve her bargaining position in the household and also her outside options should the union break up (Rammohan and Johar, 2009). Work participation and economic activity: For formulating strategies and schemes for development and growth of female cultivators in the economic activities, it is important to know where and in what capacity they work. As pointed out in many policy planning schemes that netting of the female work participation in economic activities, especially, in the agricultural and informal sectors had been one of the major planks of the gender sensitization process in the previous censuses.

In census, work is defined as in any economic productive activity with or without compensation, wages or profit. Such participation may be physical or mental in nature including effective supervision or direction of work. It also includes part time help or unpaid work in farm, family enterprise or any other economic activity. The definition of work was further amplified in 2001 Census by including unpaid work in family based cultivation, milk production, and household industries like gur making, bidi rolling ,etc. India, with surplus labor and predominantly agricultural economy shows considerable variation in male-female work participation rate.

Table-4.4: Male-Female work participation rate of West Bengal, Jalpaiguri, Maynaguri blocks and chosen villages, 2001 and 2011

State/District/Blocks/Villages	2001		2011	
	Male	Female	Male	Female
West Bengal(T)	22,388,044 (54)	7,093,646 (18)	26,716,047 (57)	8,040,308 (18)
Jalpaiguri(T)	915,400 (52)	387,736 (23)	1,091,361 (55)	421,549 (22)
Jalpaiguri(R)	750,766 (52)	355,523 (26)	778,252 (54)	344,525 (25)
Jalpaiguri(U)	164,634 (52)	32,213 (11)	313,109 (57)	77,024 (15)
Alipurduar-I(T)	54,845 (54)	23,939 (25)	63,307 (57)	25,917 (25)
Alipurduar-I(R)				
Uttarchakwakheta(R)	384 (60)	334 (55)	420 (57)	304 (46)
Parpatlakhawa(R)	115 (42)	2 (1)	193 (60)	68 (23)
Maynaguri(T)	81,010 (56)	30,095 (22)	95,414 (56)	24,877 (16)
Maynaguri(R)	81,010 (53)	30,095 (22)	95,414 (56)	24,877 (16)
Uttarmarichbari(R)	1,361 (53)	440 (19)	1,767 (56)	340 (11)
Khaerkhal(R)	617 (56)	52 (5)	794 (60)	168 (15)

Source: Census of West Bengal, 2001 and 2011

Table-4.1: Female work participation rate (FWPR) of West Bengal revealed by the Table-4.3 shows that it is lower than the male work participation rate. Similar feature is observed in case of Jalpaiguri Total, Rural and Urban work participation rates in 2001. Further, the Table also indicates that female work participation rate of Jalpaiguri (Total) is higher than

the West Bengal Average. The Female work participation rate of Alipurduar block is still higher than the district and state average in 2001. Moreover, the female work participation of West Bengal remained the same as against 1 percent decrease in Jalpaiguri (Total). Although the FWPR of Uttarchakwakheta village decreased by 9 percent during 2001-2011, it is much higher than the average figure of the district. While in Parpatlakhawa village, the FWPR increased by 22 percent, which is much more than the district average. The FWPR of Maynaguri block is lower than the district average but much higher than the state average. The female work participation rate of Uttarmarichbari and Khaerkhal villages are 19 percent and 5 percent, which is much lower than the district and state average.

Table-4.5: Male-female work participation rate of main workers in West Bengal, Jalpaiguri district, Development Blocks and chosen villages under the district.

State/District/ Blocks/Villages	2001		2011	
	Male	Female	Male	Female
West Bengal(T)	19,494,971(87)	3,528,612 (50)	21,678,279(81)	4,008,351(50)
Jalpaiguri(T)	816,528(89)	208,905(54)	922,182(84)	231,583(55)
Jalpaiguri(R)	660,430(88)	183,246(52)	634,019(81)	178,387(52)
Jalpaiguri(U)	156,098(95)	25,659(80)	288,163(92)	53,196(69)
Alipurduar-I(R)	49,825(91)	12,384(52)	55,068(87)	12,442(48)
Uttarchakwakheta (R)	291(76)	57(17)	343(82)	66(22)
Parpatlakhawa(R)	100(87)	1(50)	174(90)	54(79)
Maynaguri(R)	73,589(91)	10,818(36)	84,239(88)	11,596(47)
Uttarmarichbari(R)	1,170(86)	158(36)	1,463(83)	140(41)
Khaerkhal(R)	608(99)	43(83)	738(93)	84(50)

Source: Census of West Bengal, 2001 and 2011

Table-4.2: depicts the Male-female work participation of main workers. The Table-4.4 shows that the percentage of male main workers decreased while the percentage of female main workers remained the same in West Bengal during period 2001-2011. But there were substantial male-female gap of main workers. It was almost 37 percent in 2001 which declined to 31 percent in 2011. There was no gap of female main workers during the same

period. Which indicates that females were also engaged in more productive activities. The percentage of male main workers decreased while the percentage of female main workers increased in Jalpaiguri district during the period 2001-2011. The percentage of female main workers remained same in rural area of Jalpaiguri district. While in Urban area of Jalpaiguri district it decreased. The percentage of female main workers decreased by 4 percent in Alipurduar block. Village wise, the percentage of female main workers in Uttarchakwakhetai increased by 5 percent during the period 2001-2011, which is higher than the district average. The percentage of female main workers increased by 29 percent in Parpatlakhawa village, which is much higher than the district average. The percentage of female-male workers to the total population decreased by 13 percent in Maynaguri Block during the period 2001-2011. The percentage of female main workers to the total female population increased by 11 percent in Maynaguri block during the period 2001-2011. The percentage of female main workers to the total female population increased by 5 percent in Uttarmarichbari. The percentage of female main workers decreased by 33 percent in Khaerkhal village.

Table-4.6: Male-Female work participation rate of marginal workers in West Bengal, Jalpaiguri, Alipurduar-I, Maynaguri blocks and the chosen villages (in percent)

State/District/Blocks/ Villages	2001		2011	
	Male	Female	Male	Female
West Bengal(T)	2,893,073(13)	3,565,034(50)	5,037,768(19)	4,031,957(50)
Jalpaiguri(T)	98,872(11)	178,831(46)	169,179(16)	189,966(45)
Jalpaiguri(R)	90,336(12)	172,277(48)	144,233(19)	166,138(48)
Jalpaiguri(U)	8,536(5)	6,554(20)	24,946(8)	23,828(31)
Alipurduar-I(T)	5,020(9)	11,555(48)	8,239(13)	13,475(52)
Uttarchakwakhetai(R)	93(24)	277(83)	77(18)	238(78)
Parpatlakhawa(R)	15(13)	1(50)	19(10)	14(21)
Maynaguri(T)	7,421(9)	19,277(64)	11,175(12)	13,281(53)
Uttarmarichbari(R)	191(14)	282(64)	304(17)	200(59)
Khaerkhal(R)	9(1)	9(17)	56(7)	84(50)

Source: Census of West Bengal, 2001 and 2011

Men migrate for engaging themselves in paid work. While the women take over agricultural work. In spite of lower wages, hard work and long duration of working hours they

work in this sector. Figures from the Census show that amongst women, the percentage of marginal workers has decreased by 1 percent in Jalpaiguri district during 2001-2011 period. During the same period, there was increased by 1 percent in percentage of main workers. While in Alipurduar block, the percentage of marginal female workers has increased by 4 percent during the period 2001-2011. The percentage of female marginal workers has decreased by 5 percent in Uttarchakwakheta during 2001-2011.

Table-4.7: Distribution of main workers by industrial categories (in percent) of West Bengal, Jalpaiguri, selected blocks and villages

		2001		2011	
		Male	Female	Male	Female
West Bengal	Cultivators	4,182,888(21)	373,138(11)	3,940,399(18)	263,368(7)
	Agri- Labors	3,744,905(19)	778,029(22)	4,943,086(23)	962,412(23)
	Household Industry	778,046(4)	658,332(19)	869,039(4)	649,089(16)
	Others	10,789,132(55)	1,719,113(49)	11,925,755(55)	2,169,482(54)
Jalpaiguri	Cultivators	185,349(23)	24,481(12)	167,234(18)	13,870(6)
	Agri- Labors	102,902(13)	31,458(15)	166,901(18)	45,756(20)
	Household Industry	13,027(2)	5,837(3)	13,334(1)	4,781(2)
	Others	515,250(63)	147,129(70)	574,713(62)	167,176(72)
Alipurduar-I	Cultivators	15,146(30)	2,657(21)	12,457(23)	1,346(11)
	Agri- Labors	8,125(16)	3,537(29)	13,309(24)	4,624(37)
	Household Industry	536(1)	354(3)	503(1)	161(1)
	Others	26,018(52)	5,836(47)	28,799(52)	6,311(51)
Parpatlakhawa	Cultivators	72 (0.72)	0(0)	67(39)	16(30)
	Agri- Labors	7(0.07)	1 (100)	77(44)	37(69)
	Household Industry		0(0)	7(4)	0(0)
	Others	4(0.04)	0(0)	23(13)	17(2)
	Others		0(0)	23(13)	17(2)
Uttarchakwakheta	Cultivators	231(79)	37(65)	136(40)	7(11)

	Agri- Labors	19(7)	3(5)	160(47)	31(47)
	Household Industry	2(1)	2(4)	0(0)	0(0)
	Others	39(13)	15(26)	47(14)	28(42)
Maynaguri	Cultivators	29,271(40)	3,320((31)	29,993(36)	1,702(15)
	Agri- Labors		3,273(30)	23,265(28)	5,300(46)
		13,809(19)			
	Household Industry	1,378(2)	753(7)	1,033(1)	315(3)
	Others	29,131(40)	3,472(32)	29,948(36)	4,279(37)
Uttaranchal	Cultivators	385(33)	59(37)	446(30)	13(9)
	Agri- Labors	130(11)	23(15)	261(98)	37(26)
	Household Industry	17(1)	8(5)	7(0)	3(2)
	Others	638(55)	68(43)	749(5)	87(62)
Khaerkhali	Cultivators	418(69)	18(24)	495(67)	40(48)
	Agri- Labors	89(15)	11(26)	88(12)	27(32)
	Household Industry	1(0)	0(0)	1(0)	1(1)
	Others	100(16)	14(33)	154(21)	16(19)

Source: Census of West Bengal, 2001 and 2011

Table-4.4 shows the distribution of main workers by industrial categories. This would reflect the poor economic conditions and landlessness to a large section of population. The Table-4.8 depicts that majority of female main workers are either cultivators or agricultural laborers. As many as 6 percent of female main workers in Jalpaiguri district is cultivators and 20 percent as agricultural laborers. In Alipurduar block, 11percent of female main

workers are cultivators and 36 percent as agricultural laborers. In fact, the percentage of both cultivators and agricultural laborers are higher than the district average indicating poor economic condition and landlessness.

4.7: Literacy Rate

One aspect of literacy rate is important as a tool towards social mobility. Other, literacy rate is an index for human development. Women's autonomy is also linked to the level of education a woman has received. Women need to have a considerable education to have a say in important household decisions (Jejeebhoy,1995).

Table-4.8: Literacy Rate of West Bengal and India by sex (in percent)

Year	West Bengal			India		
	Male	Female	Total	Male	Female	Total
1951	34.2	12.2	24	24.9	7.9	18.3
1961	40.1	17	34.5	34.4	12.9	28.3
1971	42.8	22.4	33.2	39.5	18.7	34.5
1981	59.9	36.1	48.6	56.4	29.8	43.6
1991	67.8	46.6	57.7	64.1	39.3	52.2
2001	77	59.6	68.6	75.3	53.7	64.8
2011	82.7	71.2	77.1	82.1	65.5	74

Source: Census of India

Table -4-.4 depicts literacy rate of males and females during different census period. It has been observed from Table 3.7 that the total literacy rate has been increasing in West Bengal and India, with sharp increase in rate of 2001. Although female literacy rate in West Bengal is higher than the national level since 1991, yet there is male-female differential of literacy rate. As per Census Report of 2011, the literacy rate at 71.2 in West Bengal and 74 in India marks around 11.5 percent rise in West Bengal and 9.2 percent in India over the previous differentials of literacy have been reducing over the period 1951-2011 both in West Bengal and India. Government has taken a step to expand the educational facilities and right attitude towards girl children. These are some of the important factors behind in literacy the reduction of gender gap rate.

Table-4.9: Male and Female Literacy Rate of West Bengal, Jalpaiguri district, selected blocks, and villages, 2001 and 2011

State/District/Block	2001		2011	
	Male	Female	Male	Female
West Bengal	27,452,426(77)	19,743,975(60)	33,818,810(82)	27,719,47(71)
Jalpaiguri	1,082,575(73)	727,508(52)	1,396,622(80)	1,102,158(66)
Alipurduar-I	67,008(77)	47,202(58)	81,191(82)	65,511(70)
Uttarchakwakheta	327(62)	200(38)	505(78)	362(63)
Parpatlakhawa	174(75)	113(55)	235(84)	180(67)
Maynaguri	94,600(77)	62,861(55)	121,785(82)	95,574(69)
Uttarmarichbari	1,760(80)	1,143(58)	2,369(83)	1,829(68)
Kherkhal	606(66)	340(42)	978(85)	681(68)

Source: Census of West Bengal, 2001 and 2011

Table 4.5 depicts the male- female literacy rate. The female literacy rate is lower than the male literacy rate. The female literacy rate of Jalpaiguri district is lower by 21 percent during 2001 period. The female literacy rate is lower by 17 percent in Alipurduar block which lower than the district average but equal to state average during 2001. While the percentage of female literacy rate of Uttarchakwakheta is lower by 24 percent, which is higher than the district and state average. The percentage of female literacy rate is lower by 20 percent which is lower by district average but higher than the state average.

4.8: Illiteracy rate

The definition of illiteracy employed in the present study is taken by the Census of India (1961-1991). As per the definition, a person who has the ability to read and write with understanding in any language is termed as literate. To be classified as literate, a person need not have received any formal education or passed any minimum standard to qualify as literate. While a person who could merely read but not write was not defined as a literate.

Table- 4.10: Male- Female illiteracy rate by sex of West Bengal, Jalpaiguri, chosen blocks and villages, 2001,

State/District/Blocks	2001		2011	
	Male	Female	Male	Female
West Bengal	14,013,559(39)	18,966,237(1)	12,990,217(31)	16,747,617(43)
Jalpaiguri	668,570(45)	922,520(1)	586,442(34)	787,624(47)
Alipurduar-I	34,561(40)	48,460(1)	30,187(31)	40,042(43)
Uttarchakwakheta	314(59)	410(1)	231(36)	301(52)
Parpatlakhawa	103(44)	127(1)	85(30)	120(45)
Maynaguri	51,003(41)	73,236(1)	48,245(32)	63,428(46)
Uttarmarichbari	804(36)	1,211(1)	801(28)	1,175(44)
Khaerkhal	488(53)	643(1)	337(29)	475(47)

Source: Census of West Bengal, 2001 and 2011

It has been observed from the Table-4.6 that the female illiteracy rate of West Bengal has decreased from 2001 to 2011 period. West Bengal records 57.51 percent of female literacy rate and 56.32 percent during 2011. However, Jalpaiguri district has a similar trend. The illiteracy rate of female has decreased from 2001 to 2011 period. The female illiteracy rate of Maynaguri block has declined. The female illiteracy rate of Maynaguri block is lesser by 0.52 percent. While the female literacy rate of Khaerkhal village has increased during 2001- 2011 period. This is due to less educational infrastructure. In addition to this factor, the village is far away from Siliguri city. The reasons for increasing female illiteracy rate of female members are due to lack of spread of educational facilities and negative attitude about education towards girl child.

4. 9 : Distribution of SCs and STs population by sex

Table-4.11: Percentage distribution of SC male-female population in West Bengal, Jalpaiguri, chosen Blocks and villages 2001 and 2011

State/District/Block/Village	Male	Female	Male	Total
West Bengal	9,469,659(23)	8,982,896(23)	11,003,304(24)	10,459,966(24)
Jalpaiguri	642,828(37)	605,749(37)	750,841(38)	707,437(37)
Alipurduar-I	47,554(47)	44,909(47)	54,241(49)	50,776(48)
Uttarchakwakheta	239(37)	225(37)	283(38)	242(37)
Parpatlakhawa	79(29)	79(33)	96(30)	99(33)
Maynaguri	103,023(71)	96,506(71)	121,477(71)	112,810(71)
Uttarmarichbari	1,956(76)	1,052(79)	2,453(77)	2,317(77)
Khaerkhal	1,030(94)	924(94)	1,203(91)	1,060(92)

Source: Census of West Bengal, 2001 and 2011

The percentage of male and female SC population has increased by 1 percent in both the cases in West Bengal. Similar feature is observed in case of male population in Jalpaiguri district during the period 2001-2011. While the percentage of female SC population has remained the same during period 2001-2011. The percentage of SC male population has increased by 2 percent in during the period 2001-2011. The percentage of SC female population has increased by 1 percent in Alipurduar-I block. The percentage of SC female to total female population.

Table-4.12: Percentage distribution of ST male-female population in West Bengal, Jalpaiguri district, chosen Blocks and villages, 2001 and 2011

State/District/Block/Village	2001		2011	
	Male	Female	Male	Female
West Bengal	2,223,924(5)	2,182,870(6)	2,649,974(6)	2,646,979(6)
Jalpaiguri	324,250(19)	317,438(19)	365,868,(18)	365,836(19)
Alipurduar-I	16,773(17)	15,662(16)	18,774(17)	17,831(17)
Uttarchakwakheta	394(61)	375(61)	442(60)	408(62)
Parpatlakhawa	33(12)	25(10)	36(11)	29(10)
Maynaguri	1,842(1)	1,703((1)	2,217(1)	2,111(1)
Uttarmarichbari	18(1)	8(0)	29(1)	34(1)
Khaerkhal	5(0)	3(0)	0(0)	0(0)

Source: Census of West Bengal, 2001 and 2011

The percentage distribution of ST population is given in Table no. 4.15. It is observed from the Table 4.14 that the percentage male population decreased by 0.44 percent. While the percentage of female population increased by the same magnitude in West Bengal during 2001- 2011. In Jalpaiguri district, the same trend is observed. In Alipurduar-I block, the percentage of ST population decreased by 1.06. While the percentage of female population increased by the same magnitude. In Uttar Chakwakheta village the percentage of male population increased marginally but the percentage of female population decreased. In Parpatlakhawa village, both the percentage of male and female ST population increased during 2001-2011. In Maynaguri block, the percentage of male ST population has decreased by 0.74 percent. Also the percentage of female population has increased by the same magnitude. In Uttarmarichbari village, the percentage of male population has increased by 23.20 percent. While the percentage of female population has increased by the same magnitude. In Khaerkhal village, the percentage of male and female population was same during 2001-2011.

4.10: Health Infrastructure

Table-4.13: Health Facilities in West Bengal, 2001

Year	Hospitals	Health Centres	Sub-Centres
1995-96	402	1263	1263
1996-97	404	1263	1263
1997-98	405	1263	1263
1998-99	406	1262	1262
1999-00	415	1268	1268
2000-01	416	1269	1269
2001-02	429	1266	1266
2002-03	434	1268	1268
2003-04	434	1268	1268
2004-05	433	1268	1268
2005-06	2016	1256	1256
2006-07	2081	1269	1269
2007-08	2290	1273	1273
2008-09	2291	1272	1272
2009-10	2311	1257	1257
2010-11	2312	1257	1257

Source: State Bureau of Health Intelligence, Govt. of West Bengal

It has been observed from Table- 4.9 that the numbers of health centres and sub-centres were more till 2004 -2005 in West Bengal. While the number of hospitals increased from 1996 to 2004-2005. The Table-3.16 revealed the dependence of the chosen population mostly on the health centres and sub-centres. The high degree of dependence on the public health care system might be due to the poor economic condition of sample population. Also, this indicates greater reliance on public health care system due to subsistence level of living for sample population.

4.11: Medical Facilities available at Block Level in Jalpaiguri district

Table-4.14: Blockwise distribution of Health Infrastructure in Jalapiguri district, 2001

Blocks	Hospitals	Health Centres	Clinics	Dispensaries
Sadar Sub-division	27	19	24	24
Raiganj	4	3	40	4
Jalpaiguri	3	6	7	7
Jalpaiguri (M)	1	-	1	1
Maynaguri	1	6	7	7
Dhupguri	17	4	4	4
Dhupguri (M)	1	4	0	4
Mal Sub-division	45	10	11	11
Mal	20	4	4	4
Mal(M)	1	-	1	1
Metiali	12	3	3	3
Nagrakata	12	3	3	3
Alipurduar Sub-Division	41	17	21	21
Kumargram	7	3	3	3
Falakata	5	2	3	3
Madarihat-Birpara	12	4	5	5
Kalchini	10	2	2	2
Alipurduar-I	5	3	3	3
Alipurduar-II	1	3	4	4
Alipurduar (M)	1	-	1	1

Source: Census of West Bengal, 2001

Medical Facilities available at block level in Jalpaiguri district, is given in Table-4.11.

Table- 4.11 shows the distributions of hospitals, health Centre, Clinics, and dispensaries for the sample population in respective blocks. These health institutions serve as health care service providers. Moreover low percentage of hospitals were available for the sample population to seek medical health-care followed by Health Centres, Clinics and Dispensaries.

4.12: Educational Infrastructure

Table-4.15: Educational institutions in the Jalpaiguri district, 2003-04

Blocks				
	Primary	Middle	Secondary	Higher Secondary
Sadar Sub-division	885	33	84	50
Rajganj	171	5	26	9
Jalpaiguri	233	11	20	8
Jalpaiguri(M)	73	4	5	11
Maynaguri	205	7	15	7
Dhupguri	186	6	13	11
Dhupguri(M)	17	-	5	4
Mal Sub-division	280	11	19	8
Mal	155	6	8	3
Mal (M)	10	2	1	3
Metiali	62	2	1	3
Nagrakata	53	1	6	1
Alipurduar-Sub-division	803	30	73	38
Kumargram	119	3	8	5
Falakata	154	4	11	7
Madarihat-Birpara	90	6	9	5
Alipurduar-I	134	4	16	4
Alipurduar-II	160	3	14	4
Alipurduar(M)	40	3	2	9
Total	1968	74	176	96

Source: Census of West Bengal, 2001

Table4.12 shows the distribution of educational facilities in the Jalapiguri district.

Table-4.12 Shows the distribution of educational institute in Jalpaiguri district. With regard to the above educational institutions it is found that there has been an uneven distribution of institutions in the district under different blocks in Jalpaiguri. The number of primary schools are more in respective blocks than the middle, secondary and higher secondary schools. Almost the blocks, Mal (M) has the lowest number of primary schools, followed by Dhupguri (M) while Dhupguri has 17 primary schools, followed by no middle schools and 5 secondary schools and 4 higher secondary schools.

4.13: Life Expectancy

Life expectancy reflects the physical well-being of population in a region. The life expectancy at birth is influenced by number of demographic and health factors. It is also related to infant mortality rate of any population. It is generally negatively correlated related infant mortality rate. Also in most of the cases, the life expectancy is directly associated with the level of economic development.

Despite the improvement of medical facilities and significant fall in the infant mortality rate, the life expectancy at birth(LEB) in West Bengal has been as low as 64.2 years in 2002-06 as against 65.8 years at national level for the same year(Table-4.18).

Table-4.16: Life Expectancy at Birth in India and West Bengal

	1999-2003		2000-2004		2001-2005		2002-2006	
	Male	Female	Male	Female	Male	Female	Male	Female
India	63.5	65	63.7	65.2	63.9	65.5	64.1	65.8
West Bengal	61.8	63.5	62.1	63.7	62.3	63.9	62.6	64.2

Source: SRS, based Abridge Life Tables, 2002-06

Table- 4.12 shows that there exists a male –female differential in life expectancy. Table-4.17 depicts the life expectancy at birth in India and West Bengal. In the 5 year period (1999-2003) the female life expectancy of West Bengal was higher than males. The male-female gap in the life expectancy was more than one year during 2001-2005. It has been observed from Table-4.19 that there exists a male –female differential in the projected levels of LEB during (1999-2003), the female life expectancy was higher than males West Bengal. In subsequent period, West Bengal as well as India has witnessed higher female LEB as compared to males. It is evident from Table that there exists a male- female differential in life expectancy. In the year period (1999-2003) the female life expectancy of West Bengal was higher than the male. The male-female gap in life expectancy was 1.6 during 2000-2004 periods. However, the life expectancy increased by 1.6 percent during 2001-2005. The life expectancy was lower in West Bengal than national level during all the periods considered.

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CHAPTER-V

PRIMARY SURVEY RESULTS ON THE PATTERN OF INTRA-HOUSEHOLD DECISION-MAKING IN RURAL HOUSEHOLDS OF DARJEELING DISTRICT

5.1: Introduction

This chapter attempts an in-depth study on gender discrimination in household decision-making issues. Some important decision-making variables have been examined. The chapter specifically examines the household decision-making variables related to education, health and economic activities.

5.2: The relevant literature supporting the survey results with regard to the pattern of household decision-making.

The study on “Household Expenditure Patterns and Gender Bias: Evidence from Selected Indian States” by Lancaster, Maitra and Ray, 2008, analyzed the gender bias against girls with regard to allocation of household expenditure on consumption of adult goods. By measuring the differential between the reduction of adult consumption of goods for boys and girls within the household, the analysis revealed the presence of gender bias in the adult consumption of several items. More significant gender bias was evident with spending on education, especially on children. This item has witnessed significant gender disparity in several parts of India (Lancaster, Maitra and Ray, 2008).

The study on “Gender of Children, Bargaining Power and Intra-household Resource Allocation in China” by Li and Wu, 2009, proposed a measure for relative bargaining power in the family and examined its impact on individual nutrient intakes and health outcomes. The proposed measure used was related to the gender of children a woman has. The patriarchal system which exists in the society, prefers son in the allocation of household resources and in bringing and establishing him. Due to the patriarchal system or prevalent of son preference in China, women’s status within the family would be increased if their first child was a son. This information was used to analyse who in the family is the decision-maker in major household consumption decisions. If the first born child was a son, then, the relative bargaining position of the woman increased in the family. In turn, the finding revealed that there was improvement in the mother’s calorie and protein intake, along with a reduction in the chance of being underweight if she was having a first born son. The son preference is still prevalent in East Asia, where the women have low socio-economic status and poor nutrition condition.

Further, the study examined that if a woman did not have the son then she would not be respected by elders in the family and had therefore low status in the society (Li and Wu, 2009).

The study on “Disinherited Peasants, Disadvantaged Workers: A Gender Perspective on Land and Livelihood”, by Agarwal, 1998, focused on the pace of agrarian transformation in India which leaves the majority of the population depending on land – based livelihood options. Cultivating crops on land remains as an important source of livelihood for the bulk of rural households, and especially for women it is critical. This phenomenon has affected not only few women but majority of them. With this feature of agrarian change, a gender perspective has been considered. The analysis was concerned with the issue of women’s independent access to land and livelihood which has a bearing not just on welfare improvement but also it empowers them in terms of participation in decision-making. Further, it was examined that prevailing male bias in access to land and infrastructural support to farmers undermines the objective of enhancing production through a more gender egalitarian approach (Agarwal, 1998).

Zheng, 2015, in his findings of the study revealed that fewer resources were allocated to female members of the household. The reason given was that lower returns may be expected from investing in girl’s education as compared to boys, in countries where women have fewer opportunities than men in the labour market and where young women are expected after marriage to devote their time and resources towards their husband’s family. This in turn results in fewer girls’ education than boys due to limited allocation of household resources. Further, girls also have more responsibilities than boys, and consequently this affects their school’s attendance and performance. With regard to use of time it is not the same for men and women. Women work for longer hours and has less leisure time than men. Moreover, in the above contexts, it is characterized by allocation of limited resources, and discrimination of girls and women, the access to nutrition and paid health services also is gender biased. The limited influence which women have on allocation of resources is due to lack of participation in decision-making.

In some countries, especially in less developed regions, more so in the poorest households, significant proportions of married women have no say on the household earnings, including their own cash earnings, while spending or investing it. In some countries, with gender inequality in property and inheritance rights, most of the women are unable to participate in decision-making on the use or disposal of land. While, educated women, women owning assets and women with a visible cash contribution to the

household income may have more bargaining power within the household and may be able to influence the intra-household allocation of resources towards more investments in children's education and health. (Website accessed on 24-10-2015)

Rao's (2011) study on "women's access to and control over land" revealed that women's access to and control over land could lead to gender equality along with addressing material deprivation. As productive asset, land is not only a source of material wealth, social security, but a status of decision-making. Majority of the poor live in Asia with limited arable land, though having nearly 30 per cent of the world's arable land which is due to land ownership and distribution pattern which greatly vary in Asia. Four major types of inheritance and land management systems are relevant to women's rights to land. Namely, based on patrilineal system- land is a private asset and it can be inherited down the male line. This phenomenon deprives the women of acquiring land and cannot bargain over decision-making.

The study by Smith and Byron (2005) has reached the conclusion from the analysis for the South Asian region as a whole, that with an increase in women's relative decision-making power may indeed be an effective force for reducing gender discrimination against girl children. However, their finding is not consistent with regard to different communities and regions. Out of four countries studied, Pakistan is the only country for which there is strong evidence that increase in women's power benefits girls. Women's decision-making power within households, where most of the decisions about care for children take place, has been known to be lower than that of their husbands. But women are the predominant care takers of children in the developing countries of South Asia.

Kritz and Adebuseye (1999) in their study on 'Determinants of Women's Decision-Making Authority in Nigeria', found that ethnicity plays a vital role in shaping women's decision-making authority. Other than ethnicity, women's formal education, age and work for pay outside the home, all these factors significantly shape the women's decision – making authority.

The study on Dimensions of Women's Autonomy and the Influence on Maternal Health Care Utilization in a North Indian City by Bloom, David and Dasgupta, 2001, in their findings and also from other studies it has been revealed that women's socio-economic status is also positively correlated with decision-making autonomy. In case of India, is evident from studies that the association between women's socio-economic status and decision-making authority was stronger in states like Tamil Nadu and gender equity was also high. While in Uttar Pradesh, the women with secondary schooling were more

likely than those with no education to participate in family decisions, but they were slightly more so to do than women with no education in both the regions in Tamil Nadu and Uttar Pradesh. The association between women's socio-economic status and decision-making authority was stronger in Tamil Nadu and gender equity was also high. While in Uttar Pradesh, the women with secondary schooling were more likely than those with no education to participate in family decisions, but they were slightly more so to do than women with no education.

The study on "Women's Role in Domestic Decision-Implications for Reproductive Behavior" by Mahmood, 2002, found that women's participation in domestic decision-making has been recognized as an important aspect of their autonomy. Autonomous decision-making aspect has some implications for ensuring gender equality. The findings of the study revealed that women's decision-making authority is closely related to area in which they live. Further, the finding also revealed that urban women have nearly equal say in household matters, nearly equal to their husbands and other family members, where as with regard to rural women their husbands and other family members have dominant role in household decisions in the matter of seeking medical treatment for a sick child or while purchasing household items. Moreover, the result of the study indicated that women with greater freedom to go outside the home alone were more likely to participate in the domestic decisions -making. Lastly, to determine the effect of decision-making or the effect of association, multivariate analysis were carried out and the analysis revealed that the explanatory variables were mostly influenced by socio-economic and demographic factors(Mahmood,2002).

The paper on, "Women's Autonomy in the Context of Rural Pakistan" by Sathar and Kazi, 2000, in their study the elements that constitute women's autonomy in rural Pakistan. Uptill now most research on women's status in Pakistan has either been restricted to measures the women's status generally or specifically to the urban area. Community or region, each of which has distinctive features, has an important influence on women's status. Northern Punjabi women have lower economic autonomy but greater mobility and decision-making authority than women in Southern Punjab. Gender systems at the village level are also important predictors of women's autonomy. Economic class has a weak influence on women's autonomy in rural Punjab. Class influences both education and employment of women, these remains the route to empower women in rural settings. While most women in rural areas contribute economically, since majority of women works on the household farm or within the household economic unit. Even then these women do

not derive any additional autonomy as a result of this contribution. Paid employment, though offset by other restrictions on poor women, offers greater potential for women's autonomy. Education, on the other hand, has a lesser influence on female autonomy in the rural Punjabi context.

5.3. Primary Survey in Darjeeling District

The present chapter is based on information collected from field from respondents in selected villages of Darjeeling District. Darjeeling District of West Bengal has two sub-divisions, namely, Kurseong and Siliguri. Thus, in the first stage we have selected purposively two blocks, namely Mirik Development Block and Phansidewa Development Block from Kurseong Sub-division and another two blocks, namely, Alipurduar-I Development Block from Alipurduar sub-division and Maynaguri Development Block from Jalpaiguri sub division based on the data collected from concerned Block Development Office on criterion of female work participation. The blocks selected had higher FWP than the other blocks. There are twelve Development blocks in Darjeeling District, namely, Darjeeling-Pulbazar, Rangli-Rangliot, Jurebungow Sukhopohria, Kalimpong-I, Kalimpong-II, Gurubathan, Kurseong, Mirik, Matigara, Naxalbari, Khoribari, Phansidewa. Out of these blocks, three blocks, namely, Darjeeling-Pulbazar, Rangli-Rangliot and Jorebunglow-Sukhopohria blocks fall under Darjeeling Sadar Sub-division and Kalimpong-I, Kalimpong-II, and Gurubathan fall under Kalimpong Sub-division and next two, namely, Kurseong and Mirik Blocks fall under Kurseong Sub-division. The four blocks, namely, Matigara, Naxalbari, Khoribari and Phansidewa fall under Siliguri Sub –division. The data on female work participation collected from Block Office are as follows.

Table-5.1: Female work participation rate in the blocks of Kurseong and Siliguri Sub-Divisions of Darjeeling District

Sub Divisions	Blocks	Total Female Population	Female Workers	FWPR*(%)
Kurseong	Kurseong	42537	11746	27.61
	Mirik	21125	6962	32.96
Siliguri	Matigara	61322	11387	18.57
	Naxalbari	69084	10652	15.42
	Phansidewa	83563	18725	22.41
	Khoirbari	42781	10181	23.80

Source: www.census.gov.in, 2001

*FWPR =Female Work Participation Rate

From the collected data as mentioned in the Table-5.1 above it has been observed that female work participation rate in Mirik 32.96 percent and Khoirbari 23.80 percent are highest under Kurseong Sub-divisions and Siliguri Sub-Divisions respectively. Thus, we have selected purposively these two blocks in our first stage of sampling, as mentioned in the initial chapter of the study.

5.3.1 Selection of Villages

In the second stage of purposive sampling, two villages from each of the Blocks were selected purposively depending upon the same criterion *i.e.* female work participation rates. Hence, we have selected Bandiachaat village, FWPR, 37.25 percent and Chikenmati, FWPR, 22.69 percent and from Phansidewa Development Block and Lohaghar forest village, FWPR 9.43 percent and Panthabari Forest village FWPR, 27.94 NA from Mirik Development Block as per data collected from concerned Block Development Office. Thus, the total number of villages to be surveyed was four. All the four villages are subdivided into two groups according to their FWPR. First group includes having highest FWPR, second group contains having least female work participation rate among the selected villages.

In the third stage, we first collected a list of agricultural households from selected villages from concerned Block Development Office. Then 20 percent sample was selected

at random from the list of agricultural household from each group of farm and non farm households. The selection design has been shown in Table-5.2. So in all there were 120 households selected 30 from each selected villages.

Table-5.2: Number of Agricultural households in the sample

Name of the villages	Total number of agricultural households	Number of selected agricultural households
Lohaghar Forest	34(10)	30(25)
Panthabari Forest	154(44)	30(25)
Bandiachaat	44(12)	30(25)
Chikenmati	121(34)	30(25)
Total	353(100)	120(100)

Source: Field Survey, 2013

N.B.: Figures in the brackets are percentages

A questionnaire had been prepared to collect relevant data on the basis of personal interview method. The data collected in terms of their responses to the questions relating to the choices made or decisions taken by the husband, wife or jointly were to be analyzed. The collected data was used for analysis to examine the extent of gender discrimination with regard to income distribution, education and health.

The schedule was duly filled by interviewing respondents in order to obtain the following information:

- i) Socio-demographic indicators namely., name of the districts, Blocks, Village, whether agricultural or non agricultural household, name of the head of the family, number of family members or household size, religion, caste, educational level, primary occupation, and secondary occupation.
- ii) Household head and respective wife's role in the family.
- iii) Economic Indicators: Primary, secondary occupation, monthly income and pattern of land holding.
- iv) Social factors: mean age of men and mean age of women, education.

Therefore, the main objective of this chapter is to examine in greater detail, the role of household head and respective spouse in the household domain. In attempting to do so, we paid particular attention to household decision –making aspect.

5.4: Households Structure

Table-5.3: Types of Households of Sample Villages in Darjeeling District (in Percentage)

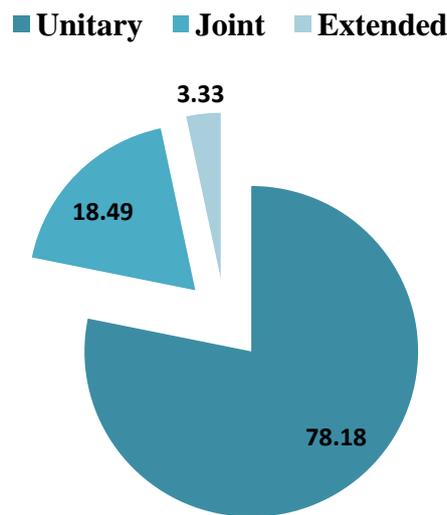
Name of the Villages	Unitary	Joint	Extended	Total
Lohaghar Forest	29(96.67)	1(3.33)	00.00	30(100)
Panthabari	23(76.67)	7(23.33)	00.00	30(100)
Bandiachaata	25(83.33)	4(13.33)	1(3.33)	30(100)
Chikenmati	18(60)	12(40)	00.00	30(100)
Average	23.4(78.18)	6(20)	0.2(0.83)	30(100)

Source: Field Survey, 2013

N.B.: Figures in the brackets are percentages

Table-5.3 shows the distribution of household structure of the sample villages in the Darjeeling district. In Lohaghar Forest village, 96.67 percent of the households are unitary, followed by 3.33 percent of the joint households and no extended households. In Panthabari forest village, 76.67 percent of the households are unitary households, and 23.33 percent are under joint category. While in Bandiachaata village, 83.33 percent of the households belong to unitary category, 13.33 percent of the households are having joint families, and 3.33 percent have extended households. In Chikenmati village, 60 percent of the households are unitary, followed by 40 percent of joint households.

Fig 5.1: Types of Households of Sample Villages in Darjeeling District in Percent



Source: Field Survey, 2013

Kritz and Adebuseye (1999) of their study on ‘Determinants of Women’s Decision-Making Authority in Nigeria’ found that ethnicity plays a vital role in shaping women’s decision-making authority. Other than ethnicity, women’s formal education, age and work for pay outside the home, all these factors significantly shape the women’s decision – making authority. Further, their findings and from other studies it has been revealed that women’s socio-economic status is also positively correlated with autonomy in both the regions in Tamil Nadu and Uttar Pradesh. The association between women’s socio-economic status and decision-making authority was stronger in States like Tamil Nadu and gender equity was also high. While in Uttar Pradesh, the women with secondary schooling were more likely than those with no education to participate in family decisions, but they were slightly more so to do than women with no education.

Table-5.4: Female literacy rates of sample villages under Darjeeling district, 2001-2011

Villages	2001	2011
	Female	Female
Lohaghar Forest Village	7.69	37.23
Panthabari Forest Village	31.51	43.31
Bandiachaat	40.22	45.19
Chikenmat	35.71	40.90
Average	28.78	41.65

Source: Census, 2001 and 2011

Table-5.4: Depicts the female literacy rate of sample villages under the Darjeeling district.

Table-5.5: Number of households of sample communities in Darjeeling district

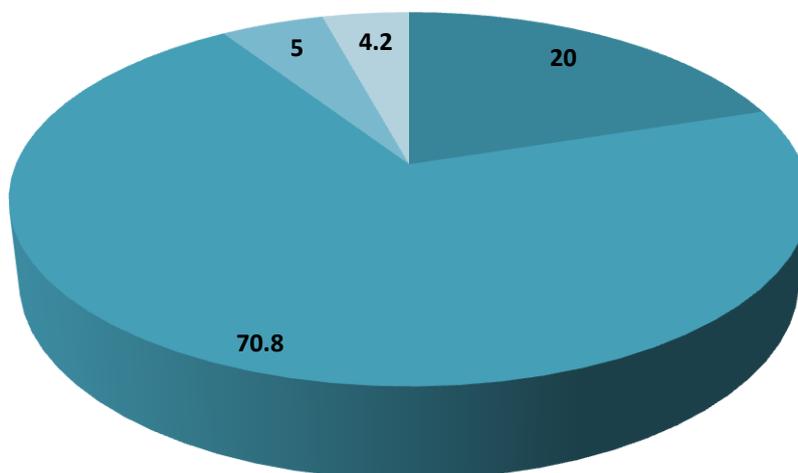
Name of the villages	No of HHs Selected	Caste				Total
		Selected SCs HHs (%)	Selected STs HHs (%)	Selected OBCs HHs (%)	Selected General HHs (%)	
Lohaghar Forest	30	9(30)	10(33.3)	6(20)	5(16.7)	30(100)
Panthabari Forest	30	0	30(100)	0	0	30(100)
Bandiachaat	30	3(10)	27(90)	0	0	30(100)
Chikenmati	30	12(40)	18(60)	0	0	30(100)
Darjeeling District	120	6(20)	21(70.8)	2(5)	1(4.2)	30(100)

Source: Field Survey, 2013

N.B.: Figures in the brackets are percentages

Fig 5.2: Percentage of households of sample communities in Darjeeling district

■ SCs HHs (%) ■ STs HHs (%) ■ OBCs HHs (%) ■ General HHs (%)



Source: Field Survey, 2013

Table-5.5: Depicts the number of households of sample communities in Darjeeling district. In Lohaghar Forest village, 30 percent of the households belonged to the SC community, followed by 33.3 percent of the households belonged to ST communities, 20 percent of the households belonged to OBCs and 16.7 percent of the households belonged to the General communities.

The Many important decisions that affect economic development outcomes take place at the household level, including fertility decisions, education of children, labor force participation, production activities, etc. All these decisions are related to well-being of the household. As household is the place where welfare of the household members is concerned, household is the unit of analysis in our study sample.

The pattern of participation in the household decision-making by the sample households in the four villages of Darjeeling district have been shown in Table-5.5 which shows the pattern participation in household decision-making on all aspects of the household issues among the sample villages. In Lohaghar Forest village 53.33% of the households had male participation, followed by Panthabari Forest village with 33.33 percent of the households participating in decision-making and Bandiachaar village with 46.46 percent of households participating in decision-making. In Chikenmati village, 70 percent of the households participated jointly in decision-making; also it had the highest percent of households participating in decision-making.

5.5: Pattern of household decision-making

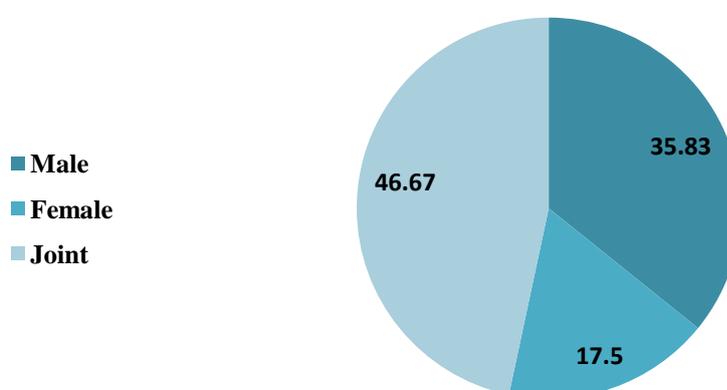
Table-5.6: Pattern of Household Decision-making with regard to all aspects

Name of the Villages	Male	Female	Joint	Total
Lohaghar Forest	16(53.33)	3(10)	11(36.67)	30(100)
Panthabari	12(40)	8(26.67)	10(33.33)	30(100)
Bandiachaata	8(26.66)	8(26.67)	14(46.67)	30(100)
Chikenmati	7(23.33)	2(6.67)	21(70)	30(100)
Average	11(35.83)	5(17.50)	14(46.67)	30(100)

Source: Field Survey, 2013

N.B.: Figures in the brackets are percentages

Fig 5.3: Percentage of Household Decision Making Pattern



However, the reason for incorporating women's decision-making was that it reflected that women's needs, interests and concerns are not just those of women themselves, but reflect their primary role as mothers, wives and care-givers. The inclusion of women's decision-making expected to result in better decisions so that it would adequately reflect the needs and interests of children and families (Chakraborty, Nepal and Pariyar, 2004).

The study on "Socio-cultural, Religious and Political Aspects of the Status of Women in Pakistan" by Hakim and Aziz, 1998, in their study they have analysed about the low status of women in Pakistan society, which has not been in accordance to expected goals of development. The development body had intervened in the matter of family planning to be successful, it was so but that depended upon cooperation and involvement of women. After examining the aspects of women's participation in domestic and child related decisions, it

was found that there was little improvement with regard to participation in domestic and child related decisions.

Sathar and Kazi (1997) examined women’s autonomy in rural areas of Punjab by probing into the decision-making process in the household, women access to productive household resources, women’s mobility and purdah, valuation of children by gender, interpousal communication, and the prevalence of domestic violence. They observed that women’s involvement in economic decisions is extremely limited. The majority of women participate in decisions related to the purchase of food. In all other decisions, either economic or domestic they are consulted but do not act as major decision-makers, only in decisions related to the purchase of food. In all other decisions, either domestic or economic they are consulted but do not act as major decision –makers. This study corroborates with the sample study of Panthabari and Bandiachaat.

Table-5.7: Pattern of Household Decision-making with regard to food expenditure

Name of the Villages	Male	Female	Joint	Total
Lohaghar Forest	12(40)	9(30)	9(30)	30(100)
Panthabari	7(23.33)	11(36.67)	12(40)	30(100)
Bandiachaat	7(23.33)	9(30)	14(46.67)	30(100)
Chikenmati	5(16.67)	2(6.67)	23(76.67)	30(100)
Average	8(25.83)	8(25.83)	14(48.34)	30(100)

Source: Field Survey, 2013

N.B.: Figures in the brackets are percentages

Table-5.7 shows the responses of household to the question regarding decision on food expenditure. Table-5.7 shows that for this particular pattern of household decision-making, in Lohaghar Forest village, 30 percent of the households participated jointly in decision-making followed by Panthabari Forest village with 40 percent of the households participating in decision-making and Bandiachaat village with 46.67 percent of the households participated jointly in decision-making. In Chikenmati village, 76.67 percent of the households participated in joint decision-making. Among the four sample villages, the participation on joint decision-making is highest in Chikenmat village.

Table-5.8: Pattern of Household Decision-making with regard to ownership of property

Name of the Villages	Male	Female	Joint	Total
Lohaghar Forest	21(70)	3(10)	6(20)	30(100)
Panthabari	19(63.33)	6(20)	5(16.67)	30(100)
Bandiachaata	13(43.33)	9(30)	8(26.67)	30(100)
Chikenmati	24(80)	2(6.67)	4(13.33)	30(100)
Average	19(64.17)	5(16.67)	6(19.16)	30(100)

Source: Field Survey, 2013

N.B.: Figures in the brackets are percentages

Fig 5.4: Pattern of Household Decision Making in Food Expenditure & Ownerships of Property.

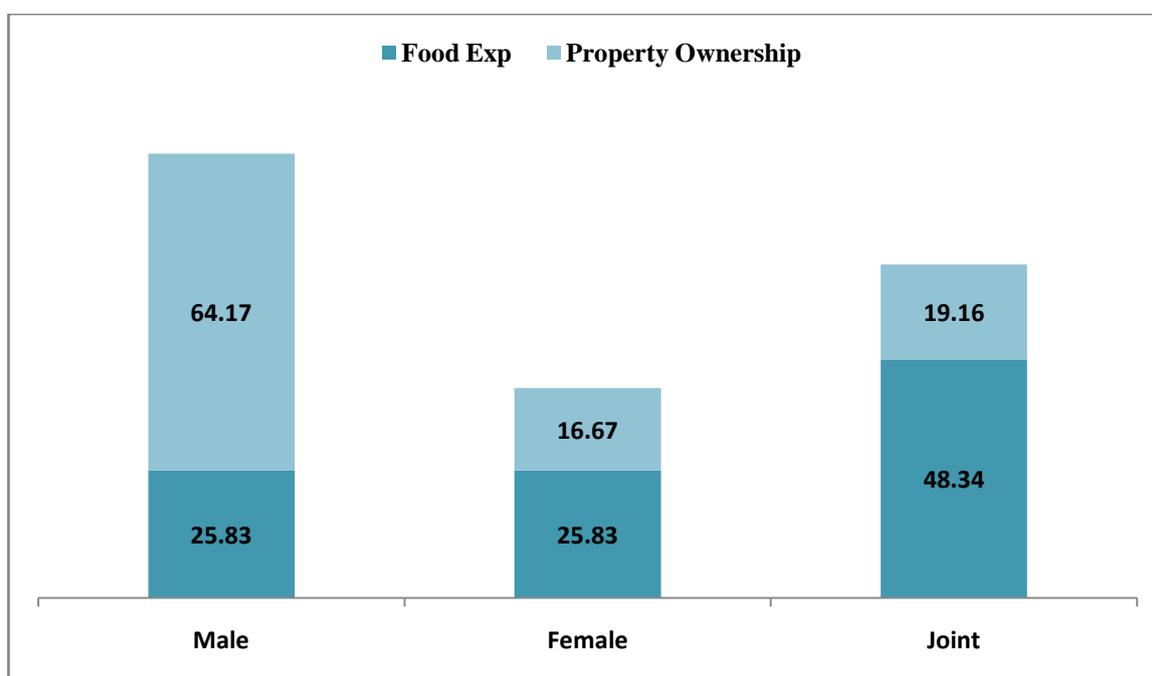


Table-5.8 shows the responses of a household with regard to ownership of property. In Lohaghar Forest village, 70 percent of the households participated in male decision-making in owning property followed by Panthabari Forest village with 63.33 percent of households participating in decision-making and Bandiachaata village with 43.33 percent of

in decision-making. In Chikenmati village, 80 percent of the households participated in male decision-making.

Table-5.9: Pattern of Household Decision-making with regard to Children's education

Name of the Villages	Male	Female	Joint	Total
Lohaghar Forest	13(43.33)	5(16.67)	12(40)	30(100)
Panthabari	8(26.66)	7(23.33)	15(50)	30(100)
Bandiachaata	5(16.67)	9(30)	16(53.33)	30(100)
Chikenmati	6(20)	6(20)	18(60)	30(100)
Average	8(26.67)	7(22.50)	15(50.83)	30(100)

Source: Field Survey, 2013

N.B.: Figures in the brackets are percentages

Table-5.9 Show the pattern of household decision-making with regard to children's education. In Lohaghar Forest village, 40 percent of the households participated jointly in decision-making, followed by Panthabari village with 50 percent of the households participating in joint decision-making and Bandiachaata with 53 percent of the households, which had the second highest percent of households participating in decision-making. In Chikenmati village, 60 percent of the households participated jointly in decision-making. This village had the highest percentage of households participating in joint decision-making.

Table-5.10: Pattern of Household Decision-making with regard to use of health Care Services

Name of the Villages	Male	Female	Joint	Total
Lohaghar Forest	13(43.33)	5(16.67)	12(40)	30(100)
Panthabari	6(20)	13(43.33)	11(36.67)	30(100)
Bandiachaata	5(16.67)	12(40)	13(43.33)	30(100)
Chikenmati	6(20)	7(23.33)	17(56.67)	30(100)
Average	8(25)	9(30.84)	13(44.16)	30(100)

Source: Field Survey, 2013

N.B.: Figures in the brackets are percentages

Table-5.10 shows the pattern of household decision-making with regard to health care for the family members of the household. In Lohaghar Forest village, 40 percent of the households had jointly participated in decision-making, followed by Panthabari Forest village with 36.67 percent of the households participating in decision-making and Bandiachaat with 43.33 percent of the households participating in decision-making. In Chikenmati village, 56.67 percent of the households participated jointly in decision-making, this village had the highest percent of households participating jointly in decision-making.

Table-5.11: Pattern of Household Decision-making with regard to contraceptive use (female health)

Name of the Villages	Male	Female	Joint	Total
Lohaghar Forest	10(33.33)	8(26.67)	12(40)	30(100)
Panthabari	2(6.67)	16(53.33)	12(40)	30(100)
Bandiachaat	3(10)	10(33.33)	17(56.67)	30(100)
Chikenmati	2(6.67)	8(26.67)	20(66.67)	30(100)
Average	4(14.17)	11(35)	15(50.83)	30(100)

Source: Field Survey, 2013

N.B.: Figures in the brackets are percentages

Table-5.11 shows the pattern of household decision-making with regard to use of contraceptive. In Lohaghar Forest village, 40 percent of the households participated jointly in decision-making, followed by Panthabari Forest village with 40 percents of households participating joint decision-making and Bandiachaat village with 56.67 percent of the households participating in joint decision-making. In Chikenmati village, 66.67 percent of the households participated jointly in household decision-making. As Mahmood (2002) has claimed in his work that women's role in domestic decision-making support the finding in the above sample study concerning the use of contraceptive by the wife of the household and other female household members. The study examined that women's involvement in domestic decision-making was recognized as distinct aspect of their autonomy with implications for reproductive behavior. The result of the study also indicate women with greater freedom to go outside home alone were also more likely to participate in domestic decisions and use more of contraceptive as healthy step to have fewer children.

The issue here is whether spouses' responses are so in-consistent with each other that interviewing only one spouse biases the picture of their decision-making process. For instance, upon investigating cases where spouses' responses differed by only one category (typically referred to as general agreement), it has been found that one spouse usually reported egalitarian decision making while the other claimed personal responsibility for the decision (Wilkening and Morrison, 1963).

Syed Mubashir Ali and Mehboob Sultan in a previous study by Siyal and Sultan (1995)], we observed a big gap between behaviour and desires. Only 35 percent women had the number of children that they had desired. Whereas, a very large number of women had more children than their stated ideal number of children. The same data set also showed that a majority of women (54 percent) either wanted to stop having children or wanted to wait at least two years before having another child [Ali and Rukanuddin (1992)]. In practice, all of these women were not protected; instead only 12 percent were practicing contraception [Shah and Ali (1992)]. An argument was put forward that, had these women been empowered to decide about the number of children to be born, the scenario would have been different and small family size norms would have prevailed.

Table-5.12: Pattern of Household Decision-making with regard family planning Services

Name of the Villages	Male	Female	Joint	Total
Lohaghar Forest	10(33.33)	5(16.67)	15(50)	30(100)
Panthabari	2(6.67)	8(26.67)	20(66.67)	30(100)
Bandiachaath	2(6.67)	8(26.67)	20(66.67)	30(100)
Chikenmati	6(20)	7(23.33)	17(56.67)	30(100)
Average	5(16.66)	7(23.34)	18(60)	30(100)

Source: Field Survey, 2013

N.B.: Figures in the brackets are percentages

Table-5.12 shows the pattern of household decision-making with regard to family planning. Lohaghar forest village had 50 percent of the households had joint involvement in decision-making concerning family planning, followed by Panthabari and Bandiachaath villages which had second highest percentage of households participating in family

planning. Chikenmati village had 56.67 percent of the households having joint participation in decision-making.

Sole female participation in decisions on family planning is quite high compared to males in Panthabari, Bandiachaar and Chikenmati, reflecting their relative autonomy compared to the women in Lohaghar forest village. This possibly also has a relation to the female literacy rates in these villages.

Table-5.13: Pattern of Household Decision-making with regard to obtaining of permission before leaving the house

Name of the Villages	Male	Female	Joint	Total
Lohaghar Forest	8(27.67)	11(35.67)	11(36.67)	30(100)
Panthabari	8(26.67)	11(35.67)	11(37.67)	30(100)
Bandiachaar	3(10)	13(43.33)	14(46.67)	30(100)
Chikenmati	5(16.66)	25(83.33)	0(00)	30(100)
Average	6(20.25)	15(49.50)	9(30.25)	30(100)

Source: Field Survey, 2013

N.B.: Figures in the brackets are percentages

Table-5.13 shows the pattern of household decision-making with regard to obtaining permission by wife of the household head for visiting the natal family members. In Lohaghar forest village, with 36.67 percent of the households joint participating in the decision-making, followed by Panthabari Forest village, with 37.67 of the households participation in decision-making. Bandiachaar village had 46.67 percent of the households participating jointly but higher than the above two villages. In Chikenmati village, 83.33 percent of the households had the women solely deciding on their visits to natal family, reflecting their independence and autonomy.

Table-5.14: Pattern of Household Decision-making regarding household head wife's joining a social group (DRHW)

Name of the Villages	Male	Female	Joint	Total
Lohaghar Forest	7(23.33)	11(36.67)	12(40)	30(100)
Panthabari	1(3.33)	18(60)	11(36.67)	30(100)
Bandiachaata	3(10)	16(53.33)	11(36.67)	30(100)
Chikenmati	0(00)	10(33.33)	20(66.67)	30(100)
Average	3(9.17)	14(45.83)	13(45)	30(100)

Source: Field Survey, 2013

N.B.: Figures in the brackets are percentages

Table-5.14: shows the pattern of participation household decision-making on to wish to join a social group. The Table-5.13 revealed that in Lohaghar Forest Village, 40 percent of the households had joint participation, followed by Panthabari village, with 36.67 percent of households participation and Bandiachaata with 36.67 percent of the households participated jointly in the decision-making. Chikenmati village had 66.67 percent of the households having joint participation but with no male participation. This variable, however reveals the complete women's autonomy in mobility of women of Chikenmati.

Table-5.15: Pattern of Household Decision-making with regard to visits of natal family members by the wife of household head

Name of the Villages	Male	Female	Joint	Total
Lohaghar Forest	7(23.33)	10(33.33)	13(43.33)	30(100)
Panthabari	1(3.33)	15(50)	14(46.67)	30(100)
Bandiachaata	4(13.33)	15(50)	11(36.67)	30(100)
Chikenmati	(00)	6(20)	24(80)	30(100)
Average	3(10)	11(38.33)	16(51.67)	30(100)

Source: Field Survey, 2013

N.B.: Figures in the brackets are percentages

Table-5.15 shows the pattern of household decision-making with regard to visit to natal family members by the wife of a household head. In Lohaghar Forest Village, 43.33 percent of the households had joint participation, followed by Panthabari Forest village having 50 percent of the households sole female participation along with Bandiachaat village. Chikenmati village had the highest at 80 percent of the households having joint participation in decision-making with regard to visit to natal family members by the wife of the household head.

Table-5.16: Pattern of Household Decision-making with regard to control of finance

Name of the Villages	Male	Female	Joint	Total
Lohaghar Forest	9(30)	8(26.67)	13(43.33)	30(100)
Panthabari	8(26.67)	7(23.33)	15(50)	30(100)
Bandiachaat	5(16.67)	15(50)	10(33.33)	30(100)
Chikenmati	6(20)	12(40)	12(40)	30(100)
Average	7(23.34)	11(35)	12(41.66)	30(100)

Source: Field Survey, 2013

N.B.: Figures in the brackets are percentages

Table-5.16 shows the responses of household to a question regarding control of finance. The Table-5.16 revealed that in Lohaghar Forest village, 43.3 percent of households participated jointly in decision-making, followed by Panthabari Forest village with 50 percent of households and Bandiachaat with 33.33 percent of households participated in household decision-making. In Chikenmati village 40 percent of households jointly participated in decision-making.

The Table-5.16 reveal that principal decision-makers were husband and wife having joint control on finance in Darjeeling district as some authors have (Grabka, Marcus and Sierminska, 2013) found in their works. They have examined the wealth gap within partnerships by exploiting unique individual wealth data. Their study found that in 29 percent of all couples, that female owns more than her partner. Among 19 percent of all partnerships, there is parity between the wealth levels of the partners. While in 19 percent of all partnerships there is parity between wealth levels of the partners and further, in 52 percent of all couples the male partner has more wealth. Moreover, male head of the household participates in most of the financial decisions in the richest households.

Table-5.17: Pattern of Household Decision-making with regard to Visit to Doctor for child treatment

Name of the Villages	Male	Female	Joint	Total
Lohaghar Forest	(30)	(36.67)	(33.33)	30(100)
Panthabari	2(6.67)	16(53.33)	12(40)	30(100)
Bandiachaath	3(10)	(46.67)	(43.33)	30(100)
Chikenmati	2(6.67)	10(33.33)	18(60)	30(100)
Average	4(13.33)	13(42.50)	13(44.17)	30(100)

Source: Field Survey, 2013

N.B.: Figures in the brackets are percentages

Table-5.17 shows the pattern of participation in decision-making on visit to a doctor for child treatment. The Table-5.16 revealed that in Lohaghar Forest village, 33.33 percent of the households participated in joint decision-making, followed by Panthabari Forest village with 40 percent of the households participating in joint decision-making and Bandiachaath village with 43.33 percent of the households participating in decision-making. In chickenmati village, 60 percent of the households participated jointly in decision-making, expressing a more egalitarian decision-making.

Table-5.18: Pattern of Household Decision-Making with regard to pooling of income

Name of the Villages	Male	Female	Joint	Total
Lohaghar Forest	10(33.33)	5(16.67)	15(50)	30(100)
Panthabari	1(3.33)	5(16.67)	24(80)	30(100)
Bandiachaath	6(20)	10(33.33)	14(46.67)	30(100)
Chikenmati	1(3.33)	5(16.67)	24(80)	30(100)
Average	5(15)	6(20.83)	19(64.17)	30(100)

Source: Field Survey, 2013

N.B.: Figures in the brackets are percentages

Table-5.18 shows the pattern of participation in decision-making on pooling of income. In Lohaghar Forest village, 50 percent of households participated jointly in decision-making, followed by Panthabari Forest village with 80 percent of households participating in decision-making and Bandiachaar village with 46.67 percent of households participated in decision-making. In Chikenmati village, 80 percent of households participated jointly in decision-making.

The study on ‘Development, Demography and Family Decision-Making’ also supports the above finding. Wolf (1991) shows that women’s access to financial resources was important for their ability to affect household decisions. The more a husband earned, the more he had a say about household matters, while the more she earned, the less control he was able to exert in the process. A woman’s control over resources, however, does not necessarily lead to control over the decision to contraception or stop having children.

Table-5.19: Pattern of Household Decision-Making with regard to ownership of productive assets

Name of the Villages	Male	Female	Joint	Total
Lohaghar Forest	14(46.67)	4(13.33)	12(40)	30(100)
Panthabari	17(56.67)	5(16.67)	8(26.67)	30(100)
Bandiachaar	9(30)	10(33.33)	11(36.67)	30(100)
Chikenmati	21(70)	2(6.66)	7(23.34)	30(100)
Average	15(50.83)	5(17.50)	10(31.67)	30(100)

Source: Field Survey, 2013

N.B.: Figures in the brackets are percentages

Table-5.19 shows the pattern of household decision-making with regard to ownership of productive assets. Table-5.18 revealed that in Lohaghar Forest village, 46.67 percent of the households had male participation in decision-making with regard to ownership of productive assets. In Panthabari village, 56.67 percent of the households had male participation, followed by Bandiachaar, with 30 percent of the households having male participation in the decision-making. In Chikenmati village, 70 percent of the households had male participation, again revealing the dominance of men’s decision in the household. Control and ownership of productive assets is prerequisite to empowerment and autonomy of a woman. Thus this variable assumes most importance in the case of a woman to

exercise her participation in decision-making and subsequently elevating her status within the household.

Table-5.20: Pattern of Household Decision-Making with regard to participation in economic activities by women

Name of the Villages	Male	Female	Joint	Total
Lohaghar Forest	10(33.33)	3(10)	17(56.67)	30(100)
Panthabari	1(3.33)	4(13.33)	25(83.33)	30(100)
Bandiachaat	6(20)	9(30)	15(50)	30(100)
Chikenmati	3(10)	2(6.66)	25(83.33)	30(100)
Average	5(16.67)	5(15)	20(68.33)	30(100)

Source: Field Survey, 2013

N.B.: Figures in the brackets are percentages

Table-5.20 shows the pattern of participation in household decision-making on participation on economic activities. with regard to economic activities. In Lohaghar Forest village, 56.67 percent of the households participated jointly in decision-making, followed by Panthabari Forest village with 83.33 percent of households participating in decision-making and Bandiachaat village with 50 percent of households participated in joint decision-making. In Chikenmati village, 83.33 percent households participated jointly in decision-making. Joint participation in household decision-making was quite high compared to sole decision-making by males in Lohaghar and Bandiachaat compared to the joint decision in Panthabari and Chikenmati villages.

The study on Determinants of Women's Decision-Making Authority in Nigeria: The Ethnic Dimension 'revealed that wives who had a significant say in reproductive matters and tended to be more educated, and spend more time on household economic activities. This study is consistent with the above finding.

5.6: PATTERN OF HOUSEHOLD DECISION-MAKING OF SELECTED COMMUNITIES IN DARJEELING DISTRICT

Table 5.21 shows the pattern of household decision-making on the basis of community. Now in the study we have tried to decompose the data in terms of community also. For

such purpose the categories are chosen as General, Scheduled Caste and Scheduled Tribe categories only. In our methodology we have purposively chosen the blocks which had higher concentration of Scheduled Caste and Scheduled Tribe communities. In Darjeeling district firstly such decomposition allowed to test the effect on household decision-making due to change in food expenditure (Table5.20). In Scheduled Tribe, joint participation on allocation of food items is quite high compared to sole male and female participation in, Panthabari Forest village, Bandiachaata and Chikenmati.

Table-5.21: Pattern of Household Decision-Making of selected communities with regard to expenses on food items in Darjeeling district (%)

Villages	General			SC			ST			Total
	M	F	Joint	M	F	Joint	M	F	Joint	
Lohaghar Forest	0	0	0	0	0	0	8 (26.67)	13 (43.33)	9 (30)	30 (100)
Panthabari	5 (16.67)	0	4 (13.33)	1 (3.33)	0	0	10 (33.33)	2 (6.67)	8 (26.67)	30 (100)
Bandiachaata	0	0	0	0	0	2 (6.67)	8 (26.67)	8 (26.67)	12 (40)	30 (100)
Chikenmati	0	0	0	1 (3.33)	4 (13.33)	5 (16.67)	5 (16.67)	1 (3.33)	14 (46.67)	30 (100)
Average	1 (4.17)	0(0)	1 (3.33)	0.5 (1.67)	1 (3.33)	1 5.84)	9 (22.50)	6 (20)	10 (35.84)	30 (100)

Source: Field Survey, 2013

N.B.: Figures in the brackets are percentages

Fig 5.5: Community wise Household Decision Making Pattern with regard to expenses on food items (%)

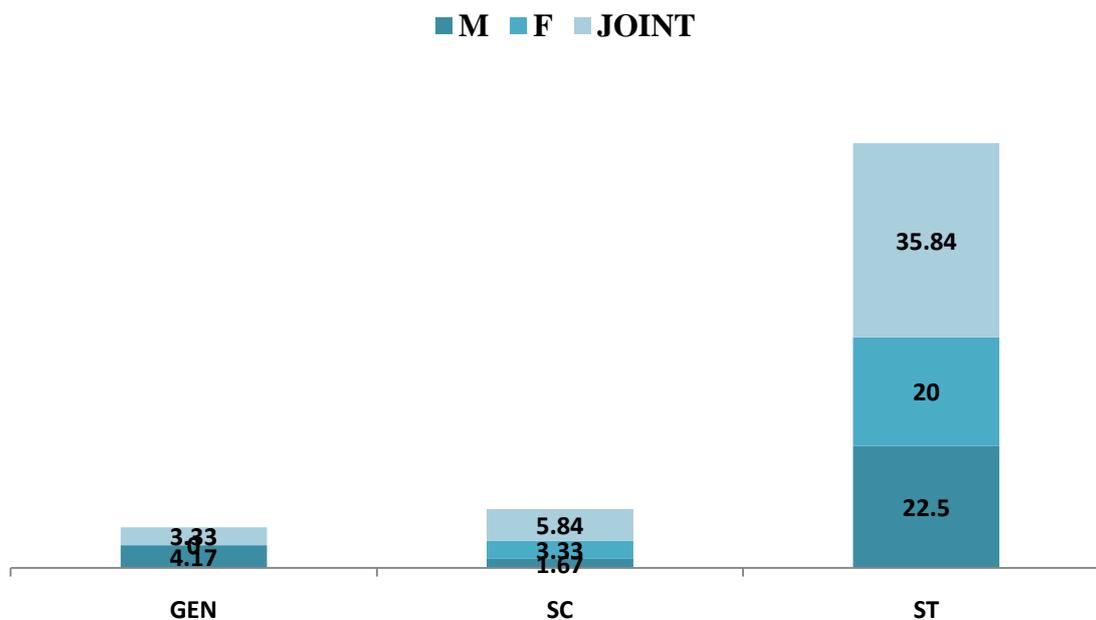


Table-5.22 shows the pattern of participation in household decision-making on ownership of property. In Scheduled Tribe, sole male participation in decision-making compared to female is much higher in Lohaghar Forest, Panthabari, Bandiachaar and Chikenmati. In Panthabari Forest village, 33.33 percent of the households had the men solely participating in decision-making.

Table-5.22: Pattern of Household Decision-Making of selected communities with regard to ownership of property in Darjeeling district (%)

Villages	General			SC			ST			Total
	M	F	Joint	M	F	Joint	M	F	Joint	
Lohaghar	0	0	0	0	0	0	17	7	6	30
Forest							(56.67)	(23.33)	(20)	(100)
Panthabari	10	0	0	1	0	0	11	3	5	30
	(33.33)			(3.33)			(36.67)	(10)	(16.67)	(100)
Bandiachaat	0	0	0	1	0	1	14	7	7	30
				(3.33)		(3.33)	(46.67)	(23.33)	(23.33)	(100)
Chikenmati	0	0	0	1	4	4	5	4	12	30
				(3.33)	(13.33)	(13.33)	(16.67)	(13.33)	(40)	(100)
Average	2	0	0	1	1	1	12	5	8	30
	(8.33)			(2.50)	(3.33)	(4.17)	(39.17)	(17.5)	(25)	(100)

Source: Field Survey, 2013

Fig 5.6: Community wise Household Decision Making Pattern with regard to ownership of property (%)

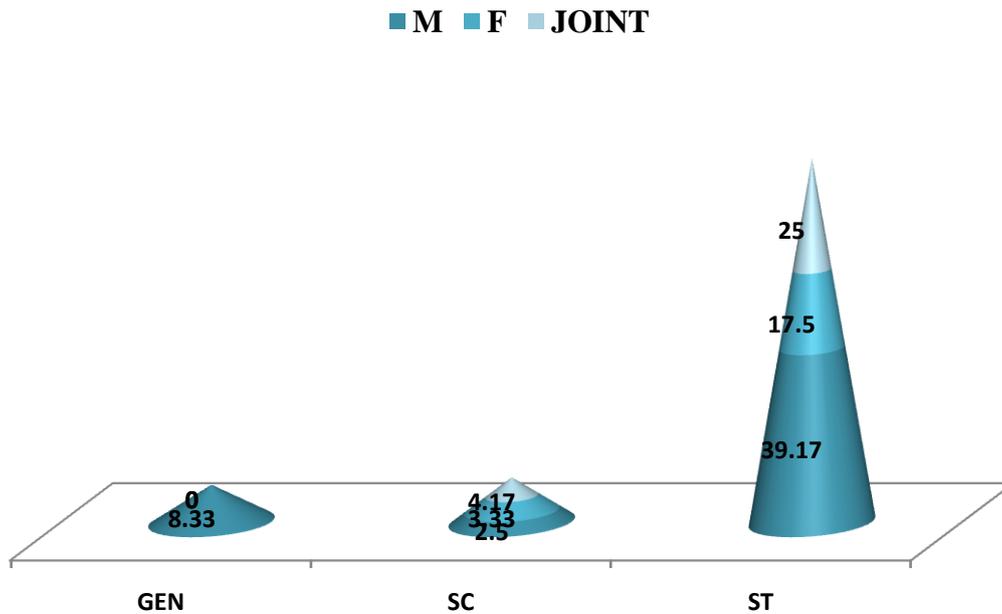


Table-5.22 shows the pattern of participation in household decision-making on education of children. In Lohaghar Forest village among Scheduled Tribe, 46.67 percent of household jointly participated in decision-making, followed by Panthabari Forest village, with 13.33 percents households participating in decision-making and Bandiachaat with 33.33 percent of households participating in decision-making. In Chikenmati village, 26.67 percent of households participated jointly in decision-making.

Table-5.23: Pattern of Household Decision-Making of selected communities with regard to children’s education in Darjeeling district (%)

	General			SC			ST			
Villages	M	F	Joint	M	F	Joint	M	F	Joint	TOTAL
Lohaghar Forest	0	0	0	0	0	0	9(30)	7(23.33)	14(46.67)	30(100)
Panthabari	6(20)	3(10)	2(6.67)	1(3.33)	0	0	8(26.67)	6(20)	4(13.33)	30(100)
Bandiachaat	0	0	0	2(6.67)	0	0	5(16.67)	13(43.33)	10(33.33)	30(100)
Chikenmati	0	0	0	(23.33)	1(3.33)	5(16.67)	3(10)	6(20)	8(26.67)	30(100)
Average	1.5(5)	0.75(2.5)	0.49(1.66)	2.4(8.33)	0.2(0.83)	1.2(4.22)	6.2(20.83)	7.9(26.66)	9(30)	(100)

Source: Field Survey, 2013

Table-5.23 depicts the pattern of household decision-making with regard to female health care in the Darjeeling district. In case of General community, in Panthabari Forest village, 17.24 percent of households participated jointly in decision-making.

In case of SC community, in Panthabari Forest village, 3.45 percent of households participated jointly in decision-making, followed by Bandiachaar village with 3.34 percent of households participated in decision-making and Chikenmati village had the highest with 26.67 percent of households participating in decision-making.

In case of ST community, in Lohaghar Forest village, 40 percent of the households had joint participation in decision-making, followed by Panthabari Forest village with 20.69 percent of households participating in decision-making and Bandiachaar with 53.33 percent of households participated in joint decision-making and this village had the highest percentage of households having joint participation. In Chikenmati village, 40 percent of the households participated jointly in decision-making.

Table-5.24:Pattern of Household Decision-Making of selected communities with regard to female health care in Darjeeling district (%)

Villages	General			SC			ST			Total
	M	F	Joint	M	F	Joint	M	F	Joint	
Lohaghar Forest	0	0	0	0	0	0	2(6.67)	16(53.33)	12(40)	30(100)
Panthabari	3(11.44)	2(6.90)	5(17.44)	2(6.90)	1(3.45)	1(3.45)	6(20.6)	3(10.34)	6(20.69)	30(100)
Bandiachaat	0	0	0	0	0	1(3.34)	4(13.33)	9(30)	16(53.33)	30(100)
Chikenmati	0	0	0	0	5(16.67)	8(26.67)	0	5(16.67)	12(40)	30(100)
Average	0.7(2.58)	0.5(1.72)	1.3(4.34)	0.5(1.72)	(5.03)	(8.36)	(10.17)	(27.58)	(38.50)	(100)

Source: Field Survey, 2013

Table-5.24 depicts the pattern of household decision-making with regard to family planning in Darjeeling district. In case of General community, in Panthabari Forest village 13.33 percent of households jointly participated in decision-making.

In case of SC community, in Panthabari Forest village, 13.33 percent of households participated jointly in decision-making, followed by Bandiachaat village with 10 percent of households participating in decision-making and Chikenmati village with 30 percent of households participating jointly in decision-making.

In case of ST community, in Lohaghar Forest village, 73.33 percent of households participated jointly in decision-making, this village had the highest percentage of households in joint participation, followed by Panthabari Forest village with 20 percent of households participating

jointly in decision-making and Bandiachaat village with 46.67 percent of households participating jointly in decision-making. This village had the second highest percentage of households involving in joint participation. In Chikenmati village, 40 percent of households participated jointly in household decision-making.

Table-5.25: Pattern of Household Decision-Making of selected communities with regard to family planning in Darjeeling district (%)

Villages	General			SC			ST			Total
	M	F	Joint	M	F	Joint	M	F	Joint	
Lohaghar Forest	0	0	0	0	0	0	1(3.33)	7(23.37)	22(73.33)	30(100)
Panthabari	3(10)	1(3.33)	4(13.33)	1(3.33)	0	4(13.33)	5(16.68)	6(20)	6(20)	30(100)
Bandiachaat	0	0	0	0	0	3(10)	3(10)	10(33.33)	14(46.67)	30(100)
Chikenmati	0	0	0	0	4(13.33)	9(30)	0	5(16.67)	12(40)	30(100)
Average	0.75(2.5)	0.24(0.83)	0.9(3.33)	0.24(0.83)	0.9(3.33)	3.9(13.33)	2(6.67)	7(23.34)	30(45.84)	(100)

Source: Field Survey, 2013

5.7: Pattern of household decision-making of Paid and Unpaid women belonging to Scheduled Caste and Scheduled Tribe Communities:

The power to take decisions is extremely important from the view point of empowerment of women. The decision making power of women should not be ignored. Real development cannot take place without active participation of women. So in the present study, the involvement of women in decision making in the economic and social spheres, both at household and community level has been examined. This section examines the household decision-making status of paid and unpaid women belonging to General community, Scheduled caste and Scheduled tribe communities.

Table-5.25. depicts the pattern of household decision-making with regard to allocation of expenses on food items in Darjeeling district. In case of paid women among general community in Panthabari Forest Village, 3.34 percents of the households had solely female participation in household decision-making on allocation of expenses in food items, followed by Chikenmati village with 6.66 percent of households having female participating in decision-making.

In case of unpaid women of General community, in Panthabari Forest village 13.34 percent of households had solely male participation.

In case of SC community of paid women, in Bandiachaata village 6.67 percent of households jointly participated in decision-making. While among unpaid women, Chikenmati village had 23.34 percent of households participated jointly in decision-making.

In case of ST community of paid women, in Lohagar Forest village, 16.66 percent of households had sole female participation, followed by Panthabari Forest village with 3.34 percent of households participating in decision-making and Bandiachaata at 20 percent households participates in decision-making.

In case of General community of unpaid women, in Panthabari Forest village, 13.34 percent households solely participated in male decision-making. In SC community of unpaid women, in Bandiachaata, 6.67 percent of households participated jointly in decision-making.

Among ST community of unpaid women, in Lohagar Forest village, 16.66 percent of households had sole female participation in decision-making, followed by Panthabari Forest village with 3.34 percent of households participating in decision-making and Bandiachaata with 26.67 percent of households participated jointly in decision-making.

Chickenmati village had 40 percent of households participating jointly in household decision-making; this village had the highest participation.

Figure-5.7: Pattern of Household Decision-making with regard to food expenditure of paid and unpaid women belonging to General, SC and Sc communities in Darjeeling district

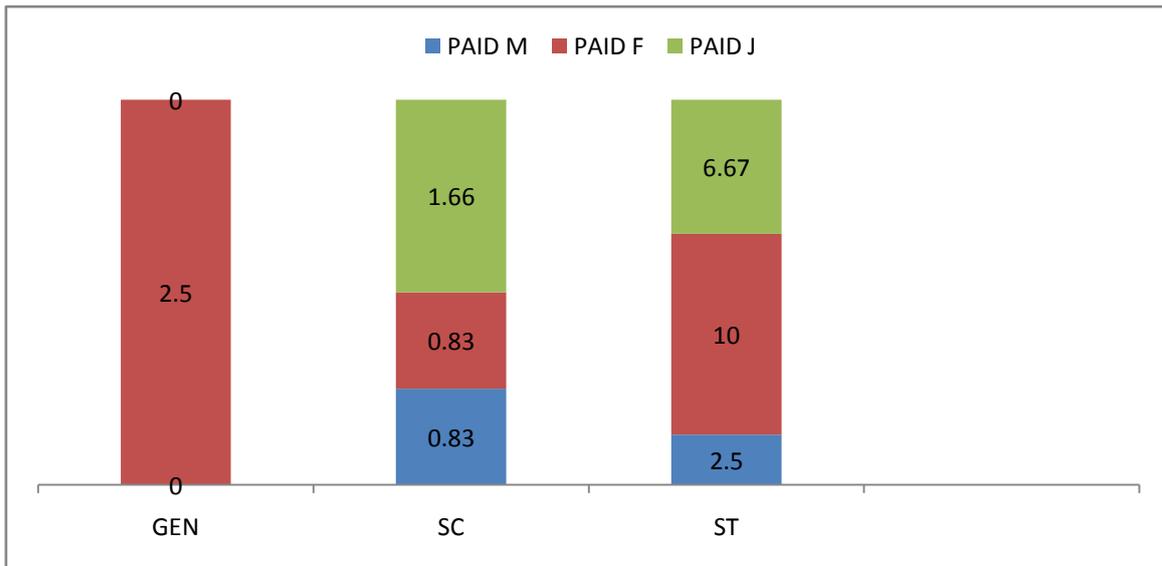


Figure-5.8: Depicts the Pattern of Household Decision-making with regard to food expenditure of unpaid women belonging to General, SC and ST communities in Darjeeling district

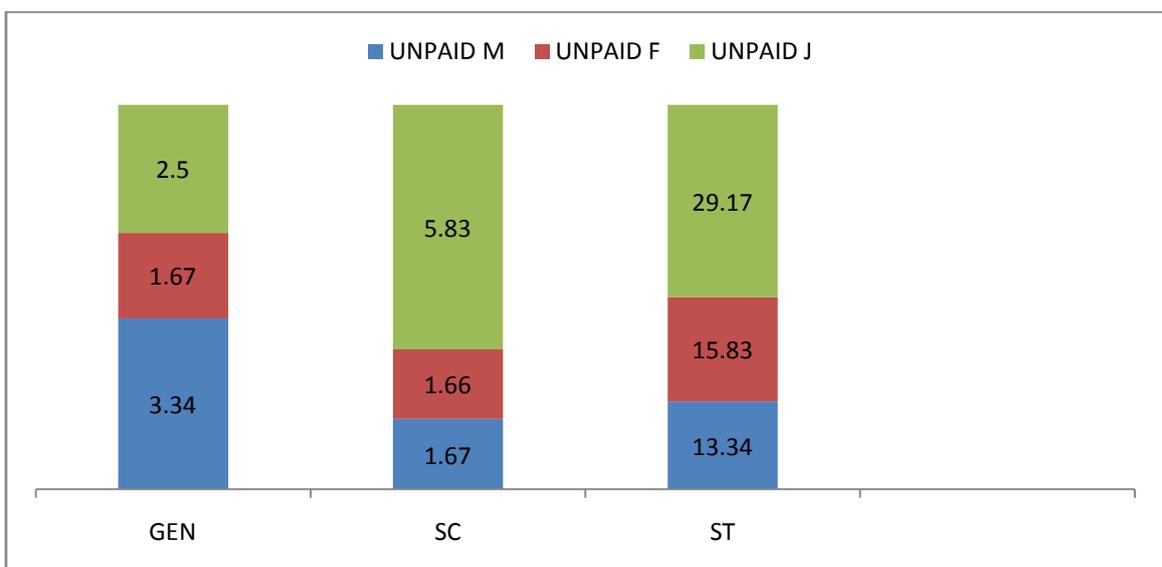


Table-5.26: below depicts the pattern of household decision-making on ownership of property in Darjeeling district. Among general community of unpaid women, in Panthabari Forest village, 26.67 percent of households solely male participated in decision-making. In case of SC community of paid women, in Panthabari 6.67 percent of households had solely female participation in decision-making, followed by Bandiachaar with 6.67 percent of households participating in decision-making and 3.34 percent of households in Chikenmati participated in decision-making.

In case of ST community of paid women, in Lohaghar Forest village, 13.33 percent of households participated jointly in decision-making, followed by Panthabari Forest village with 3.33 percent of households participating in joint decision-making and Bandiachaar village with 20 percent of households participating in joint decision-making; and it had the highest percent of participation. In General community of unpaid women in Panthabari Forest village, 26.67 percent of households had male participation in decision-making.

In case of SC community of unpaid women, in Chikenmati village, 23.33 percent of households participated in male decision-making.

In case of ST community of unpaid women, in Lohaghar Forest village, 33.33 percent of households participated jointly in decision-making, followed by Panthabari Forest village with again 33.33 percent of households participating in decision-making and Bandiachaar village with 40 percent of households, as the highest percentage of households participated in decision-making. In Chikenmati village, 33.34 percent of households participated jointly in decision-making.

Table-5.26: Pattern of household decision-making with regard to ownership of property in Darjeeling district

	General						SC						ST						Total
	Paid			Unpaid			Paid			Unpaid			Paid			Unpaid			
Name of the Villages	M	F	J	M	F	J	M	F	J	M	F	J	M	F	J	M	F	J	
Lohaghar Forest	0	0	0	0	0	0	0	0	0	0	0	0	2	2	4	3	9	10	30
													(6.67)	(6.67)	(13.33)	(10)	(30)	(33.33)	(100)
Panthabari	0	0	0	8	0	2	0	2	0	0	0	0	0	0	1	0	7	10	30
				(26.67)		(6.67)		(6.67)							(3.33)		(23.33)	(33.33)	(100)
Bandiachaat	0	0	0	0	0	0	1	2	0	0	0	0	0	2	6	2	5	12	30
							(3.33)	(6.67)						(6.67)	(20)	(6.67)	(16.67)	(40)	(100)
Chikenmati	0	0	0	0	0	0	1	1	0	7	2	2	0	0	0	2	5	10	30
							(3.34)	(3.34)		(23.33)	(6.66)	(6.66)				(6.67)	(16.67)	(33.34)	(100)
Average	(0)	(0)	(0)	2	(0)	0.5	0.5	1.2	(0)	1.7	0.5	0.5	0.5	1	2.7	1.7	6.4	10.5	(100)
				(6.67)		(1.67)	(1.66)	(4.17)		(5.83)	(1.67)	(1.67)	(1.66)	(3.35)	(9.16)	(5.83)	(21.66)	(35)	

Source: Field Survey, 2013

Figure-5.9: Depicts the Pattern of Household Decision-making with regard to ownership of property of paid and unpaid women belonging to General, SC and ST communities in Darjeeling district

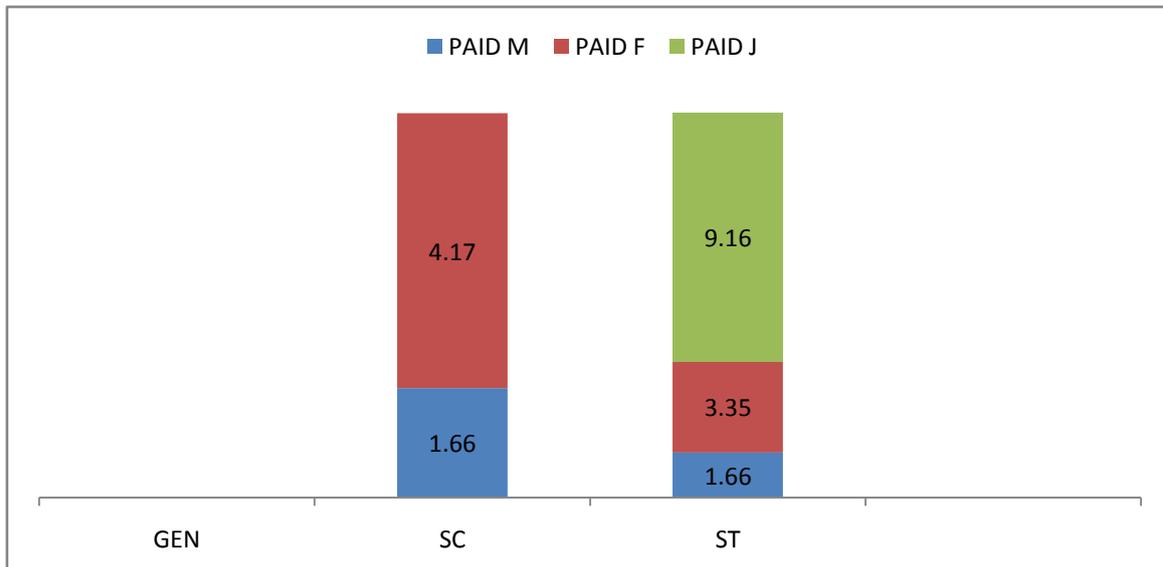
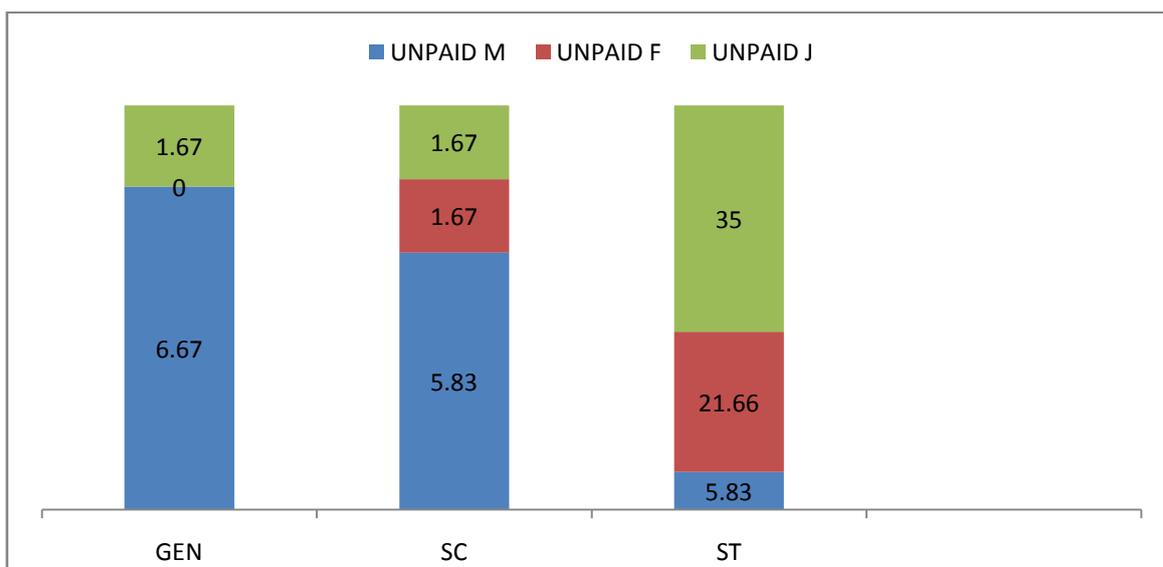


Figure-5.10: Depicts the Pattern of Household Decision-making with regard to ownership of property of unpaid women belonging to General, SC and ST communities in Darjeeling district



Conclusion

It is observed that household decision-making pattern of all the sample households were different. Participation in household decision-making on allocation of expenses on food items, participation in household decision-making on children's education, participation in household decision-making on care of female health, participation in household decision-making on contraceptive use, on obtaining permission by the wife for visiting natal family members, participation in household decision-making on wish of the wife in joining a social group, participation in decision-making on control of finance, participation in decision-making on visit to a doctor for child treatment, participation in decision-making on pooling of income, participation in decision-making on involvement in economic activities were jointly decided in these aspects, Chikenmati village had the involvement of both husband and wife in rest of the villages husband and wife participated in all the sample villages. Participation in household decision-making on owning property was solely decided by male in all the sample villages.

PATTERN OF PARTICIPATION ON THE BASIS OF COMMUNITY

It is observed that pattern of participation in decision-making on allocation of food item on the basis of Scheduled Tribe community, joint participation in decision-making was quite high in Panthabari Forest village, Bandiachaar, and Chikenmati, In Scheduled Tribe, participation in decision-making on education of children was quite high in Lohaghar Forest village, Panthabari, Bandiachaar and Chikenmati, joint participation in decision-making on family planning also was high and joint participation in decision-making on female healthcare was observed to be higher in all the sample villages.

In general community of paid women, participation in decision-making on allocation of expenses on food item involved high sole female participation in Panthabari forest village, Bandiachaar and in Chikenmati. While among paid women of general community, sole male participation was high in decision-making on allocation of food items. In general community among of unpaid women, Panthabari forest village had 26.67 percent of households participating in male decision-making on owning property.

In scheduled caste among paid women, Bandiachaar village had joint participating in decision-making on allocation of expenses on food items. While among unpaid women Chikenmati village solely male participation in decision-making. In scheduled tribe, among paid women, Lohaghar forest village had sole female participation in decision-making, followed by Panthabari forest village participating in decision-making. Among unpaid women of ST category, Lohaghar Forest village, Panthabari Forest village, Bandiachaar and Chikenmati had joint participation in decision-making.

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CHAPTER- VI

PRIMARY SURVEY RESULTS ON THE PATTERN OF INTRA-HOUSEHOLD DECISION-MAKING IN JALPAIGURI DISTRICT

6.1. Introduction:

In independent India, Jalpaiguri district presently has twelve assembly constituencies and two parliamentary segments. Considering the scheduled castes and scheduled tribe population, four and five constituencies have been earmarked as reserved for scheduled castes and scheduled tribes respectively leaving three general category seats for the Assembly. Of the two parliamentary seats, one (Alipurduar) is reserved for scheduled tribes. The total area of Western Dooars consists of eleven blocks under Jalpaiguri district. The geographical settlement of this place is mainly agglomerated with the blocks Kumargram, Alipurduar-II, Alipurduar-I, Kalchini, Falakata (Partly), Madarihat, Dhupguri, Maynaguri, Nagrakata, Matali, Mal, Rajganj(Partly).The eco geography of this area depends upon the tea plantation and forest livelihoods.

This administration set up excludes the extent of women's participation and representation in the local governing level. Women's persistent exclusion from local governing bodies can reduce the effective democratic transformations, which by its nature has the right to vote and to be elected cannot be applied to all citizens, both men and women. The absence of women from decision-making at the local level is a hinderance to achieve gender equality in terms of agenda setting and accountability in the matters of allocation of economic activities to women(accessed from internet on 14-03-2016).

The district lies between 26^o 16' and 27^o 0' north Latitude and between 88^o 04' and 89^o 53' east Longitude. Its altitude ranges from 90 to 1750 mt. A vast texture of dense forest teeming with beautiful wildlife covers the region. There are altogether more than eighty rivers, small and big, flowing through the district besides the innumerable *Jhoras*, streams and streamlets. These rivers originate in Sikkim, Bhutan and Darjeeling hills with few flowing from as far as Tibet which passes through the fertile plains of Western Dooars. The major rivers in the Western Dooars are *Teesta*, *Jaldhaka*, *Murti*, *Torsha*, *Sankosh*, *Dyna*, *Karotoya*, *Raidak*, *Kaljani* etc.

In the Jalpaiguri districts out of 186 tea gardens 163 are in the Western Dooars. The total area under reserve forest is 1790 sq km. The forests are divided into three parts, one is core area which is basically reserved for different endangered species by some wild

life funds and the balance areas divided into buffer zone and wild life sanctuary. There are 174 forest villages in this region. Government of India termed this as protected bio-sphere in the country. The area under tea garden of Jalpaiguri district is 1987 sq. km. This geographical location or area is related with gender roles. Usually, women and girls take the role in generating family income-by providing their labours for preparing land and planting crops, and after harvesting the produce they transport it to the market. But in general, women primarily shoulder the responsibility of maintaining the household. They engage themselves in raising children, grow and prepare food, manage poultry and importantly, they collect fuel wood and water. But these role of women may not be same everywhere, it varies with the geographical area, culture and other factors. The importance of Western Dooars increases after partition of India in 1947 because it is the main entrance corridor of India with seven eastern states. The strategic importance of this place is also important due to its international boundary with Bhutan, Tibetan China and Bangladesh. The decision-making status of women has been conceptualized as having three dimensions-economic, political, and social. Women's autonomy is one aspect of women's status. Women's autonomy in different aspects of household decision-making approximately measures the decision-making status of women. Women's status generally varies according to different areas, communities and regions. Each has a distinctive feature and influence on the status of women (Sathar and Kazi, 2000).

Gender equality in representation in all aspect also includes participation of women and men in areas of decision-making and in access to and control over resources and services. To accomplish this objective in agriculture sector, action is needed by rural communities, and local administration (accessed from net on 12-03-2016).

The principal objective of this chapter is to examine the gender discrimination in terms of household decision-making of selected communities in particular, under the backdrop of district profile given above.

6. 2: Primary Survey in Jalpaiguri district:

The present chapter is based on information collected from field from respondents in selected villages of Jalpaiguri District. Jalpaiguri District of North Bengal has three sub-divisions, namely Sadar-Sub-Division, Mal-Sub Division and Alipurduar Sub-Division. Thus, in the first stage we have selected purposively two blocks, namely, Maynaguri Development Block and Alipurduar-I Development Block from Sadar Sub –Division and Alipurduar Sub-Division based on the criterion of female work participation rate. The data

was collected from concerned Block on female work participation rate. The blocks selected had higher FWP than other blocks. The blocks selected had higher FWP than the other blocks. There are seventeen Development blocks in Jalpaiguri district. Out of these blocks, one block falls under Sadar Sub-Division and another under Alipurduar Sub Division.

6.2.1: Selection of villages for survey in Jalpaiguri District

Selection of Villages

Table-6.1: Female work participation rate in the blocks of Alipurduar-I and Maynaguri Sub-Divisions of Jalpaiguri District

Sub-Divisions	Dev. Blocks	Total Work Force	Female Workers	FWPR(%)
Alipurduar	Kumargram	75710	26902	35.53
	Falakata	95801	25499	26.62
	Madarihat-Birpara	70506	25046	35.52
	Kalchini	89563	30067	33.57
	Alipurduar-I	78784	23939	30.39
	Alipurduar-II	74854	20812	27.80
Jalpaiguri Sadar Sub-Division	Rajganj	136500	26502	19.41
	Jalpaiguri	120111	38610	32.15
	Maynaguri	102232	28644	28.02
	Dhupguri	159394	44622	27.99

Source: www.census.gov.in (2001)

From the collected data as mentioned in the Table-6.1 above it has been observed that female work participation rate in Alipurduar-I block is 30.39 percent in Alipurduar Sub-division. While under Sadar Sub-division, Jalpaiguri block has highest female work participation rate 32.15percent. Thus, we have selected purposively two blocks in our first stage of sampling in the initial chapter of the study.

In the second stage of purposive sampling, two villages from each of the Blocks were selected purposively depending on the same criterion *i.e.* female work participation rates. Hence, we have selected Uttarchakwakheta village, FWPR, 46.52 percent and Parpatlakhawa, FWPR, 1.71 percent from Alipurduar-I Development Block and Uttarmarichbari village, FWPR, 24.43 and Khaerkhal village, FWPR, 7.77 from Maynaguri Development Block as per data collected from concerned Block Development Office. Along with these criteria, female literacy is also considered for the selection of the villages. Thus, the total number of villages to be surveyed becomes four. In the third stage, we first collected list of farm and non-farm households from selected villages from the concerned Block Development Office. Then 20 percent sample was selected at random from each village. The selection design has been shown in Table-6.2. So in all there were 120 households selected, 30 from each selected villages.

In the third stage, we first collected a list of farm and non-farm households from selected villages from the concerned Development Office. Then 20 percent sample was selected at random from each village. So in all there were 120 households selected from each selected villages.

.Table-6.2: Distribution of Agricultural households of sample villages

Name of the villages	Total number of agricultural households	Number of selected agricultural households
Uttarchakwakheta	241(13.6)	30(25)
Parpatlakhawa	98(5)	30(25)
Uttarmarichbari	1000(56.5)	30(25)
Khaerkhal	428(24.22)	30(25)
Total	1767(100)	120(100)

Source: Field Survey, 2013

A questionnaire had been prepared to collect relevant data on the basis of personal interview method. The data collected in terms of their responses relating to the choices made or decisions taken by the husband, wife or jointly were to be analyzed. The collected data was used for analysis to examine the extent of gender discrimination with regard to income distribution, education and health. The scheduled included all the relevant

questions, considering the objectives of the study. This questionnaire was also tested for checking the reliability of the questions to be asked through pilot study. As far as the primary data was concerned, the questionnaire was filled up through interviewing the respondents from each household with the selected household head and respective spouse. The schedule was duly filled by interviewing respondents in order to obtain the following information:

- i) Socio-demographic indicators namely, name of the districts, Blocks, Village, whether agricultural or non agricultural household, name of the head of the family, number of family members or family size, religion, caste, educational level, primary occupation, and secondary occupation.
- ii) Household head and respective wife's role in the family.
- iii) Economic Indicators: Primary, secondary occupation, monthly income and pattern of land holding.
- iv) Social factors: mean age of men and mean age of women, education.

Therefore, the main objective of this chapter is to examine in greater detail, the role of the household head and respective spouse within the household. In attempting to do so, we paid particular attention to the household decision-making aspect.

Table-6.3: Distribution of sample households on the basis of communities in Jalpaiguri district

Name of the villages	No of Selected HHs	Caste			
		Selected SCs HHs (%)	Selected STs HHs (%)	Selected OBCs HHs (%)	Selected General HHs (%)
Uttarchakwakheta	30	24(80)	6(20)	0	0
Parpatlakhawa	30	5(16.6)	0	25(83.3)	0
Uttarmarichbari	30	30(100)	0	0	0
Khaerkhal	30	30(100)	0	0	0
Jalpaiguri District	120	89(74.16)	6(5)	25(20.84)	0

Source: Field Survey, 2013

Table-6.3 shows the distribution of households on the basis of chosen communities in Jalpaiguri district. In Uttarchakwakheta village, 80 percent of the households belonged to the SC communities, followed by Parpatlakhawa with 83.3 percent belonging to OBC category, Uttarmarichbari with 100 percent of SCs households and Khaerkhal also with 100 percent belonging to SCs households.

6.3: Types of households of sample villages

Table-6.4: Distribution of Households on the basis of structure among sample Villages in Jalpaiguri District (%)

Name of the Villages	Unitary	Joint	Extended	Total
Uttarchakwakheta	30(100)	0	0	100
Parpatlakhawa	29(96.67)	1(3.33)	0	100
Uttarmarichbari	29(96.67)	1(3.33)	0	100
Khaerkhal	29(96.67)	1(3.33)	0	100
Average	29.25(97.50)	0.75(2.50)	(0)	30(100)

Source: Field Survey, 2013

Fig 6.1: Types of Households of Sample Villages in Jalpaiguri District (%)

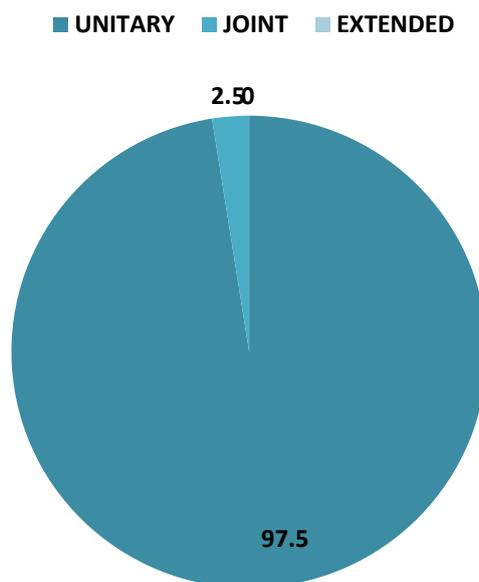


Table-6.4 shows the distribution of household structure of the sample villages in the Jalpaiguri district. In Uttarchakwakheta village, 100 percent of the households are unitary followed by Parpatlakhawa with 96.67 percent and 3.33 percent as the joint households and no extended households. In Uttarmarichbari village, 96.67 percent of the households are unitary households, and 3.33 percent are under joint category. Khaerkhal village has 96.67 percent as the unitary households and 3.33 percent as joint households.

Table-6.5: Demographic Profile of the Jalpaiguri district

Name of the villages	No of Total population			Sex	Household	
	Hhs	Males	Females	Persons	Ratio	Size
Uttarchakwakheta	30(25)	80(58.4)	57(41.6)	137(100)	708	5
Parpatlakhawa	30(25)	77(55.3)	62(44.7)	139(100)	797	4
Uttarmarichbari	30(25)	73(58.8)	51(41.2)	124(100)	698	4
Khaerkhal	30(25)	67(47.8)	73(52.2)	140(100)	1104	5
Average	30(25)	74.25(55)	60.75(45)	135(100)	819	4

Source: Field Survey, 2013

It has been observed from Table-6.5 that the percentage of male is higher compared to the percentage of females in Jalpaiguri district. The highest percentage of males were surveyed in Uttarchakwakheta village.

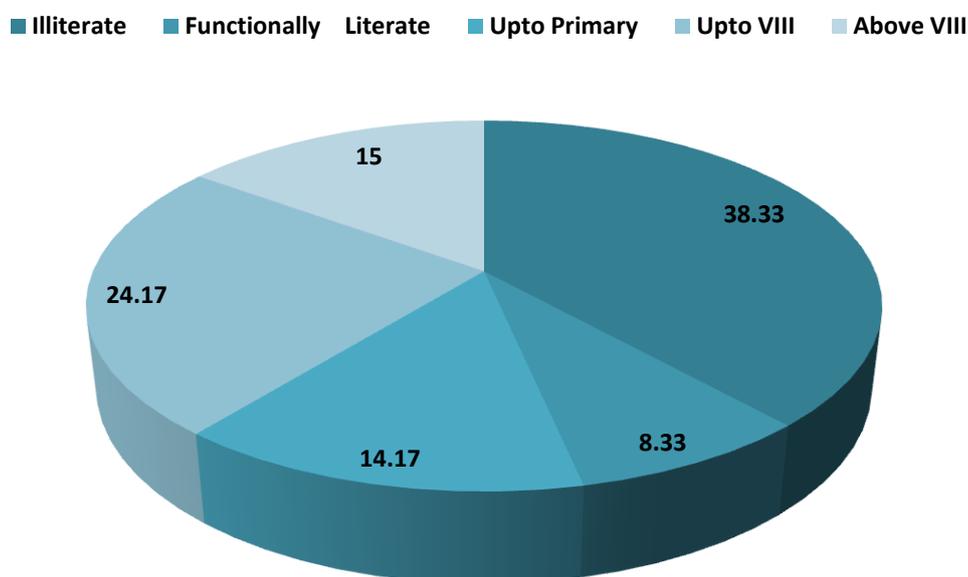
6. 4: Educational Status of the sample households

Table-6.6: Educational Status of the sample Villages in Jalpaiguri District

Name of the villages	Illiterate	Functionally Literate	Upto Primary	Upto VIII	Above VIII	Total
Uttarchakwakheta	12(40.00)	2(6.67)	6(20)	8(26.67)	2(6.67)	30(100)
Parpatlakhawa	9(30)	4(13.33)	5(16.67)	7(23.33)	5(16.67)	30(100)
Uttarmarichbari	15(50)	2(6.67)	3(10)	7(23.33)	3(10)	30(100)
Khaerkhal	10(33.33)	2(6.67)	3(10)	7(23.33)	8(26.67)	30(100)
Average	11.4(38.33)	2.4(8.33)	4.2(14.17)	7.2(24.17)	4.5(15)	30(100)

Source: Source: Field Survey, 2013

Fig 6.2: Educational Status of the sample Villages



The Table-6.6 depicted the educational status of the sample villages of Maynaguri and Alipurduar-I Blocks under Jalpaiguri district. So far as the sample villages are concerned, Uttarmarichbari village had highest 50 percent of illiterate of respondents, followed by

Uttarchakwakheta and Khaerkhal. It is also evident that Uttarchakwakheta had highest 20 percent of respondents who have attained education upto primary school. With regard to attainment of education upto VIII STD, the highest 23.33 percent of the respondents have attained in all three villages, namely, Parpatlakhawa, Uttarmarichbari and Khaerkhal. Khaerkhal village had the highest 26.67 percent of the respondents who attained educational level above VIII standard. Further, the data shows that the percentage of illiterate in Uttarchakwakheta was 40 percent, followed by 26.67 percent of those who have attained upto VIII level. The highest 50 percent of illiterate have been observed in Uttarmaric bari village.

Table-6.7: Distribution of the households by monthly income in the four villages of Jalpaiguri district

Income in (Rs.)	Uttarchakwakheta	Uttarmarichbari	Khaerkhal	Parpatlakhawa	Average
1000- 2000	20(66.6)	24(80)	18(60)	10(33.3)	72(27.48)
2001-.3000	6(20)	1(3.3)	8(26.6)	11(36.6)	26(24.9)
3001- 4000	1(3.3)	1(3.3)	2(6.6)	3(10)	7(18.9)
4001- 5000	2(6.6)	1(3.3)	1(3.3)	2(6.6)	6(17.53)
Above 5000.	1(3.3)	3(10)	1(3.3)	4(13.3)	9(11.2)
Total	30(100)	30(100)	30(100)	30(100)	120(100)

Source: Field Survey, 2013

Fig 6.3: Distribution of the households by monthly income in the four villages of Jalpaiguri district

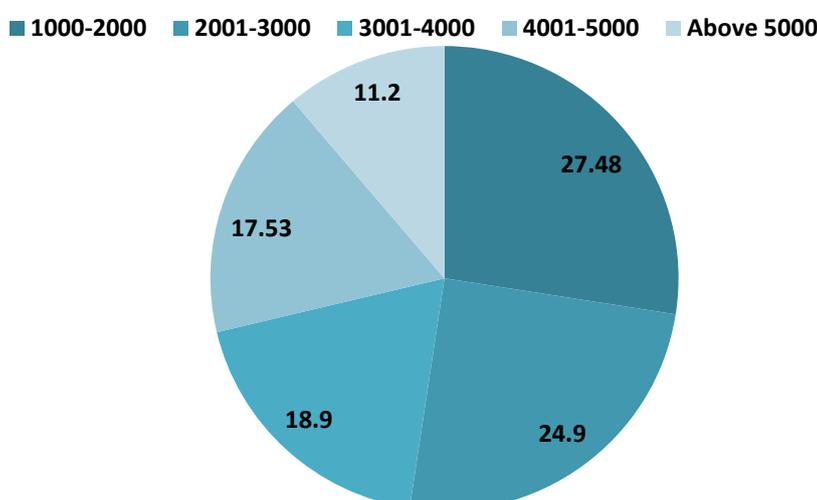


Table-6.7 shows that 32.4 percent of the households are from Uttarmarichbari village with a monthly income between Rs.1000-Rs.2000. With a monthly income between Rs.4001-Rs.5000, there are no households in the same village, while there are 12.5 percent of households in each village of Uttarchakwakheta and Khaerkhal. Uttarmarichbari village has very poor economic conditions as there are no other opportunities for the respondents to engage themselves in the economic activity other than cultivation in limited plots of land.

6.5: Pattern of household Decision-making

Table-6.8: Pattern of Household Decision-making with regard to all aspects

Name of the Villages	M	F	Joint	Total
Uttarchakwakheta	23(76.67)	3(10)	4(13.33)	100
Parpatlakhawa	25(83.33)	1(3.33)	4(13.33)	100
Uttarmarichbari	22(73.33)	3(10)	5(16.67)	100
Khaerkhal	2(6.67)	7(23.33)	21(70)	100
Average	18(60)	3.5(11.67)	8.5(28.33)	30(100)

Source: Field Survey, 2013

The Table -6.8 shows the pattern of decision-making with regard to all aspects of the household among the among the sample villages. Sole male participation in decision-making on all aspects compared to females are higher in Uttarchakwakheta, Parpatlakhawa, Uttarmarichbari and Khaerkhal.

Table-6.9: Pattern of Household Decision-making with regard to food expenditure in Jalpaiguri district

Name of the Villages	M	F	Joint	Total
Uttarchakwakheta	19(63.33)	7(23.33)	4(13.33)	100
Parpatlakhawa	25(83.33)	1(3.33)	4(13.33)	100
Uttarmarichbari	23(76.67)	3(10)	4(13.33)	100
Khaerkhal	21(70)	4(13.33)	5(16.67)	100
Average	22(73.33)	3.7(12.5)	4.2(14.17)	30(100)

Source: Field Survey, 2013

Table-6.9 shows the responses of household head and respective spouse to a question regarding decision on food expenditure. In response to the question, who has the final say on food expenditure, male (Husband) could respond I do, female (Wife) could respond I do, both of us do (Joint). Table-6.5 shows pattern of household decision-making on food expenditure. Sole male participation in decision-making on allocation of expenditure on food items in compared to females is quite in Uttarchakwakheta, Parpatlakhawa, Uttarmarichbari and Khaerkhal.

Table-6.10: Pattern of Household Decision-making with regard to ownership of property in Jalpaiguri district

Name of the Villages	M	F	Joint	Total
Uttarchakwakheta	23(76.67)	3(10)(3)	4(13.33)	100
Parpatlakhawa	26(86.67)	1(3.33)	3(10)	100
Uttarmarichbari	23(76.67)	3(10)	4(13.33)	100
Khaerkhal	29(96.67)	0.00	1(3.33)	100
Average	25.3(84.17)	1.7(5.83)	3(10)	30(100)

Source: Field Survey, 2013

Fig 6.4: Comparative results of Household decision making on food expenditure and ownership of property

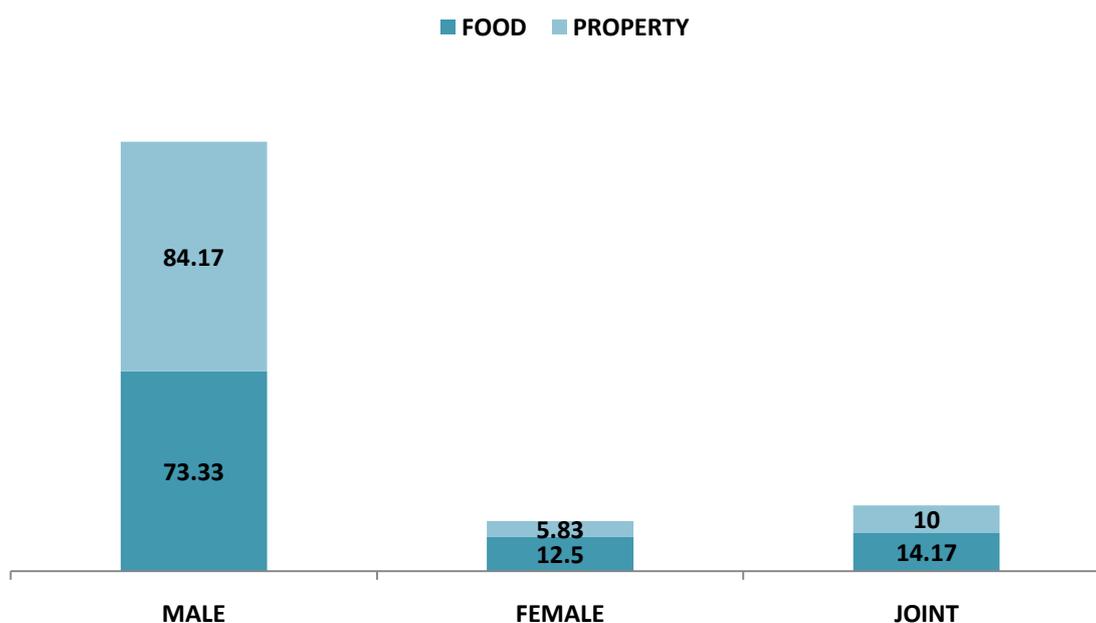


Table-6.10 shows the pattern of participation in household decision-making on ownership of property. Male dominance in decision-making compared to females is much higher in Uttarchakwakheta, Parpatlakhawa, Uttarmarichbari and Khaerkhal. In Khaerkhal village, participation in decision-making on owning property is entirely male.

Table-6.11: Pattern of Household Decision-making with regard to children’s education in Jalpaiguri district

Name of the Villages	M	F	Joint	Total
Uttarchakwakheta	20(66.67)	3(10)	7(23.33)	100
Parpatlakhawa	25(83.33)	1(3.33)	4(13.33)	100
Uttarmarichbari	23(76.66)	3(10)	4(13.33)	100
Khaerkhal	24(80)	2(6.67)	4(13.33)	100
Average	23(76.67)	2.25(7.5)	4.7(15.83)	30(100)

Source: Field Survey, 2013

Table-6.11 shows the pattern of participation in decision-making on children’s education. Sole male participation in decision-making on children’s education compared to females is quite high in Uttarchakwakheta, Parpatlakhawa, Uttarmarichbari and Khaerkhal.

This study on “Intra-household allocation of expenditure” paper uses Indian data to investigate the existence and nature of gender bias in the intra-household allocation of expenditure. An extended version of the collective household model is estimated where the welfare weights, i.e. the bargaining power of the adult decision-makers, are simultaneously determined with the household's expenditure outcomes. Significant gender bias is detected in some items, most notably in education, and it is found that the bias is considerably stronger in the more economically backward regions of the country. It is also found that the results of the test of gender bias vary sharply between households at different levels of adult literacy. This is particularly true of household spending on education. The gender bias in the case of this item is, generally, more likely to prevail in households with low levels of adult educational attainment than in more literate households. This result is of considerable policy importance given the strong role that education plays in human capital formation.

The study on “Engaging women in Community Decision-Making Process in Rural Ghana: Problems and Prospects and Development in Practice” by Opera, 2005 supports the above finding of Uttarchakwakheta, Parpatlakhawa, Uttarmarichbari and Khaerkhal. Women

in Ghana, also lack inheritance rights, and corrective laws such as the intestate succession law passed in the earlier years. Sample study that in almost every part of the world and in most aspects of socio-economic life, women faces numerous obstacles to achieve sound and fulfilling lives. Moreover, their access to educational opportunities has been restricted because of beliefs that their social roles and responsibilities are limited to bearing and caring for children and other reproductive activities that demand little or no education. Women in Ghana, for instance, lack inheritance rights, and corrective laws such as the intestate succession law passed in the earlier years. These and many other barriers not only affect women's well-being and self esteem but severely constrain women's own efforts to improve their socio-economic development. Further, the finding also revealed that women to make their voices heard and their views count is the area of gender imbalances (Service Opare, 2005).

Table-6.12: Pattern of Household Decision-making with regard to health care services in Jalpaiguri district

Name of the Villages	M	F	Joint	Total
Uttarchakwakheta	19(63.33)	6(20)	5(16.67)	100
Parpatlakhawa	26(86.67)	1(3.33)	3(10)	100
Uttarmarichbari	24(80)	3(10)	3(10)	100
Khaerkhal	24(80)	2(6.67)	4(13.33)	100
Average	23.2(77.5)	3(10)	3.75(12.50)	30(100)

Source: Field Survey, 2013

Table-6.12 shows the pattern of participation in decision-making on female healthcare. Sole male participation in decision-making on female health care compared to females is much higher in Uttarchakwakheta, Parpatlakhawa, Uttarmarichbari and Khaerkhal. Further, Uttarchakwakheta has comparatively more of joint participation.

The study on "Gender and Health" supports the above sample study, which has revealed that the women of Sri Lanka have the longest life- expectancy. Further, the country's achievements have been particularly impressive in the health of women and girls who have substantially lower mortality levels than males, which is unexceptional in the developed world. The study has revealed that the low female mortality reflects a high involvement of Sri Lanka women in decision-making over health care and feeding

practices which has benefited their health and of their children, especially their daughters (Pieris and Caldwell, 1999).

A study carried out in rural China found that wives who had a significant say in reproductive matters tended to be more educated, spend more time on household economic activities, marry later, and have husbands with relatively low levels of education (Kritz and Adebuseye, 1999).

The study on 'Gender Relations and Reproductive Decision-Making in Honduras' corroborates the above sample study with regard to gender disparities in sexual relations and reproductive health decision-making as a basic objective to improve the reproductive health and rights of man and woman. The findings revealed that gender based power inequalities can contribute to poor health outcomes for instance by hindering communication between partners about reproductive health decisions, by constraining women's access to reproductive health services, by preventing women's and men's attainment of sexual pleasure. Gender inequality in reproductive decision-making is a key element of the social context of reproductive health.

Table-6.13: Pattern of Household Decision-making with regard to contraceptive use (female health) in Jalpaiguri district

Name of the Villages	M	F	Joint	Total
Uttarchakwakheta	17(56.67)	6(20)	7(23.33)	100
Parpatlakhawa	23(76.67)	4(13.33)	3(10)	100
Uttarmarichbari	23(76.67)	3(10)	4(13.33)	100
Khaerkhal	23(76.67)	3(10)	4(13.33)	100
Average	21.5(71.67)	3.9(13.33)	4.5(15)	30(100)

Source: Field Survey, 2013

Usual measures of unintentional pregnancy are planned to carry out to reveal women's intention of not having children. Unintended pregnancies imply pregnancies that are unintended or mistimed. While pregnancies are said to happen if they are intended or desired. Therefore, a concept related to unintended pregnancy is unplanned pregnancy and that occurs when woman uses a contraceptive (Snatelli, Rochat, Timachy, Gilbert, Curtis, Hirsch and Schieve, 2003).

Contraceptive use implies taking of pills by the women to prevent the birth of a unintended or untimed child.

The Table-6.13 depicted the pattern of household decision-making with regard to contraceptive use. Sole male participation in decision-making on contraceptive use is quite high compared to females in Parpatlakhawa, Uttarmarichbar and Khaerkhal, reflecting prevalent of the patriarchal society. In Uttarchakwakheta village, as far as the participation of wife of the household head is concerned, in all the selected sample households, women's participation was relatively democratic or they have shown some interest in participation in decision-making.

This study corroborates with the above sample study that as far as women's role in reproductive decision-making is concerned in Ekiti, it revealed that women in that state took increasingly active decisions on matters affecting their daily lives. Further, more women than ever before believed that they could take decisions on family size, when to have a baby and a choice of spacing period. With this improvement in decision-making status of women, the cultural barrier against short postpartum abstinence appeared to have diminished and sex during lactation was not considered a major cultural and religious taboo. Since knowledge of contraception has become universal in recent years, the majority of women take decisions on the method and timing of family planning. All women who used family planning considered their decision in this regard very important (Oruloyea and Oguntimehina, 1978).

The study on 'Relationship power, Decision-Making and Sexual Relations: An Exploratory study with Couples of Mexican Origin' supports the above sample study. The findings of the study revealed that public health priority was strengthening women's ability to protect themselves from HIV/STDs and the need was to negotiate for safer sex behaviors with their heterosexual partners. The Latina women were disproportionately affected by HIV/AIDS and other STDs. An emerging public health priority is strengthening women's ability to protect themselves from HIV/STDs and to negotiate safer sex behaviors with their heterosexual partners. The gender based power imbalances were the potential reason for these women to be affected by such vulnerable diseases. The findings also revealed that tradition wise the men were having ability to be in control and assert dominance by being the active sexual partner (Harvey, Beckman, Browner and Christy, 2002).

The study on 'Women's Position Within the Household as a Determinant of Maternal Health Care Use in Nepal' supports the above sample study with regard to participation in decision-making for the usage of contraceptive. The study revealed that maternal mortality in Nepal was estimated to be around 540 deaths per 100,000 births. One

major factor was low use of maternal health care despite government efforts to improve services including an expanded of rural clinics and the training of auxillary nurse, midwives. Further, the findings also revealed that fewer than 40 percent of births took place in a healthy facility. The explanation for such low level of health care use was due to socio-cultural factors such as in equitable gender roles and position of women within the household. Earlier work in South Asia suggests various ways in which gender roles and relations may operate has operated to restrict women’s access to health care uses during pregnancy and the time of delivery. These included heightened restrictions on women’s movement because the pregnant state is considered shameful and young women often lack a say within the family (Furuta and Slaway, 2006).

Table-6.14: Pattern of Household Decision-making with regard to family planning services in Jalpaiguri district

Name of the Villages	M	F	Joint	Total
Uttarchakwakhetai	10(33.33)	7(23.33)	13(43.33)	100
Parpatlakhawa	21(70)	2(6.67)	7(23.33)	100
Uttarmarichbari	19(63.33)	7(23.33)	4(13.33)	100
Khaerkhal	18(60)	1(3.33)	11(36.67)	100
Average	17(56.67)	4.2(14.17)	8.7(29.17)	30(100)

Source: Field Survey, 2013

Family planning refers to those factors that are taken into consideration by a couple in a family in deciding if and when to have children. Further, it involves consideration of the number of children a couple wish to have them. If the partners are biologically sound, family planning may involve the use of contraception and other techniques to control the timing of reproduction. Other techniques commonly used are sexuality education, pre-conception counseling, fertility management, sterilization and abortion (accessed from net on 18-03-2016).

Family planning implies spacing the birth of a child. Table-6.14 shows the pattern of participation in decision-making on family planning. Dominance of male participation in decision-making on family planning is quite high compared to females in Parpatlakhawa, Uttarmarichbari and Khaerkhal. In Uttarchakwakhetai village, participation of female in decision-making on family planning is relatively comparable.

Table-6.15 Pattern of Household Decision-making with regard to obtaining of permission before leaving the house in Jalpaiguri district

Name of the Villages	M	F	Joint	Total
Uttarchakwakheta	19(63.33)	4(13.33)	7(23.33)	100
Parpatlakhawa	20(66.67)	5(16.67)	5(16.67)	100
Uttarmarichbari	18(60)	7(23.33)	5(16.67)	100
Khaerkhal	21(70)	4(13.33)	5(16.66)	100
Average	19.5(65)	5(16.67)	5.4(18.33)	30(100)

Source: Field Survey, 2013

Table-6.15 shows the pattern of household decision-making with regard to obtaining permission by wife of the household head for visiting the natal family members. Solely male participation in decision-making on obtaining permission before leaving the house is quite high compared to females in Uttarchakwakheta, Parpatlakhawa and Khaerkhal. In Uttarmarichbari village, involvement of women in participation in decision-making on obtaining permission before leaving the house to visit natal family members is quite democratic compared to rest of the sample villages.

Table-6.16: Pattern of Household Decision-making of household head's wife with regard to her wishes of joining a social group (DRHW) in Jalpaiguri district

Name of the Villages	M	F	Joint	Total
Uttarchakwakheta	19(63.33)	6(20)	5(16.67)	100
Parpatlakhawa	18(60)	7(23.33)	5(16.67)	100
Uttarmarichbari	18(60)	8(26.67)	4(13.33)	100
Khaerkhal	18(60)	6(20)	6(20)	100
Average	18.2(60.83)	6.7(22.5)	5(16.67)	30(100)

Source: Field Survey, 2013

Table-6.16 shows the pattern pattern of participation in household decision-making with regard to wishes of wife of the household head. Sole male participation in decision-making on joining self help group is quite high compared to females in Uttarchakwakheta, Parpatlakhawa and kherkhal. In Uttarmarichbari village, the female participation in decision-making with the male on joining a social group is relatively higher than the rest of the sample villages.

Table-6.17: Pattern of Household Decision-making with regard to visits of natal family members in Jalpaiguri district

Name of the Villages	M	F	Joint	Total
Uttarchakwakheta	18(60)	5(16.67)	7(23.33)	100
Parpatlakhawa	20(66.67)	5(16.67)	5(16.67)	100
Uttarmarichbari	18(60)	7(23.33)	5(16.67)	100
Khaerkhal	17(56.67)	5(16.66)	8(26.66)	100
Average	18.2(60.84)	5.4(18.33)	6.2(20.83)	30(100)

Source: Field Survey, 2013

Table-6.17 shows the pattern of participation in decision-making with regard to visits of natal family members. Male dominance in participation in household decision-making on visits to natal family members is quite high compared to females of Uttarchakwakheta, Parpatlakhawa and Khaerkhal. In Uttarmarichbari village, the female participation in decision-making is slightly better than rest of the sample villages.

Table-6.18: Pattern of Household Decision-making with regard to control of finance in Jalpaiguri district

Name of the Villages	M	F	Joint	Total
Uttarchakwakheta	18(60)	6(20)	6(20)	100
Parpatlakhawa	21(70.00)	4(13.33)	5(16.67)	100
Uttarmarichbari	16(53.33)	10(33.33)	4(13.33)	100
Khaerkhal	24(80.00)	2(6.67)	4(13.33)	100
Average	19.7(65.84)	5.4(18.33)	4.7(15.83)	30(100)

Source: Field Survey, 2013

Table-6.18 shows the pattern of participation in household decision-making on control of finance. Sole male participation in decision-making on control of finance was quite high compared to females in Uttarchakwakheta, Parpatlakhawa, and Khaerkhal. In Uttarmarichbari village, the female participation in decision-making on control of finance was relatively higher than the rest of the sample villages.

Grabka, Marcus and Sierminska 2013, this follows the sample study. They have

examined the wealth gap within partnerships by exploiting unique individual wealth data. They found that in 29 percent of all couples the female owns more net worth than her partner, for 19 percent of all partnerships there is parity between the wealth levels of the partners and finally in 52 percent of all couples the male partner has more wealth. Further, that man makes most of the financial decisions in the richest households. Being self-employed or has recently received an inheritance or has higher educational level, the probability to hold more wealth than her partner is higher. This is supported by the findings of others study that in those situations where women is employed, female saves more in total but also saves relatively more in her account. And if the female manages the money within a couple the intra-partnership wealth is smaller, while if he has the last word in financial issues the gap increases.

Table-6.19: Pattern of Household Decision-making with regard to Visits of Doctor for child treatment in Jalpaiguri district

Name of the Villages	M	F	Joint	Total
Uttarchakwakhetai	18(60)	6(20)	6(20)	100
Parpatlakhawa	20(66.67)	4(13.33)	6(20)	100
Uttarmarichbari	18(60)	9(30)	3(10)	100
Khaerkhal	6(20)	20(66.67)	4(13.33)	100
Average	15.5(51.67)	9.8(32.5)	4.7(15.83)	30(100)

Source: Field Survey, 2013

Table-6.19 shows the pattern of household decision-making with regard to visits of a doctor for child treatment. Male dominance in decision-making on visits to doctor for child treatment is high compared to females in Uttarchakwakhetai and Parpatlakhawa. In Uttarmarichbari village, half of the females participates in decision-making. Sole female participation in household decision-making is highest.

Table-6.20: Pattern of Household Decision-Making with regard to pooling of income in Jalpaiguri district

Name of the Villages	M	F	Joint	Total
Uttarchakwakhetai	19(63.33)	3(10)	8(26.66)	100.00
Parpatlakhawa	22(73.33)	1(3.33)	7(23.33)	100.00
Uttarmarichbari	22(73.33)	6(20)	2(6.67)	100.00
Khaerkhal	19(63.33)	2(6.67)	9(30)	100.0
Average	20.4(68.33)	3(10)	6.5(21.67)	30(100)

Source: Field Survey, 2013

Table-6.20 shows the pattern of household decision-making on pooling of income. Sole male participation in decision-making on pooling of income compared to females is quite high in Uttarmarichbari, Parpatlakhawa, Uttarmarichbari and Khaerkhal. Uttarmarichbari village has proportionately more female participation in decision-making.

Table-6.21: Pattern of Household Decision-Making with regard to ownership of productive assets in Jalpaiguri district

Name of the Villages	M	F	Joint	Total
Uttarchakwakhetai	22(73.33)	3(10)	5(16.67)	100
Parpatlakhawa	24(80)	1(3.33)	5(16.67)	100
Uttarmarichbari	24(80)	4(13.33)	2(6.67)	100
Khaerkhal	27(90)	0(0)	3(10.00)	100
Average	24.2(80.83)	2(6.67)	3.7(12.5)	30(100)

Source: Field Survey, 2013

Table-6.21 shows the pattern of participation in decision-making on ownership of productive assets. Male dominance in decision-making on owning productive assets compared to females are much higher in Uttarchakwakheta, Parpatlakhawa, Uttarmarichbari and Khaerkhal.

Table-6.22: Pattern of Household Decision-Making with regard to economic activities in Jalpaiguri district

Name of the Villages	M	F	Joint	Total
Uttarchakwakheta	21(70)	3(10)	6(20)	100
Parpatlakhawa	25(83.33)	1(3.33)	4(13.33)	100
Uttarmarichbari	24(80)	4(13.33)	2(6.67)	100
Khaerkhal	26(86.67)	0(0)	4(13.33)	100
Average	24(80)	2(6.67)	3.9(13.33)	30(100)

Source: Field Survey, 2013

Table-6.22 shows the pattern of participation in decision-making on assigning the economic activities. Sole male participation in decision-making on assigning of activities compared to females is much higher in Uttarmarichbari, Parpatlakhawa, Uttarmarichbari and Khaerkhal.

6.6: PATTERN OF DECISION MAKING ON THE BASIS OF COMMUNITY IN JALPAIGURI DISTRICT

Now in the study we have tried to decompose the data in terms of community also. For such purpose the categories are chosen between General, Scheduled Caste and Scheduled Tribe categories only. In our methodology we have purposively chosen the blocks which had higher concentration of Scheduled Caste and Scheduled Tribe communities. In Jalpaiguri district firstly such decomposition allowed to test the effect on household decision-making on various issues in the household.

Table-6.23: Pattern of Household Decision-Making with regard to allocation of expenses on food items in Jalpaiguri district (%)

Villages	General			SC			ST			Total
	M	F	Joint	M	F	Joint	M	F	Joint	
Uttarchakwakheta	0	0	0	23 (76.67)	1 (3.33)	0(0)	2 (6.67)	2 (6.67)	2 (6.67)	30 (100)
Parpatlakhawa	0	0	0	25 (83.33)	1 (3.33)	4 (13.34)	0	0	0	30 (100)
Uttarmarichbari	0	0	0	23 (76.67)	2 (6.67)	5 (16.67)	0	0	0	30 (100)
Khaerkhal	0	0	0	21 (70)	5 (16.67)	4 (13.33)	0	0	0	30 (100)
Average	0	0	0	23 (76.67)	2.2 5(7.6)	3.25 (10.84)	0.5 (1.66)	0.5 (1.66)	0.5 (1.66)	30 (100)

Source: Field Survey, 2013

Table-6.23 shows the pattern of participation in household decision-making on allocation of food items on the basis of community. In Scheduled Caste, sole male participation in decision-making on allocation of expenses on food items is quite high compared to females in Uttarmarichbari, Parpatlakhawa, Uttarmarichbari and Khaerkhal. In Uttarchakwakheta village, in Scheduled Tribe, about 6.67 percent of households participated in joint decisions.

Figure-6.5: Pattern of Household Decision-Making with regard to allocation of expenses on food items in Jalpaiguri district (%)

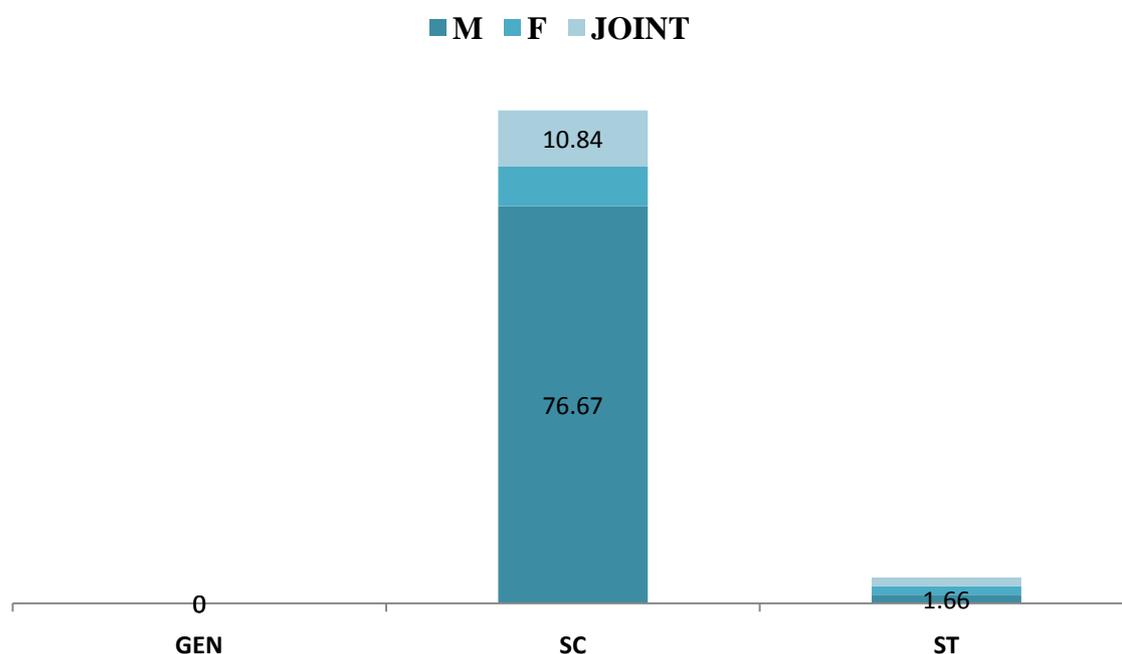


Table -6.24: Pattern of Household Decision-Making of selected communities with regard to ownership of property in Jalpaiguri district (%)

Villages	General			SC			ST			Total
	M	F	Joint	M	F	Joint	M	F	Joint	
Uttarchakwakheta	0	0	0	23 (76.67)	1 (3.33)	1 (3.33)	1 (3.33)	2 (6.67)	2 (6.67)	100
Parpatlakhawa	0	0	0	26 (86.67)	1 (3.33)	3 (10)	0	0	0	100
Uttarmarichbari	0	0	0	24 (80)	2 (6.67)	4 (13.33)	0	0	0	100
Khaerkhal	0	0	0	29 (96.67)	0	1 (3.33)	0	0	0	100
Average	(0)	(0)	(0)	25.5 (85)	1 (3.34)	2.24 (7.49)	0.2 (0.83)	0.5 (1.67)	0.4 (1.66)	30 (100)

Source: Field Survey, 2013

Table-6.24 shows the pattern of participation in decision-making on owning property. In scheduled caste, sole male decision-making compared to female is much higher in Uttarchakwakheta, Parpatlakhawa, Uttarmarichbari and Khaerkhal villages. In Scheduled Tribe, in Uttarchakwakheta village both husband and wife participate in decision-making.

Table-6.25 shows the pattern of participation in household decision-making on education of children. In Scheduled caste sole male participation in household decision-making on education of children compared to female is much higher in Uttarchakwakheta, Parpatlakhawa, Uttarmarichbar and Parpatlakhawa among SC community. In Uttarchakwakheta village, among ST community, joint participation was observed.

Table -6.25: Pattern of Household Decision-Making of selected communities with regard to children's education in Jalpaiguri district (%)

Villages	General			SC			ST			Total
	M	F	Joint	M	F	Joint	M	F	Joint	
Uttarchakwakheta	0	0	0	18 (60)	2 (6.67)	4 (13.33)	2 (6.67)	1 (3.33)	3 (10)	30 (100)
Parpatlakhawa	0	0	0	25 (83.33)	0	5 (16.67)	0	0	0	30 (100)
Uttarmarichbari	0	0	0	23 (76.67)	3 (10)	4 (13.33)	0	0	0	30 (100)
Khaerkhal	0	0	0	24 (80)	2 (6.67)	4 (13.33)	0	0	0	30 (100)
Average	(0)	(0)	(0)	22.5 (75)	1.7 (5.84)	4.2 (14.16)	0.5 (1.67)	0.2 (0.83)	0.75 (2.5)	30 (100)

Source: Field Survey, 2013

Table-6.26 depicts the pattern of household decision-making on female health care in the Jalpaiguri district. Male dominance in decision-making on female health care was much higher compared to females in Uttarchakwakheta, Parpatlakhawa, Uttarmarichbari and Khaerkhal. In Uttarchakwakheta village, involvement of joint participation was observed.

Table -6.26: Pattern of Household Decision-Making of selected communities with regard to female health services in Jalpaiguri district (%)

Villages	General			SC			ST			Total
	M	F	Joint	M	F	Joint	M	F	Joint	
Uttarchakwakhetai	0	0	0	18 (60)	3 (10)	3 (10)	1 (3.33)	3 (10)	2 (6.67)	30 (100)
Parpatlakhawa	0	0	0	23 (76.67)	4 (13.33)	3(10)	0	0	0	30 (100)
Uttarmarichbari	0	0	0	23 (76.67)	3 (10)	4 (13.33)	0	0	0	30 (100)
Khaerkhal	0	0	0	23 (76.67)	4 (13.33)	3 (10)	0	0	0	30 (100)
Average	(0)	(0)	(0)	21.7 (72.56)	3.4 (11.66)	3.2 (10.83)	0.2 (0.83)	0.75 (2.5)	0.4 (1.66)	30 (100)

Source: Field Survey, 2013

Table-6.27 depicts the pattern of participation in household decision-making on family planning on the basis of community. Male dominance in household decision-making on family planning compared to female was quite high in Uttarchakwakhetai, Parpatlakhawa, Uttarmarichbari and Khaerkhal among SC community.

Table -6.27: Pattern of Household Decision-Making of selected communities with regard to family planning services in Jalpaiguri district (%)

Villages	General			SC			ST			Total
	M	F	Joint	M	F	Joint	M	F	Joint	
Uttarchakwakhetai	0	0	0	9 (30)	5 (16.67)	10 (33.33)	0	2 (6.67)	4 (13.33)	30 (100)
Parpatlakhawa	0	0	0	21 (70)	1 (3.33)	8 (26.67)	0	0	0	30 (100)
Uttarmarichbari	0	0	0	17 (56.67)	3 (10)	10 (33.33)	0	0	0	30 (100)
Khaerkhal	0	0	0	18 (60)	1 (3.33)	11 (36.67)	0	0	0	30 (100)
Average	(0)	(0)	(0)	14.2 (47.6)	1.2 (4.16)	7.2 (24.16)	(0)	0.4 (1.66)	1 (3.34)	30 (100)

Source: Field Survey, 2013

6.7: Pattern of household decision-making of paid and unpaid women according to chosen communities are as follows:

Table-6.28: Distribution of women on the basis of their occupation in Jalpaiguri district, 2013

Name of the Villages	Paid Women	Unpaid Women	Total
Uttarchakwakheta	1(3.33)	29(96.66)	30(100)
Parpatlakhawa	3(10)	27(90)	30(100)
Uttarmarichbari	4(13.33)	26(86.66)	30(100)
Khaerkhal	7(23.33)	23(76.66)	30(100)
Average	3.75(12.49)	26.25(87.48)	30(100)

Source: Field Survey, 2013

Table-6.28 depicts the distribution of women on the basis of their occupation among the selected villages in Jalpaiguri district. Table-6.28 shows the distribution of paid and unpaid women on the basis of communities. In Uttarchakwakheta village, 3.33 percent were under paid category and rest under unpaid category, followed by Parpatlakhawa with 10 percent of households belonging to paid women and 90 percent of households belonging to unpaid women and Uttarmarichbari village with 13.33 percent of households belonged to paid women and 86.66 percent of households belonged to unpaid women. In Khaerkhal village, 23.33 percent of households belonged to paid category and 76.66 percent of households belonged to unpaid women.

Table-6.29 shows the distribution of paid and unpaid women on the basis of community among the sample villages. In scheduled caste community, among paid women, Uttarchakwakheta village had 3.33 percent of households, followed by Parpatlakhawa village with 10 percent of households and Uttarmarichbari with 16.66 percent of households. In Khaerkhal village, 23.33 percent of households had paid women. While among unpaid women, Uttarchakwakheta had 76.66 percent of households, followed by Parpatlakhawa village with 90 percent of households belonged to unpaid category and 76.66 percent of households belonged to unpaid category.

Table-6.29: Distribution of paid and unpaid women on the basis of community in Jalpaiguri district

Name of the Villages	Paid Women	Paid Women	Unpaid Women	Unpaid Women	Paid Women	Unpaid Women	Total
	SC	ST	SC	ST	General	General	
Uttarchakwakheta	1(3.33)	0	23(76.66)	6(20)	0	0	30(100)
Parpatlakhawa	3(10)	0	27(90)	0	0	0	30(100)
Uttarmarichbari	5(16.66)	0	0	25(83.33)	0	0	30(100)
Khaerkhal	7(23.33)	0	23(76.66)	0	0	0	30(100)
Average	4(13.43)	0	18.25(60.83)	2(25.83)	0	0	30(100)

Source: Field Survey, 2013

Table-6.30: depicts the pattern of household decision-making with regard to food expenditure of paid and unpaid women among the chosen communities. Among SC Community of unpaid category 50 percent of the households had solely male participation, followed by Uttarmarichbari and Khaerkhal. SC and ST communities in Jalpaiguri district.

Table-6.30: Pattern of household decision-making with regard to food expenditure of paid and unpaid women on the basis of community in Jalpaiguri district, 2013

	General			SC			ST			Paid			Unpaid			Total			
	M	F	J	M	F	J	M	F	J	M	F	J	M	F	J				
Name of the Villages																			
Uttarchakwakheta	0	0	0	0	0	0	0	1	0	15	8	0	0	0	0	3	3	0	30
								(3.33)		(50)	(26.66)					(10)	(10)		(100)
Parpatlakhawa	0	0	0	0	0	0	2	1	0	24	0	3	0	0	0	0	0	0	(100)
							(6.66)	(3.33)		(80)		(10)							
Uttarmarichbari	0	0	0	0	0	0	4	1	0	25	0	0	0	0	0	0	0	0	30
							(13.33)	(3.33)		(83.33)									(100)
Khaerkhal	0	0	0	0	0	0	5	0	2	14	5	4	0	0	0	0	0	0	30
							(16.66)		(6.66)	(46.66)	(16.66)	(13.33)							(100)
Average	(0)	(0)	(0)	(0)	(0)	(0)	2	0.5	0.5	19.7	3.5	2.2	(0)	(0)	(0)	(0)	0.75	0.75	30
							(6.66)	(1.67)	(1.66)	(65.85)	(11.68)	(7.49)					(2.5)	(2.5)	(100)

Source: Field Survey, 2013

Figure 6.6: Pattern of household decision-making with regard to food expenditure of paid and unpaid women on the basis of community in Jalpaiguri district, 2013

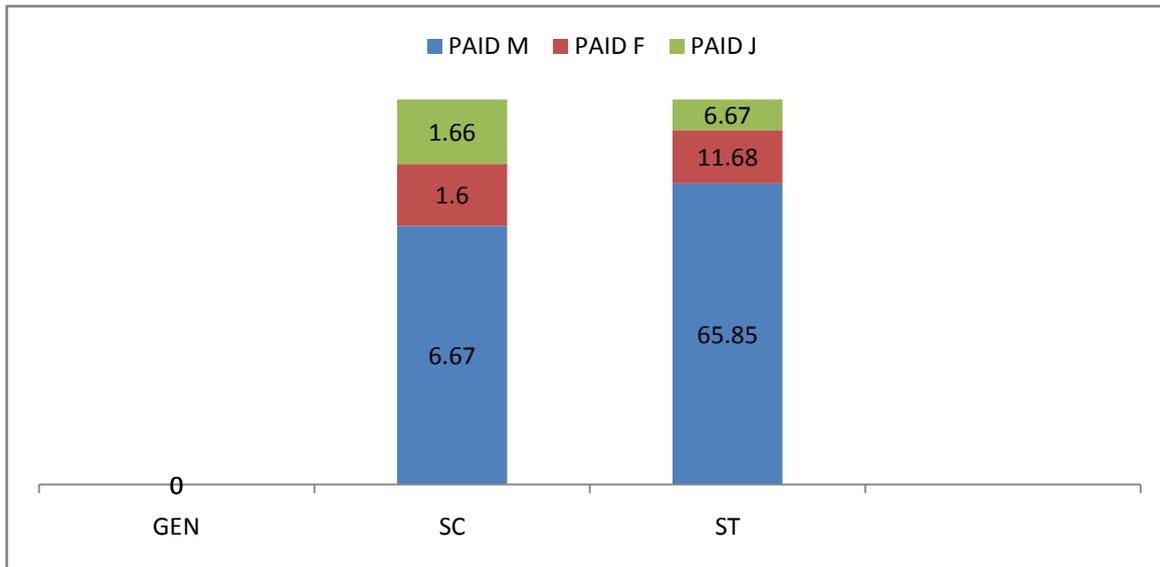


Figure: 6.7: Pattern of household decision-making with regard to food expenditure of unpaid women on the basis of community in Jalpaiguri district

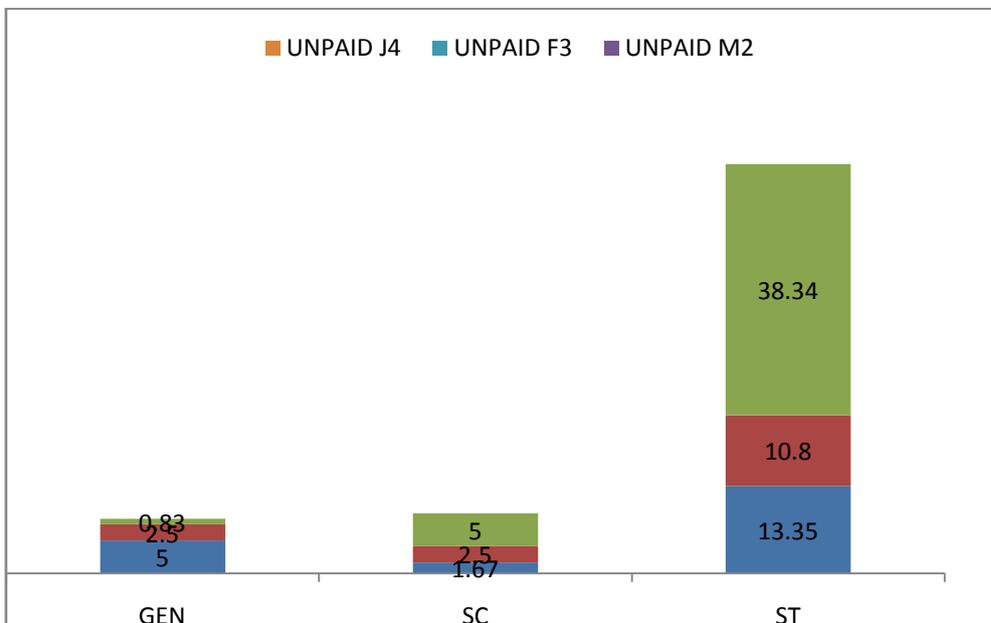


Table -6.28 depicts the pattern of household decision-making with regard to family planning of paid and unpaid women among General, Scheduled Caste and

Scheduled Tribe communities in Jalpaiguri district. Among the paid women within SC community, the study found the male dominates the decision-making by(6.67) followed by joint participation(2.5) and by female participation(0.83). But among the unpaid women within the same community, there is male dominance by (41.41) followed by female participation (20.25) and joint participation (20.25) and joint participation by (14.16).While among the unpaid women of ST, there is joint participation by (9.16) followed by female (3.3) and male (1.66).

Table-6.31: Pattern of household decision-making with regard to children’s education of paid and unpaid women on the basis of community in Jalpaiguri district, 2013

	General			SC			ST						Total						
	Paid			Unpaid			Paid			Unpaid									
Name of the Villages	M	F	J	M	F	J	M	F	J	M	F	J	M	F	J	M	F	J	Total
Uttarchakwakhti	0	0	0	0	0	0	1	0	0	14	5	4	0	0	0	0	3	3	100
							(3.33)			(46.67)	(16.67)	(13.33)					(10)	(10)	
Parpatlakhawa	0	0	0	0	0	0	2	0	1	17	6	4	0	0	0	0	0	0	100
							(6.67)		(3.33)	(56.67)	(20)	(13.33)							
Uttarmarichbari	0	0	0	0	0	0	3	2	0	16	6	3	0	0	0	0	0	0	100
							(10)	(6.66)		(53)	(23.33)	(10)							
Khaerkhal	0	0	0	0	0	0	2	2	3	11	6	6	0	0	0	0	0	0	100
							(6.67)	(6.67)	(9.67)	(36.67)	(21)	(19.99)							
Average	(0)	(0)	(0)	(0)	(0)	(0)	2	0.2	0.75	12.4	6	4.23	(0)	(0)	(0)	0.4	1	2.7	30
							(6.67)	(0.83)	(2.5)	(41.41)	(20.25)	(14.16)				(1.66)	(3.33)	(9.16)	(100)

Source: Field Survey, 2013

Table-6.31 shows the pattern of participation on children’s education of paid and unpaid women on the basis of chosen communities in jalpaiguri district. Among the SC community of unpaid women, in Uttarchakwakheta village, 46,67 percent of households had solely male participation, followed by Parpatlakhawa, Uttarnarichbari and Khaerkhal.

Figure-6.8: Pattern of household decision-making with regard to children’s education of paid women on the basis of community in Jalpaiguri district

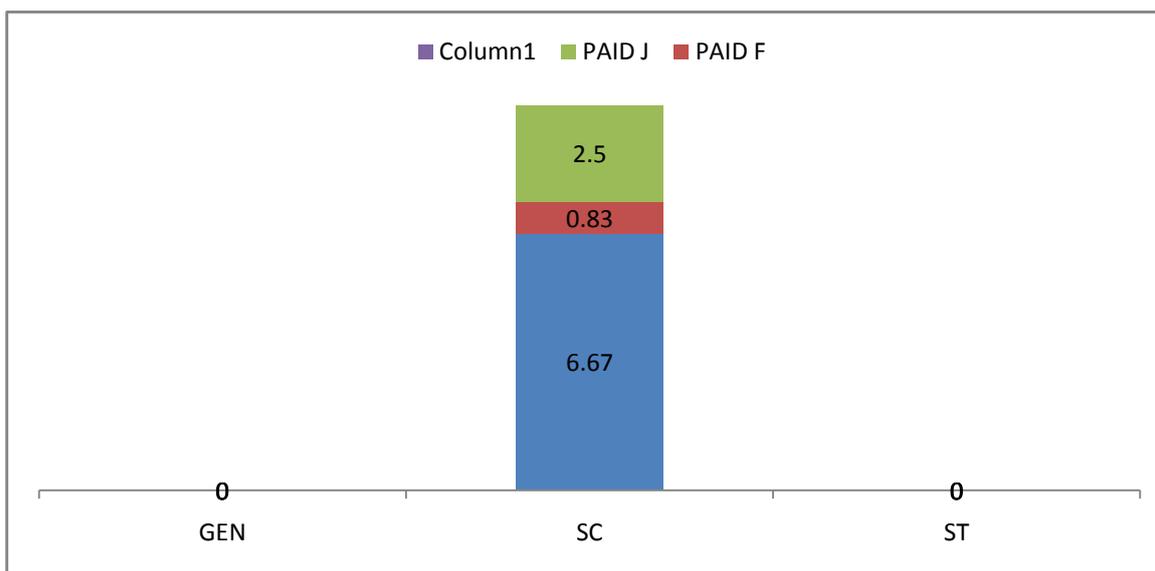
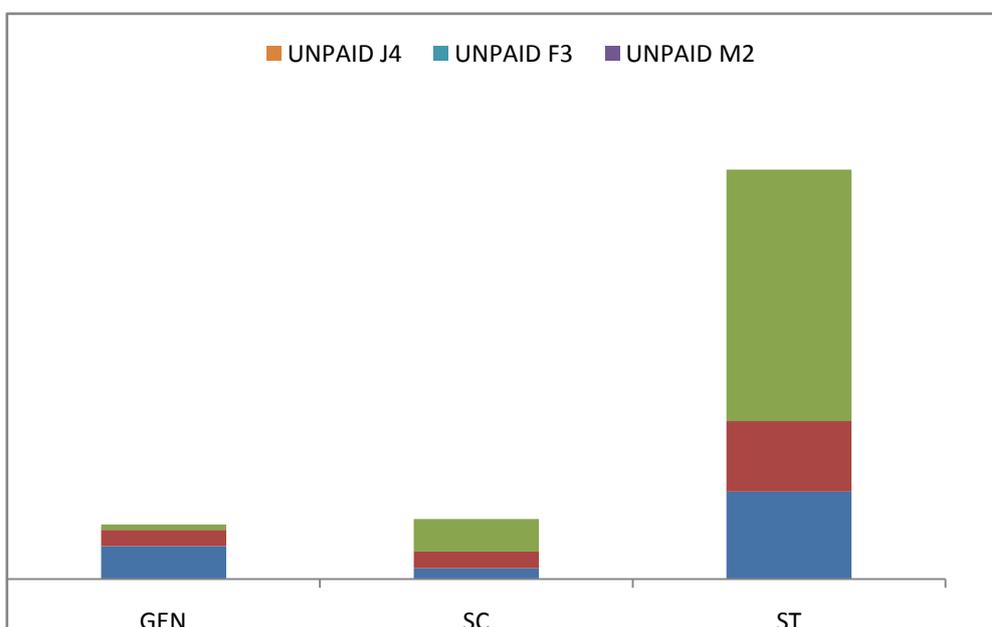


Figure-6.9: Pattern of household decision-making with regard to children’s education of unpaid women on the basis of community in Jalpaiguri district



Conclusion

This chapter has examined the women's autonomy in rural areas of Jalpaiguri district by analyzing into the decision-making processes in the issues relating to households of selected villages.

The findings of the study revealed that Uttarchakwakheta village had the male dominance in participation in household decision-making.

On average all the issues tabulated- issues pertaining to household decision-making with regard to expenditure on food items, ownership of property, children's education, female health care, family planning, use of contraceptive, her wishes of joining self help group, visits of natal family members, control of finance, visits of doctors for child treatment, pooling of income, ownership of productive assets and participation in economic activities, all of these issues had male dominance in decision-making.

While pattern of household decision-making on the basis of community with regard to allocation of expenditure on food items, the study revealed the male dominance in decision-making within SC community, among ST community, there was equal participation of male, female and joint. Ownership of assets had male dominance among General community on average and among SC community, there was male dominance and among ST community there were equal participation of female and joint categories. Pattern of participation in household decision-making with regard to children's education, the study revealed the dominance of male on average within the General category participation, male dominance within the SC community and dominance of joint participation within the ST community. Pertaining to female health care, there was male dominance among the General community, similarly, male dominance within the SC community and female participation a within the ST community. Pattern of household decision-making with regard to family planning, there was dominance of joint participation within the General community, dominance of male participation within the SC community and joint participation within the ST community.

Finally, the pattern of household decision-making on the basis of occupation of women among General, SC and ST Communities with regard to allocation of expenditure on food items, the study revealed the dominance of male members on average among paid

women within the SC community, while among the unpaid women, there was male dominance but equal participation of female and joint participation within the ST community. Pattern of household decision-making with regard to children's education, it was evident of male dominance among the paid women within the SC followed by again male dominance among unpaid women, and joint participation among the unpaid women within the ST community. The study also revealed the influencing factors in the matter of household decision-making such as women's access to household productive resources, women's mobility and purdah system, valuation of children by gender, interspousal communication, and literacy and prevalence of peace and tranquility within the family.

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CHAPTER-VII
FACTORS DETERMINING WOMEN’S PARTICIPATION IN
HOUSEHOLD DECISION-MAKING : OBSERVATIONS FROM PRIMARY
SURVEY

7.1: Introduction

The significance of gender variables in household decision-making are called into question if the women in the sample are not making decisions independently of their spouse or partner. Although this problem has long been recognized by researchers, few have presented reasonable empirical solutions. Although sole participation in household decision-making is considered in the household, it is still difficult to generalize from their behavior to the population at large of the sole participation of male or female since single women and men are not necessarily representative of the universe chosen for the study. Thus, accurate identification of the decision-maker for each household is essential for empirical work in this area. Anecdotally, men have traditionally been more likely than women to make household decisions, but there is evidence to suggest that women's involvement in household decision-making has been increasing. The purpose of this study is to empirically estimate a model of household decision-making to determine the factors that increases women's involvement in the decision-making process. The results of the estimation shed light on the decision-making process in household and suggest some guidelines that researchers can use to classify married and cohabitating couple households according to the gender of the person who is most likely to be the decision-maker in the household. We also have reviewed the literature on models of household decision-making since this literature provides the basis for our empirical model and variable selection.

7.2 Literature on Gender Bias in household decision making

The study on “Gender of children, Bargaining Power, and Intra-household Resource Allocation in China” by Li and Wu, 2000, have found that unitary model of resource allocation in developing countries have been rejected. It has been revealed that resources allocated by the household head and his or her spouse are different. According to this model of household resource allocation, women mostly allocate the resources on nutrition, education and health. The allocation of resources by women empower them to bargain through household decisions on various matters. Gender of a child, born in the family also is the determining factor to bargain through household decision-making. The study on “ Expenditure Patterns and Gender Bias: Evidence from Selected Indian States” by Lancaster, Maitra and Ray,2008, have been shown to be extended by leaving out the assumption of income pooling between the household earners, since the welfare achieved to each income earner is not related to household decision-making processes. In their collective

model they have considered two individuals, namely the male and the female and their utilities depend upon the consumption of commodity and leisure they enjoy. The household's utility depends on the weighted sum of utilities of the two individuals and household maximizes this sum of utilities, this is one approach of modeling the household by maximizing the unified utility. For many household decisions, it is the family rather than the individual of the household that is considered to be critical decision making and consumption unit. This idea has been recognized by researchers for some time: joint decision-making has been reported in the areas of home purchasing (Cunningham and Green 1974; Davis and Rigaux 1974; Munsinger, Weber, and Hasen 1975), automobile purchasing, and home furnishings (Davis 1970; Green and Cunningham 1975). Davis has identified various stages in the decision-making process and the relative degree of influence of each of the family members in these stages (Davis 1970, 1971; Davis and Rigaux 1974). Others have also considered the differences in perceived influence of the husband and wife in household decision-making (Ferber and Lee 1974; Filatrault and Ritchie 1980). Haley, Overholser, and Associates (1975) measured both the direct and indirect (taking the husband's & wife's preference into consideration) influence of the husband and wife in decision-making in the purchase of 87 packaged products. Other studies have begun to consider the determinants of role structure, such as empathy and involvement (Burns 1977; Burns and Granbois 1960).

These studies have been very important in developing a basic understanding of family and their pattern of participation in decision-making while buying. However, as suggested by Davis (1976), most of the studies have focused only on the outcomes of the decision-making process, rather than on the process itself. The result is that very little is known about how families reach about making decisions. Researchers must begin to examine the family decision-making process, rather than just to identify decision-maker or the outcome.

This family decision-making process is often dynamic and complicated. Davis (1976) suggests that if it is consensual - i.e., if family members agree on the desired outcome - the family will rely on predetermined budget guidelines, make one person responsible for the decision, or engage in problem solving. In a problem solving situation, family discussions will focus on questions of fact, and a choice will be made that reflects equal consent or joint decisions agreement among the family members. Yet family members will often disagree about the desirability of the various alternatives.

These differences of opinion can result from differences in goals and differences in perceptions about the relevant alternatives (Sheth 1974). In these situations, decision-making becomes accommodative, rather than consensual. Disagreement implies that there will probably be attempts to accommodate and resolve it before a joint purchase choice is made. During the period when various alternatives are being considered, each spouse will often attempt to influence the other toward his or her preferred decision.

A spouse can use a variety of influential techniques, depending on his or her own characteristics, the characteristics of the individual she is trying to influence, the nature of the purchase and its importance to the individual, and other situational factors. The other partner may respond using yet another set of techniques.

The purpose of this study is to examine the strategies used by individual spouses in making accommodative joint decisions of households. The present research identifies the combinations of influential strategies used by individuals and evaluates the impact of certain socioeconomic and situational characteristics on the use of such strategies. It also examines (1) whether or not certain husband/wife influence patterns are more prevalent than others, (2) whether or not spouses' perceptions of each other's influence attempts agree, and (3) whether or not individuals, using certain combinations of strategies, evaluate their influence attempts as successful.

A greater understanding of the use of influences strategies can be achieved by considering the characteristics of the individuals involved and of the situation in which the influence attempt takes place. The marketing and sociology literature presents a number of variables that are hypothesized to affect the family decision-making process. Blood and Wolfe (1960) suggest several personal characteristics in their "resource theory," which assumes that the comparative resources of the husband and wife determine the balance of power. These resources consist of education, income, competence, personal attractiveness, the performance of each partner in the various roles of homemaker, companion, and sex partner, and so on. For example, the greater the relative amount of income that a spouse contributes to the household, the greater is his or her decision-making power might be experienced; as in another example, Blood and Wolfe (1960) found that wives lose influence during the child-rearing stage of the family life cycle. This is consistent with Sheth's (1974) theory of family buying decisions, in which he includes a life cycle construct. Heer's (1963) "exchange theory" is similar to Blood and Wolfe's "resource theory," except that Heer introduces the idea of marriage alternatives. The spouse who could most easily find another spouse as desirable as his or her current spouse has another source of power, in that she has potentially acceptable alternatives.

7.3 Modelling Women's Decision-making

Household decision-making has been the subject of study in both economics and sociology. The economics literature provides two approaches to model the household from which one can draw inferences about the household's decision-making process while managing the household. Gary Becker (1981) pioneered the neoclassical theory of the household and what has now been known as the "new home economics". In Becker's view, the household can be modeled by maximization of a household (unified) utility function by an altruistic household head. Tastes and preferences of all household members are taken into account in the household utility function and they are assumed to be exogenously determined and held constant over time. Becker avoids

problems of aggregating individual utility functions by assuming that decisions are made by an altruistic head or "benevolent dictator". The outcome of this model of household decision-making is an efficient allocation of household resources wherein the household utility is maximized by having each person specializing to take advantage of their comparative advantage. This model does not distinguish between individual household members, nor does it recognize any systematic differences in power relations based for example on gender. The new home economics predict that resource allocation in the household is independent of who earns the income in the household (see Grossbard-Shechtman, 2001) for a review of recent developments in the new home economics literature. The implication for household decision-making is that not only the outcome, but who the decision-maker is, should both be independent of who earns the income in the household.

The primary alternatives to the neoclassical view of the household models recognized that households do not operate without friction and model the household decision-making process as a bargaining process. The earliest bargaining models used cooperative game theory to model the household (e.g., Manser & Brown, 1980; McElroy & Horney, 1981). These assume that spouses have unique preferences that can be represented by individual utility functions and that individual differences and the allocation of household resources are resolved through a cooperative bargaining process. A spouse's bargaining power is determined by their threat point - the level of utility they would have outside the relationship. Relative access to income, education, and paid work outside the home would all be expected to increase the bargaining power of a household member. Empirical tests of these models find support for certain variables that represent threat points such as an individual's assets and unearned income (Katz 1997). In the context of decision-making, cooperative bargaining models imply that women who work outside the home and earn an income, women with assets of their own, and women with unearned income, will have more say in household decisions than other women.

Another strand in the household bargaining literature challenges the assumption used in cooperative bargaining models and models households in terms of a non-cooperative bargaining process. Their main objection in the cooperative bargaining models is the problems they have with enforcement. Cournot-Nash models (e.g., Lundberg & Pollack, 1993) have suggested as a preferable alternative to the Nash bargaining models used in cooperative bargaining models. Individual's access to income is important in determining their power in the bargaining process. The implications for decision-making in the household is that, the higher a woman's income is relative to her husband's, we would expect the greater participation to be in that decision-making process.

The dominant theory offered in the sociology literature is more consistent with bargaining models of the household but is somewhat less sophisticated. This literature developed from seminal research by Blood and Wolfe (1960) in which decision-making power within the household was

hypothesized to be determined by the individual partner's command over financial resources. Subsequent studies have concluded that the balance of power in the family is dependent upon relative access to resources such as income, education, and paid work outside the home.

On the whole, sociologists have not elaborated on the nature of power within the household. In this respect, economists have suggested that the key factor is influence in household decision-making, allowing for the possibility that spouses and partners are likely to have different preferences when it comes to spending household income. The prediction that comes from both the power and influence models of sociology and the bargaining models of economics is that women's involvement in household decision-making will be positively related to their share of total household income and wealth. The prediction of the models of new home economics is that there will be no relationship between these variables.

The purpose of the present study is to examine the factors that determine the women's participation in household decision making. For practical purposes, the econometric exercise and modeling has been attempted for sample observations obtained for the villages surveyed in Darjeeling district. The reason behind this is simple because of the observed higher participation of women and/or joint decision-making in the households surveyed. Since the present study is concerned with the factors that determine female participation in decision-making, Darjeeling as the case study is more appropriate compared to Jalpaiguri finding where male members dominate in decision making, as is evident from the earlier two chapters.

In this model, the study took 18 parameters to measure the pattern of participation in decision-making of women in running a household: these are decision-making regarding i) allocation of expenditure on purchase of food items; ii) property ownership; iii) children's education; iv) healthcare seeking; v) healthcare services vi) female healthcare services; vii) family planning acceptance; viii) permission before leaving the house; ix) Self Help Group membership; x) visits to the natal family; xi) control of finance/expenditure; xii) visits to doctors for child treatment; xiii) pooling of income; xiv) ownership of productive assets; xv) undertaking economic activities by women; xvi) dietary decisions; xvii) allocation of quality goods to male child; and xviii) frequency of availability of food for female child.

In the empirical estimation that follows, we examine the relationship between women's involvement in household decision-making and their share of income and the level of household wealth (given our inability to determine household members' shares of wealth). The purpose of this study is to examine the factors that increase women's participation in household decisions. Respondents were asked to identify whether household decisions were primarily made by the respondent, her/his spouse, or jointly. Following Dobbelsteen and Kooreman (1997) the model

estimated in this study is an ordered probit where the order Y_i represents increasing involvement of the woman in household decision-making:

$Y_i = 1$ if a man is the primary decision-maker

= 2 if decisions are made jointly

= 3 if a woman is the primary decision-maker

Based on the theoretical literature, we hypothesize that the level of female involvement in household decision-making is a function of the age, religion, marital status, age at marriage, education, family status, structure of household, primary occupation, secondary occupation, household size, earning members, and income of each spouse and certain household attributes.

More specifically, the model to be estimated takes the form:

$$Y_i = \alpha_i + \beta_{1i}AGE + \beta_{2i}RLG + \beta_{3i}MT + \beta_{4i}MA + \beta_{5i}EDU + \beta_{6i}FT + \beta_{7i}ESOH + \beta_{8i}PO + \beta_{9i}SO + \beta_{10i}HS + \beta_{11i}EM + \beta_{12i}I + \varepsilon_i$$

Table-7.1: Variable Description

VARIABLES	Variable Description
AGE	is the dummy variable for respondent's age
RLG.	is a dummy variable for religion
MT	is a dummy variable for marital status
MA	is a dummy variable for age of marriage
EDU	is a dummy variable for education level of the head of the household
FT	is a dummy variable for family status
ESOH	is a dummy variable for earning status of households
PO	is a dummy variable for Primary Occupation
SO	is a dummy variable for Secondary Occupation
HS	is a dummy variable for Household Size
EM	is a dummy variable for Number of Earning Member
I	is a non-dichotomous variable for Income

Table- 7.2: Restrictions on Variables

VAR	Restrictions
AGE	Respondent's aged below 21 years Value 1; 0 otherwise
	Respondent's aged between 21-35 years Value 1; 0 otherwise
	Respondent's aged between 36-50 years Value 1; 0 otherwise
	Respondent's aged above 50 years Value 1; 0 otherwise
RLG	if Hindu=0, Christian=1, other=2
MT	if Single=0; Married=1; widowed=2; Separated=3; Divorced=4
MA	Female member age of marriage below 15 years Value 1; 0 otherwise
EDU	if Illiterate=0; Functionally Literate=1; upto class IV=2; upto class VIII=3; higher than class VIII=4
FT	if Unitary=0; Joint=1
ESOH	if Sole=0; Joint=1
PO	if Tea garden Labour=0; other=1
SO	if Nil=0; Wage Labour=1; Petty trade=2; Service=3; other=4
HS	if <four =0; other =1
EM	if only male=0; both =1

Since the dependent variable is of main interest, or factors that determine women's participation in household decision-making had an ordinal categorical nature, the ordered probit model was employed for the analysis of the polychotomous response data. Considering the ordinal Probit model, let:

$$Y^* = \beta'X_i + \varepsilon_i$$

Where; Y^* is the underlying latent variable that indexes the level of participation of the woman in a given household operation, X_i is a vector of parameters to be estimated and ε_i is the stochastic error term. The latent variable exhibits itself in ordinal categories, which could be coded as 0, 1, 2, 3,, k. The response of category k is thus observed when the underlying continuous response falls in the k-th interval as:

$$Y^* = 0, \text{ if } Y^* \leq \delta_0$$

$$Y^* = 1, \text{ if } \delta_0 < Y^* \leq \delta_1$$

$$Y^* = 2, \text{ if } \delta_1 < Y^* \leq \delta_2$$

$$Y^* = 3, \text{ if } \delta_2 < Y^* \leq \delta_3$$

Where δ_i ($i=0, 1, 2, 3$) are the unobservable threshold parameters that will be estimated together with other parameters in the model. When an intercept coefficient is included in the model, 0 is normalized to a zero value [6] and hence only $k-1$ additional parameters are estimated with s . The probabilities for each of the observed ordinal response which in this study had 10 responses (0, 1, 2, 3) will be given as:

$$prob(Y = 0) = P(Y^* \leq 0) = P(\beta'X + \varepsilon_i \leq 0) = \Phi(-\beta'X)$$

$$prob(Y = 1) = \Phi(\delta_1 - \beta'X) - \Phi(-\beta'X)$$

$$prob(Y = 2) = \Phi(\delta_2 - \beta'X) - \Phi(\delta_1 - \beta'X)$$

$$prob(Y = 3) = 1 - \Phi(\delta_2 - \beta'X)$$

Where $0 < \delta_1 < \delta_2 < \dots < \delta_{k-1}$ Φ is the cumulative normal distribution function such that the sum total of the above probabilities is equal to one. The marginal effects of the regressors X on the probabilities are not equal to the coefficients. The marginal probabilities could therefore be calculated from the Probit model as:

$$\frac{dprob[Y_k]}{dX_k} = [\Phi(\delta_{k-1} - \beta'X_k) - \Phi(\delta_k - \beta'X_k)]\beta$$

where $\phi(\cdot)$ is the normal density function, δ_k the threshold parameter and X_k the k -th explanatory variable. The marginal effect was computed directly from the SPSS software employed in the analysis of this study. The list of variables used in the main empirical model is given on Table 1. The dependent variable indexes if the level of participation of the woman is low, medium or high. The value is 1 if low, 2 if medium, 3 if high and 0 otherwise. The explanatory variables employed in the Probit regression model are defined in Table -2.

7.4: Results & Discussions

The household decision-making model is estimated through an Ordered Probit Regression using the survey data for Darjeeling in the table 3 below. The negative sign on the coefficient for household income on decisions regarding allocation of expenditure on family consumption, allocation of work, ownership of property, and other aspects of household indicate that the household moves toward lower female involvement in decision-making on these financial issues of household as the man's share of income increases, and higher female involvement on children's education and family's health expenditure as the family's of income increases.

The extent of women participation in household management decision making process depends on a number of factors. Table -4 shows the maximum likelihood estimates of the parameters of Probit regression model characterising the role of women as participation in household decision-making.

Table-7. 3 : Ordered Probit regressions of the women’s decision making status(Darjeeling)

Regressors	Decision-regarding expenditure on food consumption	Decision regarding ownership of property	Decision-regarding education of Children	Decisions regarding female health care	Decisions regarding sources of health services obtained	Decision regarding family planning
Income of household(INC)	0.711	0.321	0.479 (0.623)	-0.569 (0.376)	-0.406 (0.402)	0.243 (0.414)
Education of wife (EDUW)	-0.003 (0.036)	-0.018 (0.037)	0.122 (0.050)***	-0.076 (0.025)*	0.008 (0.028)	-0.098 (0.029)*
Education of husband(EDUH)	-0.008 (0.035)	0.052 (0.036)	0.024 (0.046)	0.032 (0.026)	0.005 (0.029)	0.031 (0.029)
Age of Women(Age)	0.012 (0.012)	0.027 (0.012)**	0.050 (0.014)*	0.001 (0.009)	0.004 (0.010)	0.005 (0.010)
Earning Status of women (ESTAT)	0.389 (0.136)*	0.070 (0.139)	-0.375 (72.20)**	0.268 (0.107)**	0.010 (0.115)	0.022 (0.116)
Size of household(SHH)	0.055 (0.171)	-0.043 (0.179)	0.134 (0.230)	0.055 (0.119)	0.012 (0.129)	0.001 (0.134)
Landholding (LND HLD)	0.400 (0.403)	0.127 (0.414)	0.461 (0.510)	-0.358 (0.220)***	-0.345 (0.239)	0.265 (0.249)
Chi ² test zero slope	50.09	37.96	54.99	24.96	4.73	29.31
Scaled R ²	0.068	0.057	0.106	0.021	0.005	0.030
No. of Observations	150	150	150	150	150	150

Notes: The table reports the estimates of the ordered probit regressions with standard errors presented in parentheses. * denotes statistical significance at the

1 percent level; ** denotes statistical significance at the 5 percent level; *** denotes statistical significance at the 10 percent level.

Source: Calculated from the village sample observations

98 percent of the women married and cohabiting were correctly classified by the model. The log-likelihood ratio test showed that the estimated model with the set of explanatory variables for the data was better compared with the null model. There was therefore a significant relationship between the log of odds $\{\ln [P/(1-P)]\}$ and the probability of the level of women involvement in household management decision-making and the explanatory variables included in the model. This is suggestive of the fact that these variables contribute significantly as a group to the explanation of

the role of women in decision-making in household. The Madalla and Mcfadden R2 prove the goodness of the model used in the analysis.

Based on the Probit model analysis, the age group, education, religion, marital status, variables were found to have significant influence on the level of women participation in household decision making. The negative signs on age groups with ages 35 years and below and the positive signs on the age groups variables with ages 36 years and above imply that the level of participation of the women in household management decision making increases with age: This therefore, suggests that the age of the woman of the household is an important variable influencing the involvement of the woman in household management decision making. However, only with the 36-50 and >50 age groups were significant at the 5% level.

Table-7.4: Influence of factors on household decision-making

	DRFE	DROP	DRCE	DRHC	DRHS	DRFH	DRFP	DRPLH	DRHW	DRVNF	DRCF	DRVDCT	DRPI	DROPA	DREA	DRDF	DRIFM	DREAF
AGE <21	1.352	0.76	-0.912	-0.302	-0.281	-0.361	-0.412	-0.704	-0.391	-0.745	-0.277	-0.281	-0.227	-0.721	-0.882	-0.642	-0.453	1.456
AGE 21-35	0.295	0.346	0.821	0.664	0.531	0.633	0.923	0.393	0.629	0.722	0.568	0.911	0.981	0.674	0.822	0.871	0.772	0.543
AGE 36-50	0.766	0.543	0.912	0.561	0.783	0.251	0.295	0.222	0.623	0.349	0.745	0.349	0.729	0.241	0.723	0.934	0.623	0.295
AGE >50	0.983	0.948	0.874	0.784	0.933	0.346	0.821	0.664	0.393	0.981	0.674	0.633	0.923	0.629	0.722	0.911	0.349	0.745
RLG	0.114	0.251	0.295	0.729	0.241	0.531	0.531	0.784	0.745	0.821	0.821	0.568	0.591	0.664	0.637	0.729	0.783	0.241
MT	0.455	0.222	0.723	0.934	0.436	0.295	0.783	0.729	0.543	0.822	0.674	0.783	0.476	0.784	0.311	0.295	0.933	0.436
MA	-0.311	0.849	0.623	0.443	0.529	0.723	0.933	0.934	0.295	0.723	0.241	0.933	0.677	0.591	0.771	0.766	0.771	0.745
EDU	0.637	0.951	0.199	0.734	0.923	0.623	0.241	0.443	0.568	0.933	0.295	0.911	0.887	0.729	0.365	0.923	0.365	0.674
FT	-0.711	-0.113	0.346	0.435	0.331	0.199	0.295	0.734	0.623	0.241	0.723	0.342	0.711	0.561	0.251	0.591	0.551	0.664

ESOH	-0.244	-0.486	0.543	0.771	0.677	0.723	0.723	0.199	0.455	0.295	0.912	0.633	0.531	0.784	0.346	0.954	0.866	0.723
PO	0.591	0.331	0.948	0.365	0.887	0.722	0.674	0.346	0.222	0.821	0.874	0.346	0.783	0.393	0.251	0.724	0.784	0.722
SO	0.476	0.291	0.724	0.954	0.322	0.722	0.241	0.543	0.637	0.531	0.531	0.531	-0.171	0.222	0.346	0.531	0.729	0.934
HS	-0.171	0.551	0.652	0.724	0.515	0.349	0.629	0.772	0.311	0.531	0.222	0.349	0.844	0.664	0.531	0.349	0.723	0.443
EM	0.844	0.866	0.677	0.298	0.772	0.981	0.772	0.623	0.729	0.783	0.664	0.543	0.821	0.948	0.729	0.476	0.623	0.874
I	0.711	0.321	0.251	0.451	0.318	0.566	0.948	0.349	0.923	0.665	0.241	0.295	0.531	0.724	0.923	0.677	0.199	0.295

The following observations can be made from Table 3&4 where the parameters age, religion, marital status, etc are expected to influence the variables of decision-making

(1) the spouse who is young with age below 21 years does not have any influence on decisions regarding ownership of economic resources including land, as is expected from patriarchal rural families. Lower the age the more is the lack of influencing power regarding economic activities and ownership of productive assets as is evident from higher magnitude but a negative correlation.

(2) Lower the age of the spouse it is evident that she does not have any voice regarding any kind of decision making within the household. In fact her participation is not desirable in any form of decision-making.

(3) With age and experience the woman acquires an improved status in decision-making in all respects. However, the significant influence in decision-making is with children's education, visits to doctor for child treatment and pooling and decision regarding undertaking economic activities, food distribution and visits to natal place and family planning. Interestingly, control of finances and ownership of land and other productive assets do not improve as much as is desired.

Significantly, as the woman gets older her command within the household increases as is evident with her control over decisions regarding domestic activities, e.g. expenditure on food, children's education, health of children and others like, family planning, distribution and dietary choice of food, etc. Her participation in decision-making regarding economic activities and possibility of asset/property ownership improves drastically. However, as is the cultural norm of rural societies in India, the woman neglects her health and fails to have any significant participation in decisions regarding her health care while devoting her time to the health care of the other family members, thus contributing to the "care" economy significantly.

(4) Religion does not have any significant influence on property ownership since most women are deprived from ownership of any form of property, and productive assets in developing countries like India and are thus subject to poverty and destitution in case of any economic distress.

(5) The other significant parameter that influences decision-making is the educational attainment of the woman respondent. An increase in the educational level heightens the chances of ownership of property and productive assets. However, this ownership does not necessarily translate into participation in any economic activity for the respondent group.

(6) While the educated woman's capacity to influence decision regarding healthcare and her mobility is significantly improved, her influence in other domestic activities does not bear such evidence.

(7) The joint or unitary status of the family does not have any strong influence on the woman's ownership of property or any productive assets. Further, as is the practice in any patriarchal rural society, elderly women have stronger influence over decision-making regarding domestic activities, children's education and healthcare, not giving much opportunity for the younger women in the family to participate in decision-making in a joint family system.

(8) Invalidating studies where participation in income earning activities enhances the decision-making status of women, the present survey respondents do not show any significant improvement in decision-making regarding ownership of property and productive assets. While her influence on health and her own mobility significantly improved, her influence regarding other domestic activities get any stronger, possibly owing lack of time commitment within the household.

(9) With the increase in household size the decision-making capacity of the women's influence on health care activities and significantly improves her mobility status, possibly owing to the sharing of responsibilities at home or within the family.

(10) Participation of both men and women in economic activities improves the bargaining capacity of the women on all counts except her influence on accessing healthcare and distribution of food within the family.

(11) Increase in household income improves the woman's bargaining capacity, regarding economic activity, ownership of property assets and fulfillment of her desire to join community activities like participating in self help groups. This opportunity possibly gives the women, the economic capacity to own productive assets.

(12) Finally, as the households income and wealth status increases it is expected that women will not be allowed to undertake paid work outside the private domain. However, this is not reflected in the present study as majority of the women's respondents are engaged in paid economic activity.

The significantly positive sign on religion imply that the level of participation in household decision-making is also influenced by religion. The positive sign on the coefficient of marital status on participation in household decision-making on allocation of expenses on food items, ownership of property, children's education, health care of females, availability of health services, family planning, permission before leaving the house, joining the self help group, visits of natal family, control of finance and treatment of a child by doctor indicate that a married woman of a household enjoying an enhanced status in society, has greater probability to participate in decision-making rather than an unmarried woman.

The negative sign of coefficient on age at marriage in decision-making on allocation of food items indicate that with lower age at marriage, women are not encouraged to participate in household decision-making, the chances of which increase with a more mature age at marriage.

Family status with negative sign of coefficient on the participation in decision-making on allocation of expenses on food items, ownership of property, indicate no participation of women in decision-making. While the significantly positive sign on decision-making on health care, decision regarding obtaining of permission before leaving the house, decision regarding control of finance, on pooling of income, on her wishes of joining self help group, indicate the higher level of participation in decision-making.

The negative sign of coefficient of earning status of household in decision-making on allocation of expenses on food items and ownership of property indicate lesser participation of

women in decision-making as more number of male members start contributing to income generation. While the significantly positive sign in decision-making on children's education, female healthcare, health services, family planning, permission before leaving the house, joining of social group, visits of doctor, control of finance, productive assets, serving of food, availability of food to male child, availability of food to female child, indicate that female decision-making increases in these respects with a higher earning status of the household.

Significantly positive sign on coefficient of primary occupation indicates that a woman move towards higher involvement in decision-making with regard to all the regressed variables where women are also engaged in agricultural economic activities.

Negative sign on the coefficient of family size in decision-making variables indicate that the participation of women in decision-making on allocation of expenses on food items is minimum with a large household size. This is probably true in case of joint and extended families, where elderly women and the male members take on decision-making at all levels with younger men and women to execute the decisions. This is indicated by the positive sign on coefficient of family size on other dependent variables indicating that possibly older and experienced women participate to greater extent in decision-making.

The positive sign of coefficient on income in decision-making variables regressed indicate that participation of women in decision-making and management is enhanced with an increase in the income generating capacity of both men and women in the household.

Hence older women participated more in decision making process in the different areas of household aspects than their younger age group counterparts. The significantly positive sign on the EDU variable might be attributed to the high level of knowledge and experience about improved household management acquired by the educated woman of agricultural household. This helps her to influence major decisions being taken in the home, household decision-making inclusive. The wealth status of the woman is also a major determinant of the role of the woman in household decision making. The more financially strong the woman is, the more her involvement in decision making process. In regards to tenancy, the significant positive sign implies that landless women do not make significant participation in household decision- making. The landless woman undertook farming on leased land and could not as such take a major decision that has to do with the land without the owner's consent.

Lastly religion was found not to have any significant influence on the level of the woman's participation in household decision making. This might be due to the second fiddle position the woman is forced to play in the country irrespective of her religion.

Note:

1. The Scaled R-squared is a measure of goodness of fit relative to a model with just a constant term; it is a nonlinear transformation of the Likelihood Ratio test for zero slopes. See Estrella (1998). Although the paper is concerned with trichotomous dependent variables, the scaled R-squared applies to any model with a fixed number of categories, such as Ordered Probit and Multinomial Logit.

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CHAPTER-VIII

SUMMARY AND CONCLUSIONS

8.1 Summary:

The present research work as prepared in the preceding chapters endeavored an attempt to investigate the decision-making process within the households, the pattern of household decision-making with regard to all aspects of household, food expenditure, ownership of property, children's education, health care, contraceptive use, family planning, permission before leaving the house, wishes of household head's wife with regard to joining social group, permission with regard to visits of doctor for treatment of a child, control of finance, pooling of income, ownership of productive assets, and carrying out economic activities in Darjeeling and Jalpaiguri districts of North Bengal. The study reveals that participation in decision-making with regard to different issues in the household involves male (household head) or female (the respective spouse) or jointly (both male and female). The survey indicates that mostly there are households in which household head (male) participates in most of the issues of the household. Further, the survey also indicated that there is substantial disparity in terms of decision-making in most of the household aspects. Women participation in decision making continues to be less than their male counterparts, and they are discriminated with regard to educational and health outcomes. Women belonging to SCs and STSs communities' face many disadvantages in the household. There are inter village and intra village differences pertaining to decision-making, particularly with regard to pattern of participation in food expenditure and children's education.

Chapter-I states the research problem, review of literature, its objective, hypotheses, and policy prescription are the guide lines and direction to carry out the study. Methods and approaches such as descriptive statics, review of relevant literature and field observations have been employed.

Chapter-II deals with the different aspects of gender discrimination and decision-making ability of women. Women's autonomy in decision-making, ownership rights of women and decision-making status- women still face gender inequality with regard to ownership of property and fare worse than men in most measures of such inequality. Women's decision-making status and education, women's decision-making status and health are also two areas of examination.

Chapter-III deals with the demographic and socio-economic profile of the Darjeeling district, as they have influence on both the welfare of women population and the level of socio-economic development of the region.

An attempt is made to examine the demographic and socio-economic characteristics of the respondents of Darjeeling district as well as of West Bengal for comparison. Comparison have been done in terms of total population, sex ratio, literacy rate for both (0-6 age group, and above 6), work participation rate under different categories. The study has revealed that women are at disadvantage in terms of number of demographic fronts. For instance, infant mortality rate in West Bengal was 17.2 per mille in comparison to 22.5 per mille in India in 2009, death rate in West Bengal 6.2 per mille in comparison to 7.2 mille in India in 2009, female life expectancy were 63.5 in West Bengal in comparison to 65 at all India level in 1999-2003. In the field of education, women in West Bengal are in a better position than the all India average. As per the Census of 2011, the total literacy rate in West Bengal was 77 percent as against 74 percent rate for India. While the male literacy rate was 82.7 percent (India 82.1 percent), female literacy rate stands at 71.2 percent (India-65.5 percent). Although the sex ratio of West Bengal have been increasing over the period 1951-2011 with the increase of female literacy rate, the work participation rate of main and marginal workers of West Bengal, have been lower over the period between 2001 to 2011. The male-female work participation rate of West Bengal, Darjeeling and chosen blocks and sample villages revealed that the work participation rate of women in Darjeeling district, Mirik Development Block and Phansidewa development Block have been much lower over the period 2001 to 2011. But at a village level a different picture has been revealed. Some sample villages have higher female work participation rate than men in comparison to state average. Although the female literacy rate of Darjeeling was 45.45 slightly higher than the West Bengal, the sex ratio was at 1000:970 in Darjeeling district followed by 1000:982.30 in Mirik block and 1000:971 in Phansidewa block. Similarly, the female work participation rate is 49.25.

Life expectancy at birth has a direct bearing with the level of socio-economic development of a region. In order to ascertain the physical well-being of any population, life expectancy at birth is the parameter. Although female life expectancy of West Bengal was higher than the males over the period 1999-2003 to 2003-2006, it was much lower than national level.

Chapter –IV deals with the demographic and socio-economic profile of Jalpaiguri district of North Bengal. It has analysed the nature of economic activities of men and women of the sample group of West Bengal, Jalpaiguri, and Alipurduar-I and Maynaguri blocks. There is not only low female work participation rate of total workers but also there are main and marginal differentials. The work participation rate of main workers is very low against their marginal female counterpart in West Bengal. Moreover, the female work participation rate of marginal workers of Jalapiguri district is higher than the state average. The employment indicators such as female WPR and also the proportion of main and marginal workers are close to the state average literacy rate of West Bengal.

The Census data relating to male-female work participation rate of main and marginal workers has revealed that the percentage of male main workers decreased while the percentage of female main workers has increased marginally from 15.33 percent to 15.60 percent during the period 2001-2011 in West Bengal. This trend is indicative of that work for female workers is available in both agricultural sector and in household industries where skill is not required. Also figures from the census show that, marginal female workers (defined as working for less than 183 days per year) has decreased from 55.2 percent to 44.46 percent during 2001 to 2011 period. Although there has been a decline in the proportion of female workers in the margina category, it is still therefore, these figures imply that there is more of feminization of the work force, because the number of marginal workers had increased.

The analysis of occupational structure reveals that substantial proportion of rural work force engaged in household industries and as agricultural laborers and small proportion have been engaged in cultivation in West Bengal. Agriculture is the main occupation to the large proportion of the working population. Around 91.81 percent of males are engaged as cultivators in West Bengal, 88.33 percent in Jalpaiguri district and 85.08 in Alipurduar-I block. While, 6.27 percent are females engaged as cultivators in West Bengal, 7.66 in Jalpaiguri and 6.64 in Alipurduar-I block in 2011. In fact percentage of female workers as engaged in agriculture are slightly more than average percentage of West Bengal. Female employment in agriculture is of seasonal nature. This does not require women workers being very far away from home for long period of time to far off places. Even when work has to be done by family it can be found in close neighborhood. In addition, the family structure is such that mothers have less personal responsibility since old lady of the family shoulders the responsibility of rearing and caring for the little children. Secondly, agriculture sector absorbs women with little or no skill also.

Majority of the female main workers are having occupation as either cultivators or agricultural laborers. As many as 6.27 percent of female main workers in West Bengal are cultivators and 15.78 percent are as agricultural laborers, 42.76 are working in household industries. In Jalpaiguri district, 7.66 percent of main workers are cultivators and 21.52 percent are agricultural laborers. In fact, it is observed that percentage of agricultural laborers is higher than West Bengal which implies economic conditions are poor and large number women are found to be landless.

As majority of female main workers are either agricultural laborers or engaged in household industries, therefore, Chapter V would examine the role of selected households in rural area of West Bengal where male head and respective spouse of the household participates in decision-making in different aspects of household. One of the roles of these rural women of selected households is economic contribution- through their agricultural labors in the fields and by producing goods in home industries. This chapter examines the pattern of decision-making as one of the roles in the household based on field survey data. For collection of the data, the technical design of the study required three stages stratified random sampling with Block as the first stage of the sampling unit, villages as the second stage of the sampling unit and the farm and nonfarm households as the third and ultimate stage of the sampling unit. The data were collected on the basis of interview method by asking research questions to the household head and respective spouse. Their responses were tabulated and classified as responses given by male, female and jointly. Such responses were tabulated against different aspects of household for the analysis of the decision-making role of male and female. In doing so, the attention was paid to the activities, such as participation in decision-making with regard to purchase of food items, property ownership children's education, accessing female healthcare, contraceptive use, family planning adoption, permission before leaving the house, membership in a social group (SHG) by the wife of household head, visits of natal family members, control of expenditure/finance, visits of doctor for treatment of a child, pooling of income, ownership of productive assets, participation in economic activities by the women. It has been found that percentage of joint decision-making is relatively greater in terms of purchase of food items, children's education, healthcare services, contraceptive use, family planning, joining of self help group, control of finance, pooling of income, taking up economic activities. Relatively higher percentage of involvement of women in decision-making is observed with regard to obtaining of permission before leaving the house, visits of doctor

for treatment of children. The study, therefore, shows that in most of the issues of household considered in the study, there is joint decision-making.

Chapter-V this chapter has examined the women's autonomy in rural areas of Darjeeling district by probing into the decision-making processes in the households of selected villages. The findings of the study revealed that on an average all the issues pertaining to household decision-making with regard to expenditure on food items has male dominance, ownership of property has joint participation on average, children's education has dominance of joint participation, and female health care has on average the dominance of joint participation, followed by female participation. Decision pertaining to family planning has dominance of joint participation followed by female participation, use of contraceptive, her wishes of joining self help group has dominance of joint participation in decision-making; visitation of natal family members has female dominance, followed by joint decision-making; control of finance has dominance of joint followed by female participation; visitation of doctors for child treatment has dominance of joint decision-making; pooling of income has dominance of joint participation; ownership of productive assets has male dominance followed by joint decision-making, and participation in economic activities has dominance of joint participation. While pattern of household decision-making on the basis of community with regard to allocation of expenditure on food items had male dominance in decision-making within SC community, among ST community, there was equal participation of male, female and joint. Ownership of assets had male dominance among General community on average and among SC community, there was male dominance and among ST community there were equal participation of female and joint categories. Pattern of participation in household decision-making with regard to children's education, had the dominance of male on average within the General category participation, male dominance within the SC community and dominance of joint participation within the ST community. Pertaining to female health care, there was male dominance among the General community, similarly, male dominance within the SC community and female participation a within the ST community. Pattern of household decision-making with regard to family planning, there was dominance of joint participation within the General community, dominance of male participation within the SC community and joint participation within the ST community.

Finally, the pattern of household decision-making on the basis of occupation of women among General, SC and ST Communities with regard to allocation of expenditure on food items, the study revealed the dominance of male members on average among paid

women within the SC community, while among the unpaid women, there was male dominance but equal participation of female and joint participation within the ST community. Pattern of household decision-making with regard to children's education, it was evident of male dominance among the paid women within the SC followed by again male dominance among unpaid women, and joint participation among the unpaid women within the ST community. The study also revealed the influencing factors in the matter of household decision-making such as women's access to household productive resources, women's mobility and purdah system, differential treatment of children by gender; inter-spousal communication, and literacy and prevalence of peace and tranquility within the family.

Chapter-VI - this chapter has examined the women's autonomy in rural areas of Jalpaiguri district by probing into the decision-making processes in the households of selected villages.

The findings of the study revealed that on average all the issues tabulated- issues pertaining to household decision-making with regard to expenditure on food items, ownership of property, children's education, female health care, family planning, use of contraceptive, her wishes of joining self help group, visitation of natal family members, control of finance, visitation of doctors for child treatment, pooling of income, ownership of productive assets and participation in economic activities, all of these issues had male dominance in decision-making.

While pattern of household decision-making on the basis of community with regard to allocation of expenditure on food items, the study found the male dominance in decision-making within SC community, among ST community, there was equal participation of male, female and joint. Ownership of assets had male dominance among General community on average and among SC community, there was male dominance and among ST community there were equal participation of female and joint categories. Pattern of participation in household decision-making with regard to children's education, the study revealed the dominance of male on average within the General category participation, male dominance within the SC community and dominance of joint participation within the ST community. Pertaining to female health care, there was male dominance among the General community, similarly, male dominance within the SC community and female participation a within the ST community. Pattern of household decision-making with regard to family planning, there was dominance of joint

participation within the General community, dominance of male participation within the SC community and joint participation within the ST community.

Finally, the pattern of household decision-making on the basis of occupation of women among General, SC and ST Communities with regard to allocation of expenditure on food items, the study revealed the dominance of male members on average among paid women within the SC community, while among the unpaid women, there was male dominance but equal participation of female and joint participation within the ST community. Pattern of household decision-making with regard to children's education, it was evident of male dominance among the paid women within the SC followed by again male dominance among unpaid women, and joint participation among the unpaid women within the ST community

Chapter VII deals with the econometric study (Ordered Probit Regression analysis) of participation of women in different spheres of decision making has been done to show the significance of socio-economic factors in decision making status of women.

Chapter VIII deals with the summary and conclusions, policy-prescriptions designed to improve and uplift the relative contributions of women in the study region.

8.2: Conclusions

The indicators considered above reveals the existing status of women. Literacy rates among women in blocks are lower than the males.

The findings of the study and conclusions are as follows:

1. It has been observed that the demographic characteristics- the percentage of female population is lower than the male, this seem to reveal the phenomenon of gender discrimination.
2. Majority of the female main workers are engaged in household industries and other category. Although a major proportion of women are engaged in unorganized sector, the participation of women in organized sector is low in Bengal.
3. Women participate practically in household work. They are mostly engaged in household farm work.
4. It has been found that the number of agricultural households is relatively more in Jalpaiguri district.

5. The study revealed that issues pertaining to household decision-making with regard to decision-making on ownership of property, expenditure on food items have male dominance. While the issues pertaining to decision on children's education, use of health-care services, contraceptive use, family planning, obtaining permission before leaving the house, joining of a social group, control of finance, visits to doctor for child treatment, pooling of income and participation in economic activities, all have joint participation in Darjeeling district.
6. The findings of the study revealed that issues relating to household decision-making on expenditure on food items, ownership of productive assets, children's education, female health care, family planning, use of contraceptive, women's wishes of joining self help group, visits to natal family members, control of finance, visits to a doctor for child treatment, pooling of income, and participation in economic activities, all of these issues have male dominance in Jalpaiguri district. Thus, patriarchal ideology is deeply entrenched in the communities of the surveyed villages in Jalpaiguri.

8.3 Suggestions:

Based on the existing findings, the following measures are suggested.

1. The demographic characteristics paint a picture of extreme gender inequality. In most of the households surveyed revealed male dominance in household decision-making.
2. Concluding with the findings of the study on work participation rate, and the gender division of labor which compels women to engage in domestic work, discourages household decision-maker investing in girl child's education. Therefore, an exposure to and integration into mainstream of life would help them to enhance their participation in household decision-making.
3. Employment of women in activities other than household farm would help them to have financial independence and power of bargaining.
4. Employment of women in agricultural sector is associated with low attainment of education because a girl would substitute mother for household chores.
5. In view of the male dominance in major issues of household decision-making, it is important that attention should be given to all round demographic and socio-economic development in the chosen districts. Improvement in women's status would ensure gender equality, enhancement of women's participation in decision-

making, reduction in infant mortality rate and consequent development across the state.

6. Pattern of participation in household decision-making in Jalpaiguri district among general community of paid and unpaid work revealed higher percentage of male dominance. In Scheduled Caste community also with paid and unpaid women's work participation, the findings of the study revealed male dominance in decision-making pattern, while in Scheduled Tribe community, sole female participation in decision-making was almost of same percentage to joint participation.
7. Women's empowerment is achieved when she has control over her life which implies that women's autonomy in decision-making is the key factor to empowerment. The empirical chapter endeavors to look into the decision-making status of women in the surveyed households. The results of the model shed light on household decision-making process and suggest guidelines to the researchers to classify decision-making of the married and cohabiting couples according to the gender of the person. Review of literature on models of household decision-making has been incorporated in the study to provide a theoretical basis for selection of the variables.

The significance of the gender variable has been considered specifically because women in the household cannot participate in the household decision-making independently or without the consent of her respective spouse. Although this issue has been recognized by the researchers and some empirical solutions have been provided but the influencing factors of issues considered are estimated. Sole participation in decision-making of female is not representative of the population. Thus, accurate identification of the decision-maker in the household is essential for empirical work in this area. Anecdotically, traditionally men have been participating in the household decision-making but there are evidences which reveal that women have been participating in household decision-making too. The purpose of chapter VII is to empirically estimate a model of household decision-making to determine the factors that influences the women in decision-making. Based on the existing findings, the following measures are suggested.

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Appendix-1

Questionnaire Department of Economics North Bengal University

Surveys of SCs and STs Communities in North Bengal

Survey SiteDate.....

Census Village No.....Mouza.....G.P.....Block.....

No. of Households.....

General Information

1. Respondent's
Name.....
2. Age.....
- 3.
- 4.
5. Religion:Hindu/Christian/OtherSubCommunity.....
.....(e.g.Santal/Munda/Oraon/Other)
6. Current Marital Status:
Single/Married/Widowed/Separated/Divorced
7. Age at Marriage..... Years
8. Educational Level. Illiterate/Functionally Literate/ Upto classIV/ Upto class VIII.....above
classVIII(Specify)
9. Place of Education.....

Name	Age	Relation with the respondent	Illiterate	Func Literate	Up to Class IV	More than class IV	Up to Class VIII	More than Class VIII

10. Family Status: Unitary/Joint
11. Earning Status of Householder: Sole/Joint
12. Primary Occupation: Tea Labor/Other.....
13. Secondary Occupation: Nil/Wage labor/Petty Trade/Service/Other.....
14. Household Size: Males.....
 Females.....Total.....
15. Household Minors
 Males.....Females.....Minors.....Total.....
16. Earning Members Males FemalesTotal.....
17. Earning Minors Males.....Females.....Total.....
18. Dependent Elders Males.....Females.....Total.....
19. Total Household Income: Monthly.....Annually.....
20. Family Information

Sr. No.	Name	Sex	Age	Relation	Edu
a)					
b)					
c)					
d)					
e)					
f)					
g)					

21. Economic Information

Sr.No.	Source of Income	Monthly(Rs.)	Anually(Rs.)
	Sale of Agri Product		
	Sale of Craft Item		
	Sales of Fruits		
	Sales of Fish		
	Sales of Milk		
	Sales of Egg &Poultry		
	Rent for House		
	Rent for Land		
	Rent for Draft animal		

	Remittances from Relatives		
	Profit from Artisans		
	Salaries Drawn		
	Profit earned (For Traders)		
	Daily Wages(No.of Days)		
	Total		

22.

- a) Household –Decision Makers: Male/Female/Joint
- b) Decision regarding food expenditure: Male/Female/Joint
- c) Decision regarding ownership of property: Male/Female/Joint
- d) Decision regarding children’s education: Male/Female/Joint
- e) Decision regarding healthcare: Male/Female/Joint
- f) Dependence on different health Services:
Govt.....Pvt.....Quack.....Ayurvedic.....
- g) Decision regarding female health: Male/Female/Joint
- h) Decision regarding family planning: Male/Female/Joint

23.

- a) Decision regarding permission before leaving the house: Male/Female/Joint
- b) Decision regarding her wishes: Male/ Female/Joint
- c) Decision regarding visits of natal family members: Male/Female/Joint
- d) Decision regarding control of finance: Male/Female/Joint
- e) Decision regarding visits of doctor alone for the treatment of child: Male/Female/Joint

24.

- a) Decision regarding pooling of income: Male/Female/Joint
- b) Decision regarding ownership of productive assets: Male/Female/Joint
- c) Decision regarding economic activities: Male/Female/Joint

25.

- a) Decision regarding distribution of food: Male/Female/Joint
- b) Frequency of meals available to male child:
 - i) Twice a day ii) Entire Year iii) Half year iv) Three Months
- c) Frequency of meals for female child:
 - i) Twice a day ii) Entire Year iii) Half Year iv) Three Months

26. Consumption of inferior goods:

- | | Male | Female |
|-----------------|------|--------|
| a) Maize | | |
| b) Bajra | | |
| c) Course cloth | | |

27. Nutritional status:

- | | Male | Female |
|-----------|------|--------|
| a) Eggs | | |
| b) Butter | | |
| c) Meat | | |

28. Per Person availability of food grains (per day)

- | | Male | Female |
|-----------|------|--------|
| a) Cereal | | |
| b) Pulses | | |

29. Housing Indicators:

- a) Ownership of house belongs to: Male/Female/Joint

b) Decision regarding size of rooms, number of rooms, building materials and house plan:
Male/Female/Joint

c) Decision regarding purchase of household fuel such as fire wood, coal, Kerosene, etc:

d) Decision regarding availing of electricity, drinking water and sanitation: Male/Female/Joint

30. Ownership of Livestock belongs to

a) Cattle Male/ Female/Joint

b) Goats Male/Female/Joint

c) Pigs Male/Female/Joint

d) Chickens Male/Female/Joint

31. Ownership of productive assets:

a) Machine Male/Female/Joint

b) Factories Male/Female/Joint

c) Farm Land Male/Female/Joint

d) Raw Materials Male/Female/Joint

e) Scooter Male/Female/Joint

f) Refrigerator Male/Female/Joint

32.

a) Decision regarding purchase of clothing and gifts for children: Male /Female/Joint

b) Decision regarding household appliances: Male/Female/Joint

c) Decision regarding purchase of land: Male/Female/Joint

d) Decision regarding household help: Male/Female/Joint

33. Consumption expenditure

Qty

Value

a) Rice

b) Atta

- c) Kerosene
- d) Clothing
- e) Foot wear
- f) Transportation

34. For Farm Households:

35. Status: Land Lord/Tenant/Share Cropper/Daily Labor

36. Land Holding (Bighas)	Total	Irrigated
a) Self Owned
b) Lease

37. Size of ownership of holding.....Bighas.....

Operation of holdingBighas.....

38. Land Utilization(Bighas) : Cultivated.....

Homestead.....

Plantations.....

39. Decision regarding household income on various heads> Male/Female/Joint

40. Annual household Expenditures

Buildings	Livestock	Marriages	Medicines
Rs.....	Rs.....	Rs.....	Rs.....

41. Decisions regarding preference of a child: Male/Female

42. Decisions regarding divisions of labors:

a) Type of work assigned to boy child.....

b) Type of work assigned to girl child.....

c) Allocation of time for recreation: Male/Female/Joint

42. Decisions regarding acceptance of dowry during marriage: Male/Female/Joint

43. Decisions regarding care for reproductive health: Male/Female/Joint

44. Power of decision-making: Employed women/Housewife

45. Previous place of residence

46. Type of work done and reasons for leaving previous residence

47. Duration of present residence..... 1G/2G/3G/more than 3G

48. How many work days were foregone?

49. Domestic work profile of Respondent:

At cooking..... Weekly hours spent

At other household chores..... Weekly hours spent

At washing..... Weekly hours spent

At fuel collection..... Weekly hours spent

At fodder collection Weekly hours spent

At fetching water..... Weekly hours spent

Other..... Weekly hours spent

50. Aspirations:

a) Educational aspiration for children

Boy child: Nil/Primary/Middle/HS/Higher Secondary

Girl child: Nil/Primary/Middle/HS/Higher Secondary

c) Work aspiration for children

d) Boy Child.....

e) Girl Child.....

f) Principal reasons for drop outs:

g) Boy Child: Disinterested/Poor results/Language problems/Economic problems/Marriage/Other

h) Girl Child: Disinterested/Poor results/Language problems/Economic problems/Marriage/Other

Appendix-2

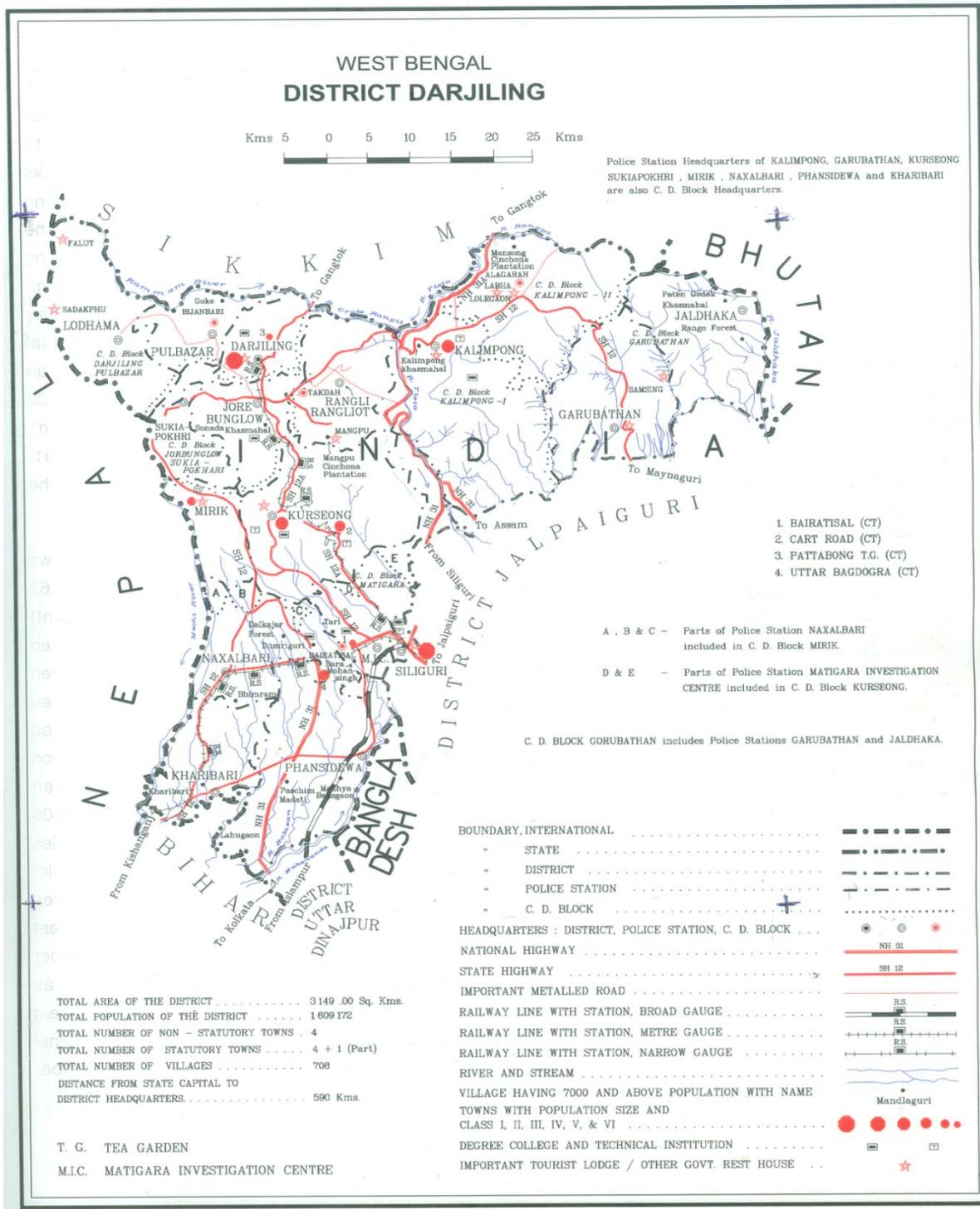
	DRFE	DROP	DRCE	DRHC	DRHS	DRFH	DRFP	DRPLH	DRHW	DRVNF	DRCF	DRVDCCT	DRPI	DROPA	DREA	DRDF	DRIFM	DRFAFF
AGE <21	-1.352	-1.76	-1.912	-1.302	-1.281	-1.361	-1.412	-1.704	-1.391	-1.745	-1.277	-1.281	-1.227	-1.721	-1.882	-1.642	-1.453	-1.456
AGE 21-35	0.295	0.346	0.821	0.664	0.531	0.633	0.923	0.393	0.629	0.722	0.568	0.911	0.981	0.674	0.822	0.871	0.772	0.543
AGE 36-50	0.766	0.543	0.912	0.561	0.783	0.251	0.295	0.222	0.623	0.349	0.745	0.349	0.729	0.241	0.723	0.934	0.623	0.295
AGE >50	0.983	0.948	0.874	0.784	0.933	0.346	0.821	0.664	0.393	0.981	0.674	0.633	0.923	0.629	0.722	0.911	0.349	0.745
RLG	0.114	0.251	0.295	0.729	0.241	0.531	0.531	0.784	0.745	0.821	0.821	0.568	0.591	0.664	0.637	0.729	0.783	0.241
MT	0.455	0.222	0.723	0.934	0.436	0.295	0.783	0.729	0.543	0.822	0.674	0.783	0.476	0.784	0.311	0.295	0.933	0.436
MA	-0.311	0.849	0.623	0.443	0.529	0.723	0.933	0.934	0.295	0.723	0.241	0.933	0.677	0.591	0.771	0.766	0.771	0.745
EDU	0.637	0.951	0.199	0.734	0.923	0.623	0.241	0.443	0.568	0.933	0.295	0.911	0.887	0.729	0.365	0.923	0.365	0.674
FT	-0.711	-0.113	0.346	0.435	0.331	0.199	0.295	0.734	0.623	0.241	0.723	0.342	0.711	0.561	0.251	0.591	0.551	0.664

ESOH	-0.244	-0.486	0.543	0.771	0.677	0.723	0.723	0.199	0.455	0.295	0.912	0.633	0.531	0.784	0.346	0.954	0.866	0.723
PO	0.591	0.331	0.948	0.365	0.887	0.722	0.674	0.346	0.222	0.821	0.874	0.346	0.783	0.393	0.724	0.784	0.722	
SO	0.476	0.291	0.724	0.954	0.322	0.722	0.241	0.543	0.637	0.531	0.531	0.531	-0.171	0.222	0.346	0.531	0.729	0.934
HS	-0.171	0.551	0.652	0.724	0.515	0.349	0.629	0.772	0.311	0.531	0.222	0.349	0.844	0.664	0.531	0.349	0.723	0.443
EM	0.844	0.866	0.677	0.298	0.772	0.981	0.772	0.623	0.729	0.783	0.664	0.543	0.821	0.948	0.729	0.476	0.623	0.874
I	0.711	0.321	0.251	0.451	0.318	0.566	0.948	0.349	0.923	0.665	0.241	0.295	0.531	0.724	0.923	0.677	0.199	0.295

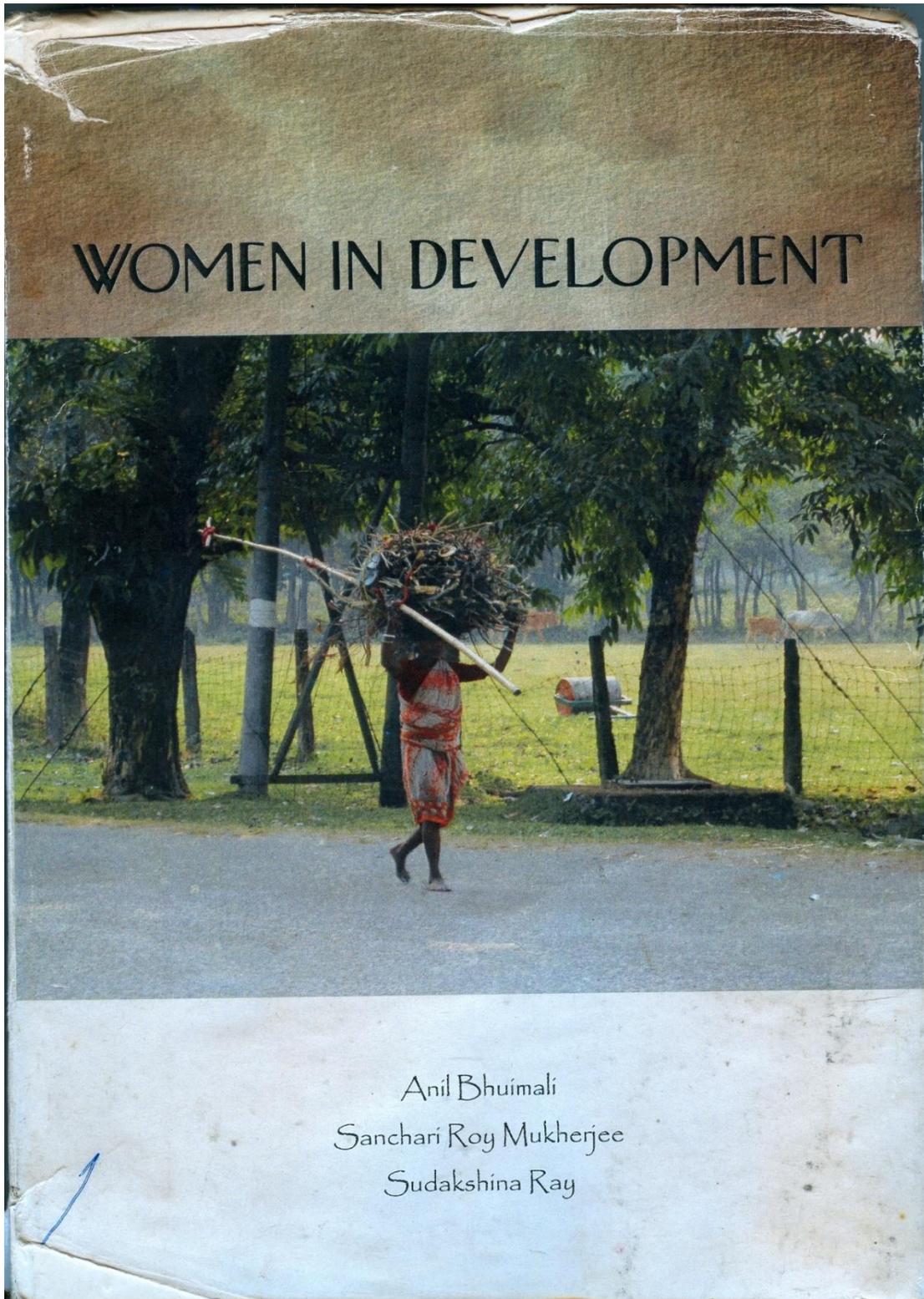
The variables considered in the probit model analysis

HDM- Household Decision-Making
DRE-Decision regarding food expenditure
DROP-Decision regarding ownership of property
DRCE-Decision regarding children's education
DRHC-Decision regarding healthcare
DRHO-Decision regarding health services obtained
DRFH-Decision regarding female health
DRFP-Decision regarding family planning
DRPLH-Decision regarding Permission before leaving the house
DRHW-Decision regarding her wishes
DRVNM-Decision regarding visits of natal family members
DRCF-Decision regarding control of finance
DRDVCT-Decision regarding visits of doctor for child treatment
DRPI- Decision regarding pooling of income
DROPA-Decision regarding ownership of productive assets
DREA-Decision regarding economic activities
DRDF-Decision regarding distribution of food
DRDFMC-Decision regarding distribution of food for male child
DRDFFC-Decision regarding distribution of food for female child

Appendix -3 [Map of Darjeeling]



Appendix- 5 [5]



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Women in Development

Edited By

Anil Bhumali

Sanchari Roy Mukherjee

&

Sudakshina Ray

2014

Preface

*The present edited book entitled **Women in Development** is an outcome of research activities undertaken at the Department under the UGC SAP-DRS II Programme (2009-2014). Fourteen articles selected in this book are all peer reviewed. Most contributions are from the departmental colleagues, research scholars, teachers of the affiliated colleges and contributions of researchers from other universities. All the articles are related to the impact of globalization on Women involved in different spheres of activities such as rural sector, plantation work, urban informal sector, etc.*

The Authors

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2
1 **Gender Discrimination in Household Decision-**
· **making: Insights into Women's Labour Force**
3 **Participation and Intra-household Bargaining Power**

*Johnny Murmu**

f
1 **Abstract**

This article makes an indepth study on gender discrimination in household decision-making. Special emphasis has been given on women's labour issue participation and intra-household bargaining power in a grass-root economy of North Bengal.

1 **INTRODUCTION**

All the economies of the world are not equally developed. Some are more developed and advanced than others. Therefore, the economies of the world have been classified into developed economies and developing economies. But it is not easy to give a precise definition of a developing economy. According to the United Nations, "An underdeveloped or developing economy is one in which per capita real income is low when compared with per capita real income of the United States of America, Canada, Australia and Western Europe". This definition brings out an important feature of a developing economy, namely, 'poverty', although this is not the only criterion to judge whether a country is developed or developing.

Nurkse's definition of developed or less developed is based on abundance or scarcity of capital in relation to their population and natural resources (Myrdal, 1978).

However, the under-equipped and insufficient amount of physical and human capital is not the full reflection of under developed economy

* Research Scholar, Department of Economics, University of North Bengal

(Myrdal, 1978). There are other factors which are responsible for low income and poverty of the people of developing countries. Growth and development do not merely depend upon capital accumulation. Nurkse himself has pointed out that - "Economic development has much to do with human endowments, social attitudes, political conditions, etc". This in turn is critically related to aspects of human developments.

A household decision-making process in a developing economy is an important factor that determines many aspects of human development. A household is a group of persons who commonly live together and take their meals from a common kitchen unless the exigencies of work prevent any of them from doing so. These may be a household of unrelated persons or having a mix of both. Examples of unrelated household are boarding houses, messes, hostels, residential hostels, rescue homes, jails, ashrams, etc. These are called "institutional households". There may be one member household, two member's household and so on.

Household decision-making process can be made more effective by providing human resources with equal income distribution, basic health, nutrition, education, child care and housing facilities. These facilities, if properly provided can make human resources healthier, knowledgeable, and skillful and they can take effective decision on education, health and child care. This effective decision yields a stream of economic benefits over their working life. We know that a state of good health and improvement in mental ability, skill and physical capability of the people would mean an increase in the human capital and consequent growth and development of the developing economies.

India, like many developing economies, has gone through many changes such as demographic family structure, rate of fertility, women's participation in the labour force and educational attainment, health and child care, and thus has important implications for a developing economy.

The importance of household decision-making process is many in traditional households in the developing economies. It helps to determine the level of poverty, changes in family structure, gender disparity in less-developed countries with regard to health and well-being, women's autonomy, etc. (Das Gupta 1996; Dyson and Moore

1983; Jeffery and Jeffery 1993; Sharma 1980). Family, kinship, and intra-household decision-making are key factors in defining the parameters of their autonomy in deciding the extent of labour-force participation, labour strategies of families, rate of fertility from a regional perspective, power relationship within the household, and a host of different allocation strategies like time allocation, food preparations, etc. A household decision-making process also influences factors such as sale of livestock, preference in terms of good crops to be grown, children schooling, pattern of health-seeking behavior, and migration of children towards towns and cities, from the rural and suburban areas.

Thus, household decision-making process which is a function of several independent variables such as intra-household income distribution, education, health and child care, has important implications for development projects, particularly to promote income generating activities for the household members and especially for head of the households. Proper household decision-making process enables to raise the standard of living in the economy. Household decision-making process is important to understand because it helps in removal of poverty, in eradication of child labor, in reducing the extent of unemployment and to bring about improvement in social welfare within the selected region.

The paper reviews the literature on women's labour force participation and its influence on household decision-making. It also examines how gender inequality in decision-making with regard to household issues is manifested. Especially, the objective is to investigate issues pertaining to activity patterns of women and its manifestation in increased bargaining power within the household. However, prior to that, an operational definition of a 'household' is attempted in the following section.

Definition and Composition of a 'Household' as a Unit of Study

With regard to definition and composition of household, the economists are relatively silent, but have focus particularly on the household activities and their behavior. Whereas, anthropologists after long study and debate on the household, have considered the relationship between the "family" and "the household" and have drawn a distinction between the household as a unit and the family. They have defined household in

terms of a co-resident dwelling groups, and kinship groups. They also accept that the household may encompass these units and they should be different from family (Martin and Beittel, 1987).

Based on the economist's interest in the activities and behavior of the household, the anthropologists have pointed out the functional definition of the household. Based on the functions there are different definitions of households such as collective production, consumption and investment or ownership. In this regard, the anthropologists have considered the definition of unit of consumption, which organizes to consume collectively material goods and this unit of household is referred to "hearth household".

In brief, the anthropologists conclude that there is no relationship between household and family, and this distinction has several implications for understanding the household as decision-making unit. In terms of the understanding of the relationship between family and household there are three systems of household formation: joint, stem, and nuclear. Under the joint system, all sons bring their brides to the father's house. Under the stem system, only son remains in the household and brings in his wife (Goody, 1996). And, under the nuclear system, all sons establish separate households upon marriage.

However formed, the household encompass one or more conjugal units. The feminists have enquired about the universality and stability of the conjugal unit and have found that even in those regions and social groups where marriage is universal, women may spend considerable portion of their lives with internal division in terms of production, consumption and prioritization of expenditures on different household objectives (Bruce, Lloyd and Leonard, 1995). Furthermore, in many developing countries the number of such families and household is increasing.

For the sake of simplicity, an household unit may be considered as an easily identifiable entity with few individuals in a family living together within well defined boundaries. It is also accepted that numerous cultures and specific social differences affect intra-household decision-making process and resource allocation.

Such dynamic analysis of household decision-making process in developing economies for efficient research work is acknowledged by

different governments and the international community. The analysis of household decision-making process provides insight regarding intra-household income distribution, education, health and child care in the developing economies. The household decision-making process is related to generation of resources, expenditure and prioritization of expenditures on various needs of the households in developing economies (USAID, 2000). The household decision-making process analysis is one of the ways to examine the cluster of disadvantages that exist within the community and to locate their disadvantages in wider socio-economic context, along with identification of practical and strategic needs. Again, since the early 1990s, a growing literature has paid increasing attention to the role that household decision-making process plays in affecting the outcome of development policy.

Women's Labour Force Participation and Household Decision-making

Gender discrimination is a prevailing phenomenon in the developing world. It is influenced by several factors of which inequitable household income distribution precipitates gender disparity in household decision-making. There are several studies which indicate that when women have no or low share in income earnings of the family, does not enjoy equal status with men, or are not allowed to work outside the home, then a disproportionate burden on productive and household work is to be shouldered by women. These place women in a secondary position while impairing their capability to generate resources limiting their bargaining power in decision making processes in their households. (website accessed 23/12/2013)

Contributing cash income to a household is accepted to be a source of increased decision-making power of women relative to their husbands for a number of reasons. Firstly, it enhances the perceived contribution of women to their household economic status. Secondly, it provides economic independence to the women who are employment. If it is gainful employment rather than working in family business, it improves her fall-back position, giving her greater bargaining power. A woman can exercise greater control over her own earnings once she has the power to influence the mode of allocation of the total household income, depending on her household's decision-making mode. These benefits are expected to be enhanced if the woman is working for cash. Social contracts established while the woman works outside her home help generate social capital

outside the immediate family or kinship group along with exposure to knowledge and new behavioral norms that aid in enhancing capability. All these are clearly beneficial towards the well-being of the woman enhance the woman's power relative to her husband's (Smith and Byron, 2005). In case of women who are into family labour, their contribution to household income generation is acknowledged by identifying their role in the household decision-making process. If their role is prominent then this aspect serves as a surrogate to their economic contribution to the family.

Women's labour force participation and earning capacity is constrained by the gender norms that relegate women to household work, child care and care for the sick and elderly (Seguino, 2008). It may be noted that some societies observe some gender division of labour within the home with women taking primary responsibilities for caring for family while men tend to be associated with the work outside the home, often on a wage basis. Another issue often found in literature is the patrilineal principles of inheritance and descent, patrilocal system of marriages which require women to be absorbed into their marriage, distancing them from the support of their natal families. Daughters are not considered as permanent members of their natal homes because they become part of their husband's family after marriage.

The existence and continuation of such patriarchal societies is found in India (Kabeer, 2003). Designating women as primary caretakers of the household, they are burdened with the unpaid labor within the private sphere. This puts an additional constraint in their participation in paid labor activities. 'The estimates of unpaid labor vary across countries but a consistent finding is that women perform the bulk of unpaid reproductive labor, spending less time on paid work than men. This form of discrimination is similar to the situation in the Caribbean, where many women are the heads of the households and this lowers their labor force participation rate with regards to men. Thus, it indicates the time constraints imposed by care work at home. Inequality in unpaid labor is substantial. In Dominica, for example, it was found that women in the agricultural sector perform 6 to 7 hours a day of household or reproductive labor with another 6 to 7 hours spent in agricultural farm work. This compares to men's 30 minutes a day of reproductive labor, with the remainder spent in paid labor or leisure. These patterns are found globally and gaps tend to be widest in

agricultural economies, where women frequently engage in subsistence farming and spend a significant amount of time in activities such as procuring clean water and fuel' (Seguino, 2008).

Khan and Khan, 2009, in their study on labour force participation of Pakistani women points out that women's access to the labor market was determined by 'rigid gender-role ideologies, social and cultural restrictions on women's mobility and integration in the work place, segmented labor markets, lack of skills, and employers' gender biases that attach a lower value to female labor due to their family responsibilities'. Paucity of opportunities also have limited women's labor force participation in Pakistan. The female labor force participation rate was exceptionally low at just 14.4 %, compared to 70.3 % for males, while the unemployment rate is 16.5 % for females and 6.7 % for males (Khan and Khan, 2009). The share of women's earnings in household earned incomes was only a quarter of the male earnings, while their economic activity rate as a percentage of that of males was around 40 percent implying that incidence of poverty among women was higher than with men. Women suffered from unemployment, discrimination in the labor market, and limited access to economic opportunities. They were the marginalized section in the social, economic, political and legal spheres. Development process had failed to provide proportionate gains to women in Pakistan vis-a-vis men. According to Khan and Khan access to money-earning activities, amongst others, was thus an important means to improve women's position (Khan and Khan, 2009).

Drawing on survey and ethnographic data, Salway *et al* provides empirical evidence of the impact of work participation on poor women's lives in urban Bangladesh. It was common among poor, married women in Dhaka to work for pay and also make important contribution to household income. In the process it was revealed that working women were 'more likely to manage money, shop for household provisions and move about outside the home than non-working women. Working women also appeared better able to accumulate personal assets and take steps to secure their own well-being' (Salway, Jesmine and Rahman, 2005).

Khan and Khan, 2009, also looked into the female labor force participation in South Asian countries. Low labour force participation by women in South

Asia could be attributed to the fact that household decision-making has predominantly been regarded as a male prerogative. Thus there are several implications of women's labor force participation in developing countries. Firstly, it results in an increased strengthening of women's position in the family and society due to their financial capacity, which in turn contributes to economic labor force participation of married women e.g. for development process in Punjab. (Khan and Khan, 2009).

One of the areas of disparity between males and females is related to the difference in their employment status which is manifested by occupational segregation, gender-based wage gaps, and women's disproportionate representation in informal employment, unpaid work and higher unemployment rates. As women in developing countries have low status in the community, the activities they perform tend to be valued less; and women's low status is also perpetuated through the low value placed on their activities. In-depth analysis by Hindin (2000) showed that only 17% of women in Zimbabwe, 12% in Zambia and 4% in Malawi have higher status job than their partners. The respective percentages of women whose partners have higher status jobs are 52, 43 and 53. Women are also overrepresented in the informal sector. In Sub-Saharan Africa, 84% of women's non-agricultural employment is informal compared to 63% of men's. The figure is found to be 58% and 48% for women and men, respectively in Latin America (UNFPA, 2005). Studies generally show that women are more likely to be engaged in work and also work for longer hours than men. For instance, in 18 of the 25 countries in Sub-Saharan Africa, more than 50% of women were employed and even in six of these countries the percentage of employed women was greater than 75% (Mukuria et al., 2005). However, as most of the employed women work in agricultural and other activities which are mostly considered to be having limited or no financial returns, their employment does not contribute much to their status and empowerment. Thus, women in those countries have no or little autonomy and they are dependent on their partners in most aspects of their life.

The study of Hossain and Tisdell, 2005, was about the relationship between women's workforce participation and various direct indicators of women empowerment and welfare on the basis of micro level data from Bangladesh. 'The assessment was carried out by first generically comparing

the position of the working women relative to non working women. The findings suggested that working women had greater autonomy in family decisions on fertility, children's education and medical treatment relative to the non – working women. Working women also were more likely to possess and have control over resources, enjoy greater freedom of movement, involve more in group activities and are less likely to be the victims of domestic violence than the non working women. Further, compared to single women, the married women are more likely to be in possession and control of resources' (Hossain and Tisdell, 2005).

Concluding Remarks

Women's experience of the labour market in India like in any other country is substantially different from that of men. They are more likely than men to be unemployed, underemployed or outside the labour force altogether. They are relatively overrepresented in certain sectors and underrepresented in others, and have lower levels of human capital. It has been observed that women's labor market experience shows a lot more diversity across the world than men's which implies that, as far as the labour market is concerned, societal norms and traditions, the country's institutions and governance, etc. play much crucial role for women than men.

The strongest say in household decision-making often belongs to the family member who controls the largest share of household income and assets. Women are at a distinct disadvantage in terms of economic affluence because they earn less than men and tend to own fewer assets. Smaller salaries and less control over household income constrain women's abilities to accumulate capital. Gender biases in property and inheritance laws and in other channels of acquiring assets – including state land distribution programmes – leave women and children at greater risk of poverty. The consequences of exclusion from owning property or assets can be even more direct, particularly when a marriage breaks down or the husband dies.

When women, who are most often the primary caregivers for children, are excluded from household decision-making processes, their well-being as well as their children's may be at risk. Evidence from 30 countries – drawn from Demographic and Health Surveys (DHS), one of the most direct

sources of information on household decision-making dynamics – reveals that in many households, women have little influence over important household decisions. Overall, the data paint a picture of extreme gender inequality. In only 10 of the 30 countries surveyed did 50 per cent or more of women participate in all household decisions, including those taken in regard to their own health care, major household purchases, daily household spending and visits with family or relatives outside of the household.

Concluding with feminist views on household decision-making with respect to health and education, the gender division of labour which compels women to do domestic work along with relatively educated women discourages the household decision maker to invest in girl child education. Furthermore, an issue such as patrilocal post-marital residence implies that the return from female education flow primarily to daughter's future in-laws rather than to the parents. Marriage transactions is another factor which discourages the decision maker to invest in girls education, because they believe that educated daughter is likely to marry an educated man, often implying higher dowry payment.

Employment also helps to provide alternative sources of social identity, financial independence, and exposure to and integration into power structures independent of kin networks (Dixon, 1993). A study in India on dimensions of women's autonomy and the influence on maternal health care utilization reveals that employed women were much more likely to have higher control over finances, high decision making power and a tendency toward better freedom of movement. Islam (1979) found that boys are expected to be primary bread winners, and given also that parents expect to be supported by their sons in the old age while their daughters will be absorbed into their husband's families, the returns to investment in son's education is likely to be higher than daughters. This attitude is captured in an Asian construct: caring for a daughter is like watering the neighbor's tree; the fruit to go to someone else. Cini-Asha (2003) has reported that women's access to resources also contributes towards girls' education. With competing priorities, women have a greater chance to implement their own priorities. However, access to resources does not have the same effect. Wage employment for women is associated with lower levels of girls' education. Most often, a girl substitutes the mother

for domestic division of labour. In addition, regardless of work status, the number of siblings also depress the education level of girls, either because it represented higher work load or parents with large number of children invested in the 'quality' of son at the expense of daughters.

It is generally believed that economically active female members in a household would dominate in household decision-making. But the findings of Pant (2000) reveal that the husband and other male members, not women, were crucial decision-makers. If at all, women only took decisions jointly with others.

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