

# 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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