

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.

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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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