





INDIA HUMAN DEVELOPMENT SURVEY

January 2017



Happy New Year 2017! Welcome to the India Human Development Survey *Forum* - a monthly update of socioeconomic developments in India by the IHDS research team.

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Jain's working paper on JSY and Maternal Healthcare

A detailed look at a recent paper by Ashwini Deshpande and Smriti Sharma

Media mentions

IHDS Finds....

Improvement in socio-economic inequalities in maternal healthcare due to JSY participation

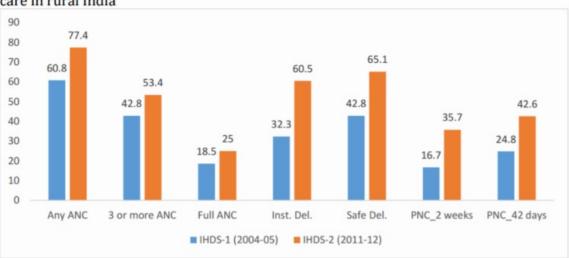


Figure 1: Percentage of women receiving antenatal care, delivery care and postnatal care in rural India

Using data from the India Human Development Survey Wave 1 (2004-05) andWave 2 (2011-12), Jain, Desai and Vanneman examine the patterns of maternal care usage andsocio-economic disparities in care before and after the initiation of the Janani Suraksha Yojana (JSY) programme amongwomen in rural India. There are three major findings.

The proportion of women availing of full antenatal care increased by six percentagepoints from 19 percent during the pre-JSY period (IHDS-I) to 25 percent during the JSYperiod (IHDS-II). The number of institutional deliveries almost doubled over the periodbetween the two rounds, going up from 32 percent in IHDS-I to more than 60 percent inIHDS-II. The proportion of deliveries being assisted by trained health personnel showed asignificant increase from 43 per cent in IHDS-I to 65 percent in IHDS-II.

The results alsoindicate an almost twofold increase in the number of postnatal care checkups over the twoperiods. For each of these outcomes, the associations with household wealth and mother'seducation are weaker in IHDS-II, after JSY, than in IHDS-I, before JSY.*Conclusions*: The findings indicate that the programme has led to an enhancement in theutilisation of health services among all groups but especially among the poorer andunderserved sections in the rural areas, thereby reducing the prevalent disparities inmaternal care.



Dr. Ruchi Jain is an NCAER Research Analyst, who has been a part of the IHDS project for two years. She holds a doctorate degree in

population studies from the International Institute for Population Sciences (IIPS), Mumbai. Her thesis focused on the risky behaviours of single migrant women in Delhi. She was a recipient of the UGC-NET fellowship for her PhD at IIPS.

Visit our website for full working paper.

A closer look...

Labour Market Discrimination Investigation by Ashwini Deshpande and Smriti Sharma using IHDS data

The prevalence of labour market discrimination against themarginalised caste groups (SCs and STs) in India is well documented with the latterearning significantly lower wages and being assigned less respectable jobs thantheir upper-caste counterparts. Notably, this discrimination and the consequentdisadvantages may not be limited to just wage employment but may also extend to he realm of self-employment. In an attempt to unpack this issue and relatedoutcomes. Ashwini Deshpande and Smriti Sharma use the 2004-05 IHDS data toassess the presence of caste discrimination in household non-farm businesses. Theyestimate and decompose the earnings of household businesses owned by SCs and STs and non-SCs/STs at the mean, as well as across the earnings distribution inorder to determine what part of the earnings gap can be attributed tocharacteristics, and what part is unexplained, and possibly due todiscrimination.

Themean decomposition reveals that as much as 55 per cent of the caste earnings gap isunexplained, and could be interpreted as discriminatory. Quantile regressionssuggest that gaps are higher at lower deciles, providing some evidence of a "stickyfloor". Their quantile decompositions reveal that the unexplained component isgreater at the lower and middle deciles than at higher ones, suggesting that SC/ST- Ashwini Deshpande is Professor of Economics, Delhi School of Economics. She works on the economics of discrimination and affirmative action, with a special focus on caste and gender in India.



Smriti Sharma is a Research Fellow at UNU-WIDER and her areas of interest are in development economics, applied econometrics and experimental economics. ownedbusinesses at the lower and middle end of the conditional earnings distributionface greater discrimination.

The full paper can be accessed here.



Data Corner

 By Rukmini, S. "INTERACTIVE: Where On The Indian Income Pyramid Do You Stand, And Does Facebook Know This Better Than You?" in *HuffingtonPost*, 22 November 2016. <u>http://huff.to/2f3NvUG</u>

Recent Press Articles

- Business Standard. "Impact of JSY." Accessed online 29 November 2016. <u>http://bit.ly/2fMWSXp</u>
- Dey, Sushmi. "India Witnesses Improvement in Maternal Healthcare Services." The Times of India, 29 November 2016. <u>http://bit.ly/2gkZMDx</u>
- Singh, Ashok K. "Demonetisation is Dragging India to an Age of Chaos and Disruption." *Daily O*, 1 December 2016. <u>http://bit.ly/2gJSauF</u>



Recent Publications by IHDS Community

Choudhury, A. and P. Roy. (2016). <u>Population attributable fraction analysis of</u> <u>leading chronic diseases in India</u>." *Human Biology Review* 5 (3), 255-283.

Dutta, Tanusree and Nandan Kumar. (2016). "Accessibility to stable source of livelihood in India: Evidence from IHDS data." Working paper online, Accessed 5 December 2016. <u>http://bit.ly/2g14K9C</u>

Rajani, Ishita. (2016). "Are Public Funds Used to Maintain Ruling Coalitions? Evidence from India." Working paper online, Accessed 5 December 2016. <u>http://bit.ly/2gcBkUb</u>

About IHDS

The IndiaHuman Development Survey (IHDS) is a nationally representative, multi-topicsurvey of 41,554 households in 1503 villages and 971 urban neighbourhoodsacross India. The first round of interviews was completed in 2004-05; data arepublicly available through ICPSR. A second round of IHDS re-interviewed mostof these households in 2011-12 (N=42,152) and data for the same can be foundhere.

IHDS has been jointly organised byresearchers from the University of Maryland and the National Council ofApplied Economic Research (NCAER), New Delhi. Funding for the second round ofthis survey is provided by the National Institutes of Health, grants R01HD041455and R01HD061048. Additional funding is provided by The Ford Foundation, IDRCand DFID.



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