

## INDIA HUMAN DEVELOPMENT SURVEY

February 2018

Welcome to the India Human Development Survey Forum

A monthly update of socio-economic developments in India by the IHDS research community.

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- A study by Chatterjee and colleagues notes that *rising women's education seems to be paradoxically related to lower work participation*
- *Participation in development organisations is associated with lower child malnutrition*, finds a paper by Kriti Vikram
- Media Mentions
- Recent publications using IHDS

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## Research Findings Based on IHDS Data

### Indian Paradox: Rising Education, Declining Women's Employment

by Esha Chatterjee, Sonalde Desai and Reeve Vanneman

**Background:** Theories of human capital would suggest that with more education, women acquire greater skills and their earnings increase, resulting in higher labour force participation. However, it has been long known that in India, women's education has a U-shaped relationship with labour force participation. Part of the decline at moderate levels of education may be due to an income effect whereby women with more education marry into richer families that enable them to withdraw from the labour force.

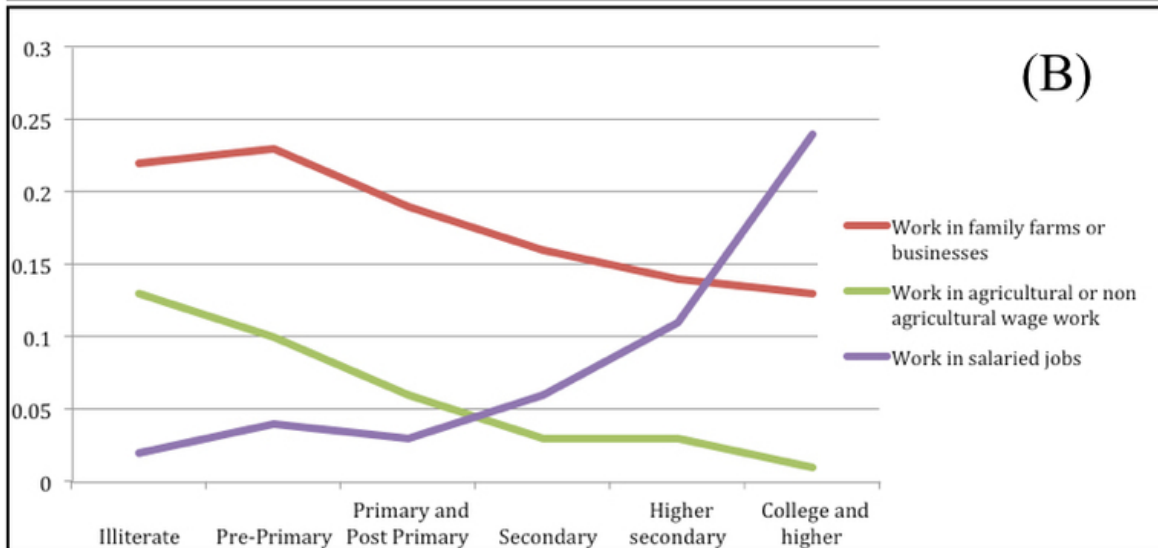
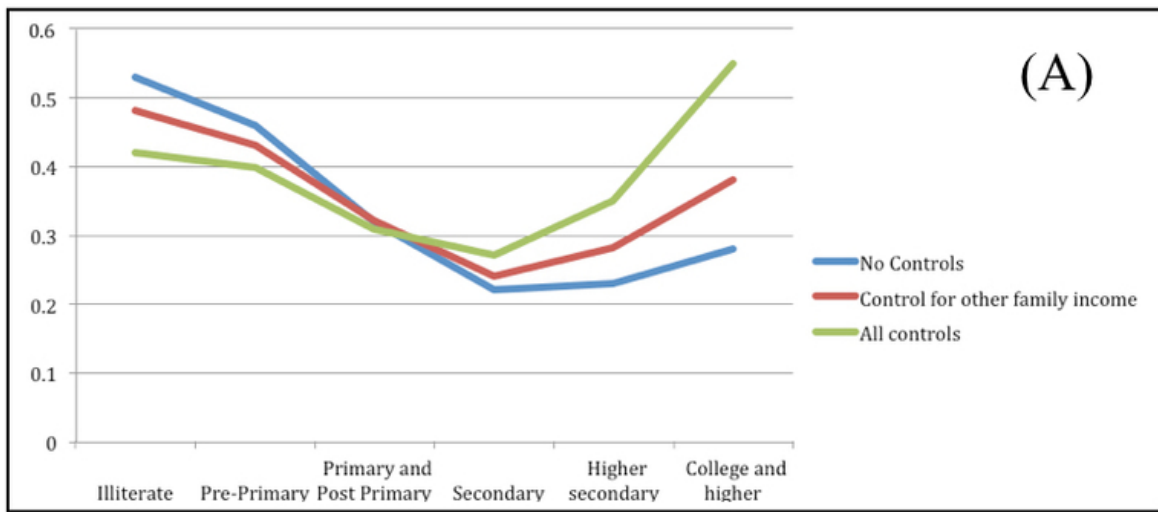
**Objective:** The paper uses the first comprehensive Indian income data to evaluate whether the other family income effect explains the negative relationship between moderate women's education and their labour force participation.

**Methods:** Using two waves of the India Human Development Survey, a comprehensive measure of labour force participation is regressed on educational levels for currently married women, aged 25-59 years.

**Results:** The authors find a strong other family income effect that explains some but not all of the U-shape education relationship. Further analyses suggest the importance of a lack of suitable employment opportunities for moderately educated women.

**Conclusion:** Other factors need to be identified to explain the paradoxical U-shape relationship. The authors suggest the importance of occupational sex segregation, which excludes moderately educated Indian women from clerical and sales jobs.

**Contribution:** This paper provides a more definitive test of the other family income effect and identifies new directions for future research that might explain the paradoxical U-curve relationship.



[Full Paper Here](#)

**Esha Chatterjee** is a PhD Student in the Department of Sociology at the University of Maryland, College Park. Her primary research interests are in the fields of demography and gender, work and family. Her past and ongoing projects examine the relationship between women’s employment and education; fertility intentions, behaviour and maternal health, unmet need for contraception, and migration in India. She has worked as a consultant with the World Bank in the summer of 2016. She has obtained an MPhil and Masters in Economics from Jadavpur University.



## Social Capital and Child Nutrition in India: The Moderating Role of Development

By Kriti Vikram

Empirical studies of social capital rarely take into account the socioeconomic context of the region in which it operates, indeed as most of this research has been located in high income countries. It is imperative to investigate how development may influence the impact of social capital, especially in developing countries. This paper examines the relationship between social capital and child nutrition using the India Human Development Survey, 2005–2006. Using a multilevel framework and a sample of 6770 rural children under the age of five, it finds that household based bridging social capital, expressed as connections with development based organisations, is positively associated with child nutrition. Bonding social capital, expressed as ties with caste and religious based organisations, has the opposite impact. At the village level, contextual measures of social capital are associated with nutritional status of children, but their influence is conditional on local development.

	Model 1		Model 2		Model 3				
<u>Village variables</u>	OR	SE	OR	SE	OR	SE			
Bridging Social Capital	0.960	0.059	0.966	0.060	0.967	0.060			
Bonding Social Capital	0.908	+	0.055	0.936	0.053	0.937	0.053		
Development Index	0.979	0.052	0.944	0.069	0.946	0.070			
Bridging Social Capital* Development Index			0.996	0.053	0.993	0.054			
Bonding Social Capital* Development Index			1.121	*	0.055	1.134	*	0.057	
<u>Individual/family variables</u>									
Bridging Social Capital	0.899	**	0.041	0.890	**	0.041	0.889	**	0.041
Bonding Social Capital	1.083	+	0.041	1.089	*	0.042	1.076	+	0.043
<u>Cross level interactions</u>									
Bridging Social Capital * Development Index					0.966	0.042			
Bonding Social Capital * Development Index					0.993	0.034			
					0.966	0.042			

Source: IHDS 2004-05; n = 6,427; \*\*\* p<0.001, \*\* p<0.01, \* p<0.05, + p<0.1; Controls now shown.

Full Paper Here

**Kriti Vikram** is an Assistant Professor in the Department of Sociology at the National University of Singapore. One stream of her research examines the social determinants of child health and development. Another stream evaluates the implications of migration on those left behind in the family. A third investigates the contextual determinants of health, fertility preferences and contraceptive use. She holds a PhD in Sociology from the University of Maryland, an MA from the Tata Institute of Social Sciences, and a BA from St. Xavier's College, Mumbai. Her work has been published in *Social Science & Medicine*, *Demography*, *Health & Place* and *Social Science Research*.



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## About IHDS

The India Human Development Survey (IHDS) is a nationally representative, multi-topic survey of 41,554 households in 1503 villages and 971 urban neighbourhoods across India. The first round of interviews was completed in 2004-05; data are publicly available through ICPSR. A second round of IHDS re-interviewed most of these households in 2011-12 (N=42,152) and data for the same can be found here.

IHDS has been jointly organised by researchers from the University of Maryland and the National Council of Applied Economic Research (NCAER), New Delhi. Funding for the second round of this survey is provided by the National Institutes of Health, grants R01HD041455 and R01HD061048. Additional funding is provided by The Ford Foundation, IDRC and DFID.

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