



INDIA HUMAN DEVELOPMENT SURVEY

August 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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In this issue...

The India Human Development Survey (IHDS) continues to engage and inspire researchers throughout the world because of the vast array of data it offers through its spectrum of education, health, economy, family, and gender modules for both urban and rural samples across the country. In this issue of the IHDS newsletter, we showcase the work of two young researchers with diverse professional interests and aptitudes, both of whom have extensively used IHDS data for their academic theses on two different topics.

- In her dissertation on the effects of an ongoing conditional cash transfer (CCT) programme in India that provides young girls incentives in the form of deferred cash payments, **Sakshi Jain** uses IHDS data on fertility and children's math and reading scores to estimate the causal impact of the programme on children's health and education outcomes, as well as the fertility behaviour of parents.
- **Monil S. Shah's** Master's thesis, based on IHDS data, analyses the impact of parental death on a child's workforce participation, education, marital status and health, as well as consumption patterns in the affected household.
- **Media Mentions**
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Research Findings Based on IHDS Data

Own and Spillover Effects of a Conditional Cash Transfer Program Targeting Young Girls: Evidence from India

By Sakshi Jain

This paper evaluates the effects of an ongoing conditional cash transfer (CCT) programme in India that provides incentives to young girls in the form of deferred cash payments, with eligibility at birth and the largest payment coming at age 21. Introduced in 2007 by the Indian state of Madhya Pradesh, the programme, Ladli Laxmi Yojana (LLY), allows parents to enrol their first and second born daughters in the programme after birth, and the benefits are conditional on school completion and adoption of family planning by parents. The author uses nationally representative data from the India Human Development Survey (IHDS) to report evidence of families having children faster and in turn, reducing the birth spacing. However, parents are moving toward lower eventual family sizes with an increase in the likelihood of parents adopting sterilisation. Finally, the results using math and reading test score data

show some evidence of improvement in the education outcomes of daughters. Overall, the author finds that a financial incentive programme plays a limited role in affecting the well-being of girls. These results are consistent with the persistence of traditional son-preference norms in developing countries, despite policies explicitly intended to close gender gaps.

Table : **Likelihood of being sterilized after the policy, by gender of the first two children**

<i>Dep. Var. Sterilized</i>	All	BG	GG	GB	BB
Panel A: All Women					
MP* Eligible Case 1	0.0839*** (0.0244)	0.158** (0.0623)	-0.170*** (0.0350)	0.0508 (0.0577)	0.374*** (0.0569)
MP* Eligible Case 2	0.0863*** (0.0296)	0.219*** (0.0676)	0.0518 (0.0517)	0.118* (0.0624)	0.0831 (0.0667)
Observations	11,113	2,579	2,886	2,562	2,373
Panel B: BPL Women					
MP* Eligible Case 1	0.0788* (0.0460)	0.136 (0.141)	-0.212*** (0.0677)	-0.0197 (0.109)	0.532*** (0.105)
MP* Eligible Case2	0.0401 (0.0557)	0.255** (0.121)	-0.00769 (0.105)	0.0189 (0.122)	0.0847 (0.112)
Observations	3,506	805	907	824	803
Panel C: Non- BPL Women					
MP* Eligible Case 1	0.0927*** (0.0288)	0.160** (0.0721)	-0.193*** (0.0344)	0.0597 (0.0707)	0.327*** (0.0687)
MP* Eligible Case2	0.110*** (0.0353)	0.162** (0.0818)	0.100* (0.0599)	0.161** (0.0726)	0.0633 (0.0840)
Observations	7,607	1,774	1,979	1,738	1,570
Woman's Age FE	Y	Y	Y	Y	Y
State FE	Y	Y	Y	Y	Y
Controls	Y	Y	Y	Y	Y

Notes: This table shows results for likelihood of being sterilized (woman or her husband) for the two categories of women, by the gender of the first two children in that order. Eligible case 1 is a woman who had no children until 2005. Eligible case 2 is a woman who had just 1 child until 2005. Sample as described in Table 3 (Sample B) and has women who have at least two children. MP is the state dummy for Madhya Pradesh. Controls include controls for woman's education, rural, religion, caste and BPL status. Panel B and C show results by the BPL status of the household. Robust Standard errors are in parentheses. *** p<0.01, ** p<0.05, * p<0.1
BG= Boy-Girl; GG= Girl-Girl; GB= Girl-Boy; BB- Boy- Boy

[Full Paper Here](#)



Sakshi Jain is a Postdoctoral Fellow at the Temple University, Tokyo. She is an applied microeconomist with interests in education, health and gender issues in both developing and developed countries. Her current projects span a range of topics from examining how financial incentive programmes affect children's learning and schooling outcomes, as well as the fertility preferences of women in India to examining how students in diverse-by-design charter schools perform relative to students in other traditional charter and public schools in the US. She has a PhD and MA in Economics from the University of Houston, USA, an MPhil and MA Economics from Jawaharlal Nehru University, New Delhi, and a BA from Delhi University.

The Effect of Parental Death on Children's Wellbeing

By **Monil S. Shah**

A parent's death can have a lasting impact on a child's outcomes. This paper uses Ordinary Least Squares (OLS) regression and propensity score matching on the India Human Development Survey (IHDS) dataset to analyse the effect of parental death on a child's workforce participation, education, marital status and health, and a household's consumption. The paper also compares outcomes for if a mother passes away versus if a father passes away, and for girls versus boys. The author finds that on an average,

parental death leads to worse outcomes on most indicators of a child's well-being, with negative effects exacerbated for daughters. The data presents worse effects on a child from a mother passing away on some indicators, and worse outcomes from a father passing away on others.

Table : PSM (ATET)

	Consumption/Capita	Workforce Participation	School Enrollment	Grades Completed	Education Expenditure	Married	Sick Past 30 Days
	b/(SE)	b/(SE)	b/(SE)	b/(SE)	b/(SE)	b/(SE)	b/(SE)
ATET							
r1vs0.treatment	26.96	0.06***	-0.08***	-0.47***	850.91	-0.02*	0.29**
	{53.42}	{0.01}	{0.01}	{0.11}	{1096.54}	{0.01}	{0.09}
N	41126.00	41141.00	41141.00	41117.00	27422.00	41141.00	41141.00

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Full Paper Here



Monil S. Shah is a Mergers, Acquisitions and Restructuring Analyst at Professional Physical Therapy in New York. He has a background in sales, business development and investment banking. He has an interest in development, healthcare, behavioral economics, social entrepreneurship and slum redevelopment, particularly in Dharavi, Mumbai.

Monil holds a Masters and Bachelors in Economics from Hunter College of the City University of New York.

IHDS in the News

- Joshi, Shareen, Nishtha Kochhar and Vijayendra Rao. "Address Jati, and Not Just Caste, to Fix Rural Welfare Schemes like MGNREGA", *The Print*, 4 August, 2018. [Link](#).
- Jalki, Dunkin. "Is India Really the 'Most Dangerous Country' for Women?", *Swarajya*, 4 August, 2018. [Link](#).
- Narayan, Swati. "Beating Back the Food Police", *The Indian Express*, 14 July, 2018. [Link](#).

Recent Publications Using IHDS

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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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