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ACKNOWLEDGEMENTS

To bring this study to fruition, we received support from various corners. We acknowledge all those who have rendered their support directly and indirectly towards the completion of this study. It is not possible to enumerate every quarter we have received assistance from but we will be failing in our duty if we do not place a few of them on record.

First of all, we would like to acknowledge the financial support extended by Oxfam India to carry out this study. We are thankful to Apoorva Mahendru, Mayurakshi Dutta and Ranjana Das in particular for their invaluable contribution to this study. We are also thankful to the CEO, Amitabh Behar, Director Ranu Bhogal, Dr Pravas Ranjan Mishra, Dr Sucheta Sardar and Dr Diya Dutta for their constant support and coordination.

We would like to thank the A.N. Sinha Institute of Social Studies, Patna for facilitating this study. Generous secretarial support from the Registrar-in-charge, Professor Nilratan and Administrator, N.M. Perianiyagam are gratefully acknowledged. We also received invaluable academic inputs and assistance from Dr Aviral Pandey, Dr Vidyarthi Vikas, and Aastha in this project.

D.M. Diwakar
Rising inequality is, undoubtedly, one of the biggest challenges in the growth of an economy. Oxfam India’s Supplement of the Global Inequality Report of 2020 reflected the tremendous concentration of wealth by a few individuals and a small number of transnational corporations, in India, the top nine billionaires held as much wealth as the bottom 50 percent of the population. As an illustration, the CEO of India’s top tech company would make more in ten minutes than what a domestic worker would make in a year.

Since the country’s economic liberalization, the story of growing inequality has been coupled with significant growth in the national income. The outcome of this growth has been disproportionate across states and regions leading to horizontal and vertical inequalities. The state of Bihar, especially, faces enormous challenges of poverty and inequality. An inter-state comparison suggests that Bihar is the poorest urban and third poorest rural state in India.

The Bihar Inequality Report is conceptualized at this juncture when, on the one hand, there is a rising growth in Bihar at an average rate of 4.4 percent per annum and on the other hand, Bihar is at the bottom of inter-state per capita income (PCI). This indicates a skewed distribution of income and rise in inequality.

Despite being an agrarian economy, Bihar has the highest out-migration with approximately 46 lakh people between the ages of 18 and 32 migrating every year. Recurrent disasters have also impacted the livelihood of its population and has increased the vulnerability of the marginal communities. A deeper look through a gendered lens also highlights the urgency of addressing the deep-rooted social norms that perpetuate gender discrimination and violence against women.

Oxfam India and A.N. Sinha Institute of Social Studies have jointly prepared this report with the view to advocate for policies aimed towards a more equal society. The scope of the report is wide and can be used to engage with multiple stakeholders. The report brings insights about existing inequality in Bihar through an inter-state and inter-district analysis with a dedicated chapter on understanding gendered social norms and inequality in Bihar. We are enthusiastically looking forward for the report to prove to be an invaluable resource for government and policy makers, civil society, political parties and all other stakeholders that are in pursuit of development of Bihar.

Oxfam India is committed to reducing the obscene levels of inequality in the country. This report aligns a growing body of knowledge along with our Fight Inequality Alliance campaign, which is aimed at reducing inequality among different sections of the Indian population, to understand the nature of inequalities better and suggest policies to address the situation. We are confident that the people of Bihar are equally committed to creating an equal and just society.

We end by invoking Dinkar’s dream of Bihar:

दिनकर की कविता हूँ, रेणु का सार हूँ मैं।
नालंदा का ज्ञान हूँ, पवित मन्दिर हूँ मैं।
अजी हो! बिहार हूँ मैं।

[ITALIC: I AM DINKAR’S POETRY, I AM RENU’S ESSENCE.
I AM NALANDA’S KNOWLEDGE, I AM THE MOUNTAIN MANDHAR.
OH YES! I AM BIHAR.]

Amitabh Behar
CEO, Oxfam India
EXECUTIVE SUMMARY

The democratic values of Liberty, Equality and Fraternity have been accepted largely by the world community. Existing deviations from these democratic values have brought world leaders together to create advisory regulations and various policies and programmes with the aim of keeping the democratic values intact. As a result, socio-economic and political dynamics across the globe have changed significantly.

The recent development discourse on inequality has focused mainly on two dimensions: i) inequality of outcome being accountable for educational achievements or levels of income and ii) inequality of opportunity being accountable for the gap in access to public services and employment. There is a need to look beyond inequality either of opportunities or of outcomes by themselves as portrayed in the development discourse and comprehensively analyse the relationship between the inequalities between outcome and opportunities due to their interdependency.

This study analyses the regional disparity and inequality in Bihar with respect to the other states in India and inter-district variations within the state. It is based mainly on secondary data from published official reports, individual studies, etc. The study is, thus, constrained by a limited database due to a time lag in the availability of data in the public domain. For instance, the per capita domestic product for districts of Bihar is available only up to 2011-12. Similarly, literacy and life expectancy data are available for 2011. However, National Family Health Survey (NFHS)-4 provides sampled health indicators and literacy rates up till 2015-16. Therefore, inadequacy of updated data has had its bearing on this analysis. Despite these limitations, this study attempts to provide insights into the state of Bihar. A brief account of the findings is mentioned here for readers.

India has been experiencing a significant growth in national income since independence. The Gross National Income (GNI) of the country rose by 30.75 times between the years 1951 and 2020. However, the rate of rise in per capita net national income (PCNNI) doesn’t correspond with the growth in GNI and Net National Income (NNI). Moreover, the outcome of growth has been disproportionate across the states leading to horizontal and vertical inequality. Vertical inequality is indicated by

<table>
<thead>
<tr>
<th>State</th>
<th>Rural Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Odisha</td>
<td>46.9%</td>
</tr>
<tr>
<td>Jharkhand</td>
<td>42.9%</td>
</tr>
<tr>
<td>Bihar</td>
<td>42.2%</td>
</tr>
<tr>
<td>Chhattisgarh</td>
<td>42.0%</td>
</tr>
<tr>
<td>MP</td>
<td>35.8%</td>
</tr>
<tr>
<td>UP</td>
<td>33.9%</td>
</tr>
</tbody>
</table>

Rural poverty in Odisha is the highest, followed by Jharkhand, Bihar, Chhattisgarh, Madhya Pradesh and Uttar Pradesh.
inequality among individuals or households, whereas horizontal inequality is indicated by disparities between groups based on gender, religion, race, geography, age, etc.

The second chapter on inter-state analysis of growth, disparity and inequality in India focuses on Bihar vis-a-vis other states in terms of (i) growth in the economy, (ii) livelihood, (iii) consumption, (iv) health, (v) education and (vi) gender.

Although poverty has declined significantly over the years, the pace has been slow. India experienced a sharp rise in urban poverty in 2004-05 as a result of distress migration of the rural poor to urban slums in search of better livelihood options. Inequality in income distribution has also increased over the years. This inequality has risen to a tandem with a slow rate of poverty reduction. This double whammy has led to the widening of rural-urban and inter-state inequality. Inter-state variations in poverty and inequality suggest that rural poverty in Odisha is the highest (46.9 percent) followed by Jharkhand (42.9), Bihar (42.2), Chhattisgarh (42), Madhya Pradesh (35.8) and Uttar Pradesh (33.9).

Bihar is at the bottom of inter-state distribution of PCI in India. This indicates a skewed distribution of income and inequality across the states affecting the growth of the state concerned as well as the growth of the country. Despite being an agrarian economy, the annual growth rate of crops in Bihar has been fluctuating around zero and has even touched the negative figures. Overall growth rate of agriculture has been merely 0.6 percent. As a result, a large chunk of the population suffers from low productivity and income. Livelihood encompasses the methods and means of making a living in a society. Employment and access to assets including land are the major indicators that show availability of livelihood options. A jobless growth process2 has worsened employment opportunities. Data for Bihar indicates that growth in tertiary sectors has not been able to provide livelihood opportunities to its workforce. Crises of employment can also be understood by analysing the trends in migration. As per Census 2011, Uttar Pradesh and Bihar experienced out-migration of 20.9 million people. Work and business are the two major reasons for such trends in migration. This trend indicates the limited livelihood options available in Bihar and the state government’s failure in generating employment despite experiencing a higher growth rate between 2005 and 2015.

Although the percentage distribution of land ownership holdings and area under their possession witnessed a marginal decline in inequality between 2002-03 and 2013, land concentration in Bihar, Odisha and Uttar Pradesh has increased. This has led to landlessness, and inequality in the distribution of ownership holdings in these states. Access to assets has increased in India, but inequality in household economic wellbeing and ownership of assets has increased across states. Bihar has remained at the top in terms of level of inequality in asset score since 2005-06 in India.

The rising income inequality has had serious implications on consumption. There has been a marginal decline in rural and urban inequality of monthly per capita consumption expenditure (MPCE) at all India level. Despite this decline, states like Bihar, Jharkhand and Karnataka have experienced widening inequality in rural MPCE after 2005.

Access to quality healthcare is an important indicator of equality. Data shows that more than 40 percent of children below five years are stunted in states like Bihar, Uttar Pradesh, and Jharkhand. Bihar has the highest percentage (48.5) of stunted children in India. However, average life expectancy at birth has increased as a result of improving healthcare. Kerala has the highest life expectancy at birth (75.2 years), whereas Uttar Pradesh has the lowest (65 years); Bihar has the fifth lowest (68.9 years) life expectancy at birth. In terms of per capita health expenditure and health expenditure as a percentage of total state expenditure across the states, Bihar is the worst and the second worst respectively. Inter-state variations of these health indicators underline prevailing regional imbalances in quality healthcare.

Inter-state variations in literacy are also significant. Kerala has the highest literacy rate at 94 percent and Bihar has the lowest at 61.8 percent. Parameters of malnutrition and education show that development outcome of children in Bihar, Jharkhand and Rajasthan is lower than other states of India. Low development outcome of children along with lower PCI in these states will further increase the gap between the rich and poor states. Thus, inter-state analysis shows that despite a steady growth of the Indian economy, regional disparities in growth, livelihood, health and education remain to be bridged. Economic growth has been unable to reduce inequality across states and a state like Bihar continues to grapple with unemployment, poverty and inequality.

Despite being an agrarian economy, the overall growth rate of agriculture in Bihar has been merely 0.6 percent.

1 Jobless growth refers to growth of the economy without an increase in employment.

2 The percentage of children under five years whose height for age ratio is below two standard deviations from the WHO Child Growth Standards.
Bihar also experiences high levels of inequality in the distribution of assets. Data shows that inequality in the distribution of assets has increased between 2002-03 and 2013. In 2013, 51.4 percent of land holdings covered a mere 2.3 percent of the land area. Concentration of land has been in a few hands and initiatives such as the Bihar Mahadalit Vikas Mission and the Land Reforms Core Committee, which were formed to redistribute land among farmers to reduce inequality, have mostly remained a lip service.

Inequalities in nutrition and health can be seen in the distribution of calorie intake between rural and urban Bihar. Rural MPCE is still lower than urban MPCE, although disparities have narrowed between 2004-05 and 2011-12. The health sector in Bihar indicates some improvements in broad indicators, such as fertility rate, early marriage and pregnancy, under 5 Mortality Rate (UMR), etc. However, malnutrition continues to be a cause of concern. Out of 38 districts in Bihar, 10 districts have more than 50 percent of children under the age of five who are stunted. Sitamarhi (57.3) has the highest percentage of stunted children under five and Gopalganj (35.6) has the lowest percentage of stunted children under five. Wasting of children under five has declined but inter-district variations are much higher than the state average. Arwal (30.7) and Siwan (15) have the highest and the lowest percentage of wasted children under five, respectively.

Significant inter-district disparities can be seen in Bihar in terms of literacy. More than 30 districts of Bihar are below the national average, about 12 districts have a literacy rate below 60 percent and only eight districts are above the national average. In terms of female literacy, more than 32 districts are below the national average.

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WHERE WE STAND

Despite witnessing significant growth rate, Bihar continues to stay at the bottom in terms of development indicators. It still grapples with land, assets and income inequality, low productivity, limited opportunities of decent work, inequality in assets and low demographic development with inter-state and inter-district disparities. The status of women calls attention to existing social norms.

The state is poverty ridden, has the lowest literacy rate and a high percentage of malnourished children and anaemic women. This exposes the poor education and healthcare system of the state. The lack of data also poses a huge challenge for informed, target-based and action-oriented state initiatives to bridge inter-state and inter-district gaps in development indicators and reducing horizontal and vertical inequality.

The economy of India has been slowing down and there are enough indications to show that after demonetization and Goods and Services Tax (GST), the Indian economy has lost ground in terms of growth, employment and income. The informal sector is in a bad shape, and unlikely to recover in the absence of priority spending. This situation has led to mass closure of small units and resulted in massive unemployment with significant bearings on the state economy as well.

GST collection has declined significantly as most economic activities have been put on hold. This has serious implications on the central kitty of funds. Therefore, it will be difficult for the central government to transfer even statutory funds and target specific welfare grants to the states. This further implies that the condition will worsen for poor states such as Bihar.

The situation has worsened since the novel coronavirus 2019 (nCoV-19), especially after the unplanned, sudden and complete lockdown of the country from March 25, 2020. This has further aggravated the rate of unemployment and created an unprecedented situation of forced return of migrants to their native states. Return migrants need special attention for their rehabilitation, mapping of their skills, viability, credit support and other logistics at district and block level to enable the aforementioned informal sector workers in diversifying their economic activities. This will also help in rehabilitating the skilled and semi-skilled return migrants.

POLICY RECOMMENDATIONS

Based on the above discussions and findings, the following recommendations are being put forward for consideration:

1. Public investment in agriculture may embolden farmers to invest in agriculture. Organizing them into self-help groups and facilitating backward and forward linkages (irrigation, credit for inputs and remunerative price for output) will make agriculture viable. Innovative farming may provide an answer for their income generation.

2. Inequality is aggravated due to the unemployment of a majority of the workforce in the informal sector, and particularly those who have marginal holdings or are landless. In order to address the issues of unemployment, a benchmark survey should be rolled out through self-help groups for mapping the skills, viability, credit support and other logistics at district and block level to enable the aforementioned informal sector workers in diversifying their economic activities. This will also help in rehabilitating the skilled and semi-skilled return migrants.

Bihar has the highest percentage of stunted children in India (48.5%) due to a lack of access to quality healthcare.
3. Consumption and nutritional inequalities prevail despite schemes such as the Public Distribution System and the Targeted Public Distribution System that fall under the National Food Security Act. This requires effective implementation of all food security schemes. Distribution to target groups should be ensured and a monitoring and vigilance committee at the village level should be constituted comprising of beneficiaries and elected ward councillors.

4. Health issues have two dimensions. One is preventive health care and the other is protective health care. (i) Awareness drives are necessary for preventive health care. A checklist with location-specific variations may be prepared for awareness campaigns. Community wisdom combined with modern scientific health inputs and skills should be initiated at the grassroots level to upgrade scientific preventive health care system. For example, identifying women from Scheduled Castes (SCs) households who have already been working for non-institutional delivery and quacks, who usually rescue the poor in health crises, can be institutionally trained. They are already working with the community and are usually the first available health resource to the vulnerable populations. (ii) Primary Health Sub-Centre and Primary Health Centre at the village levels are almost defunct as the working conditions of ANM and ASHA workers are not satisfactory and are not monitored and evaluated regularly. A village level committee represented by different castes/communities should be set up to monitor them. An earmarked budget for every Village Panchayat and Municipal area should be made by respective blocks and districts for basic facilities at public health sub-centres, primary health centres (PHCs) and district hospitals.

5. Education has been the focus of the GoB, but a comprehensive vision and planning is still not in place. Availability of teachers, infrastructure and appropriate curriculum framework in government schools along with an attractive, transparent and inclusive learning environment is necessary to retain poor students actively in the class. An inclusive, effective and transparent delivery mechanism needs to be developed and ensured through for the removal of exclusionary class biases in education.

Education Committees that are almost defunct in Village Panchayats need to be made active and effective. Involvement of parents and retired teachers along with elected Panchayat ward/urban local bodies representatives may help in addressing the situation.

6. Bihar’s growth and development has counted women as participants and beneficiaries but has neglected to address the structural dynamics of inequality that women experience in their day-to-day lives. Women and girls have been targeted through various schemes and flagship programmes without an analysis of gender relations and social norms. The outcomes, thus, have been far from ideal as seen in the data that reveals disparity between men and women.

7. There is an immediate need to focus on the health issues of women and children with special focus on sexual, reproductive and maternal health; Adolescent girls need special attention.

8. The low FLFP needs to be addressed considering the non-recognition of women’s unpaid care work.

9. The budget allocation for gender specific initiatives needs to be amped up with clear departmental targets. Gender-based outcomes and indicators also need to be clearly defined and expenditure needs to be tracked as against gender-based outcomes.

10. There is a need to understand the impact of migration and disaster through the lens of gender. This calls for gender-disaggregated data, qualitative evidence of the impact of migration following natural disasters on the lives of women, on strategic gender needs and addressing them through holistic development programmes.

11. There is an immediate need to revamp the services that are meant to address violence against women in Bihar. They should be made accessible to women and girls. There is also an immediate need for implementing the provisions of Protection of Women from Domestic Violence Act (PVDVA).

12. A thrust towards the designing of holistic development programmes for women and girls through the understanding and analysis of social norms is needed.

13. Overall, focused attention needs to be paid to the planning for access to livelihood resources, capacity-building to reap the benefits of demographic dividend, creation of poor friendly hard and soft infrastructure, amenable responsive support system and effective governance to reduce discrimination, unemployment, poverty and inequality in Bihar. There is a need for strong political will to translate policy into action.
Mapping Regional Disparity and Inequality

D.M. Diwakar and Mayurakshi Dutta

1.1 Data and Methodology
The values of Liberty, Equality and Fraternity emerged as principles to live by for nations after the French Revolution and set a new benchmark for creating a better social order for the world. Gradually, the world community, in general, accepted these values and adopted them in their lives, society and polity for governance with different perspectives and approaches. After the Second World War, many international democratic institutions and agencies were established for world governance and regulations.

World agencies of governance, although in advisory role, brought governments and nations on board for consensus and declarations to ensure implementation of policies and programmes to serve the interest of the vulnerable population and the backward nations from time to time. In order to ensure the values of Liberty, Equality and Fraternity, many legislations, rules and regulations were also framed by respective national and international agencies of governance, and many achievements have been celebrated regionally, nationally and globally.

Generally, any deviation from these accepted norms of Liberty, Equality and Fraternity in socio-economic, political, religious and cultural lives, were considered injustices. This formed the basis for the framing of constitutions. For the implementation of the global declarations in the interest of deprived people and nations, various policies and programmes were initiated by national governments. These initiatives have changed the global discourse of development significantly.

The world witnessed inter alia mainly two major initiatives for development: (i) Planned Development as sequential experiment of the French Revolution and the Paris Commune by Socialist Block in the erstwhile Union of Soviet Socialist Republic, for a controlled economy to ensure basic amenities with equality and justice and (ii) Community Development approach in the United States of America by the Capitalist Block to create infrastructure of social overhead capital for welfare measures with a trickle down hypothesis to appear people-friendly, which became popular in many countries.

Soon the Capitalist Block realized the limitations of the trickle down hypothesis and initiated a targeted approach through the McNamara Plan. Eventually, initiatives like the Washington Consensus, market with inclusive approach, millennium development goals, and sustainable development goals, were rolled out to tackle issues of poverty, hunger, malnutrition and inequality.

The recent development discourse on inequality has focused mainly on two dimensions: i) inequality of outcome being accountable for educational achievements or levels of income and ii) inequality of opportunity being accountable for gap in access to public services and employment. There is a need to look beyond inequality of either opportunities or of outcomes by themselves as portrayed in the development discourse and comprehensively analyse the relationship between the inequalities of outcome and opportunities due to their interdependency. Equal outcomes cannot be achieved without equal opportunities, but equal opportunities cannot be achieved when households have unequal starting points (UNDP 2013:17).

An important aspect of equality is inclusivity. In the development space, the understanding of growth and equity going hand in hand has aligned the dialogue towards promoting inclusive growth. Inclusive economic growth can be achieved by ‘focusing on expanding the regional scope of economic growth, expanding access to assets and thriving markets and expanding equity in the opportunities for the next generation of Indian citizens no matter who they are or where they live’ (World Bank 2006).
Inequality for individuals, households, groups of people, region, etc., might be horizontal or vertical, group-based or region-based, which forces particular groups of people within a population or in a region to access inferior economic, social and political opportunities. Inequalities based on caste and class, gender, race and religion or region, inter alia, are all instances of horizontal and vertical inequalities.

Understanding horizontal and vertical inequalities is particularly important in the context of developing countries like India or backward states like Bihar, because of the stratified disposition of its society and the challenge it poses on marginalized groups and backward regions and their access to land and livelihood resources, skill development, socio-economic amenities, political processes, etc.

India attained freedom from British colonial rule in 1947 and adopted a Constitution in 1950, which guarantees equality before law. This was a major breakthrough for the people who had been subjected to discrimination and exploitation for almost 200 years. It is worthwhile to mention that British rule institutionalized many strategies for revenue extraction, such as, Permanent Settlement, Ryotwari and Mahalwari for land revenue collection, which aggravated landlessness.

Peasants’ resistance set the agenda for giving land to the tillers in the freedom movement (Diwakar 2012). Abolition of Zamindari system aimed at reducing inequality in distribution of land as the first strategy to release productive forces (Rudolph and Rudolph 1987: 314–19). Many of the goals changed the nature of Indian society, economy and polity. Inequalities for individuals, households, groups of people, region, etc., might be horizontal or vertical, group-based or region-based, which forces particular groups of people within a population or in a region to access inferior economic, social and political opportunities. Inequalities based on caste and class, gender, race and religion or region, inter alia, are all instances of horizontal and vertical inequalities.

A positive relationship between inequality and growth was established with the aid of a panel of income distribution data covering 48 states of the United States of America for 1940-1980 period (Panizza 2002) and another study yielded a similar co-relation (L. and Zou 1998; Forbes 2000). However, a cross-country study found a negative relationship between inequality and growth (Perotti 1996).

However, quantifying the extent of inequality is important to enable effective intervention. This led to the Gini Index, suggested by Atkinson in 1970, as a measure of inequality. The most common use of this index is to measure inequality of income and consumption. Since Bihar is at the bottom of almost all socio-economic indicators in India, including PCI and is one of the most ruralized states in India, studying the levels of existing inequality becomes pertinent for bridging the inequality gap within the state.

Mobilization for social justice created new opportunities for accumulation and therefore a cyclical move for higher growth began in the late 1990s, which was visible in the first decade of 21st century (Das Gupta 2010). However, this was attributed to the political intervention of the National Democratic Alliance, which did not make any structural changes in the economic structure of Bihar. There is a plethora of literature on the development of Bihar (Prasad 1989; Rodgers 2012), overall inequality within the state (Rodgers et. al. 2018), lack of governance and corruption (Witsoe 2011), etc. However, there is a dearth of scholarship on inequality at the micro-level. Hence, this study is an attempt to fill this gap.
attempt at mapping horizontal and vertical inequities in Bihar at the district-level with a view to identifying the need for district-wise interventions and informed planning to reduce inter-district disparities. It also makes recommendations for bridging the gap in Bihar.

To begin with, this section is intended to look at inequality from a socio-economic and political lens to understand the relationship between growth and inequality in Bihar. The social milieu of Bihar, like the rest of India, has been historically marked with caste and class continuum and is a strong predicator of the ongoing syndrome of poverty and inequality. Caste and class have been very important determinants in deciding the overall socio-economic well-being of people in Bihar. Prasad & Rodgers (1983) Rodgers (2012) also emphasizes the intersection of caste, class and landholding as visible dimensions of inequality, specifically, in rural Bihar.

CASTE AND CLASS HAVE BEEN VERY IMPORTANT DETERMINANTS IN DECIDING THE OVERALL SOCIO-ECONOMIC WELL-BEING OF PEOPLE IN BIHAR

Broad caste categories have been deconstructed into sub-caste identities based on heredity, occupation and asset-ownership structure, consumption pattern, gendered, social and religious practices labeled with purity or otherwise (Joshi et. al. 2018). There is a non-dismissable association between an individual’s caste identity and his/her socio-economic status, consumption expenditure and other such contingent dimensions. It is a sad commentary on Bihar that the people at the lowest rung continue to be disadvantaged, despite the fact that the gap in educational attainment at the primary level has been declining in the state. One reason could be that higher levels of education and labour markets continue experiencing discrimination by caste (Ibid.).

Caste-based social stratification in Bihar has led to unequal outcomes in both income and wealth and other non-income determinants of well-being such as educational attainment, health and nutrition. Caste and religion contribute to unequal starting points for individuals and dominant caste groups in Bihar have developed processes that sustain social hierarchies. These unequal relations of power get mirrored in the market economy as well. It is important to note that gender is a cross-cutting sub-group in these horizontal inequalities and women and gender non-conforming individuals get doubly marginalized due to their gender identity.

Beyond income, factors such as the role of state institutions, governance failures and public policy shortcomings are also important in determining outcomes in non-income sectors. Socially dominant groups often get material benefits from unequal social relations among different groups and therefore have an ‘incentive to reproduce conditions of inequality’ (Barity et. al. 2005). In the case of Bihar, unequal social relations are but a microcosm of the larger political milieu of the state where social hierarchy gets mirrored in the legislature and bureaucracy too.

Bihar has been known as a backward state with weak governance and rampant corruption and is blamed for being one of the states that have contributed to the economic stagnation of the country (Business Today 2018). After years of economic slowdown, Bihar emerged as one of the fastest growing low income states in the last decade and the level of poverty saw a relative downturn (World Bank 2016a). However, despite the growth experienced by Bihar, large parts of the state remain poor. The economy remains largely agrarian and landlessness remains one of the major indicators of existing inequality in the state. The economic growth has also led to an increase in inter-state disparities with districts like Patna, Nalanda, Gaya, Bhagalpur and Muzaffarpur emerging as centres of growth in the state.

Revisiting the social and political milieu of Bihar is important because of the influence it has on economic outcome. The goals of inclusive economic development and good governance cannot be achieved if the inequalities inherent in the social and political economy of the state are not corrected. In spite of the falling levels of inequality, it is important to understand that the development in Bihar is such that the core develops drawing resources from the peripheral zones, leaving the latter without the means or resources to progress (Bhattacharya 2009). Even though Bihar records a high growth rate, most of its development and changes are concentrated only in a few districts such as Patna whereas the rest of Bihar is drowning in acute poverty.

It is observed that states with the lowest PCI register relatively higher rate of growth. However, poverty and inequality have tended to increase in these states (Bakshi, et al., 2015). In the urban sector, Jharkhand and Bihar have the highest population cluster in the extremely poor category of 14.4 percent and 12.7 percent respectively, much higher than that of the national average.

While this gives us an idea of the conditions in Bihar, an inter-district analysis of Bihar is important for a complete picture. Head Count Ratio in most districts of Bihar showed a decline in levels of poverty that were centered in South Bihar. This suggests that the districts of North Bihar have been neglected from a policy perspective.
Additionally, rural inequality was higher than urban inequality in 2011-12 (Kumari 2016).

While Bihar has registered phenomenal growth rates, this growth is not equitably distributed within districts, social groups and religions. Levels of living, health, education and infrastructure have improved drastically. But development brings in its wake new issues. There is a need to address inequality in all its dimensions with a special focus on marginalized groups. The basic research issue is to understand how these areas, and all sections and communities within them, can participate fully in the new Indian development path (Rodgers & Rodgers 2011).

In this backdrop, this study is an attempt to map growth, regional disparity and inequality in Bihar with respect to the major states of India in terms of distribution of land holdings, per capita net state domestic product and social development indicators such as, life expectancy, literacy rate, consumption and poverty. This exercise is also intended to deal with an inter-district analysis in Bihar to track the growth trajectory within the state and the gender status in Bihar.

1.1 DATA AND METHODOLOGY

This study is based mainly on secondary data in published official reports, individual studies, etc. The study is constrained by a limited database, as there is time lag of data availability in public domain. For example, per capita state and district domestic product for Bihar is available up to 2011-12. Similarly, literacy and life expectancy data are available for 2011 as per last census. Health indicators and literacy rates are available up to 2015-16. Therefore, inadequacy of updated data has its implications on the analysis.

This exercise has been planned and divided into the following four chapters, besides the executive summary and policy recommendations:

1. The current chapter that reviews existing literature on inequality.
2. An inter-state analysis of growth, regional disparity and inequality in India.
3. An inter-district analysis of growth and inequality in Bihar.
4. The status of women in Bihar.
2.1 Growth and Regional Disparity
2.2 Livelihood, Employment and Migration
2.3 Slow Pace of Poverty Reduction
2.4 Rising Inequality
2.5 Government Expenditure
2.6 The Way Forward
India is a country marked by plurality and diversity in terms of natural endowments and a legacy of sufferings reflected in socio-economic and cultural realities. It has rich historical contours of development, subordination, invasion, struggles, and determinations for democracy and justice. Ancient traditions and values with historical advantages and disadvantages enabled rulers to rule over the Indian subcontinent for a long time. The British colonial rule made the country worse, the reaction to which culminated in the protracted freedom struggle against British rule.

India got its independence in the year 1947. There was an enthusiasm to rebuild this country with sovereignty, democracy, equality and justice. The size of the population was around 361 million at the time of independence and it was 14 percent of the total world population. Presently, India has a population of 1,350 million, which constitutes around 17.7 percent of the total world population.

The increase in population has not only opened new challenges in the country, but it is also seen as a dividend, as the average age of the country is 29, which is the lowest amongst all countries. However, challenges to convert this size of population into demographic dividend is a serious challenge in the face of poverty, malnutrition, illiteracy, inequality (social, economic, and political) and in the absence of adequate hard and soft infrastructure, responsive governance and effective justice systems to ensure, liberty, equality and fraternity.

Just after independence, governance in India was highly influenced by the colonial legacy and emphasis was laid on the role of the government. But in the 1980s liberalization started catching speed in India. This change in economic policy redefined the nature of governance in India. There was a decrease in the role of the government and the role of market forces and the private sector was increasing very rapidly. Thus, changes in the nature and extent of inequality over the period were a combined result of internal and external factors and changes.

It was important to analyse existing inequalities across the states of India and new challenges thereof. Overall, excessive income inequality is associated with both market and non-market forces. Inequality is likely to be present in India as a large number of the labour workforce is working in sectors where productivity is very low. One such sector is agriculture, which provides jobs to around 50 percent of workforce, while this sector is contributing only 17 percent to the Gross Domestic Product (GDP) of India.

On the other hand, after the introduction of LPG, regime labour movements (Labour Union) are weakening day by day and it is also affecting the share of labour in total production. Privatization of education and health also force the poor to expend more on these services and affect the wealth-creating capacity of poor people and contributes to growing wealth inequality.

Inequality in India may be seen horizontally and vertically in terms of distribution of assets and income, consumption and access to basic services, such as education, health, shelter, drinking water, sanitation, etc., and also government initiatives to narrow down these gaps through budgetary financial provisions and governance down the line looking at population density and size of budget at state level. Bihar, the second populous state and one of the poorest states of India, has the highest population density. Although the government has recently increased public spending in social sectors significantly, per capita expenditure on education and health is still lowest. TFR of this state is the highest among all the states of India.

Privatization of healthcare services has been considered a formidable solution since the 1990s, which has added a few outlets to meet India’s massive requirement of health services. However, the results have remained insignificant in terms of density of health care and services. India needs to revisit its liberalization policy for a people-centred, decentralized public health system that socializes the cost of healthcare.

If Kerala is often held up as a model, one should remember that it has grown and evolved over a period of time through effective public demand, responsive government policies, and the institutionalization of a relatively strong Panchayati Raj with functions including health, finance and functionaries. The presence of an active citizenry and a public sphere has added to its capacity to face collective health crises. However, Kerala is also witnessing unregulated growth of a profit-oriented and tertiary-care-focused corporate health sector.

2.1 GROWTH AND REGIONAL DISPARITY

Indian economy has grown significantly since independence. In 1951, the GNI of the country was INR 2,92,996 crore at 2004-05 constant prices. It increased to INR 72,47,988 crore by 2015-16, that is, the GNI rose by more than 24.7 times. Latest available advance estimates for 2019-20 suggest that GNI at constant prices would be rising to INR 94,38,822 crores, that is, more than 32 times.

The NNI has also increased significantly from INR 2,69,724 crore in 1950-51 to INR 81,592 crore in 2015-16, that is, 23.66 times higher than 1950-51. The latest available advance estimate for 2019-20 was INR 82,93,725 crore, that is, about 30.75 times higher than 1950-51. However, the corresponding rise in PcNNI was not registered for many reasons, inter alia, rise in population, development of medical and health care facilities and services, reduction in death rate, etc.

In 1951 PcNNI was INR 7,513, which increased to INR 50,484 in 2015-16 at 2004-05 prices, that is, only 6.72 times. If one considers even the latest advance estimates for 2019-20 at constant price 2004-05, PcNNI has risen to INR 62,773, which is around 8.36 times only.

2.1.1 FLUCTUATING GROWTH RATES

The annual growth rate of GNI from 1950-51 to 2019-20 has been 5.2 percent and NNI has grown by a little less than 5.14 percent. However, PcNNI has grown merely by
3.18 percent. Before the green revolution, GNI, NNI, and PcNNI grew by 3.84, 3.99 and 1.93 percent respectively. After the Green Revolution, until the advent of liberalization, privatization and globalization, India witnessed higher growth rates except for PcNNI, post-1990s growth rate was still higher and the ratio of annual growth rate of PcNNI to NNI has increased. It also suggests that long term average annual growth rates of GNI, NNI and PcNNI have been increasing over the years (Figure 2.1).

Figure 2.1: Annual Average Growth Rates of GNI, NNI, PcNNI in India (1951-52 to 2019-20)

2.1.2 WIDENING REGIONAL DISPARITY

This significant growth in national income was an outcome of continuous hard labour of peasants, workers and professionals in primary, secondary and tertiary sectors. Policy makers and governments have contributed through policy and governance. However, the outcome of growth has not been distributed uniformly, which has created horizontal or vertical disparity. Regional disparity among states has grown over time (Bhattacharya and Saktivel 2004). This has been irrespective of the potential to grow, despite many initiatives of creating social overhead capital, community development, industrialization, emphasis on agriculture, green revolution and social development, that is, education, health services, etc. The ratio of PCI between the richest states and poorest states has reduced, which reflects a decrease in inequality in growth of PCI in states. However, the pace of reduction is very slow.

Inter-state variations in distribution of per capita net state domestic product (NSDP) has been rising continuously in major states without exception, as reflected in inter-state coefficient of variation of per capita NSDP from 1990-91 to 2014-15 (Figure 2.2). As a result, regional disparity increased and poor and backward states were left behind in the dens of poverty and inequality. Horizontal inequality indicated regional disparity and vertical inequality indicated individual and social disparity, that is, poverty and income.

It has been observed that inequality in livelihood opportunities creates other forms of inequality, that is, access to basic amenities of health, education, and nutrition (Seguino 2008). Ensuring income equality to boost economic development is important. However, addressing inter-group inequality and prejudice and the consequent policies, institutions and governance that prohibit equitable outcomes in non-income dimensions is also crucial in ensuring human wellbeing and equality.

2.2 LIVELIHOOD, EMPLOYMENT AND MIGRATION

Livelihood encompasses the methods and means of making a living in a society. It was expected that the growth of Indian economy would create better livelihood opportunities for the people of the country and it will percolate down to the last rung of the society. Therefore, emphasis was laid on making the pie larger for a bigger share. However, it was soon realized that trickle down hypothesis did not work. Alternative strategies of a target-based approach along with provision of self and wage employment was initiated followed by minimum needs programmes with a basic needs, right-based, inclusive approach to eradicate unemployment and poverty.
However, data suggests that co-variability between growth and employment has worsened in due course, as displayed in Figure 2.3.

Correlation coefficient is negative -1.07, which implies in an inverse relationship between growth rate and employment. Various rounds of NSS data suggest that employment elasticity has been declining since 1972-73. Thus, growth became jobless. This scenario raises questions on the shifting growth paradigms. It is important to note here that recent central policies, such as demonetization, GST and lockdown have aggravated the declining employment scenario and unprecedented rise in unemployment rate (UR) at a four-decade high.

Rising out-migration from some states shows that the situation is not as good as it seems in terms of GDP data. Recent data released by the Census shows the emerging situation of livelihood crisis faced by some states and can be better understood by analysing changing dimensions of migration in India. It was evident from the analysis of Census data that low-income backward states were the main source of out-migration in India. According to the Census, four states, Uttar Pradesh, Bihar, Rajasthan and Madhya Pradesh, accounted for 50 percent of India’s total inter-state migrants. Uttar Pradesh and Bihar constituted major out migrations. According to the 2011 Census, 29.9 million people migrated outside the state from these two states alone. This was 37 percent of the total inter-state migrants. The major destination states were Delhi, Maharashtra, Tamil Nadu, Gujarat, Andhra Pradesh and Kerala.

Interestingly, Uttar Pradesh appears in both lists (out-migration and in-migration). People left UP in search of livelihoods and at the same time there was an influx of people into UP in search of livelihoods. However, the situation of Bihar was different from any other state of India. Out-migration for work or business was one of the most significant reasons behind the huge outflow. This indicated the limited livelihood options available for people in Bihar. Despite the fact that Bihar experienced higher growth between 2005 and 2015, this growth could not generate livelihood options for its people within the state to stop out-migration.

One important section of the academia believes that growth outcome has not been very inclusive in India (Deshpande 2013; Thorat 2007; Pal and Ghosh 2007) and therefore, inequality can be seen between social groups, sectors, rural and urban areas and between different states of India. In the absence of sustainable and required livelihood options, out-migration from some states is very high. Thus, it is important to analyse the factors generating livelihood options in a state, so that one can understand why inequality is present in terms of livelihood options in the states of India.

After demonetization and the implementation of GST, opportunities for employment, particularly in the informal sector, further aggravated from an already declining stage and resulted in loss of jobs and rising unemployment. Reverse migration started taking place. Because of the unplanned lockdown on account of the nCoV-2019 pandemic, huge influx of migrants going back to their home towns has created a disaster for the labour working in informal and private sectors. Data for analysis in this regard will be available after some time, but undoubtedly with about 25 percent UR as per Centre for Monitoring Indian Economy (Iyas April 2020), loss of employment and income has made life miserable, which has serious implications on livelihood options, consumption, health, nutrition and education inequalities.

2.3 SLOW PACE OF POVERTY REDUCTION

Official poverty estimates, which were fluctuating from 45 percent to 60 percent between 1951-52 to 1973-74 (Pangariya and Mukim 2013), declined significantly over the years from 54.9 percent in 1973-74 to 25.7 percent in 2011-12 (Planning Commission 2014). Poverty declined slowly but declined until 1993-94. However, rural poverty declined faster than urban poverty.

The GoI adopted economic reforms with a focus on reducing inequality and poverty. But there was a sharp rise in urban poverty in 2004-05 (Figure 2.4) mainly because of...
distress migration of the rural poor into urban slums in search of livelihood. Inequality in income distribution increased. The richer section of the society benefited whereas poor sections were further marginalized. Rural–urban and inter-state inequality widened among major states. This is because of stagnation in employment generation except in the smaller segment of service sector, loss of employment, rise of open unemployment and decline of inter-sectoral employment elasticity (Pal and Ghosh 2007).

Despite an overall high growth rate, the poverty reduction between 1983 and 1993 was greater than reduction witnessed between 1993 and 2005. Inequality has increased during 1993-2005 and the rate of poverty reduction has slowed down (Ravi and Dev 2007). Rate of declining rural poverty in India slowed down from 0.88 (1983-1993-94) to 0.77 (1993-94 to 2004-05) percent per annum (Himanshu 2007). Overall rate of poverty reduction declined at a slower pace from 1993-94 to 2011-12 (Planning Commission 2014).

Inter-state variations in poverty and inequality using the Tendulkar Methodology suggest that Bihar had the highest incidence of poverty (Figure 2.5). Rural poverty in Odisha was highest (46.9) among the states followed by Jharkhand (42.9), Bihar (42.2), Chhattisgarh (42), Madhya Pradesh (35.8) and Uttar Pradesh (33.9) (Figure 2.6). Gini ratio of urban poverty increased from 33.9 percent to 34.4 percent and further increased to 37.6 percent (Figure 2.7).

Using the Lakdawala Methodology, we arrive at the conclusion that in 2005, 37.1 percent of SCs, 44.7 percent of STs and 33 percent of Muslims were poor, when overall poverty was 28 percent which was true for the entire Hindu population as well (Thorat 2007). However, official estimates using the Tendulkar Methodology estimated poverty for STs and SCs at 45.7 and 37.7 percent.
respectively in 2011–12, while overall poverty was 22 percent [NITI Aayog 2020: 38–39].

Poverty by occupational category suggests that about 39.8 percent of agricultural labour was poor. They constitute 14.1 percent of the population. Self-employment in agriculture constitutes 27.1 percent of the population. Of those self-employed in agriculture, 22.2 percent were poor. About 32.9 percent of urban casual labour was poor. If we look at poverty by level of education, 33.5 percent households are illiterate, 24.5 percent of poor were with primary education or less and 18.3 percent poor were at the middle level of education (Pangariya and More 2013). This suggests that a majority of the poor households were illiterate and with lesser level of education.

On the other hand, the number of billionaires, which was only 12 in 2004, increased to 46 in 2012 and 101 in 2017. These 101 billionaires acquired 15 percent of the GDP, whereas, the bottom 50 percent of poor-income households constituted only 5 percent of the GDP (Himanshu 2018).

It was also observed that India’s richest 1 percent held 58 percent of the country’s total wealth, which was higher than the global figure of about 50 percent. Between 2006 and 2015, ordinary workers saw their income rise by an average of just 2 percent a year while billionaire wealth grew almost six times faster (Himanshu [ed.] 2018).

This raises a serious question about the growth process, which perpetuated inequality in distribution of income. Intra-regional disparity remained a concern for policy makers. It is also important to analyse states in general and the situation of Bihar in particular across states of India as the state has achieved high growth in the last couple of years.

2.4 RISING INEQUALITY

Rising economic inequality across states is a serious concern, especially for some states in India. Bihar is at the bottom in terms of inter-state distribution of PCI in India. This indicates the extent of skewed distribution of income and inequality across the states of India. Such situations are not only affecting the growth of the state concerned, but also the growth of the country. A few states have been performing well, such as, Tamil Nadu, Gujarat, Bihar, Kerala, and Haryana, but others are not, such as Assam, Uttar Pradesh and Punjab. If one scrutinizes asset inequality, the lowest Gini ratio is for Punjab, Kerala, Goa, Delhi, Haryana and Himachal Pradesh, whereas Bihar is the worst followed by Madhya Pradesh, Uttar Pradesh and Odisha.

The situation in Bihar is not rosy in agriculture either, on which a majority of the workforce is dependent. Latest available estimates suggest that the annual growth rate of crops was negative and overall growth rate of agriculture was merely 0.6 percent despite some positive gains in agriculture like the formation of an Agriculture Cabinet and the three Agricultural Roadmaps5 rolled out for the development of this sector.

The First Agricultural Roadmap (2008–12) was initiated for Rainbow Revolution in agriculture. The Second Agricultural Roadmap (2012–17) was launched to ensure food safety, nutrition, and farmer’s income, and the Third Agricultural Roadmap (2017–22) began with an emphasis on Organic Farming. However, there is still a long way to go as a large chunk of the population still suffers due to low productivity and income.

They are yet to get the benefits of a higher income and economic growth in states like Bihar. Growth in the tertiary sector has not been able to provide adequate opportunities to the youth of Bihar. Thus, distress migration from Bihar, either for education or good jobs, is very high. Data also reveals that construction activities and government expenditure on administration are two major sectors growing rapidly in the state (that can be seen in terms of increasing establishment expenditure). Thus, growth has been less inclusive than other states.

2.4.1 Skewed Distribution of Land Ownership

Land is one of the major resources of livelihood in India on which a majority of the people survive. After independence, although agrarian reforms were initiated, land redistribution remained an unfinished agenda due to class biases of the system. As a result, land concentration has not declined significantly despite subdivision and fragmentation of land due to natural attrition6 caused by an increasing population. Ownership holdings appear smaller but over the years, control over land has not changed dramatically.

Inequality in distribution of assets can be understood by studying the distribution of land ownership. Data related to ownership landholding for the year 2002-03 and 2013 released by NSSO suggests that there have been changes in distribution of landholding in terms of ownership and area. Percentage distribution of land ownership holdings and area under their possession indicates marginal decline in inequality in 2013 over 2002-03.

The Lorenz curve suggests that on the whole 80 percent ownership land holdings have merely 20 percent of land area and 20 percent of holdings have 80 percent of land area. Inequality in distribution of ownership land holding for all India has been displayed through Lorenz Curve (Figure 2.8) and inter-state by Gini coefficients [Figure 2.9]. Figure 2.8 suggests nominal change and reduction in concentration of ownership landholdings in India in 2013 over 2002-03.

With a sizable landless mass of over 40 percent, a majority of the ownership holding have miniscule access to land ownership, whereas less than 20 percent holdings have about 70 percent area under their possession. Inequality in land distribution may also be seen through Gini coefficients, which suggests that overall

5 Bihar Kriishi Roadmap was initiated in 2008 for development of the agriculture sector.

6 Reduction in number due to a gradual and natural ‘wearing down’.
inequality in distribution of land ownership in India had declined in 2013 over 2002-03 (Figure 2.9).

Most of the states also witnessed a decline in inequality in the distribution of ownership landholdings except Bihar, Odisha and Uttar Pradesh where land concentration had increased. Landlessness and marginalization have given rise to inequality in the distribution of ownership holdings in these states.

Figure 2.8: Inequality in Land Distribution by Ownership Holdings in India

Largely it is assumed that access to human capital, natural capital, financial capital, social capital and physical capital (known as the Pentagon model) is important for generating livelihood options in any particular location/region/state. Thus, an analysis of inequality in access to capital is essential to see the position of states in India.

2.4.2 INEQUALITY IN ACCESS TO ASSETS

Assets are one of the most important factors that are correlated with livelihood options and directly proportional to income. Correlation between PCI and value of household assets score at state level also confirm the expected relationship. The NFHS gives details of assets available at the household level across states in India.

Comparison of estimated composite household assets scores for two data points 2005-06 and 2015-16 shows that access to assets has increased in India. However, inequality has increased across states in terms of household economic wellbeing and ownership of assets with a few exceptions.

In the case of Bihar, a little progress can be seen, as the value of composite household asset score has nominally increased from 0.212 in 2005-06 to 0.227 in 2015-16. The Gini coefficient for the assets score has declined from 0.446 to 0.401. One can find significant decline in inequality in the asset score in the case of Odisha, Tamil Nadu, Uttar Pradesh, and West Bengal (Mishra and Joe 2020). However, since 2005-06 Bihar has remained at the top in terms of level of inequality in asset score.

Wealth quintiles provide inter-state inequality in distribution of economic well-being of households. In Jharkhand, Chhattisgarh and Odisha, more than 40 percent of the households were identified in the lowest income quintile in 2005-06. By 2015-16, the situation had improved in Odisha and Chhattisgarh. On the other hand, more than 45 percent of the households are still in the group of lowest quintile in Jharkhand and Bihar.

Thus, it seems that the situation has deteriorated in states like Bihar, and every second household in this state belongs to the lowest wealth quintile group category. Data suggests that around 40 percent households with low wealth score in India are staying in Bihar and Jharkhand. In terms of wealth score, 40 percent of the households are poor (at least relatively poor) in Bihar.

This has happened in the last one decade when Bihar emerged as one of the fastest growing states of India, clocking over 10 percent annual growth rate between 2004-05 and 2014-15. This implies that economic growth has not affected the asset-based economic well-being situation of households in Bihar (as more than 50 percent of households are still in the lowest wealth quintile group).

2.4.3 CONSUMPTION INEQUALITY

The growth of the economy of Bihar hasn’t been accompanied by a growth in employment. While the number of jobs reflected a declining employment elasticity over the years, income inequality continued to rise in many backward states including Bihar. This has serious implications on consumption, nutrition, health and education. Data suggests a sharp decline in households’ total URP expenditure estimated as percentage of NAS total private consumption expenditure in India over the years, as displayed in Figure 2.10.

Data suggests that MPCE in terms of the calorie consumption for a majority of rural (79 percent) and urban (72 percent) India, especially from lower MPCE brackets, was below 2400 and 2100 calorie intake as evident from the Figures 2.11 and 2.12 respectively.

Figure 2.9: Inter-state Gini Coefficient of Land Ownership in India

Source: Author.
Experts claim that the low-bar poverty line diminishes the extent of poverty in India, while the fact remains that those consuming less calories than the minimum calorie intake requirement remain unfed, half fed or ill fed. It was an altogether different matter that they were not considered poor despite having a calorie consumption that was below the norms of poverty in rural and urban areas.

A deeper analysis suggests that Gini ratio for data available from NSSO for 1993-94, 2004-05 and 2011-12 for MPCE witnessed marginal decline in rural and urban MPCE inequality at all India level. Lorenz curves depict rural and urban MPCE inequality (Figure 2.13). However, many states, such as Bihar, Jharkhand, Karnataka, Madhya Pradesh, Odisha, Rajasthan and Uttar Pradesh witnessed increasing Gini ratio reflecting widening rural MPCE inequality after 2004-05.

Urban MPCE inequality in states such as Andhra Pradesh, Bihar, Jharkhand, Madhya Pradesh, Odisha, Rajasthan and Uttar Pradesh were aggravated in terms of increasing Gini ratio between 2004-05 and 2011-12. In the case of Bihar, Gini coefficients for rural and urban consumption inequality were 0.22 in 2011-12, although it was lower in 2004-05 in rural areas (0.02) and higher in urban areas (0.13). This implies that rural consumption inequality rose much more sharply than urban.
2.4.4 HEALTH INEQUALITY

With the development of medical science and health facilities, infant mortality rate has declined in the last one decade from 57 per thousand live births in 2005-06 to 41 in 2015-16. Under-five child mortality rate has declined from 74 per thousand live births to 50. Institutional births, in general, has improved from 38.7 to 78.9 percent and the institutional births in public facilities has increased significantly from 18 percent to 51.2 percent.

India has managed to reduce the percentage of stunted (height-for-age) children under five from 48 to 38.4 but the percentage of wasted (weight-for-height) children under five has increased from 19.8 to 21 and the percentage of severely wasted children has also increased. Moreover, the number of mothers who had full antenatal care has increased from 11.6 percent in 2005-06 to 21 percent in 2015-18, which is a good sign. However, data shows that more than 40 percent of children below five years are stunted in states like Bihar, Uttar Pradesh, Jharkhand, Meghalaya, Madhya Pradesh, and Dadra and Nagar Haveli. In terms of percentage of stunted children, Bihar is at the highest with 48 percent (NFHS 2017).

But the fact remains that gradual development in health facilities has improved life expectancy in India significantly. Latest available data suggests that life expectancy at birth increased to 68 years during 2013-17, 67.8 years for males and 70.4 years for females. For rural areas, these figures were one year less and for urban areas, these figures were three years more than the total national average. Data also suggests an overall decline in inequality in life expectancy at birth across the states over time (Figure 2.14).

Kerala has the highest life expectancy at birth (75.2 years), whereas Uttar Pradesh has the lowest at 65 years. Bihar is the fifth lowest in terms of life expectancy (68.9 years) at birth after Uttar Pradesh, Rajasthan, Madhya Pradesh and Odisha, and marginally lower than the national average. Inter-state variations in growth rates and inter-state coefficients of variation (ICV) of life expectancy at birth suggest prevailing intra-regional inequalities in distribution of life expectancy (Figure 2.15).
This suggests a need to introduce measures to strengthen health services for bridging the existing gaps and maintaining regional balances, which requires greater fund allocation. Total Health Expenditure (THE) for 2014-15 was 3.89 percent of GDP in India, which declined to 3.84 percent in 2015-16 and 3.8 percent in 2016-17. But per capita THE, which was INR 3,826 has increased to INR 4,116 and INR 4,381 in corresponding years. The Employment figures also show inequality in terms of availability of health personnel across states in India. The employment figures also show inequality in terms of availability of health personnel per 10,000 people. It is 20.6 for all India. However, it varies from 53 for Kerala to 30 for Punjab and 5 for Bihar and 18 for Uttar Pradesh (Karan et al. 2019).

Extreme disparity in availability of health personnel across states was alarming in India. The health situation in Kerala is comparatively the best and the situation in Odisha is the worst. The top five states are Kerala, Andhra Pradesh, Maharashtra, Gujarat, and Punjab, and the bottom five states are Uttarakhand, Madhya Pradesh, Odisha, Bihar, and Uttar Pradesh, in that order. However, the inequality between states often conceals social inequality in healthcare, especially in policy formulation and planning, if there is any. The worst sufferers—both in access to and outcome of healthcare—are those belonging to SC and ST categories (NITI Aayog 2019).

Thus, the above analysis revealed existing gaps and inequalities in health services in India. Here, we have analysed health inequality across the different states of India in terms of health expenditure as a percentage of total state expenditure, per capita health expenditure and health expenditure as a percentage of GSDP (Gross State Domestic Product). We find that Bihar is the worst performer in per capita health expenditure across states of India and Bihar is the second worst performer in the case of health expenditure as a percentage of total state expenditure.

We have also tried to see how the lowest per capita expenditure on health is affecting the availability of government hospitals and number of beds in government hospitals in Bihar. In terms of number of hospitals per crore population, Delhi is the worst performer in India. But in terms of number of beds available in government hospitals, Bihar is the worst performer across all states of India.

Similarly, scrutinizing availability of doctors per crore population in states of India, we arrive at a few conclusions. Bihar is among the bottom five for lowest number of specialists at CHCs in India. Despite the fact that there has been a growth in GSDP and social development expenditure has also grown over the years, per capita health expenditure continues to be very low in Bihar. This implies that a child born in India today will only be 44 percent as productive as she/he could be (if she/he enjoys complete education and full health facilities/situation). Only 8 percent of the population will be able to reach a productivity level of 75 percent (The World Bank 2018). The situation is more disastrous for a state like Bihar as more than 37 percent of its current population is below the age of 14 and the state’s education and health systems (in terms of IMR and malnutrition) are the worst compared to the rest of India.

**BIHAR IS AMONG THE BOTTOM FIVE FOR LOWEST NUMBER OF SPECIALISTS AT CHCs IN INDIA. DESPITE THE FACT THAT THERE HAS BEEN A GROWTH IN GSDP AND SOCIAL DEVELOPMENT EXPENDITURE HAS ALSO GROWN OVER THE YEARS, PER CAPITA HEALTH EXPENDITURE CONTINUES TO BE VERY LOW IN BIHAR.**

### 2.4.5 INEQUALITY IN EDUCATION

India has progressed substantially in terms of literacy from 18.3 percent in 1951 to 73 percent, while literacy rate of SCs was 64 percent and that of scheduled tribes (STs) was 59 percent in 2011. Despite that, there was a significant gap in male and female literacy. Female literacy rate was 64.6 percent and male literacy 80.9 percent.

Rural literacy rate was lower than the national average while the rural female
literacy was still lower at 57.93 percent. Among the minority, literacy in Muslim women was at the lowest, at 55.3 percent only. Literacy rate in major states has improved significantly but inter-state variations in literacy remains high (Figure 2.16). Kerala has the highest literacy rate at 94 percent and Bihar the lowest at 61.8 percent.

Literacy rate for women is invariably lower than literacy rate for men. Rural women have even lower literacy rate, a mere 49 percent. Gender gap remained higher in Bihar than that of national level gender gap in literacy (Figure 2.17).

Enrolment in schools and the level of higher education in India increased. However, access to quality education and equality remain serious challenges. Data available on the quality of school education in India and its probable effects on outcome show reading and comprehension capacity of enrolled students of Class V of year 2018. If one considers learning levels of children as an indicator of outcome in 2008 and 2018, data shows that the outcome of education has declined by nearly 9 percentage points, or about 17 percent in terms of reading capacity varying with states and nearly 12 percentage points, or about 34 percent (in terms of comprehension capacity).

Data also reveals significant disparities in terms of learning outcomes, progress made with reference to Right to Education (RTE) Act 2009, and facilities at schools across states of India. The performance of each state over the years in terms of outcome of education system can be mapped too. Again, the performance of the three states, Bihar, Jharkhand, and Rajasthan, has not been found very satisfactory between 2008 and 2018 (ASER 2019).

Thus, the states of Bihar, Jharkhand and Rajasthan are performing worse than the other states of India even on the parameters of nutrition and education in addition to that of PCI. Moreover, low outcome of children-specific indicators in these states in comparison to other states will further increase the gaps between rich and poor states of India.

The situation of enrolment in educational institutions has improved after the implementation of the RTE Act. In the case of primary and upper primary education, the performance of states like Bihar and Jharkhand has improved. But as the level of education increases, we find a fall in the rank of states as per gross enrolment ratio (GER), in states like Bihar and Jharkhand. In other words, the dropout rate increases with an increasing level of education (Diwakar 2017).

Access to digital facility, such as computers, has deteriorated in Bihar and Chhattisgarh in the last couple of years. Bihar stands at the lowest rank in terms of computer density for schools and students (ASER 2019). Increasing dropout rates with increasing classes has had serious implications on GER in higher education in general, which was 26.3 percent. It was 23 percent for SCs and 17.2 percent for STs.

Bihar is at the lowest rank in terms of GER in higher education with 13.6 percent. GER for SCs in higher education is merely 10 percent. However, GER for STs was a little better than the state average (18 percent). The GER for females in higher education, in general, is still lower (GoI 2018).

It is observed that states with low income have low and uneven educational participation and attainments. This is essentially because of the income of people (which is also linked with the occupational structure) and level of existing literacy, which has significant bearing on growth and inequality of different states. Studies have contributed in explaining
Increasing dropout rates in higher education in Bihar:

<table>
<thead>
<tr>
<th>Category</th>
<th>Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>26.3%</td>
</tr>
<tr>
<td>SCs</td>
<td>23.0%</td>
</tr>
<tr>
<td>STs</td>
<td>17.2%</td>
</tr>
</tbody>
</table>

Gross Enrollment Ratio in higher education in Bihar:

<table>
<thead>
<tr>
<th>Category</th>
<th>Ratio (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>13.8%</td>
</tr>
<tr>
<td>SCs</td>
<td>10.0%</td>
</tr>
<tr>
<td>STs</td>
<td>18%</td>
</tr>
</tbody>
</table>

Inequality in attendance in school of SCs, STs and OBCs among the age group of 6-17 years was compared to the General category. Bihar is on the list of the high-inequality states of India, especially in case of male SC and male general category students. Interestingly, in case of female students we find low inequality between OBC and General category in comparison to male students in Bihar.

In the case of female students, we find equality between OBC and General category in Bihar. The situation in Gujarat is the worst in India (NSS 2014). Inequality in participation increases in SCs and OBCs with respect to General, as the level of education increases in Bihar. Bihar has the highest inequality in attendance between SCs and General Students at Upper Primary and Secondary and Higher Secondary level (Ibid.).

An analysis of the budget of states reveals that in a state like Bihar, per capita investment by government on education and health is the lowest across all states of India (Suhag and Tiwari 2018). The people of Bihar are also spending a higher amount of their income on private education/ tuition and private health care (either in the state or outside the state). All this is creating a miserable situation for its people.

Among states, the share of OOPPE (out-of-pocket Expenditure) on health against the overall expenditure was the highest in Bihar, at 77.6 percent, against the national average of 60.6 percent. The Central and State governments spent INR 5,740 crore on healthcare in Bihar, where OOPPE stood at INR 20,857 crore in Bihar (National Health Accounts Cell 2019). As per NSSO, the average annual private expenditure on general education per student (primary and above) was the second lowest in Bihar (INR 4,379) and the highest in Delhi (INR 24,886) in 2014.

We have also analysed the pattern of expenditure by students of Bihar on coaching in the different states of India. We find that more than 30 percent of students have to take private coaching even in poor states like Bihar, Odisha, and Jharkhand. Bihar is among the top five states in terms of percentage of students who take coaching in India.

Thus, in the absence of quality education in government schools, students from poor states have to bear higher expenditure on education in terms of expenditure on coaching to compete with students of other states. In terms of the Sustainable Development Goals, India stands first with a composite score of 70 and Bihar comes last with a composite score of 50 (NITI Aayog 2020).

2.5 GOVERNMENT EXPENDITURE

After independence, India adopted democracy and a federal structure, which ensured a defined share of tax devolution, transfer and grants to states to bridge the development gaps. Data suggests that per capita plan outlay witnessed increase over subsequent plan periods. This is reflected in select states of India, but the fact remains that backward states have lower per capita plan outlay and Bihar is the lowest among them (Figures 2.18 and 2.19).

During the First Five Year Plan, Bihar had an INR 3.4 per capita plan outlay, which increased to INR 140.20 during the Ninth Five Year Plan. Punjab witnessed an increase from INR 9.40 to INR 753 and Kerala from INR 4.40 to INR 824.0. In other words, per capita plan outlay for Bihar increased 41.2 times, for Punjab by 80.1 times and for Kerala by 141 times.

Gap in per capita plan outlay between Bihar and Punjab was 2.7 times in the First Five Year Plan, which further increased to 5.3 times by the Ninth Five Year Plan. In the case of Kerala this gap was 1.3 times, which increased to 30%.
Source: Calculated from collation of different five-year plans.

Figure 2.18: Annual Average Inter-state Per Capita Plan Outlay in Select States in India (INR)

Source: RBI, State Finances, various issues.

Figure 2.19: Per Capita Plan Expenditure in Select States of India

4.4 times. This explains the success story of development in Punjab and Kerala. Besides many other factors of governance, increase in per capita plan outlay explains the higher per capita in Punjab and better indicators of social development in Kerala. Per capita plan expenditure during 1990s and the first decade of the twenty-first century India depicted in Figure 2.19 suggest significant increase over 1990s.

Figure 2.19 reveals that Bihar had been lowest in per capita plan expenditure despite significant increase. Even so, it is far below the national average per capita plan expenditure. Even backward states, such as Madhya Pradesh, Odisha and Rajasthan had higher plan expenditure than Bihar. This explains why Bihar remained backward and suffered regional disparity and inequality.

2.6 THE WAY FORWARD

This chapter tried to understand the nature and extent of inequality across states of India and indicated the position of Bihar in India in terms of growth, regional disparity, livelihood resources, consumption, health and education. Analysis found that there were some positive changes but there is still a long way to go.

Overall, it was found that growth was not able to reduce inequality across states in India and poor states like Bihar are facing serious challenges related to livelihood, education, women and health. The Indian economy has moved forward significantly in terms of GDP and to some extent this growth could generate employment and income to eradicate poverty, reduce illiteracy and battle malnutrition.

However, this growth has not led to a reduction in regional disparity, unemployment, poverty and inequality in poor states like Bihar. Privatization of social development related services, such as education and healthcare services, which have been considered formidable solutions since 1990s, have helped increase the number of hospitals but the number has remained insignificant. So is the case of privatization of education, which needs a fresh assessment, as education inequality has become a serious challenge.

 Thus, it is imperative to revisit the policy of liberalization to restore people-centric, decentralized social development amenities with equity and justice.

IN TERMS OF THE SUSTAINABLE DEVELOPMENT GOALS, KERALA STANDS FIRST WITH A COMPOSITE SCORE OF 70 AND BIHAR COMES LAST WITH A COMPOSITE SCORE OF 50.
03.

MAPPING GROWTH AND INEQUALITY IN BIHAR (AN INTER-DISTRICT ANALYSIS)

D.M. DIWAKAR AND APOORVA MAHENDRU

3.1 Trends of Growth
3.2 Demographic Development Disparity
3.3 Labour Force Participation: A District-Level Analysis
3.4 Inequality Dimensions
3.5 Government Expenditure
3.6 The Way Forward
Bihar is the third most populous state of India after Uttar Pradesh and Maharashtra with 8.6 percent of the national population and the highest density of population (1102/sq. km). This state was carved out from West Bengal on March 22, 1912 along with Odisha. Odisha was later separated from Bihar on April 1, 1936. Bihar is located within 83°19’ to 88°17’ east longitude and 24°20’ to 27°31’ north latitude.

This state has been endowed with a fertile soil, abundance of sweet water with a network of perennial rivers and hard-working people. After independence, it was one of the states to enact the Bihar Privileged Persons Homestead Tenancy Act 1948 for the homeless and the Bihar Land Reforms Act 1950 followed by the Bihar Land Reforms Rule 1951 for the abolition of zamindari. These acts aimed at redistributing land to the poor to enhance productivity and reducing poverty and inequality.

Although Bihar was considered the best-governed state, land reforms were pushed to the backseat and remained an unfinished agenda, which resulted in aggressive left movements against the semi-feudal structure advocating for land redistribution, proper wage and dignity of labour. Being mainly an agrarian economy, intermittent droughts and floods exacted a toll on infrastructure development and growth of this state’s economy in the absence of effective land and water management. However, recently this state witnessed a higher rate of growth but remained home to one of the states with the largest number of people who had the lowest PCI, literacy and malnutrition with horizontal and vertical disparity. This chapter is focused on mapping district level intra-regional disparity and inequality in Bihar. However, availability of data has proven to be a big challenge, and an attempt has been made to arrive at an analysis on the basis of the limited data that is available.

3.1 TRENDS OF GROWTH

The economy of Bihar has grown at an annual average rate of 4.43 percent since independence but per capita NSDP has grown merely by 2.65 percent. The primary sector of the economy has grown by 3.1 percent, whereas the secondary sector has grown by 6.51 percent and the tertiary sector by 5.5 percent per annum. Data suggests a gradual improvement in growth rates of NSDP, but secondary and tertiary sectors have grown better than NSDP (Figure 3.1).

As a result, PCI has also been growing. However, there has been a sharp decline in the growth rate of the primary sector after liberalization and it became sharper after the creation of Jharkhand. A major portion of mining and quarrying and forestry besides agriculture went to Jharkhand. Thus, a majority of people in Bihar survive primarily on the primary sector, that is, agriculture and animal husbandry. A decline in the growth rate of this sector and rising coefficient of variations explains lower per capita NSDP and rising inequality in income distribution in Bihar (Figure 3.2).

It is evident from Figure 3.2 that land redistribution, Green Revolution and target based poverty eradication programmes worked on a limited scale but they played a significant role in reducing income inequality. This impact was noted despite the lower growth rates. After the formation of Jharkhand, the economy of Bihar witnessed an appreciably higher growth rate but this growth was not to the credit of the present regime of governance alone, rather it was a result of an increase in social justice outcomes on the counts of health and education (Das Gupta 2010). However, there was evidence that inequality in income distribution has also risen sharply.
This is also reflected in the inter-district distribution of per capita Net District Domestic Product (NDDP). A majority of the districts, (34 out of 38 districts) were in the bracket of lowest per capita NDDP among which per capita NDDP of the Sheohar district was the lowest, that is, INR 4,748, and only two districts, Muzaffarpur (INR 9,036) and Rohtas (INR 8,557) were above the state average (INR 8,943).

Per capita NDDP of three districts, Bhagalpur (INR 10,283), Munger (INR 12,446) and Begusarai (INR 11,089) were higher than the state average. One only district, that is, Patna had the highest annual average to the tune of INR 38,415. Per capita NDDP at constant prices 2004-05 of Patna district increased from INR 25,189 in 1999-2000 to INR 83,083 in 2011-12.

The per capita NDDP of Sheohar was the lowest, to the tune of INR 3,792 in 1999-2000 and INR 7,092 in 2011-12. The ratio of districts with the highest per capita NDDP in Bihar (Patna) to the lowest one (Sheohar) has been increasing from 6.64 in 1999-2000 to 8.89 in 2011-12.

Annual ranking of districts on the basis of per capita gross domestic product (GDDP) during 1999-00 to 2011-12 suggests that:

(i) the respective ranks of three districts, Patna (first), Munger (second) and Sheohar (last) did not change between 2000 and 2012.

(ii) Improvement in the ranks of 16 districts was witnessed, namely Gopalganj, Saran, Lakhisarai, Darbhanga, East Champaran, Siwan, Jamui, Nalanda, Vaishali, Sitamarhi, Khagaria, Jehanabad, Banka, Araria, Bhagalpur, Arwal. Overall, Gopalganj remained the best performer across all districts of Bihar.

(iii) A decline was witnessed in ranks of 14 districts, namely West Champaran, Kaimur, Supaul, Madhepura, Purnia, Sekhpura, Buxar, Kishanganj, Bhojpur, Saharsa, Saya, Muzaffarpur, Samastipur, Aurangabad.

(iv) West Champaran was the worst performer across all districts of Bihar in terms of reduction in value of ranks during period. This indicates widening intra-regional disparity in Bihar over the years. Inter-district variations in growth rates of NDDP and CV of per capita NDDP are also very high (Figure 3.4 and 3.5).
Figure 3.4 suggests volatility of growth rate of NDDP and CV in districts. No uniformity is found in inter-district variations. Figure 3.5 suggests that inter-district CV increased over the years until 2009-10. Later CV started declining marginally. If one calculates CV from 1999-00 to 2004-05 and post 2005-06 to 2011-12, the calculated values of CV for post 2004-05 are invariably higher than pre 2004-05.

CV among districts has also increased significantly from 0.53 in 1999-2000 to 0.66 in 2004-05 and 0.65 in 2005-06 to 0.73 in 2009-10. However, there was a subsequent decline to 0.7 and 0.69 in the next two years. Still it was of a very high value in comparison to that in 2004-05.

The average value of coefficients from 1999-00 to 2004-05 was 0.577, which increased to 0.683 during 2005-06 to 2011-12. Overall average value for the year 1999-00 to 2011-12 was also 0.63. This implies that over the years, inter-district inequality in distribution of per capita NDDP increased among the districts. This was further substantiated by Gini Coefficients, estimated for 2000-01 and 2011-12. The value of Gini Coefficients for GDDP was estimated for 2001 (0.076) and 2012 (0.095). These values show that inequality in distribution of GDDP among districts has increased.

In order to understand inequality in the distribution of per capita NDDP across districts, Gini Coefficients have been estimated for 2000-01 and 2011-12. The values of Gini Coefficients for 2001 (0.112) and 2011-12 (0.120) suggest growing inter-district inequality in per capita NDDP. Lorenz curve has been drawn and depicted through Figure 3.6, which shows that inequality has increased across the districts of Bihar between 2001 and 2011-12.

Inequality continued increasing to higher levels during the JDU-led government regime than RJD-led government regime in Bihar because a majority of the workforce did not participate in the higher growth rate of economy. The major contribution to the economy came from infrastructure, which was mainly machine-intensive work and without adequate employment opportunities. The primary sector, on which most of the workforce depends, suffered from drought and floods year after year.

3.2 DEMOGRAPHIC DEVELOPMENT DISPARITY

Composite Development Index (CDI), consisting of level of urbanization, literacy rate, women workforce participation rate and percentage of poor, has an inverse relationship with total fertility rate (TFR) (Diwakar 2011). District wise distribution of CDI and TFR has not been uniform in Bihar. In order to understand disparities in demographic development indicators, this section is mainly focused on TFR, Work Participation and Poverty. For this exercise, limited district-level data is available with a time lag. Wherever this exercise was constrained by availability of intra-regional data, state data was used as the proxy for indicative discussion.

3.2.1 TFR

Being the third most populous state, the development of Bihar could be one of the most effective measures of stabilizing the population of this state. It is interesting to note that CDI has significantly inverse relations with inter-district TFR, and average inter-district TFR declined with an increasing level of development, urbanization, literacy, and employment. It was also observed that the correlation coefficient between female literacy and fertility rate was negative (−) 0.82 at 0.05 level of significance.
3.2.2 WORK PARTICIPATION

This syndrome of inequality may be explained by a host of factors. For example, participation in labour force, unequal access to assets, lower base of livelihood resources, lower level of education and skills, inequality in accessing nutritional intake, etc. Creation of livelihood opportunities and addition to decent employment for growing labour force are essential ingredients for inclusive development.

Although the share of the state’s agriculture in GSOP has declined, it continues to absorb around 50 percent of the total workforce. This leads to disguised employment in the form of lower income and decreasing productivity of labour in rural Bihar. Similarly, a rising share of marginal workers in the total workforce (38 percent in 2011) is another area of concern. The Jeevika scheme is a silver lining for providing livelihood to disadvantaged groups.

An increase of employment opportunities in the organized sector is elemental in the context of ensuring quality, security, health, employment and better living conditions in Bihar will be enormous. Policy makers will have to keep the population burden in mind for the short-term and long-term sectoral roadmap of basic infrastructure and other socio-economic development indicators in Bihar.

3.3 LABOUR FORCE PARTICIPATION: A DISTRICT-LEVEL ANALYSIS

District level census data suggests that work participation rate is a little above 20 percent in majority of the districts (Figure 3.7). Male participation rate is higher than female participation rate. However, a majority of the districts have 30 percent or less male WPR. Only a few districts have more than 30 percent WPR. Female participation in labour force is very low with variations. Lower participation in labour force implied lower earning and higher dependency ratio.

A majority of the workforce engaged in agriculture and the informal sector is poorly paid. A district-level analysis to identify main correlates of WPR may provide an insight into the employment scenario. Bihar has been witnessing improvement in infrastructure, that is, road, electricity, etc., which may have a positive impact on urbanization and livelihood.

Further, in a male-dominated society (reflected in NFHS data in terms of higher literacy among males), a majority of workforce engaged in agriculture activities, 0.46 percent from food processing, 0.09 percent from handicraft, and 0.29 percent from banking sectors. Out of these return migrants, a majority of them (64.36 percent) were from construction, 17.69 percent from general skills, 6.35 others, government initiative.

Most of the variables included in this analysis are for the year 2011 and are taken from population census, Economic survey of Bihar and NSS. Data suggests that literacy has the strongest association with multidimensional poverty index, household size, children per women population, percentage of agriculture workers in total workers, and percentage of SCs households in total households. Findings go mostly against the view that urbanization would raise the WPR.

It was expected that the male WPR would be positively related to urbanization but, it is not present in the case of Bihar. The situation in Bihar is also different from that in other states, as it has the lowest level of urbanization among all the states of India. Thus, a negative relationship between urbanization and WPR is a serious phenomenon. The analysis also presents the emerging phenomena in Bihar of male WPR being higher than female WPR. However, WPR has negative association with the level of urbanization.

The male and female participation rates indicate a negative association, which is a reflection of the substitutability between male and the female workers. Female workers seem to be employed only when male workers are not available. On the other hand, the presence of male workers tends to reduce the absorption of female workers. This further implies that return migration amidst nCoV-19 will further aggravate the lower participation of women labour force, particularly in construction and agriculture.\(^7\)

\(^7\) The Bihar government has provided relief of INR 1,000 each to 35 lakh migrants through app registration. But there will be many more return migrants, may be equal numbers to registered return migrants, who did not have smart phones or no mobile phones at all. In order to map their profiles and skills (II June 27, 2020), about 1.13 million return migrants were registered through a government initiative. Out of these return migrants, a majority of them (64.16 percent) were from construction, 17.08 percent from general skills, 6.35 others, 3.97 percent mechanics, 1.83 percent from health sectors, 1.72 percent from textiles, 1.12 percent from computer and IT, 1.16 from agriculture activities, 0.46 percent from food processing, 0.08 percent from handcraft, and 0.29 percent from banking sectors.
Multidimensional poverty and worker participation (total, male, female) in the labour market are positively associated, while growth reduces both poverty and female work participation. Again, cultivation raises women’s work participation while other non-farm activities reduce it. This suggests that there is a need for both women and men to contribute in terms of their labour. Rural non-farm activities are not productive enough to attract workers sizably or these activities are not geared to absorbing workers on a large scale in agriculture-dependent households.

A rise in rural female-male ratio is not reducing women’s WPR. On the other hand, a higher child-woman ratio raises the work participation implying that women and men from households with more children are forced to join the labour market in order to meet the minimum consumption requirements.

### 3.4 INEQUALITY DIMENSIONS

Inequality dimensions may be analysed in terms of livelihood assets and resources, poverty, consumption level, health and nutrition status and support system, literacy gaps, etc.

#### 3.4.1 SKEWED DISTRIBUTION OF LAND

Bihar being predominantly an agrarian economy, inequality in distribution of assets in terms of land ownership becomes important to understand inequality in assets and income. Data suggests that 45.9 percent of sub-marginal holdings had only 1.17 percent of ownership area in 2002-03. This worsened in 2013, when 51.4 percent holdings had merely 2.30 percent of land area. On the other hand, 3.5 percent medium and large holdings had 34.04 percent of area in 2002-03.

In 2013, the number of holdings under this category had declined to 1.78 percent having 23.64 percent of area under possession. Gini Ratio, which is an indicator of inequality, increased from 0.085 in 2002-03 to 0.244 in 2013. This implies that inequality in distribution of land ownership increased significantly. This is reflected in the Lorenz Curve as well (Figure 3.8).
Economic Policy had already been narrowing the base of employment but demonetization in 2016 followed by GST in 2017 brought small businesses and the informal economy practically to a halt. This had serious implications on employment and earnings of the people in the lower strata. A large chunk of people were pushed into poverty. An unplanned lockdown in view of the nCov-19 pandemic has compounded the challenges and aggravated poverty among the poor and the marginal non-poor. Return migrants are the other additions to this segment. Thus, there is every reason to infer that poverty has further deepened in Bihar.

3.4.3 CONSUMPTION DEFICITS

Many initiatives have been claimed by the political powers to remove hunger, strengthen mechanisms to provide foodgrains through targeted or otherwise food distribution systems, ration cards, ICDS, Mid Day Meal, Right to Food Act, Antyodaya, Annpru, etc. Some positive results are also visible in terms of access, availability, affordability and checks on leakages. NSS data suggests that about 80 percent of rural households had less than 2400 calorie intake (Figure 3.9) and 56 percent urban households had less than 2100 kcal (Figure 3.10).

The Lorenz curve suggests that inequality widened in 2013 compared to 2002-03. It is very clear that concentration of land had been in a few hands. Therefore, unleashing productive forces by redistribution of ceiling surplus land remained a far cry. Now the policy has been initiated differently to create a land bank for industrialization and other infrastructure.

The Mahadalit Mission was another initiative to provide 3 decimal land for housing. Later, it was increased to 5 decimal and also in clusters of 20 fringe dwellers of urban poor. However, effective implementation remained a hard nut to crack. Setting up a Land Reforms Core Committee was another step for ensuring possessions to title holders, to whom the GoB has transferred the ownership of land.

Out of 23 lakh beneficiaries, over 16 lakh were identified in a drive that went on for a few years. After a few years, however, the situation was back to square one without any tangible result. Therefore, institutional reforms were summarily pushed to the backseat in the absence of political will of the government and remained merely in name.

3.4.2 POVERTY SYNDROME

Despite higher growth trajectory in recent years, Bihar is home to the largest number of poor in India. It is evident from official data that percentage poverty in Bihar has declined between 2004-05 and 2009-10 but the number of poor has increased. Subsequent estimates suggest that even the percentage of urban poor has increased significantly in the state as well as at an all-India level. Hence, the pace of overall reduction in poverty has become slow.

Efforts to eradicate poverty in Bihar were also not visible as agriculture remained a victim to the vagaries of monsoon and MNREGS was not implemented effectively. Besides intermittent droughts and floods, which made Bihar vulnerable to poverty, this state has not been an exception as far as impacts of macro policies are concerned. The New Indian Express.

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8 Ceiling Surplus Land refers to land reform wherein surplus (decided by the government) land is acquired by the State.
An attempt was made to analyse further the inequality in consumption with the help of data for three rounds covering the period 1993-94, 2004-05 and 2011-12. Gini Ratio suggests increasing inequality in distribution of calorie intake over the periods.

Lorenz Curves in conjunction with data from the respective rounds for rural and urban distribution of calorie intake depict inequality in distribution of calorie intake, which have interestingly different features (Figures 3.11 and 3.12).

In rural areas, there was a marginal movement of the curve towards the line of equality from 1993-94 to 2011-12. Although the scale of rural MPCE is lower than that of urban MPCE, difference in rural and urban Gini coefficients until 2004-05, subsequently got narrowed in 2011-12.

### 3.4.4 HEALTH CRISIS

The State has claimed many initiatives to restore health infrastructure and confidence of people in the public health system. It was also visible in terms of patients visiting health centres right from PHC to district hospitals and specialized hospitals in the state.

These centres are mostly located in the capital such as the Indira Gandhi Institute of Medical Sciences (IGIMS), Loknayak Jayprakash Narain Orthopedical Hospital, Hospital for Diabetic treatment, Super Speciality Eye Hospital, etc., to name a few of the many centres of mainstream medical facilities. As far as broad health indicators were concerned, it changed over time. NFHS data for rounds 3 and 4 gives an idea of the health status of Bihar [Figure 3.13].
Data suggests that broad health indicators, such as, sex ratio of children under five, insurance cover, early marriage and pregnancy, fertility rate, IMR and USMR, postnatal care within two days of giving birth, home births taken for a health check-up within 24 hours of birth, institutional birth, immunization, stunting, wasting, and fighting against anaemia, have improved. However, overall sex ratio and mothers receiving full antenatal care declined (Figure 3.13), which needs special attention from the government.

3.4.4.1 Malnourished Children

Inter-district nutritional status of children under five years in Bihar has been depicted in Figure 3.14. Out of 38, in 10 districts of Bihar 50 percent children under five were stunted. Altogether 26 districts had between 43 and 50 percent stunted children in the under-five age group. Sitamarhi had the highest percentage of stunted children (57.3 percent) and the district where it was lowest was Gopalganj (35.6 percent).

Figure 3.13: Broad Health Indicators in Bihar (2015-16)

Source: NFHS -4, 2015-16.
Overall percentage of under-five children that were wasted declined from 27.1 in 2005-06 to 20.8 percent, in 2015-16. But inter-district variations were much higher than the state average. Data suggests that six districts had 26 to 30 percent wasted children under five and 12 districts had 21 to 25 percent wasted children. Altogether, 18 districts had above-the-state-average of wasted children under five.

The highest number of wasted children was in Arwal (30.7 percent); 16.4 percent were severely wasted and 54 percent children were underweight in this district. The lowest percentage of wasted children was in Siwan (15 percent), the lowest percentage of severely wasted children was in Sheohar and the lowest percentage of underweight children under five was in Gopalganj (30.5 percent).

About seven districts had highest percentage (48-54) of underweight children followed by 29 districts between 39 and 47 percent wasted children under five. This data for nutritional status of children under five speaks volumes about the nutritional vulnerabilities of children in Bihar. In order to have a better understanding of the ground reality, further scrutiny is required through field level assessment on the basis of socio-economic indicators of the households such as caste, occupation, assets, income, etc.

### 3.4.4.2 Acute Anaemic Syndrome

Lower base of subsistence, livelihood, income and living condition became more vulnerable than ever before, which was reflected in the precarious health status. Inter-district data on anaemia among children and adults provided an eye opening fact on nutritional deficiency. Data suggests prevalence of very high level of anaemia in children of 6-59 months, and women and men in the age group of 15-49 (Figure 3.15).

![Figure 3.15: Inter-district Percentage distribution of Anaemic Children (6-59 months) and Adults (15-49 years) in Bihar during 2015-16](image-url)

Source: NFHS-4, 2015-16
Overall, 63.5 percent children were anaemic in Bihar.

Percentage of anaemic children in the reference age suggests that 26 districts have anaemic children between 59 and 66 percent. The highest percentage of anemic children in the range of 67 to 72.4 percent was in eight districts. It was highest to the tune of 72.4 in Supaul and lowest in Patna (51.6 percent), which itself was very high. Percentage of non-pregnant anaemic women was the highest in Supaul (68.8) and lowest in Buxar (51.5).

The case of pregnant women was still more alarming with 72.2 percent in Purnia and the state average was 58.3 percent. About 12 districts were in the highest bracket of 63 to 72.2 percent followed by 20 districts in the next upper bracket of 51 to 62 percent. Women in general were highly anaemic and Purnia district had the highest percent (68.8).

The district with the lowest percentage of anaemic women in the age group of 15-49 was Muzaffarpur at 52.4 percent. About 12 districts were in the highest bracket of 63 to 68.8 percent followed by 26 districts with percentage bracket of 59 to 66. Prevalence of anaemia in men was quite lower than women.

The highest share of anaemic men was in Araria district (56 percent) and the lowest was in Rohtas (14.7 percent). This reveals the gross negligence of women’s health and acute prevalence of anaemia in women mostly because of patriarchy and poverty.

3.4.4.3 Lack of Care for Mothers

Care of pregnant women and mothers is an important component of health status. Coverage of financial assistance through Janani Suraksha Yojana (JSY) has increased significantly. Mothers’ postnatal care has also witnessed improvement. However, full antenatal care declined from NFHS-3 to NFHS-4. Inter-district scenario for mothers who had at least four antenatal care visits was almost insignificant in 2015-16 (Figure 3.16).

The highest percentage of such coverage was in Munger (26.4 percent only). Begusarai district had the lowest percentage (17.9 percent only). At least 15 districts had coverage of merely 7 to 12 percent. The situation of mothers who had full antenatal care was still worse. The highest coverage was only 8.9 percent in Siwan and the lowest was Sheohar with 1 percent coverage. About 27 districts had only 1 to 3 percent coverage. Similarly facility for health check-up within 24 hours of birth for children born at home was almost absent. Many districts did not even have a single case. About 28 districts had only 1 to 2 percent coverage. The highest figure for coverage was a mere 4.5 percent, in Saran and Begusarai.

However, institutional delivery in Bihar increased significantly from 19.9 percent in 2005-06 to 63.8 percent in 2015-16. Inter-district variations ranged from 83.5 percent in Munger to 37.2 percent in Sitamarhi (Figure 3.17). Institutional birth in public facilities varied from district to district.

The highest number of cases reported were in Samastipur (62.7 percent) and lowest in Sitamarhi (28.4 percent). About 21 districts had only 42 to 55 percent public institutional delivery. In such a situation, institutional delivery is in need of strengthening, home delivery with skilled personnel can be an alternative arrangement, which was very infrequent in districts of Bihar. About 25 districts had merely 2 to 7 percent home delivery with skilled personnel. The highest figure was for Saran (17.3 percent) and lowest in Patna (2.1 percent).
3.4.5 LITERACY GAPS

The fact remains that Bihar has been at the nadir in terms of literacy and education. Women and deprived sections of society remain the worst sufferers. However, 38.2 percent people, 51.4 percent SCs, and 48.9 percent of STs were not literate. About 49.5 percent of women in general, 61.4 percent of SC women and 59.6 percent of ST women were not literate in 2011.

Intraregional disparity in education was alarming in Bihar. More than 30 districts of Bihar were below national average. About 12 districts were below 60 percent. Only eight districts were above the national average. There were more than 29 districts of Bihar where male literacy rates was lower than national male literacy rates. More than 13 districts were even below general national literacy level and only five districts had between 45 and 50 percent. A serious matter is that a majority of SC females are still not literate.

Dropout rates in general have been increasing with increasing levels of education [Diwakar 2017]. Correlation coefficient between female literacy and fertility rate was negative \(-0.82\) at 0.05 level of significance in 2001. Although the correlation coefficient remained a little lower, it was still negative \(-0.79\) and statistically significant at 0.05 level of significance in 2011.

This implies that female education could be one of the effective instruments for reducing challenges of population stabilization and poverty syndrome in Bihar, as education plays a significant role in value addition towards workers participation, earning and poverty reduction.

Thus, inter-district inequality in female literacy was a matter of serious concern despite tall claims of development initiatives. A few popular initiatives, such as, schemes to distribute school dresses, cycles, and scholarships were introduced but it remained tokenistic in the absence of quality teachers and hard and soft infrastructure [Diwakar 2017].

We have seen that the overall situation of SCs in terms of literacy was worse. If we further segregate the data by an inter-district scenario, the picture was further disappointing. Out of 38 districts, 13 districts had less than 45 percent literacy, 19 districts had 46 to 55 percent and only 6 districts had 55 to 61 percent. A majority of the districts had very low literacy rates (below the state average literacy rates).

Literacy rates for SC male has witnessed marginal improvement but the female literacy rate continues to be disappointing. Out of 38 districts, 10 districts had literacy rate below 35 percent. Majority of districts [23] had literacy rates below 45 and only five districts had between 45 and 50 percent. A serious matter is that a majority of SC females are still not literate.

38.2 PERCENT PEOPLE
51.4 PERCENT SCs
48.9 PERCENT OF STs
49.5 PERCENT OF WOMEN
61.4 PERCENT OF SC WOMEN
59.6 PERCENT OF ST WOMEN
WERE NOT LITERATE IN 2011.
Improvement in literacy rates was witnessed in data from NFHS-4. Lowest bracket of male literacy (60 to 70 percent) had 13 districts in 2011, which were reduced to 8 districts even after extending upper limit of the lowest bracket to 75 percent.

There were 15 districts with up to 50 percent literacy, but in 2015-16 there were 16 districts below 45 percent female literacy rates. There were 32 districts below 60 percent female literacy rates. Data for literacy suggests that the highest number of districts (11) are found in the bracket of 55-65 percent. This implies that a few districts have moved upwards but many districts remained in the worse stage of literacy outcome. This shows widening gaps in districts as far as inter-district female literacy is concerned.

Thus, the discussions above suggest that literacy and education remained important but yet to reach the masses. Male literacy improved but that of female literacy still remained low. Getting women to attend school, particularly secondary school, remained a challenge. Gender gap in formal and higher education was a matter of serious concern. This also suggests that a critical minimum effort to ensure gender equality remains a challenge.

3.5 GOVERNMENT EXPENDITURE

It was analysed previously that Bihar had been a victim of the lowest per capita public expenditure since its inception. This syndrome of lower public investment resulted in inadequate infrastructure and a low base of growth amidst intermittent droughts and floods. In the recent past, public expenditure on social development has increased significantly. Investment in infrastructure was also taken up, which is reflected in an upsurge of growth in Bihar’s economy. The capacity for spending also appears to be increasing.

The financial constraints, however, remained unabated. State liabilities to GSDP of Bihar has declined sharply from 2008-09 until 2011-12 but started increasing from 28.9 percent in 2014-15 to 32.5 in 2019-20 Budget Estimate (BE) (GoB 2020: Table 2.9, 40-41). The state’s own revenue as percentage to total revenue has declined from 28.4 percent in 2014-15 to 21.8 percent in 2019-20 (BE). Recently, revenue expenditure has been exceeding revenue receipts. States’ own tax receipt as percentage of GSDP has also declined for the corresponding period.

With macro policies such as demonetization and GST, the Central Government’s tax kitty has narrowed down, which has had significant implications on transfers to states. Bihar is no exception. Now, the nCoV-19 pandemic has created an unprecedented health emergency. The sudden and unplanned lockdown has affected jobs and business, which has serious implications on employment and income.

Deprived sections and women remained at the bottom in all the indicators. This had serious implications on income consumption, nutrition and health sector inequalities. Despite higher growth rate, malnourished children, stunted and wasted children, anaemic children and women, and uncared mothers remained serious undesirable outcomes.

Although public spending has increased, this hasn’t translated to favourable outcomes due to a lower base of revenue resulting from macro policy impacts. This may get compounded further in the days to come. Data-time lag is a serious issue, therefore, exact fact-based analysis will take time. Moreover, these facts are not favourable for the government, so they might try to circumvent publishing these facts. Hence, primary data based individual survey will be the answer for bridging these data gaps.

3.6 THE WAY FORWARD

Bihar witnessed significant growth rate but income inequality continues to be on the rise. Inter-district disparity has widened further over the years. Agrarian and labour economy suffered with low productivity and lower base of livelihood where women remained the worst sufferers. Land distribution remained inequitable and inequality widened further. Attempts have been made to move from the issue of land redistribution and draw attention to the problem of low levels of literacy. However, this attempt was also marred in the process of implementation due to a lack of political will.

Bihar will have to suffer the most on many counts including massive return migrants, loss of revenue because of lower transfer and loss of its own revenue, etc. All these will have serious implications on public spending on social development and income generation activities. Therefore, poverty and inequality, which increased because of macro policy effects will be compounded during lockdown and the nCoV-19 pandemic.

Deprived sections and women remained at the bottom in all the indicators. This had serious implications on income consumption, nutrition and health sector inequalities. Despite higher growth rate, malnourished children, stunted and wasted children, anaemic children and women, and uncared mothers remained serious undesirable outcomes.
GENDER IN BIHAR: UNDERSTANDING THE IMPACT OF SOCIAL NORMS IN THE DEVELOPMENT OF WOMEN

APOORVA MAHENDRU, MAYURAKSHI DUTTA AND RANJANA DAS

4.1 The Demographics of Bihar
4.2 The Way Forward
Unequal gender outcomes have continued to persist despite Bihar government’s gender-specific schemes as Arakshit Rozgar Mahila ka Adhikar, Mukhya Mantri Nari Shakti Yojana or the 50 percent reservation for women in PRIs to name a few. This requires the need to understand the patriarchal structures of power and the need to go beyond state efforts to address structural inequalities that have persisted through the practice of gendered social norms.

All human societies are dictated by informal rules that lay the groundwork for appropriate behaviour. Adherence to these rules or norms have the benefit of social acceptance and approval whereas non-conformance to these norms have various negative consequences. They form an integral part of the socio-cultural context and shared belief, contributing to the maintenance of the hierarchical status-quo of that society.

Edna Ullmann-Margalit (1977) refers to norms as a ‘sophisticated tool of coercion.’ Oxfam India in recent years has increasingly started working on social norms, it recognizes three elements: i) social norms – approval (positive sanctions), or disapproval (including negative sanctions ranging from direct punishment or loss of opportunity through ostracism) (Thekkudan et al. 2016). Thekkudan et al. (ibid.) also emphasizes how power gets played within these social norms: ‘In the perpetuation of social norms, there could be two groups of actors: one is the sanctioner or enforcer and the other group is the sanctioned or the one on whom the sanction is applied’. In a patriarchal society, an uneven power relationship exists between the dominant man and the subordinate woman. Hartmann (1976) defines patriarchy as, ‘the system of male oppression of women’. Hence, within a patriarchal framework, it is mostly men who are the sanctioners and women are the subjects on whom the sanction is applied.

The sanctioners, in this case, draw their authority from gendered norms that facilitate men for higher social, political and economic agency and devalues and limits women to the private sphere of the home. Marcus and Harper (2015) defines gender norms as ‘social norms that relate specifically to gender differences.’ For example, a common gender norm is that women and girls are responsible for the majority of domestic work.

A woman’s sole purpose in a patriarchal society is defined as care-taking and engaging in ‘family-specific’ activities. Assigning of care-work for women not just limits a woman’s mobility to the home, it also poses a double burden for women who go out in the public world to work. It restricts her chances at education and at economic opportunities.

Care work is not looked as productive labour, is unpaid and is wrapped in the belief that it is motivated by love and familial obligations. Abel and Nelson (1990) calls this “caring for” while “caring about”. This ultimately leads to a ‘significant reduction in lifetime earnings’ of women which in turn reduces their capacity to ever be financially independent from the man in the house.

Oxfam India’s report on unpaid care work (Nandy and Dutta 2020) has shown that it has led women to suffer from extreme forms of income and time poverty affecting their health and emotional well-being and circumscribing their aspirations for education and paid work. It delineates the restrictions imposed on the mobility of girls and women who are not allowed to travel beyond the village. This has led to high drop-out of girls from schools and joining the market of unpaid care work.

The report states, ‘[d]espite their exclusive and crucial role in the survival and well-being of the family unit, women’s unpaid care work is neither considered an economic activity, nor reflected in measures of economic progress or national production.’ This dismissal and under-acknowledgement of unpaid care work has been recognized by the economists as a factor for our country’s declining FLFP.

This signals to the fact that it is not just the family and the larger social unit that upholds unequal gendered norms and inequality between the sexes. These gendered norms get reflected through institutions, laws and policies as well. Feminist scholar Mackinnon (1989) had famously written, ‘The state is male in the feminist sense,’ implying that the state sees women as men see them. The statement recognizes the structural inequalities that allow men to take positions of power in political institutions, hence mirroring the gendered norms of the society they are situated in.

Kantola (2008) writes about the ‘in’ and ‘out’ of the state dichotomy that feminists ricochet between. The ‘in’ of the state understands it as ‘neutral arbiter between different interest groups’. It believes that only by reclaiming the state and its institutions from male dominance can we address the concerns centred on women. This reclamation of the state happens through legislation, policies and laws, implying that the participation of more women in state institutions would mean more policies that are sensitive to women.

Hence, 50 percent reservation of seats at PRIs and the various schemes and legislations centred on women are examples of reclamation of a state institution from male dominance. However, lower human development of females as suggested by the HDI and the persistence of unequal gender outcomes across various dimensions has revealed the failure of state efforts and the institutional inability to address gender inequality effectively.

The ‘out’ of the state views the state as patriarchal and understands that state efforts alone can’t mitigate gendered inequalities. In fact, it ‘reveals the role of the state in perpetuating gender inequalities’ and views women’s subordination as interconnected and structural. This tradition understands that only institutional reclamation through gender-specific policies and reservations are not enough to eliminate gender inequality. For instance, it would address the issue of proxy candidates10 in the reservation of women at PRIs in Bihar to question state legitimacy in addressing gender-based inequalities.
This chapter, too, recognizes the need to go beyond mere state interventions and address the structural inequalities that allow gender inequality to persist. Social norms have constrained the development of women not just in the social sphere, but in the spheres of politics and economics too. The unequal society of Bihar is thus a manifestation of the stringent gendered norms.

### 4.1 THE DEMOGRAPHICS OF BIHAR

As per Census 2011, Bihar is the third most populous state of India with a total population of 104,099,452 of which nearly 89 percent resides in rural Bihar. It has a sex ratio of 918 females per 1000 males. Almost 58 percent of Bihar’s population is below 25 years of age, which is the highest in India. At 11.3 percent, Bihar has the second-lowest urbanization rate in India.

The state lags behind on a number of gender equality indicators. A majority of women in Bihar belong to marginalized groups; SCs, STs and OBCs. Access to resources and services remain limited for these women. For instance, the literacy rate among SC women is just 30 percent.

<table>
<thead>
<tr>
<th>Table 4.1: Profile of Bihar</th>
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<tbody>
<tr>
<td><strong>BIHAR</strong></td>
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<tr>
<td>Total Population</td>
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<tr>
<td>Percentage Decadal Growth</td>
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<tr>
<td>Population Density (per sq. km)</td>
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<tr>
<td>Proportion of Rural Population</td>
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<tr>
<td>Proportion of Urban Population</td>
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<tr>
<td>Overall Sex Ratio (Female/1000 Male)</td>
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<tr>
<td>Proportion of Child Population (0-6 years)</td>
</tr>
<tr>
<td>Child Sex Ratio (0-6 years)</td>
</tr>
<tr>
<td>Proportion of SC in Total Population</td>
</tr>
<tr>
<td>Proportion of ST in Total Population</td>
</tr>
<tr>
<td>Literacy Rate - Total</td>
</tr>
<tr>
<td>Literacy Rate - Male</td>
</tr>
<tr>
<td>Literacy Rate - Female</td>
</tr>
<tr>
<td>Literacy Rate - SC Total</td>
</tr>
<tr>
<td>Literacy Rate - SC Male</td>
</tr>
<tr>
<td>Literacy Rate - SC Female</td>
</tr>
</tbody>
</table>

| Source: Census 2011 |

Given this fact, it is imperative to understand and address the diverse circumstances of women for equitable gender programming. The ensuing sections will map the gender gap in Bihar across various dimensions in the following order: (i) gender budgeting, (ii) education, (iii) health, (iv) employment, (v) violence and (vi) migration and disaster.

#### 4.1.1 GENDER BUDGETING

Gender Budgeting was introduced by the GoB in 2008-09. It discloses the expenditure proposed to be incurred on schemes designed to benefit women directly or indirectly.

##### 4.1.1.1 Gender budget Vs. Total state expenditure

The GoB spent 10.8 percent of the total state budget during the year 2014-15, which increased in the subsequent years. During the year 2019-20, the expenditure for the women in Bihar increased to 15.4 percent of the total state budget. However, it is observed that the budget for women was 3.7 percent of GSDP during the year 2014-15, which increased to 5.39 percent in the year 2019-20.

In contrast to the positive growth in resource allocation for the women in Bihar, it is observed by the Comptroller and Auditor General (CAG) of India that 82 percent of the funds earmarked for the benefit of women were utilized during the period. It was further observed that the State Government had not constituted any dedicated gender budgeting cell at the State level for the proper implementation, monitoring and evaluation of the schemes being carried out under gender budgeting (CAG 2017). This eventually prompted the state government to form the Gender Resource Centre11 under the Women Development Corporation.

| Source: Gender Budget, Finance Department, Ist, 2019-20 |

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11 Gender Resource Centre is an initiative aimed to provide technical support to the existing women empowerment programmes and schemes being implemented in the state of Bihar through collaboration and coordination with various nodal departments.
4.1.1.2 Sector specific allocations

As per the framework suggested by the GoI in 2015, Gender Budgetary allocations are reflected through a gender budget statement in two parts. The first part of the Statement, Part A includes Schemes with 100 percent benefits for women while Part B of the Statement includes Schemes/Programmes with 30 percent to 99 percent benefits for women.

Source: Gender Budget, Bihar Budget Documents, 2017-18

Figure 4.2a Department-wise gender budget for Part A and Part B

Figure 4.2b Department-wise gender budget for Part A and Part B

Nineteen out of 51 departments of the GoB have implemented a gender responsive budgeting process. Though there is a mandate for implementing the process by all the departments, 32 departments have not reflected gender budgeting in their respective budget allocations. In Part A of the gender budget it is found that only 9 departments have financial allocations during the years 2016-17 (BE), 2016-17 (RE) and 2017-18 (BE), which indicates that 42 departments do not have women-specific schemes.

There are crucial departments such as SC/ST welfare, Education, Backward class welfare that have minimum allocation for women-specific programmes, indicating that there are no special efforts undertaken by the state to fulfill the needs of women in education and Dalit and Tribal women.

The health department has the highest percentage of allocation of 91 percent of the total department budget for women-specific programmes in the state.

With regard to the Part B statement of gender budgeting in the state, it is found that 16 out of 19 departments have adopted the process. The department of science and technology has the highest at 60 percent of allocation towards the programmes where a minimum of 30 percent women are being benefitted. The Urban and Housing development, Panchayati Raj department have pro-women programmes with 50 percent budget allocation.

4.1.2 EDUCATION

The literacy rate for women in Bihar has increased by 35 percent from 1991 to 2014, but has still managed to be 20 percent lower than that of men. The gender divide is still very prominent.

Figure 4.3: Literacy Rate in Bihar and India

Bhattacharjee (2015) too emphasizes that despite the highest improvement in the female literacy rate of 20 percentage points during 2001 and 2011 and an overall decline in drop-out rate and out-of-school children, there continues to exist wide gaps between the literacy rate of the male and female population and between rural and urban women. The percentage of illiterate women in rural Bihar alone is higher than the percentage of illiterate men in rural and urban Bihar combined. The level of illiteracy in rural areas is 10 percent (for males) and 20 percent (for females) higher than urban areas.

However, there is a stark difference in the percentage of men and women from higher secondary education to diploma. For instance, men with secondary level of education and above is 1.5 times that of women with the same level of education.

In terms of education attained by virtue of being in a certain kind of geography, rural areas fare better than urban areas up to primary education. However, rural males fare better than urban males only till secondary education after which urban males do better. For middle education (up to 8th standard), rural men perform better than the rest at 23 percent while urban females are second at 18.6 percent and rural female and urban men are tied at 17.2 percent. In the case of female education, urban females fare better than rural females after primary education. Overall, the attainment of education is very low in females of Bihar with just 11 percent completing graduation in urban areas. This number further drops to 2.7 percent for rural women.

One reason for the level of education of rural women to be almost equal to the rest till middle school could be the Mukhyamantri Balika Cycle Yojana introduced in 2006. Under this scheme, every girl who enrolled in Grade 9 would receive a cash amount to buy a cycle, which she would use to go to school. This is definitely an incentive to complete Grade 8 (middle school) and start Grade 9 to avail the cash prize. Mitra and Moene’s (2019) study found that this scheme increased enrolment by 30 percent in the first year itself.

However, Swaroop (2012) emphasizes that the cycle scheme isn’t the only scheme helping keep girls in schools. The Mukhyamantri Balika Poshak Yojana gives all girls studying in classes 6 to 8 INR 700 each for school uniforms and study material. Over 3.6 million students have benefited from the scheme since it began in 2006. In 2009, the scheme was extended to girl students of classes 3, 4 and 5. This could explain why percentage of rural women till middle school is almost at par with the rest of the rural and urban population.

However, the level of education for rural women starts to fall after middle school, which implies that even though the scheme created an incentive to complete Grade 8, rural women ended up dropping out of secondary school. One of the reasons for this could be early marriage and pregnancy. The mean age of marriage for girls below 18 in Bihar is 16.6, which is roughly the time one enrolls for higher secondary (Down to Earth 2018). NFHS 4 suggests that not only do 42.5 percent women get married before they are 18, 12.2 percent between the ages of 15-19 years are also adolescent mothers or pregnant. Other reasons for dropping out of education for girls is to carry out domestic duties (Department of School Education and Literacy 2018) or due to the migration of the earning member of the family (Kumar and Bhagat 2012).
A study by Child Rights and You across the four states of Andhra Pradesh, Bihar, Gujarat and Haryana found that early marriage (66 percent), household chores (65 percent) and cost of education (62 percent) were hindrances to girls' education (Rai 2019). Frequent absenteeism of teacher and the absence of female teachers stopped 29 percent of the girls from going to school.

Diplomas seem to be a less likely route for individuals across Bihar. For rural women, especially, the number of diploma holders is zero, indicating that accessibility to diploma degrees is not prevalent.

4.1.3 HEALTH

The GHE per person per year is at a paltry INR 338, lowest of the 20 states in the country for which estimates were released by the National Health Accounts in November 2017. The THE per capita in Bihar is INR 2,047, out of which Out of Pocket Expenditure is INR 1,685 – constituting a whopping 82.3 percent of the THE (Anonymous 2018). Only 12.3 percent households are covered by a health scheme or insurance (NFHS-4).

Prakash (2019) also draws attention to the connection between literacy rate, child marriage and high instances of Infant Mortality Rate [40 per 1000 live births] and Under-5 Mortality Rate [60]. In rural Bihar, 48.4 percent women are illiterate, increasing their chances of being married early leading to high-risk pregnancies. Bihar experiences approximately 3.5 lakhs teenage births, which contributes to high maternal and infant mortality rate.

NFHS-4 data reveals that the average out-of-pocket expenditure per delivery in a public health facility in Bihar is INR 1,784 and only 53.9 percent mothers received financial assistance under the JSY for births delivered in an institution. This poses a heavy financial burden on the family. Only 34.8 percent mothers in Bihar had an antenatal check-up in their first trimester, while only 14.4 percent mothers had at least four antenatal visits during their pregnancy.

Only 3 percent of rural women (overall 6.6 percent) received a full antenatal check-up. The mandatory four antenatal checks are as low as 8.6 percent among SCs in comparison to those in the General category (24.4 percent) and OBCs (14.2 percent). As per Prakash (2019), this data reveals a socio-economic divide in the health status of vulnerable groups such as minorities (especially Muslims), SCs and STs.

Table 4.2: Maternal Mortality Ratio

<table>
<thead>
<tr>
<th>Maternal Mortality Ratio (per 1,000 live births)</th>
<th>2004-06</th>
<th>2007-09</th>
<th>2010-12</th>
<th>2011-13</th>
<th>2014-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bihar/Jharkhand</td>
<td>312</td>
<td>261</td>
<td>219</td>
<td>208</td>
<td>165</td>
</tr>
<tr>
<td>India</td>
<td>254</td>
<td>212</td>
<td>178</td>
<td>167</td>
<td>130</td>
</tr>
</tbody>
</table>

Source: Niti Aayog

As per NFHS-4, there are 30.4 percent of women who have a BMI below normal, while the same is true for 25.4 percent of men. 60.3 percent women are anaemic compared to 32.3 percent men. This might be because of skewed food allocation within families where children and men are naturally prioritized, leaving women with what is left (Harris-Fry et al. 2017).

Table 4.3: Health indicators in Bihar

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2015-16</th>
<th>2005-06</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population [female] age 6 years and above who ever attended school (%)</td>
<td>56.9</td>
<td>39.4</td>
</tr>
<tr>
<td>Sex ratio of the total population [females per 1,000 males]</td>
<td>1,082</td>
<td>1,083</td>
</tr>
<tr>
<td>Sex ratio at birth for children born in the last five years [females per 1,000 males]</td>
<td>934</td>
<td>883</td>
</tr>
<tr>
<td>Households using improved sanitation facility (%)</td>
<td>25.2</td>
<td>14.6</td>
</tr>
<tr>
<td>Households using clean fuel for cooking (%)</td>
<td>17.8</td>
<td>9.9</td>
</tr>
<tr>
<td>Households with any usual member covered by a health scheme or health insurance (%)</td>
<td>12.3</td>
<td>0.9</td>
</tr>
<tr>
<td>Women aged 20-24 years married before age 18 years (%)</td>
<td>42.5</td>
<td>69.0</td>
</tr>
<tr>
<td>Mothers who had antenatal check-up in the first trimester (%)</td>
<td>34.6</td>
<td>18.7</td>
</tr>
<tr>
<td>Mothers who had at least 4 antenatal care visits (%)</td>
<td>14.4</td>
<td>11.2</td>
</tr>
<tr>
<td>Mothers who received financial assistance under JSY for births delivered in an institution (%)</td>
<td>53.9</td>
<td>NA</td>
</tr>
<tr>
<td>Average out of pocket expenditure per delivery in public health facility (INR)</td>
<td>1,784</td>
<td>NA</td>
</tr>
<tr>
<td>Institutional births (%)</td>
<td>63.8</td>
<td>19.9</td>
</tr>
<tr>
<td>Institutional births in public facility (%)</td>
<td>47.6</td>
<td>3.5</td>
</tr>
<tr>
<td>Current use of family planning: Any method (%)</td>
<td>24.1</td>
<td>34.1</td>
</tr>
<tr>
<td>Any modern method (%)</td>
<td>23.3</td>
<td>28.8</td>
</tr>
<tr>
<td>Female sterilization (%)</td>
<td>20.7</td>
<td>23.8</td>
</tr>
<tr>
<td>Male sterilization (%)</td>
<td>0.0</td>
<td>0.6</td>
</tr>
<tr>
<td>IUD/PPU/D (%)</td>
<td>0.5</td>
<td>0.6</td>
</tr>
<tr>
<td>Pill (%)</td>
<td>0.8</td>
<td>1.3</td>
</tr>
<tr>
<td>Condom (%)</td>
<td>1.0</td>
<td>2.3</td>
</tr>
</tbody>
</table>

Source: NFHS 4.
The above table clearly shows that between 2005-06 to 2015-16, there has been improvement in indicators of access to water, sanitation, maternal health, delivery care, among others. However, the indicators related to Sexual and Reproductive Health (SRHR) like family planning methods used by women has decreased over the course of the decade. The TFR for Bihar is the highest in India at 3.4 children per woman, while the national average is 2.2.

As per NFHS-4, only 24.1 percent married women used any method of contraception as compared to 42 percent unmarried, sexually active women. Among men, 28.2 percent have comprehensive knowledge of HIV/AIDS compared to 10.1 percent of women. While 67 percent men know consistent condom use can reduce chances of getting HIV/AIDS, the same is true for only 33.5 percent women. It has been seen that education increased women’s awareness of contraception (Das 2019).

The fear of side-effects led to the low use of contraceptives. Other reasons included opposition from partners and lack of access, knowledge and religious beliefs. The fact that the use of contraception among married women is low reveals that women experience limited choices and lack decision making power in marital relationships. They are expected to bear children right after their marriage despite their scepticism or unwillingness. The survey also found that the burden on contraception lay almost entirely on women. Some men who were surveyed believed that use of condoms reduced pleasure whereas vasectomies robbed them of their virility (Ibid).

While overall health indicators might have gotten better in Bihar, there is a need to focus on SRHR. According to Prakash (2019), delay in service delivery, lack of proper transport (ambulance) and obstetric care plague Bihar’s public health facilities has led ‘lakhs’ of women die every year due to pregnancy-related disorders such as obstructed labour, post-partum and internal haemorrhage, hypertensive disorder, infection and anaemia.’

There is a need for a comprehensive and holistic approach to SRHR, one that goes beyond medicine, to engage the community. There is also a need to make SRHR along with gender-sensitive Information Education Communication Initiatives accessible to young people and unmarried singles. Without addressing the impact of social norms on limiting women’s accessibility to SRHR, women’s healthcare will remain incomplete.

4.1.4 LIVELIHOOD AND EMPLOYMENT

According to the fifth labour survey conducted by the Labour Bureau of the Union Ministry of Labour and Employment in 2015-16, Bihar is among the country’s ‘worst-performing’ seven states in terms of generating employment for women. It has the lowest FLFP in urban (16.4 percent) and rural areas (3.9 percent) while the figures for all-India stood at 20.4 percent and 24.6 percent for urban and rural respectively.
Similarly, Bihar also has the lowest female WPR in India. While rural and urban female WPR stood at 3.8 percent and 6 percent respectively, the all-India average was way above at 23.7 percent and 18.2 percent for rural and urban respectively. Even Jharkhand, which has been carved out of Bihar, has five times the female WPR of Bihar for rural areas and twice for urban regions. However, the UR for men is more than that of women in Bihar, whereas, at an all-India level, the UR for urban females is more than urban males. This signifies that women are looking for jobs but aren’t able to avail opportunities at employment. Most women opt for underpaying or informal sector jobs due to a dearth of decent job opportunities. There are 1.3 crore women in the informal economy of Bihar [SEWA 2016].

While rural and urban female WPR stood at 3.8 percent and 6 percent respectively, the all-India average was way above at 23.7 percent and 18.2 percent for rural and urban respectively.
In fact, women are the major contributors to agriculture in Bihar (ibid.). Women contribute 79.5 percent of the workforce engaged in animal husbandry in the state, which contributes to 3.4 percent of the state domestic product (Anand 2014).

The service sector contributes approximately 75 percent to the state domestic product and a large percentage comes from education and health services where incidence of female employment is high (SEWA 2016). In modern health services comprising of MBBS doctors, homeopathy and Ayurveda practitioners and ASHA workers, women form 51.6 percent of the total workforce.

There are also high incidences of women in low productivity jobs. In the small household industries such as bidi, pickles and papad making, women work in large numbers but are underpaid (Anand 2014). For instance, the fixed minimum wage for those who make bidi is INR 151 per 1,000 pieces, but they are actually paid INR 30 to INR 60 for this much of work. More than a third of women are unpaid helpers.

Only 6 percent of employed women have social security benefits such as pensions or maternity leave (Sorsa 2015). High unemployment among highly educated women points to a potential glass ceiling. The legal framework for equal pay is not always enforced (Equal Remuneration Act of 1976), partly reflecting the large share of the informal employment (about 95 percent of employment).

The lower-than-national-average participation of women in the labour force is a result of the patriarchal social norms that restrict women to the private sphere of family and domesticity. Despite the Bihar government’s intervention to facilitate women’s engagement in economic activities, women’s access to opportunities remained limited. As per Shankar (2020), ‘access’ is a gendered phenomenon – social norms around women’s acceptable behaviour determines the kind of opportunities and information that a woman can access.

This can also explain the high unemployment even among educated women. Despite an education that can bring good income, they are expected to work within their homes. A woman’s limited mobility and lack of safe and affordable public transport limits women from accessing decent work. As such, they find themselves involved in economic activities that are nearer to their homes, underpaid and low on productivity.

Another reason for low FLFP is the under-recognition of women’s work.

A patriarchal society assigns domestic duties to its women – unpaid care work and domestic duties such as child and parental care often fall on women over and beyond the paid work that they might be involved in. But despite it, unpaid care work remains unacknowledged and undervalued. Oxfam India’s work on women’s unpaid care work revealed that it is not seen as an economic activity accounting for low FLFP as well as a sagging GDP.

The undervaluation of women’s paid and unpaid work gets reflected in the way the concept of ‘labour’ is defined and enumerated and exposes the issue of measurement (Deshpande and Kabeer 2019). For instance, the distinction between unpaid family workers and those that are exclusively engaged in domestic duties is not uniformly maintained in the definition of economic activity by NSSO. This can lead to the labelling of a person as ‘inactive’ while being engaged in economic activity. Since, women are mostly engaged in domestic and unpaid work at the household, low FLFP can be a result of the failure of conceptualizing and measuring women’s work.

Figure 4.10: Average Wages (Monthly)

Source: PLFS 2017-18

Figure 4.11: Average Wages (Daily)

Source: PLFS 2017-18
4.1.5 VIOLENCE AGAINST WOMEN AND GIRLS

According to data published by the National Crime Records Bureau (NCRB), the number of crimes against women saw a 15 percent hike as compared to the previous year in 2018. The state saw more than 2,200 cases in 2018 (11,920) as compared to 14,711 cases in 2017. A total of 851 cases of rape were reported. The report also stated that in most of the rape cases, the assailants were known to the victim.

Most of the rapists were either friends, neighbours, live-in partners or separated husbands. Only in 12 cases were the rapists not known to the victim. Of the total number of rape cases reported, there were 8 cases of gang-rape. There were 1107 dowry deaths reported in Bihar, the second highest in the country after Uttar Pradesh (Neezami 2020). The state recorded 106 cases of assault on women and 113 cases of sexual harassment. The report also stated that in most of the cases of sexual harassment reported from the workplace. This can happen for two reasons: i) lack of redressal mechanisms such as Internal Complaints Committee or, ii) solving of any cases of sexual harassment internally in the workplace.

There were 2539 cases reported under ‘cruelty by husband or his relatives’; 7951 cases of kidnapping and abduction were reported out of which 6671 cases were to compel the victim into marriage (NCRB 2018). As per Dilmani Mishra, the Chairperson of Bihar State Commission for Women, the rise in the number of crimes against women in the state is because of the higher incidence of reporting than in the previous years [Neezami 2020].

NFHS 3 data shows that women and men agree with ‘wife-beating’ due to reasons ranging from disrespect for the in-laws to not cooking food properly. But instances of such domestic violence and its nuances, which takes place due to the refusal of women to adhere to standard norms of a patriarchal society, remains unaccounted for and invisible in NCRB data. The crimes in NCRB report as per the Indian Penal Code (IPC) and IPC 498A that relates to domestic violence is ‘any act of cruelty by a husband (or his family) towards his wife’. Oxfam India reports that such a categorization ‘misses out on the specific complexities associated with domestic violence, including the embedded nature of violence within familial networks, the need for protection and maintenance of abused women, and the fact that punishment and imprisonment for the husband may not be the best resolution in every case’ (Domestic Violence and the Implementation of the PWDVA (2005) in Bihar, n.d.).

Weak support services and a lack of effective redressal mechanisms also discourage women to report. The PWDVA, 2005 provides support services such as women helpline (WHL), protection officers, service providers, counselors/welfare experts, registered medical facilities, legal aid, shelter homes and one-stop centres. Oxfam India’s work in Bihar has shown that WHLs face difficulties and threats while executing their duties as the family and the village often turn hostile and violent against protection officers and the staff.

Legal aid services remain inaccessible to women in need. Either lawyers lack information on the PWDVA, 2005 or charge money on the pretext of administrative processes. Low level of awareness and understanding of domestic violence and the services provided by the PWDVA, 2005 among all the stakeholders continues to be a major challenge in Bihar. Further, there is low level of coordination among the various stakeholders and institutions/departments responsible for the implementation of PWDVA, 2005 (Oxfam India 2017).

Fear of social stigma, isolation and weak support services culminate in under-reporting of crimes against women. There is a need to publicize and enhance the implementation of these services to ensure that violence against women and girls doesn’t remain invisible.

<table>
<thead>
<tr>
<th>CAUSES</th>
<th>BIHAR</th>
<th>INDIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dowry death</td>
<td>40</td>
<td>373</td>
</tr>
<tr>
<td>Dowry harassment</td>
<td>6</td>
<td>120</td>
</tr>
<tr>
<td>Outraging modesty of women/Molestation</td>
<td>42</td>
<td>1320</td>
</tr>
<tr>
<td>Protection of Women against Domestic Violence</td>
<td>114</td>
<td>2960</td>
</tr>
<tr>
<td>Rape/Attempt to Rape</td>
<td>49</td>
<td>1339</td>
</tr>
<tr>
<td>Sexual Assault</td>
<td>10</td>
<td>195</td>
</tr>
<tr>
<td>Sexual Harassment</td>
<td>9</td>
<td>368</td>
</tr>
</tbody>
</table>

Source: National Commission for Women, 2019

4.1.6 MIGRATION AND DISASTER: GENDER ON THE MARGINS

Migration and disaster are two of the biggest phenomena that Bihar experiences but their gendered impact on the state of Bihar has acquired negligible space in research and policy. There is a dearth of sex-segregated data for both these phenomena and hence, action-oriented research and advocacy remains difficult to put into practice.

4.1.6.1 Migration

Bihar has a disproportionately high number of out-migrants. A study by the Institute of Population Sciences – which covered 36 villages and 2270 households – revealed that more than half of the households in Bihar have experienced migration to more developed places within and outside the country and the households depend on remittances for their livelihood (Mishra 2020).

A majority of the migration is undertaken by men whose families stay back in the villages and caste plays an important role in migration. Most of the households that have experienced migration belong to SCs and are landless. Social identities along with economic standing inform the need to migrate in search of better livelihood options. They are usually unable to fund the migration of the entire family, leaving behind women and children in the villages (Das 2018).
Women in these families independently take care of the household, children and other family members. These families are called ‘left-behind families’ and the women are termed as ‘left-behind women’ (Ibid.). As per Das (2018), the remittances sent home by their migrant husbands are intermittent and insufficient, compelling women to take labour outside of their homes as agricultural wage labourers, tending to others’ cattle, fish retailing or home-based bidi rolling. The livelihood options remain limited to these specific few because of the level of education that other job opportunities as ASHA or Anganwadi workers require – the ‘left-behind’ women are ‘uneducated’ or only ‘moderately-educated’ (Ibid.).

An outcome of a male-selective migration pattern in Bihar is the feminization of agriculture – half of the agricultural workforce is female in Bihar (SEWA 2016). Women have to take up responsibilities of over-farmers in their absence, and beyond their household chores and tending to the children and elderly of the family leading to an increase in the burden of work. Datta and Rustagi (2012) identified many caveats in the nature of work that women do before and after migration.

Women who were agricultural labourers before their husbands migrated continued to do their work but also had to single-handedly undertake other activities that were earlier shared by the men and women of the family together. Women in households that own land and share-crop saw a tremendous increase in their work burden too. Datta and Rustagi (2012) quote Kurmi women in Paharpur Deyal saying that they ‘struggle more than men.’ Women whose households owned large tracts of land had to now oversee farms, supervise the labourers and take decisions relating to sowing, transplanting, weeding, harvesting, usage of seeds and fertilisers, and other such agricultural activities. Women had to undertake more tasks, both paid and unpaid, not just within their homes but in the public spaces that were otherwise handled by the men in the family.

However, the high incidence of women in the agricultural workforce doesn’t necessarily mean better social and economic conditions for them. Government data shows just 7 percent of women farmers in Bihar have landholding rights against the national average of 13 percent. The agricultural work that women do is considered unskilled and they remain to be recognized as farmers in their own right. This has led to a continued exclusion of women from agricultural policies and programmes.

4.1.6.2 Disaster

Bihar’s deadly annual flood continues to affect thousands of human lives and livestock. It has claimed 9,500 lives since the government started recording fatalities in 1979. But the impact of natural disasters is never equal. It is contingent on the economic, cultural and social relations of the affected place (Nuemayer and Plümper 2007). Caste, class and gender identities intersect together to inform the vulnerabilities of an individual affected by a natural disaster.

Nuemayer and Plümper (Ibid.) in their study on the impact of natural disasters on the gender gap in life expectancy found that natural disasters lower the life expectancy of women more than that of men. They found that the impact of a natural disaster will be more on women if they suffer from low socio-economic status whereas the impact will be roughly equal in societies where women enjoy higher socio-economic status. Works of physical geographers and public health scholars have referred to also stress that efficient disaster impact mitigation depends on better understanding of the vulnerabilities of the marginalized groups among the affected people.

Oxfam India’s post relief assessment of Bihar flood’s in 2016 found that women were solely responsible for managing household matters such as cooking, washing, keeping the premises tidy, etc. Women reported that difficulties during the inundation were heightened due to the lack of any type of early warning, the absence of means of orderly evacuation of affected people to designated safe points, a dearth of search and rescue facilities and first aid items, etc. apart from the absence of facilities for safe water and sanitation. In many households, while men migrated in search of livelihood options, women had to cope with the after effects of the flood unaccompanied.

In terms of food security and allocation, women had to manage and cook under conditions of scarcity. When food was available, children were naturally the priority and women had to suffice with the little that was left. It led to a drastic decline in health in the aftermath of the floods. Health declined severely for lactating mothers affecting not just the women but their infants too.

Water, sanitation and hygiene conditions were a difficulty for women. The collection of water became difficult; and in most cases, unsafe water had to be used for drinking and washing. This caused stomach diseases and the occurrence of skin infections. Women and girls also faced problems in defecating. They had to use boats and go out for defecation. In order to reduce the need to defecate, women often resorted to eating less, which affected their health. Unhygienic conditions resulted in skin infections and other issues for women and adolescent girls. Gupta and Banerjee’s (2016) sexual and reproductive health assessment of the Katihar floods in Bihar for Oxfam India too found that facilities for defecation were one of the key problems that the community faced during the flood. Women and girls made rafts for sailing up the river away from settlements, mostly in the dark for defecation and other sanitation needs. They, in fact, drank and ate less to delay defecation.

The situation was worse for menstruating women and girls as the disposal of sanitary pads posed a difficulty. The existing menstrual waste disposal system or mechanisms broke down during the flood and they had to dispose used sanitary cloth and pads in nearby bushes, water bodies and wastelands.

Women also had to undergo risky childbirth during the floods. Gupta and Banerjee (Ibid.) through their conversations with ASHA workers found that public health centres remained closed due to waterlogging and it was impossible for them to reach pregnant women at the time of deliveries. Hence, child birth occurred either in temporary shelters at the roadside and on rail tracks or at home – devoid of essential supplies such as clean cloth, boiled water, essential obstetric supplies, delivery kits and maternal and infant care presence of a ‘dai’12. Due to the impossibility of institutional delivery, they also failed to avail the benefits of the JSSY scheme13.

There is a lacuna of sex-segregated data in Bihar and in India on the differential impact of disasters. There is a need to gather more quantitative data on the impact of floods on women in Bihar. It is only then that a better impact mitigation response can be formulated.

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12 ‘Dai is a local unskilled woman who has the experience of assisting women in birth but no skills to handle any emergency.

13 JSSY is a safe motherhood intervention under the National Health Mission. It is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women.
4.2 THE WAY FORWARD

This chapter has mapped and analysed the state of women in Bihar across the dimensions of education, employment, health, violence, migration and disaster through the perspective of patriarchal social norms as well examined the effectiveness of gender budgeting in the state. Despite the adoption of gender budgeting by Bihar, allocation for women-specific programmes is low.

Women have fared poorly on the indicators of health, education and employment. There have been significant improvements in specific health indicators such as sanitation and drinking water but infrastructure remains poor and inaccessible for SRHR. Similarly, while primary education sees higher incidences of girls, it eventually decreases with an increase in the level of education.

In terms of employment, women are engaged in low paying and low productive work. Persisting social norms have tended to limit women to the traditional roles of womanhood within the private sphere and domesticity and access to education, employment and health has remained unequal between men and women.

Violence against women and girls continue to happen. There is negligible state intervention to address it and support services are weak. Despite yearly disasters and continued migration, women see themselves acquiring the margins of state efforts. There is a lack of gender-disaggregated data due to which targeted intervention has not been possible for the annual floods that affect large populations in Bihar.

Despite state efforts to bridge the gender gap, women have not made significant improvements across indicators of human development. This is largely because hierarchical social norms that privileges men are still the standard in Bihar’s society.

As a result, state efforts are going to fail in terms of implementation if they don’t address the underlying social norms that limit women’s development. Targeted intervention and policies that address and analyse social norms to empower women, encourage their education, and ensure access to health, sanitation and employment opportunities and aspire to bring gender equality are the needs of the hour.
BIBLIOGRAPHY


CONTRIBUTORS

D.M. DIWAKAR, Professor and Head, Division of Economics and Agriculture Economics, former Director, A.N. Sinha Institute of Social Studies, Patna, holds Post Graduate and Ph.D. degrees in Economics, and is a recipient of many scholarships and awards. He received the U.K-ODA Technical Co-operation Training on Applied Social Sciences Fellowship and Post-Doctoral Fellowship, ICSSR, New Delhi. He has been pursuing research in diverse fields of development studies in Social Sciences for more than three decades with specialization in agrarian transformation, development studies, political economy, and globalization. He has published over 80 research papers and articles in reputed journals, many books and completed many research projects on contemporary relevance and policy issues sponsored by various national and international agencies. He has been a member of many professional associations, official committees and professional bodies of the government and other national organizations at various levels.

Ranjana Das is presently working as the Lead Specialist-Private Sector Engagement in Oxfam India. Her work is currently on Responsible Supply Chain mainly in Assam tea, UP sugarcane sectors and developing the informal sector work portfolio for Oxfam India. Prior to this she was the Regional Manager with Oxfam India. She led the programme of the East Indian states of Bihar and Jharkhand. She has extensively worked on gender, livelihood and health issues. Development of programmes, trainings and designing campaigns are some of her areas of interest. Before Oxfam, she has worked with various national and international organizations. She holds a Masters in Economics from Kolkata University and Masters in Development Studies from Institute of Social Studies, Netherlands. She was the Humphrey Hubert Fulbright Fellow with Cornell University in the year 2017–18.

Mayurakshi Dutta is currently working as the Qualitative Research Assistant – Policy, Research and Campaigns with Oxfam India. She undertook research focused on violence against women and state accountability in Assam for her dissertation. She holds a Masters in Gender Studies from Ambedkar University, Delhi and a Bachelor’s degree in English Literature from University of Delhi.

Apoorva Mahendru is working as a Quantitative Research Assistant with Oxfam India in the Department of Policy, Research and Campaigns. She holds a Masters in Economics with a specialization in Development Studies from Symbiosis School of Economics. Prior to this, Apoorva was working at the Centre for Advocacy and Research with their WASH project in urban slums of Jaipur. She has worked on issues of health, gender, water and sanitation, and has a keen interest in policy and governance.