Chronic Poverty and Gendered Patterns of Intra-Household Resource Allocation: A Preliminary Enquiry

Ratna M. Sudarshan and Rina Bhattacharya

Abstract

This paper is a preliminary enquiry into the nature of gender based discrimination in poor households in urban slums in Delhi. The data presented is based on a household survey as well as case studies. The paper finds evidence of gender based disadvantage within households, with adult women and daughters, especially elder daughters, worst affected. While all children have access to schools, there is greater commitment to schooling for boys. As part of the informal labour force, both men and women are at a disadvantage when seeking work; women are further disadvantaged by gender roles and norms. This includes reproductive responsibilities and household controls on women's mobility. A number of government programmes have been introduced for which the population of the areas studied is eligible, including free health and schooling facilities, and a public distribution system (PDS) targeted at the poorest households. Effective implementation of these programmes is expected to improve the capabilities of the individuals covered. Some programmes, such as the PDS, are essentially anti-poverty programmes. While the worst forms of disadvantage would be ameliorated with effective programme implementation, the underlying structural reasons behind intra household discrimination cannot be directly addressed. Although the identification of intra household disadvantage has been done in this paper by looking at individuals within households, we argue on the basis of our findings that community action could have an important role to play in influencing household behaviour. Thus, the strengthening of collective action for improvement of community infrastructure, access to health, education and work, in a manner so as to be especially responsive to the needs of women and girls, could be one way of reducing intra household disadvantage.

Contact details:

Ratna M. Sudarshan
Director, Institute of Social Studies Trust
Core 6A, UG Floor, India Habitat Centre
Lodhi Road, New Delhi 110003

Email: ratna@isst-india.org
Phone: (o) 91 11 24647873 (r) 91 11 24330123
Fax: 91 11 24648724

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I. Motivation

The extent and nature of intra household discrimination is influenced by a wide range of factors, ranging from the individual and personal to the norms of community and state. Intra household negotiations are characterized by 'co-operative conflict' (Sen 1983) and one way of understanding the outcomes for each person is to consider what the relative bargaining power of each member of the household is. As Bina Agarwal has put it, 'Women's bargaining power within the home is clearly linked to their situation outside it. Outside the household/family,

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gender interactions take place in a variety of arenas, of which three could be especially important: the market, the community and the State' (Agarwal 1994: 71).

We have approached the question of intra household resource allocation with this perspective, that is, the focus is on trying to identify the forces outside the household that could influence interactions within the household in a manner such as to empower those who are most disempowered. From this analysis we have attempted to draw some implications for policy.

This paper attempts a preliminary analysis of intra household resource allocation issues in poor households, based on a study of some urban slum areas in Delhi. In their paper on 'The intrahousehold disadvantages framework', Vincent Bolt and Kate Bird have presented a tool – the intrahousehold disadvantages framework – for the analysis of intrahousehold dimensions of disadvantage, going beyond the analysis of gender differences. A two-tier framework is suggested. The first is analysis at the community level. The second is more detailed case studies of a few individuals and households. The methodology used in this paper is informed and influenced by this framework, however, it does not strictly follow the recommended steps in analysis.

We have drawn some broad conclusions at a community level using the data from a survey previously conducted by ISST (see section on methods below), and from general observation on infrastructure and physical location. These are supplemented and deepened by a set of case studies carried out in September and October 2003, which are based on conversations with individual women in the areas selected. Taken together, this allows us to identify some recurring reasons for

vulnerability at a household and individual level, and some recurrent patterns of intra household disadvantage. As pointed out by Bolt and Bird, gender is not the only basis of intra household disadvantage, and the impact of age, birth order, disability also need to be explored. The evidence of gender based disadvantage emerges most strongly in our study, perhaps because of the context, as these are urban and nuclear households. Based on our findings, we offer some tentative suggestions for possible intervention.

II. Location, Sample and Method

The relative share of urban poverty in India increased from 18.7 percent to 24.5 percent between 1973/4 and 1987/88 and has fluctuated around this estimate since then. In 1999-2000, 25.7 percent of India's poor were in urban areas (Mehta and Shah..: 10). Rural and urban poverty are different in their causes and impact, although rural and urban populations are inextricably linked through markets, migration and the political decisions that influence the movements of people and goods. We have chosen to begin with this focus on the urban poor partly as this is a major part of our current and on-going work; and partly because there are clearly linkages between the urban and rural context which need to be identified. The urban poor are migrants from the more extreme poverty of rural areas. They are also therefore in a new and created social environment in which the norms of the rural community may not have much role to play. The study of the urban poor therefore might allow us to see which beliefs and conventions are carried into the new environment, and which are not. One of the striking differences, for example, in the households of the urban poor is the virtual absence of older people. Most households are made up of adults in the age group of 30-50, and with young children.

II.1 Location: Study Area

The study area consists of a few selected slums in east Delhi. A short profile of the slum clusters from which our sample has been drawn is given below. These profiles are based on observation and on interviews with key informants.

Table II.1: Profile of the Study Area

Area	Households	Electricity	Water sources (MCD taps)*	Toilets
Nehru Camp	1500	Illegal connection (with monthly payment of Rs.50-100)	8	MCD - 12 (also some individual and group toilets)
Sonia Camp	350	Illegal connection	1	MCD - 8
Ravidas Camp	350	Illegal connection	4	MCD – 19
Rajiv Camp	110	Illegal connection	5	Mobile toilets 12

* In addition to the few taps provided by the Municipal Corporation of Delhi (MCD), there are also hand-pumps and illegal water connections.

Source: ISST Community Centre (field observations) 2003.

Nehru camp, a relatively large slum cluster, is located alongside National Highway – 24. To one side of the slum is the highway, on the other are co-operative housing societies built by the Delhi Development Authority (DDA) in the late 80s. Most current residents of the slum came to Delhi as construction workers, employed in the construction of the neighbouring apartments. Although originally mainly construction workers, today men in the community are working as vendors, private security guards, rickshaw pullers, or manage small shops etc. Women mainly work as domestic help. Starting with a few *jhuggies*, the slum has grown in size. Initially, the residents of the apartments were anxious that the slum dwellers should be

evicted and the land cleared. They complained of dirt and poor sanitation and so on. However, the DDA officials intervened and put up a boundary wall dividing the slum and the apartments, and the tension has subsided. (In general, such decisions reflect political support or pressure). The slum therefore has a level of legitimacy as a 'JJ cluster'.[1] Nehru Camp has both Hindu and Muslim families and has been peaceful. The residents are predominantly migrants from Uttar Pradesh and Bihar. However, a few families have their roots in West Bengal and Southern India. Electricity connections are illegal. There are eight taps for water, fitted by the Municipal Corporation of Delhi (MCD). With increasing population and corresponding demand for water, some people have fitted new and illegal water connections. The MCD has contracted Sulabh International[2], an NGO that has developed low cost sanitation systems, to provide the camp with 12 toilets. As these are clearly insufficient, some of the better off residents have built personal toilets, others have built group toilets; and a large number use whatever open space they can find around the slum. An additional risk faced in this camp is that of traffic accidents: as there is no pavement for people to walk on, it is risky especially for old people and children to walk along the highway, but this is the only access.

Sonia camp is situated alongside the Shakurpur railway line, adjacent to a *Gujjar* village[3]. It is also known as *Harijan Basti*[4]. The name derives from the fact that the first residents were predominantly from the backward classes. More recent entrants have included upper caste Hindu and Muslim families. Most are from villages of Uttar Pradesh and Bihar. This land was lying barren and the *Gujjar* villagers used to claim this land as theirs. During 1980s a few families moved to Delhi from *Mahoba* of *Hamirpur* district of Uttar Pradesh in search of jobs. They worked at the construction sites, moving from one site to another. Initially they were encouraged

to come here and stay under the leadership of Ram Kumar, a migrant from Mahoba, and at the invitation of a prominent member of the *Gujjar* village – then the village *Pradhan*[5], and from Mahoba himself. Ram Kumar himself used to work as caretaker for the *Pradhan*. Slowly many more came and joined them. Currently the number of families is around 350. The community seems to be a cohesive group with a representative (*Pradhan*) who himself comes from the Muslim community. There is only one tap provided by the MCD, and it provides water both for the public toilet and drinking purposes. There are eight MCD toilets. As far as electricity is concerned, people have taken a connection from the roadside pole. This increased load sometimes causes a problem for the *Gujjar* villagers and is a source of continuous tension between the two communities. There is a government dispensary located in the adjoining Fazalpur village. Residents report that the MCD mobile health van used to come to the camp fairly regularly some years ago, but for the past two years it has stopped coming. Most children are enrolled in a nearby MCD School. The quality of education is reportedly extremely poor. Until now no one seems to have studied beyond class VIII (especially boys). Reasons for dropping out of school include poor performance. Most of the men are unskilled construction workers and a few of them are skilled masons. The women mostly work as domestic help and a few of them are engaged in sorting of tree sap.

Ravidas camp is along the road, near a large Mother Diary plant. The camp came into existence during 1982-83 when the Mother Diary was being constructed. The labourers who were engaged in the construction, set up *jhuggies* and started living there. For a long time they were under threats of eviction from the Mother Diary management since the land was presumed to belong to the plant. However, recently the Mother Diary management has lost the case and hence has stopped

harassing the residents of the camp. To begin with, there were only a few *jhuggies*. In 1990 there were around 100 households but over the years it has grown in size and now there are almost 350 households. There are people from Hindu upper castes, Muslims and lower and backward castes. The result is that there are several groups within the community and each has appointed its own Pradhan to represent their interests. There are three –four taps, which provide water to the camp. The residents paid a lump sum to the Delhi Vidyut Board[6] in the belief that this would give them a regular electricity connection, however, this has not happened and while the department did fix a pole in front of the camp it did not extend the connection to within the slum. There is no toilet facility in the camp so the residents go to the open to relieve themselves. Mobile dispensary services are available twice a week. Most of the young girls do not go to school either because they have to look after the younger siblings or they have to be at home and look after the household work because mother goes out to work. Women in the community mostly work as domestic help, or unskilled construction labour. Men in the community work as auto drivers, rickshaw pullers, vendors (vegetable, fruits etc)

Rajiv Camp came into existence around 1987-88, and consisted mainly of construction workers employed in the construction of a highway. Finding the place convenient, the workers settled into it. Residents are migrants from Uttar Pradesh, Bihar, MP, and West Bengal. Over the years it has grown in size, and has around 110 *jhuggies* today. On many occasions in the initial years MCD officials demolished the *jhuggies*, and the Pradhan would help the residents to put the *jhuggies* back again. After 1996 there has been no further attempt at demolition. The Pradhan is now elected by the community for five years at a time. There is no

toilet facility for the community. Everyone has to go to the field adjacent to the camp to relieve themselves. The field is open with no boundary wall hence it is especially difficult for women to use. There is an illegal electricity connection. There are 4-5 taps which provide the community with water.

As the profiles make clear, there is a certain pattern to the development of these areas. The first residents simply set up *jhuggies* on barren land close to their place of work. With the support and influence of political leaders several of these habitations have acquired a degree of permanence even though they usually lack clear legal status. This gives them a toehold in the city, albeit precarious one. Wood points out the need the poor have to search for 'dependent security'. As he puts it, 'Poor urbanites are thus like peasants in being weakly positioned in relation either to the state or different markets (commodities, labour and services). They require networks and patron-brokers to link them more successfully to essential opportunities in these state and market domains' (Wood 2003: 465). These intermediaries between the family/ individual and more formal institutions can be seen in the slums studied – in the example of elected 'pradhans' and other local leaders. It is as true in these slums, as in Bangladesh, that 'poor urbanites, and especially new migrants, have no option but to gain membership of such networks and patronage' (*ibid*).

These communities are probably more fragile than rural communities, often being multi-ethnic and lacking any other clear bonding, although there may be groups of families from the same village living together. But interdependence, living in such close proximity to one another, is naturally high. Systems of management - very importantly, of ownership and sale of property - have thus developed in these

areas. Even though there is no legal title to land, 'ownership' or sale is respected by the residents. Instances of one household assisting another, with food or money, are also common. The main source of income is manual work of one kind or another. Initially the men and some women were engaged in construction work. Over the years they have diversified into other activities, but remain largely casual workers. Children born to these workers have some level of schooling, but have not for the most part acquired skills or education adequate to move into other types of work; however, in most cases the children are still young. The minimal level of infrastructure and facilities reflects the level of entitlements of slum dwellers, according to the norms that the municipal authorities are expected to meet. The provision of facilities is guided by norms that have been developed so as to make some provision, but discourage further migration; and bear little relation to the needs of the population. In general, despite the prevalence of poor health and infrastructure, the people living in these camps feel that they are better off than they were in the village. The access limited though it may be, to schooling and health facilities, and the availability of work, provide some means of improvement. Most of the residents of these colonies have been issued TPDS cards (see next section) in 1997 and a proportion has subsequently qualified for the issue of 'red cards'[7] i.e. ration cards given to the poorest of the poor. These cards are issued on the basis of the Pradhan's suggestion: there is no objective criterion and the intention is that the community should identify the poorest 10 percent.

II.2 Chronic Poverty: Criteria Used

The intersecting characteristics of chronic poverty have been defined as its extended duration, multi-dimensionality, and severity, and a period of five years has

been suggested as indicating an extended duration of poverty (Hulme *et.al*. 2001). In our study area, we have a sample of people with varying levels of income, disadvantaged also in water and sanitation facilities, access to health services etc. The primary criterion of selection is the fact of residence in the slum, which is a poverty location. In many cases, the duration of stay in the slums is well over 5 years. In addition, many households had been issued a TPDS card following the announcement of the scheme in 1997. The TPDS (Targeted Public Distribution System) was intended for persons below the poverty line in order to make specified cereals available at special rates. In the absence of micro level information on the income status of households, the Delhi government took the decision to issue TPDS ration cards to all *jhuggi* families who declared that their income was below the poverty line income (*Economic Survey of Delhi* 2001-02: 156).

The data presented in Section III is thus for households that

a. Are resident in the slums studied (in most cases well over 5 years)
b. Have a TPDS card in 2001, that is self identification as being below the poverty line[8]

The first criteria, i.e. residence in a slum, indicates the existence of certain dimensions of poverty: poor housing conditions, limited access to clean drinking water, to toilets and electricity, and is also generally indicative of irregular earnings from the informal economy. However it is not necessarily a good measure of income poverty. For this reason we have used a second criterion, i.e. ownership of a TPDS card. There are several shortcomings in the identification of households for their eligibility for TPDS cards. Based on the observations of field staff, however, we feel that while many poor household may have been excluded from receipt of a card for wrong reasons (Wrong Exclusion) – for example because they were is

possession of consumer durables such as a TV[9] – relatively fewer households that are better off would get included (Wrong Inclusion). Undoubtedly both types of targeting errors would be present to some degree. Since, however, we wish to emphasize that urban poverty is not income poverty alone, we have given primacy to the fact of slum residence.

II.3 Sample and Method

ISST conducted a household survey in the slum clusters to assess the gender differentiated implications of the new, targeted, Public Distribution System at the household level in 2001-2, with the data collection being done between Dec 2001 and March 2002. Households were selected based on the willingness of the household head and other members to participate in the survey. A household questionnaire designed to collect information on key components of food security – access, utilization and vulnerability - was canvassed to the head of the household and his /her spouse. Information collected included household profiles, health and education status; details of household income and expenditure, including gender differences in access and control over resources; household food consumption; nutritional outcomes in the form of height and weight measurements; food related practices and nutritional knowledge; household coping strategies at times of financial stress; experience with the Public Distribution System. On a 10 percent sample, detailed information on who ate what and when was collected for a 24-hour period, on the basis of recall. Focus Group Discussions (FGDs) were conducted, as well as key informant interviews with officials and community leaders, so both qualitative and quantitative techniques were used. Weight and height information was recorded for each member of the household (ISST 2002).

A total of 201 households were included in the survey conducted by ISST in 2001. These are poor households with household income ranging from Rs 300 to Rs 6000 per month. In this paper, Section III presents information on the 164 households (out of the 201) which had TPDS cards as per the ISST survey (2001-02). Although the ownership of a TPDS card should mean that the household income is below the poverty line, from our survey we find that some of these card-owning households have incomes above the poverty line.[10] Two adult members in the households (male and female) had been asked to give details on income and occupation of adult members in the households. Due care has been taken to avoid discrepancies in the reporting of income.

To explore intra household discrimination in further detail, a few case studies of women (from the surveyed households) were prepared in September - October 2003. These are presented in Section IV of this paper.

III. Evidence from the Household Survey

The data presented below is drawn, as explained above, from a sample survey carried out in the four slums, Rajiv Camp, Sonia Camp, Ravidas Camp and Nehru Camp, located in the Mandawali area of East Delhi. Each of these slums came into existence in the late 1980s. Therefore most of the households participating in the survey have been residing here for the past ten/fifteen years. Most of the households are migrants from Uttar Pradesh, Madhya Pradesh, Bihar, and parts of Uttaranchal. The male members of the households work as vendors (fruits and vegetables), plumbers, casual labour, auto drivers etc. The women mostly work as

domestic help, some are engaged in sorting of sap, and some are engaged as construction workers/labourers. Most of the earners in the households are wage earners and have odd and irregular jobs. The household size varies between six to twelve members. By and large not many households have elderly persons in the households. Most of the households are nuclear families. The age distribution of the sampled population is shown in Table 2 below.

III.1 Income

The sampled households can be grouped according to the total monthly income of the household. Out of the total 164 households, around 60 percent are below the poverty line. A greater number of older persons are in the poorer households, and a somewhat higher percentage of adult women is in the poorer households as compared to adult men (59% as against 51%).

Table III.1: Total Number of Households and Persons by Age and Income

Income group	No. of hhs.	Adult 15-59 (2)		Children 0-14 (3)		Adult 60+ (4)		Total (2+3+4)
		Male	Female	Male	Female	Male	Female	
Upto 1500	19	21	18	21	14	2	1	77
	11.59	*8.54*	*8.53*	*9.95*	*6.25*	*28.57*	*20.00*	8.52
1501-2500	79	106	107	114	114	3	3	447
	48.17	*43.09*	*50.71*	*54.03*	*50.89*	*42.86*	*60.00*	49.45
2001-3500	39	59	42	49	62	1	1	214
	23.78	*23.98*	*19.91*	*23.22*	*27.68*	*14.29*	*20.00*	23.67
3501-4500	14	31	24	16	18	0	0	89
	8.54	*12.60*	*11.37*	*7.58*	*8.04*	*0.00*	*0.00*	9.85
4501+	13	29	20	11	16	1	0	77

	7.93	*11.79*	*9.48*	*5.21*	*7.14*	*14.29*	*0.00*	8.52
Total	**164**	**246**	**211**	**211**	**224**	**7**	**5**	**904**
		27.21	***23.34***	***23.34***	***24.78***	***0.77***	***0.55***	

Note: Figures in Italic represent percentages.

Figures in bold-italic represent row wise percentages showing the age wise distribution of the sampled population.

Source: Survey data ISST, 2002.

III.2 Chronic Poverty Household

It is been suggested that households, which continue to be below the poverty line for 5 years or more, are chronically poor. Therefore we have tried to determine for how many years the sampled households have been using the TPDS cards, expected to be issued to those below the poverty line. Table 3 showing the duration for which ration cards have been used by the household shows that 61.7 percent households have been using TPDS card for more than 5 years. In some cases the households that have had the cards made more recently are new to the area, in others they would have been eligible but were missed out in the earlier rounds of identification. As per regulations, eligibility is expected to be verified annually, however in practice this review has not taken place.

Table III.2: Duration of having Ration Cards

Income Group	Less than 1 year	1-3 years	3-5 years	More than 5 years	Total
Upto 1500	0	2	3	12	17
	0.00	*7.69*	*9.38*	*12.37*	*10.83*
1501-2500	1	15	18	44	78
	50.00	*57.69*	*56.25*	*45.36*	*49.68*

2001-3500	0	8	7	23	38
	0.00	*30.77*	*21.88*	*23.71*	*24.20*
3501-4500	1	1	1	10	13
	50.00	*3.85*	*3.13*	*10.31*	*8.28*
4501+	0	0	3	8	11
	0.00	*0.00*	*9.38*	*8.25*	*7.01*
Total	**2**	**26**	**32**	**97**	**157**
	1.27	***16.56***	***20.38***	***61.78***	

Note: Figures in Italic represent percentages.

Figures in Bold Italic represent row wise percentages.

Seven households have not specified duration of possession of ration card.

Source: Survey data ISST, 2002.

III.3 Educational Status

Tables 4 and 5 show the educational status of the sample. A higher proportion of adult women are illiterate than adult men, and a greater proportion of girls are not in school than boys. There is thus a gender difference in the acquisition of literacy/ education. The policy framework encourages equal and full participation by both boys and girls in school; however the empirical observation that more girls than boys are out of school, and that not all children are in school, could reflect either household level constraints or shortcomings in the schooling infrastructure. There is a large volume of literature on this subject (see for example Ramachandran 2003, Wazir 2000). Although school level constraints do exist (including few female teachers, distance to school, lack of toilet facilities) these are relatively less severe in the urban context. It is found that if children miss school for an extended period, for any reason, the school often refuses to re-admit them. There is also an absence of school to home linkages that have been so critical in the success of many non-governmental efforts to reduce drop out and bring children back to school. As far as the households are concerned, we find that the number of households reporting drop out of boys is approximately the same as the number reporting drop out of girls. The number of dropouts is more as one moves down the income ladder i.e. it is prevalent more in the poorer households. The case studies confirm that girls have dropped out from the schools mostly to help in household work and care of siblings, or due to financial constraints, whereas boys have dropped out because of not doing well in studies. It is interesting to note that there is a difference in the parental reporting of reasons for boys dropping out. The mothers reported that sons have dropped out because of financial constraints

whereas fathers reported that they were not doing well in their studies. This could simply be difference in perception, or else men are reluctant to admit financial need.

Our sample, then, confirms that as a result of socialization and gender norms which require that girls help their mothers in housework and care of children or the sick, there is stronger household commitment to the schooling of boys. The result is an inbuilt, intra household bias against the *regular* and *sustained* schooling of girls, although the enrollment figures may be high.

Table III.3 : Levels of Education among the Adults

Income group	No education		Primary		Secondary		High school		College		Others		Total	
	Male	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**
Upto 1500	15	15	2	2	2	1	1	0	0	0	0	0	20	18
	16.13	*10.49*	*3.45*	*6.67*	*3.51*	*3.45*	*3.03*	*0.00*	*0.00*	*0.00*	*0.00*	*0.00*	*8.13*	*8.53*
1501-2500	42	68	24	18	26	14	14	6	1	0	0	1	107	107
	45.16	*47.55*	*41.38*	*60.00*	*45.61*	*48.28*	*42.42*	*75.00*	*20.00*	*0.00*	*0.00*	*100.00*	*43.50*	*50.71*
2001-3500	19	29	13	4	12	8	11	1	4	0	0	0	59	42
	20.43	*20.28*	*22.41*	*13.33*	*21.05*	*27.59*	*33.33*	*12.50*	*80.00*	*0.00*	*0.00*	*0.00*	*23.98*	*19.91*
3501-4500	7	18	8	2	11	4	5	0	0	0	0	0	31	24
	7.53	*12.59*	*13.79*	*6.67*	*19.30*	*13.79*	*15.15*	*0.00*	*0.00*	*0.00*	*0.00*	*0.00*	*12.60*	*11.37*
4501+	10	13	11	4	6	2	2	1	0	0	0	0	29	20
	10.75	*9.09*	*18.97*	*13.33*	*10.53*	*6.90*	*6.06*	*12.50*	*0.00*	*0.00*	*0.00*	*0.00*	*11.79*	*9.48*
Total	**93**	**143**	**58**	**30**	**57**	**29**	**33**	**8**	**5**	**0**	**0**	**1**	**246**	**211**
	37.80	***67.77***	***23.58***	***14.22***	***23.17***	***13.74***	***13.41***	***3.79***	***2.03***	***0.00***	***0.00***	***0.47***		

Note: Figures in Italic represent percentages.

: Figures in Bold Italic represent row wise percentages.

Source: Survey data ISST, 2002.

Table III.4: Number of Children Going to School by Income Group						
Income Group	**No schooling**		**Schooling**		**Total**	
	6-14 years					
	Male	**Female**	**Male**	**Female**	**Male**	**Female**
Upto 1500	3	0	9	7	12	7
	15.79	*0.00*	*7.56*	*6.93*	*8.70*	*5.51*
1501-2500	10	14	68	50	78	64
	52.63	*53.85*	*57.14*	*49.50*	*56.52*	*50.39*
2001-3500	5	8	24	27	29	35
	26.32	*30.77*	*20.17*	*26.73*	*21.01*	*27.56*
3501-4500	1	0	12	12	13	12
	5.26	*0.00*	*10.08*	*11.88*	*9.42*	*9.45*
4501+	0	4	6	5	6	9
	0.00	*15.38*	*5.04*	*4.95*	*4.35*	*7.09*
Total	**19**	**26**	**119**	**101**	**138**	**127**
	13.77	***20.47***	***86.23***	***79.53***		

Note : Figures in Italic represent percentages.

: Figures in Bold Italic represent row wise percentages.

Source : Survey data ISST, 2002.

III.4 Intrahousehold Distribution of Food

In order to understand the gender dynamics within the households, one adult male and female in each household were asked to respond to a question 'who eats first' and 'who eats last.' There was no marked difference between female and male response to this question. Tables 6 and 7 illustrate the

observed pattern. In 47 percent households children eat first followed by men in 25 percent of the households; and in 64 percent of the households it is women who eat last. Among the poorer households the responses were predominantly that there is no specific person who eats first or who eats last.

If there is an unequal distribution of food within the household, we would expect this to be reflected in the observed sequence of eating food. Our findings appear to corroborate other studies that find that eating last appears to be the main mechanism for discrimination against women in the allocation of food, implying as it does that in a situation of overall inadequacy of food, women have a lower overall food intake. (Haddad 1996, 1999).

From observation and case studies it also appears that both men and women give a high priority to food in case there is any extra money available for expenditure – but men are more likely to have access to cash for this purpose. The daily diet is therefore supplemented, by little treats for children or additional intake for men, more often than it is for women.

Table III.5: Who Eats First (According to Female Respondent)

Income group	Husband	Self	Children	Son	Daughter	Father/ Father-in-law	Mother/ Mother-in-law	No specified person	Total
Upto 1500	8	1	4	0	0	0	0	4	17
	19.05	*20.00*	*5.19*	*0.00*	*0.00*	*0.00*	*0.00*	*13.79*	*10.37*
1501-2500	23	3	36	3	1	1	1	13	81
	54.76	*60.00*	*46.75*	*42.86*	*100.00*	*50.00*	*100.00*	*44.83*	*49.39*
2001-3500	6	0	23	3	0	0	0	7	39
	14.29	*0.00*	*29.87*	*42.86*	*0.00*	*0.00*	*0.00*	*24.14*	*23.78*
3501-4500	3	1	7	1	0	0	0	2	14
	7.14	*20.00*	*9.09*	*14.29*	*0.00*	*0.00*	*0.00*	*6.90*	*8.54*
4501+	2	0	7	0	0	1	0	3	13
	4.76	*0.00*	*9.09*	*0.00*	*0.00*	*50.00*	*0.00*	*10.34*	*7.93*
Total	**42**	**5**	**77**	**7**	**1**	**2**	**1**	**29**	**164**
	25.61	***3.05***	***46.95***	***4.27***	***0.61***	***1.22***	***0.61***	***17.68***	

Note: Figures in Italic represent percentages.

: Figures in Bold Italic represent row wise percentages.

Source: Survey data ISST, 2002.

Table III.6 : Who Eats Last (According to Female Respondent)

Income Group	Husband	Self	Children	Son	Daughter	Father/ Father-in-law	Mother/ Mother-in-law	No specified person	No response	Total
Upto 1500	1	12	0	0	0	0	0	4	0	17
	6.25	*11.43*	*0.00*	*0.00*	*0.00*	*0.00*	*0.00*	*14.81*	*0.00*	*10.37*
1501-2500	7	53	1	0	3	0	1	15	1	81
	43.75	*50.48*	*100.00*	*0.00*	*37.50*	*0.00*	*20.00*	*55.56*	*50.00*	*49.39*
2001-3500	4	25	0	0	2	0	0	7	1	39
	25.00	*23.81*	*0.00*	*0.00*	*25.00*	*0.00*	*0.00*	*25.93*	*50.00*	*23.78*
3501-4500	4	8	0	0	1	0	0	1	0	14
	25.00	*7.62*	*0.00*	*0.00*	*12.50*	*0.00*	*0.00*	*3.70*	*0.00*	*8.54*
4501+	0	7	0	0	2	0	4	0	0	13
	0.00	*6.67*	*0.00*	*0.00*	*25.00*	*0.00*	*80.00*	*0.00*	*0.00*	*7.93*
Total	**16**	**105**	**1**	**0**	**8**	**0**	**5**	**27**	**2**	**164**
	9.76	***64.02***	***0.61***	***0.00***	***4.88***	***0.00***	***3.05***	***16.46***	***1.22***	

Note: Figures in Italic represent percentages.

: Figures in Bold Italic represent row wise percentages.

Source: Survey data ISST, 2002.

Malnutrition among Boys and Girls:

The quality of the food intake is expected to be reflected in nutritional status. As far as knowledge about nutrition is concerned, the ISST survey found that around three quarters of those surveyed (men and women) thought that children had special needs, and around half thought that so did men. Sixty-five percent of men and 80 percent of women felt that women had special needs when pregnant. To assess nutritional status, estimates have been made of the extent to which stunting/ underweight is observed among children based on age-wise weight and height data that was collected for both adults and children.[11]

The Z score has been calculated for boys and girls of (0-10 yrs) separately. The findings are given in Table 8. We find that a greater number of girls have moderate and severe stunting as compared to boys. In case of mild stunting percentage of boys is more as compared to girls. Data on weight is presented in the same table. With both girls and boys the prevalence of moderate underweight is more than mild and severe underweight. However, more girls as against boys are moderately and severely underweight while in case of mild under weight, percentage of boys is more as compared to girls.

We conclude that both boys and girls have been affected by poverty and either inadequate or inappropriate food intake, but that there is some indication that girls are more severely affected than boys. Although the household level information does not clearly suggest that girls are treated any differently than boys, it is possible that girls from a young age start seeing themselves as 'mother's helper' and hence either consciously or unconsciously share the mother's burden where overall food intake is limited to a greater extent than boys do.

Table III.7: Malnutrition among Boys and Girls (0-10 years)[#]

Malnutrition Indicator	Z<-1.0 Mild		Z<-2.0 Moderate		Z<-3.0 Severe		Rest		Total	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Stunnting (HAZ)*	12.3	9.5	20.3	24.1	22.4	25.9	55	40.5	138	158
Underweight (WAZ)**	20.9	18.5	40.3	49.6	18.7	19.1	20.1	12.7	139	157

*Note : * Missing records of boys 20 and girls 18*

*** Missing records of boys 19 and girls 19*

 # Total number of boys and girls covered in the survey is 158 and 176 respectively

Source: Survey data ISST, 2002.

Technical Note: **Calculation of Z-score**

The process for calculating stunting (height for age) Z score, for any child under ten years for example, requires following steps:

- Compare the child's height (in cm.) to the mean height for that age and sex of the reference data
- Subtract the mean height from the child's height
- Convert the difference to standard deviation units by dividing the difference by the standard deviation of the reference data for that age and sex
- The result is the Z-score i.e. the number of standard deviations the child is away from the mean, either positive (greater than the average height for that age group and sex) or negative (less than the average height for that age group and sex).
- Reference population data has been obtained from Anthro Software Package, www.cdc.gov/nccdphp/dnpa/ or www.who.int/nutgrowthdb

Malnutrition among Adults:

An analysis of the data for adults (see ISST 2002) showed that both male and female respondents in the study sites were more malnourished as per CED (Chronic Energy Deficiency) levels than the average Delhiite. The pattern of CED appears to be more a function of household income levels among women than among men. There is far more CED of the third degree (see Annex 1) among women than among men in the poorest households. The data showed some exceptions to this general pattern, for example, women in the highest income category showing high incidence of severe malnourishment. This could be due to larger household size – higher household income reflecting more earners, or greater energy requirements, or even simply inadequate nutritional information (for a fuller discussion, see ISST 2002).

IV. Case Studies

To supplement the above findings, a number of in-depth interviews with women were conducted, a selection of which are presented as case studies below.[12] Our case studies have been done on women from households included in the ISST survey. In the analysis of intra-household consumption patterns discussed in the previous section, women were found to be better respondents for understanding the distribution of food, access to resources and control of resources. The women interviewed were selected purposively by the researchers based on survey and other data. An effort has been made

to talk to those women known to be in great hardship, and a few cases were also selected where there has been a degree of upward mobility.

It needs to be emphasized that these women are in a somewhat unusual situation, being part of nuclear households, without the sort of community embeddedness one might expect to find in a village. What emerges forcefully from these many narratives is the 'despotic' nature of most of the households, and the apparent acceptance by women of the situation they find themselves in. The weak status of many of the women interviewed was reinforced by certain events in their lives. For example, marriage at a young age, to men often many years older, and to husbands chosen because of their willingness to marry them without a dowry.

The five case studies below are of women who are in acute poverty situations and four of whom have been victims of continuous domestic violence.

Case Study 1

Sunila is a resident of Nehru Camp located in the Mandawali area of East Delhi. She is thirty years old and mother of four children, two sons and two daughters. The eldest son is fifteen years old and the youngest daughter is six years old. She chose to undergo tubectomy after the birth of her youngest child. Sunila got married at the age of thirteen. She recalls that her menstruation began after her marriage, and was a traumatic experience for her because she did not have any idea about it. After a lot of counseling from her mother –in- law she accepted it as normal. She is the only child of

an agricultural labourer from Farraka in Malda district of West Bengal. She is illiterate and belongs to a poor family. The family desperately wanted to marry her off, and was happy to find a man, who was willing to marry her without any dowry. They were even willing to overlook the fact that he was from Uttar Pradesh, while the girl's family was Bengali. Her husband is fifteen years older than her.

After marriage she stayed with her in-laws in U.P. for a while, later she came to Delhi with her husband and started staying in Welcome Colony near Seelampur in East Delhi in a *jhuggi* with another family free of cost. During 1990, the family shifted to Nehru Camp along with many others. The motivation to shift to this place was to get the ownership of the *jhuggi*. In the camp there is one water connection/ tap which is the only water source for all the households. She does not pay anything for water but she pays Rs.35 per month for an illegal electricity connection. She cooks with kerosene but she collects firewood as supplement for which she spends Rs.10 per week. The family uses a public toilet which is being shared by three other families. Since the toilet is a little far off, usually women go in a group of two/three. There is a mobile dispensary service which is available. Sometimes she consults a private doctor in the camp. The Govt. Senior Secondary and MCD schools are available in the near vicinity of the camp.

Sunila says that after marriage she has seen only violence, nothing else. Her husband is a chronic alcoholic. He is neither interested in letting her

work nor in sending children to the school. He works as a casual labour in the construction sites. Ten to fifteen days in a month he gets work which earns him rupee eighty/hundred per day as wage. In 1997 the household was issued a TPDS card by the Delhi govt. to enable it to obtain rice, sugar, wheat and kerosene oil from the fair price shop. She has never been able to buy from this shop because the shop asks for bulk purchase of fifteen days worth of rations. She buys food items daily depending on how much money she has and not on the basis of requirement for six members in the household.

She has no say on what is to be cooked. Her husband decides that. Every day he gives her some money to buy food items. There are days when she and her children go without food because of lack of money. Many a time her neighbor gives her some food so that the children can eat. She eats last, as a result she rarely has a full meal since there is always a scarcity of food. As far as clothes are concerned mostly she gets it from her neighbors who work as domestic help in the nearby colonies. Recently she has started collecting clothes for her children from ISST's community center.

For the past one year she has been working in ISST's community centre[13] and also attending tailoring classes conducted by ISST. She earns rupees three hundred per month which she keeps in the bank. She says out of her earning, she could pay school fees for the children and has also bought school uniform for them. She has also bought some bindis and jewelry for

herself with this money. These days she also sells vegetables to earn some money. She does all this without the knowledge of her husband. She fears that if he comes to know about her earnings he would take away the money from her. After joining ISST she feels more confident and is able to protest when her husband tortures her. He wants to withdraw the eldest son from the school and desperately wants him to get a job. Earlier her husband withdrew the son from the school. Currently all the children are going to the government school.

Sunila complains of giddiness and weakness; even her elder daughter complaints of dizziness. Her daughter cannot concentrate on work. She is inattentive to the instruction given to her at school/home. Her younger daughter falls sick very often.

Sunila's experience has been of living in a chronic poverty household, but her link with an NGO (ISST) has helped her to cope with her situation a little better.

Source: Rina Bhattacharya, 9th September 2003.

Case Study 2

Thirty year old Mumtaz was born in Jaunpur district of Uttar Pradesh. Her father was a labourer in the Dhanbad mines. After long years of work in the mines he developed chronic tuberculosis and returned home to Jaunpur. Mumtaz was the fourth child, and had three sisters and two brothers. Her parents got her married at the age of five, an age at which less expense

would be incurred. No dowry was given. Mumtaz went to live with her in-laws at the age of eleven, at which time the marriage was consummated (gauna). She picked up the tobacco habit in her childhood, having started smoking at the age of 9. Her parents used to grow tobacco on a small piece of land that they owned, and smoked the 'hukkah'. Mumtaz believes they did this to suppress hunger.

Mumtaz has been living in Nehru Camp for the last 13 years i.e. since 1990. She has two sons and a daughter, all of whom are in government schools. The eldest (a son) is 11 years old and the youngest 5 years old. The children do not keep good health. Two get recurrent attacks of pneumonia. Although there is a government dispensary at a distance of 0.5 kms, the family prefers to use private 'doctors' – albeit these are untrained – who are more polite and helpful, according to them. All three of her children were born at home, and without the assistance of the midwife – 'dai' – to save on the Rs 800 per birth that the dai would have asked for. She has also had an abortion.

Mumtaz has been weak and ailing for the last 4-5 years. She is a heart patient and underwent a heart surgery one year ago. Mumtaz and her husband were able to raise the money for the operation partly by borrowing from their neighbours and relatives (an amount of Rs 10,000) which they are trying to repay in installments. She has been advised to avoid stairs and lifting of heavy weights.

Mumtaz's husband is a mason who works as a daily wage earner. He is

able to earn Rs 80-100 per day, but gets work only on 15-20 days a month. He used to drink and beat her frequently, but has stopped since the operation. He has also stopped gambling for want of money. He gives Mumtaz Rs 25-30 every day for daily provisions.

Occasionally, Mumtaz has to buy her daily rations on credit. She currently owes Rs 1500 to the local shopowner. The family does not consume any milk, not even the children. Food is cooked in the morning, usually a simple meal of dal-roti. The children are given their meal first, before leaving for school. Her husband eats next, and she eats the last. If she is still hungry when the food is over, there is always tobacco – a habit she has not given up. She cooks green vegetables rarely, potato and dal being the staple diet. On average, the household consumes 1 kg of dal, 3 ½ kg of potatoes and ½ kg of edible oil per week. Mumtaz does not buy her rations from the government ration shop because she is unable to buy in bulk and cannot buy daily from there; but also because there is no difference in price. Despite being a red card holder[14] entitling her to special subsidy under the Antodaya Anna Yojana scheme, she has not been receiving rations at lower prices. According to her the colour of the card may have changed, but nothing else hasOccasionally, Mumtaz has to buy her daily rations on credit. She currently owes Rs 1500 to the local shopowner. The family does not consume any milk, not even the children. Food is cooked in the morning, usually a simple meal of dal-roti. The children are given their meal first, before leaving for school. Her husband eats next, and she eats the last. If she is still hungry when the food is over, there is always tobacco – a habit

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The family shares a toilet with 10 families. There is no proper sewage system in the camp. Garbage is collected in plastic bags and thrown by the side of the highway along which the camp is located.

As far as access to and control over income is concerned, she laughs and says 'when there is no income what is the importance of who controls it?'

Source: Amita Joshi, 10th October 2003

Case Study 3

Radha does not know from which part of India her family originates. Her earliest memories are of living in Bhajanpura. She had an elder sister and an elder brother. Her father was a mason, and died of cancer when she was very young. Her brother was a student in Class IX when he suddenly disappeared. As this was during the riots following Indira Gandhi's assassination and he had been with a Sikh friend, the family eventually

gave up the search for him and assumed that he had lost his life in the riots. This was a very difficult time emotionally and economically for the family.

Radha was married to a person much older than herself (12-15 years older) at the age of 11. Her husband was also a daily wager. Her mother married her to him because he wanted no dowry and was willing to take her with her two pieces of clothing. Her husband was a drunkard and used to beat her from the very beginning of the marriage. She also suspects that he had illicit relations. Her husband took a second wife after five years of the marriage, saying that she was unable to bear children. His second wife lived in his native village in Ajamgarh, Uttar Pradesh.

Both wives then had children. The second wife came to stay in Delhi. The two wives were constantly quarreling largely because of a shortage of money and resources. After four years the second wife ran away with someone, taking her children with her. Radha started working in the apartments near by as a domestic servant. She had three sons and a daughter. The daughter is the eldest, and is studying in class VI. Two boys are both in Class II. The youngest son is eight months old.

Radha's husband died a month ago, of an unknown disease, which she says was TB. He had not been well for the last five years, had repeated throat infections, and fever. He was diagnosed as having TB in Lal Bahadur Shastri Hospital, but was sent for further check ups to Irwin Hospital. She does not know which tests were conducted there. For the last year, she has been living with her mother because her husband did not

want her and the children to live with him, although she accompanied him to the dispensary and hospitals for his check ups.

After the death of her husband, she has given up the rented *jhuggi*, which she cannot now afford, and has continued living with her mother, who lives in a rented room in Sonia Vihar with her second husband. She is now dependent on her mother and step father. She is unable to provide her children with milk or with adequate food.

Radha herself has not been in good health over the last one and a half years. She has as a result discontinued her work. She underwent sterilization after her youngest child was born. She has repeated cough and throat infections, stomach ache, and spells of giddiness. She says her husband was very cruel to her, and beat her even during pregnancy. She blames her own ill health on this, and the lack of proper nutrition during and after pregnancy.

Radha's daughter helps her in household work. In fact she does all the work, including cleaning, washing, and food preparation. She also looks after her youngest brother, if mother is out or unwell.

Repeated shocks to the household have made Radha increasingly vulnerable.

Source: Amita Joshi, 15th September 2003

Case Study 4

Sumati, aged 33 years is a resident of **Ravidas Camp**. She got married at the age of 14 and hails from Bulanshawar district of Uttar Pradesh. Her father was a landless labourer. She studied till 8th standard. She is married to Nand Kishore of Aligarh district. He has also studied till 8th standard. His father has some land in Aligarh.

At the time of Sumati's marriage her husband used to work as a loader at the Palam Airport and was staying in a rented house. Later he left that job and started driving a three wheeler. He used to earn enough i.e., Rs.100/- to Rs.200/- per day. She has three children, two boys and a girl. For the past two years he is unable to do anything as he is suffering from tuberculosis. He is being treated at LNGP Hospital.

In 1992, the family came to this camp and put up a *jhuggi* for themselves. There are three-four taps for water in the camp. Since there is no provision for toilet the family has to go to the open.

Her elder son is studying in Xth grade and the younger one is in the IXth grade. Since her husband is unable to drive any more her son has started selling eggs, earning Rs.50-60/- per day, by working in the evening. He is still able to go to school and tuition in the morning. Youngest among the children is the daughter. She has been withdrawn from the school on the

pretext that the school is at a distant place and it is not safe to send her to the school. In fact the daughter has left the school because she has to take care of her father since Sumati is sick and unable to cope on her own. The downward turn in the family's economic status has thus made a clear impact on the daughter's future prospects.

Source: Rina Bhattacharya, 3rd October 2003

Case Study 5

Rama Kanta was born in Teekamgarh, Uttar Pradesh, and was the fourth of five children. Her father, a mason, was a habitual drinker and prone to violence. He also suffered from tuberculosis and was often too sick to work. The family was always in debt. Rama Kanta was married off at the age of 13, and is aware that her parents took a loan to perform the marriage.

A year after the wedding, Rama Kanta came to live with her husband, also a mason, in Delhi. Initially they lived in a *jhuggi* along a footpath in Laxmi Nagar in East Delhi, and subsequently moved to Rajiv Camp after a clearance drive displaced them. They have been residents of Rajiv Camp for the last 15 years. With a lot of construction work going on in the area, her husband was able to get work easily on a daily wage basis.

An occasional drinker, her husband beats her at times; the most common

cause of quarrels is lack of money. He is able to get work 18-20 days a month, earning Rs 80-100 per day of work. He gives Rama Kanta Rs 25-30, at times more, for daily expenditure. Of this amount, Rama Kanta saves Rs 10-15, putting this aside for the days when there is no earning, and also to use for her personal expenses. They do not deposit the money in a bank account. Rama Kanta does not keep track of her husband's expenses, but says that he does eat out at times and also brings home samosas or sweets for the children from time to time.

Rama Kanta had four children, three sons and a daughter. One of the sons died of pneumonia at the age of 6 months. Her eldest child, a 12 year old girl, is studying in class 2; both the sons, 8 and 10 years of age, are in class 1. The children are not good at their studies and have not been promoted. Rama Kanta does all the household work, but when she is unwell her daughter substitutes for her, missing school if required.

The family buys a half kilo of milk every day, which is given to the boys. The usual food is dal-roti or roti-sabzi. Food is prepared early in the morning, dispensing with the routine of early morning tea. Her husband eats first, as he leaves early for work; the children next and she herself last.

Rama Kanta says that after the operation (sterilization) she has become weak. Her legs hurt, she feels especially weak in the mornings. Doctors at

a nearby government hospital have told her that the reason for these symptoms is general weakness and anaemia. Rama Kanta delivered her children at home with the help of a female relative. In order to perform the required rituals after childbirth, they borrowed money from friends/ relatives.

Source: Amita Joshi, 20th September 2003

The woman thus enters marriage young, ignorant, and with a strong sense that she and her family are under an obligation to the man. Domestic violence is common. Early marriage is followed by young motherhood, accompanied by much ignorance regarding contraception, spacing and child care. There is also little evidence from these narratives of any proactive search by women for more information or guidance. The number of living children in the narratives above is not large, but does not always reflect completed family size. The birth of children does not reflect any conscious choice or decision regarding the number of desired children or the spacing between children. Once the desired number of children (sons) has been born, sterilization is preferred to contraception. Talking to the women reveals frequent incidence of reproductive health problems, and complaints of weakness, but again, little evidence of attempts to change or modify the source of the problem. Women work outside the home when needed but do not see themselves as workers.

It should be emphasized that, overall, the demand for schooling and education is extremely high in India and the study area is no exception. However parental expectations of the benefits from education for sons relate to the hope that this would help in getting better jobs. In the case of girls, the primary parental responsibility is to find a husband for them, and the role of education is ambivalent. Therefore when household responsibilities become a burden, it is more likely that the girl will be expected to help out even if this means missing school. As Karlekar puts it, 'more often than not, the girl child becomes the victim of circumstances in which the right of a girl to education is unfairly pitted against the obligations of a daughter' (Karlekar 2000: 91). The 93 rd Amendment to the Constitution guarantees all children between the ages of 6 and 14 the right to education. All children between these ages are therefore expected to be enrolled in school. Despite this a greater proportion of girls have remained unenrolled, as shown above; and the drop out rate is higher for girls. Daughters shoulder a disproportionate burden of housework and child care; there is strong son preference. The same story is repeated again and again.

The repeated statement that the husband does not want his wife to work, is also worthy of note. This could reflect the fact that migrants to the city who have been able to find a shelter are not among the most destitute (the abandoned, those who live on pavements). In their search for upward mobility, of which the movement to the city is an intrinsic part, having a non-working wife is a measure of status, as the theory of 'Sanskritisation' has so well articulated. In actual fact, the women will be found to work, as a 'flexible

resource of the household' (Banerjee 1998), when circumstances demand; but they are unwilling to report this fact without some probing.

For the women living in the slums, child care is a major concern, and seems to be the main reason why older daughters are not sent to school but instead help their mothers' with care of the younger children. There is a tremendous need to provide mothers with child care support,[16] which includes information about pregnancy, breastfeeding, healthy nutritional practices, the value of early stimulation, some knowledge about child development and growth monitoring. When the carers are themselves children, their right to education should take priority. As things stand, in the absence of any child care facilities or trained child care workers, mothers and older daughters look after young children as best they can, but both the quality of child care as well as the choices open to the mothers and older daughters would improve if appropriate interventions could be made for child care. In the slum clusters, young mothers are deprived both of traditional sources of support and advice on child rearing, and modern systems of early childhood care and education. In our study are, we found no evidence of an active *anganwadi* or other child care centre.

Given the high incidence of poverty, the major part of household expenditure is on items of food. Most of the households have been issued BPL cards and among them 10 percent have been issued 'red' cards indicating these households are among the poorest. Although eligible for subsidized food grains, sugar and kerosene, in fact in both categories, people reported that

they could not get food grains at the controlled rate as promised under the Public Distribution Scheme. This is not of course unique to the particular slums being studied, but suggests that the existence of an enabling policy framework is in itself inadequate to improve household food security.

The following three case studies are of women whose economic status is slightly better than the previous examples.

Case Study 6

Jaya comes from Sultanpur village, Uttar Pradesh. She is around 30-35 years old and a resident of Nehru Camp. Her father was very poor with four daughters and one son. He wanted to marry off the daughters at an early age in order to avoid dowry and also to reduce the burden of feeding so many people. She got married at the age of 5 and had her '*gauna'* at the age of 11.

She has three children of whom the eldest son is 15 years old, daughter is 10 years and youngest one is 6 years old. After the 1st child she got pregnant twice, once she delivered a still born boy and a girl was born but died after a few days. All these deliveries took place at home, in the village. After this, she moved to Delhi. The next two deliveries were done at home but trained midwives were called to attend the delivery. All her children go to the government school nearby. Earlier they used to go to a private school but they found it hard to pay the fees. The eldest son has been withdrawn from

the school since he has some behavioral problem. Currently he is undergoing treatment from Irwin hospital for this.

Her husband sells cut pieces in different local markets. He earns Rs. 200 per week. But it is not a regular income. He takes alcohol but does not take it regularly. He does not want his wife to take up some job. Jaya has no say in buying daily provisions or clothes and other things. Her husband buys the essentials. He decides what is to be cooked in the house. In this household children eat first and then Jaya. Her husband comes home late and he has his food on his own.

Regarding health, she complains of giddiness and feeling low. She goes to a private doctor for medicines, spending Rs.30 per visit. She prefers to consult him instead of going to the hospital where treatment is free, since that means spending a lot of time.

On the whole, she feels they are better off here than in the village. Back at home she did not have money and lack of treatment made her lose two children. In the village it would not have been possible to send the children to school.

Although poor, this is a household that has seen some improvement in economic well being in recent years.

Source: Rina Bhattacharya, 27th September 2003.

Case Study 7

Sushma is a resident of **Rajiv camp** located near the highway. She has been staying here for the past 10 years. When she first came here, there were only a few *jhuggies*. Sushma studied up to 8th class and has been born and brought up in Delhi. Her father was a gardener and used to earn very little. She got married at the age of 19. Her husband (Jeet Singh) hails from Uttar Pradesh. After completing his schooling he came to Delhi in search of a job. He works as a salesperson in a large sweet house and earns Rs.3000/- per month. The husband takes most of the decisions. Her husband does not like her to take up any paid work.

She has a son of 7 years and a daughter of 9 years. Both of them are studying. The girl goes to government school and son goes to a private school. She spends Rs.200/- per month for her son towards the fees and Rs.40/- yearly for the daughter. Both the children were born in the government hospital. She has no health problems. She got her hysterectomy done after the boy was born.

Since there is no toilet facility she and others in the family go out to the field. She uses the public tap for water. In Sushma's case, the experience of poverty is more evidenced in the unsatisfactory toilet facilities and other infrastructure, as in other respects the family has managed its resources well.

Source: Rina Bhattacharya, 17th October 2003.

Case Study 8

Shanta a resident of Sonia camp comes from a place called Mahoba in Uttar Pradesh. She has four sisters and 2 brothers. She is the second among the sisters. Her father was an agriculture labourer, was not earning much, and wanted to marry her off soon. She got married at the age of 13 and her 'gauna' took place when she was 16 years. She is illiterate; her husband studied up to 5th standard. He used to work as a contract labourer. At the age of 16 she conceived her first child.

Each of her pregnancies was difficult. When her youngest child was born she had the most problems. In the first four months she could not get up from the bed and had gone back to her native place. After returning to Delhi there were further complications and her husband persuaded her to go to the hospital. He suggested that they would have an ultrasound done; if the report indicates that she is going to deliver a baby boy then they would retain it otherwise they would just get it aborted. The report showed that she had twin sons in her womb. Once the report came she was given more care till the delivery. However, she could deliver only one healthy baby boy and the other one was stillborn. She has 6 children. She has 4 daughters and 2 sons, and has had two abortions, one before the youngest child was born and one after. All her deliveries took place at home. She feels helpless since her contraceptives (oral pills) have not been effective. She is now keen to have a sterilization operation. She is not in favour of her husband having a vasectomy, believing that this would make him sick and unfit for work.

She married off her elder daughter at the age of 15 years. Her daughter studied till 5th standard. She withdrew her daughter from the school since her husband was sick and she needed help with household work. The eldest son studied up to 8th standard and could not continue further because he failed the examination for two consecutive years. He has taken up a job which earns him Rs.1000/- per month. The 2nd daughter has been withdrawn from the school on the pretext that she is not good in studies. But in reality, the financial condition has deteriorated so much that Shanta had to go out and take up a paid job in a garment factory where she works as a thread cutter. Meanwhile she needs someone to look after the household and the youngest child. Therefore the 2nd daughter was made to fill this role. Initially her husband opposed these new arrangements, but accepted them soon enough. Earlier she used to sort sap at home, but this work is not available now.

She feels frustrated that her elder daughter has been married off so young and has started facing the same problems that she had to face after her marriage. Shanta thinks that if her daughter had been educated up to 8th standard she could have got a job in the factory and been able to earn for herself. This way her life would have been much better. As far as the 2nd daughter is concerned she thinks she would send her to work to earn some money but she would not be able to send her to the school, as it is a waste of money. In any case she is not good at her studies.

Shanta strongly feels that she should have her own bank account. Her husband has an account but she is not a co-signatory. She wants to buy a mobile phone for her husband, since he loses many of his business clients because of lack of contact. The mobile phone would help him to get some clients and work more efficiently. Earlier he used to work as a labourer, now he has a team of two or three men who work at the construction site with him.

Her husband eats first then the children. She has no say in buying things for children and daily food expenditure. Her husband decides on these matters. She does not give the money she earns to her husband, but spends it whenever she feels necessary.

Source: Rina Bhattacharya, 20th October 2003.

Many of the stories suggest that neighbours are willing to help in case of extreme need. Family remains the ultimate resort; when left alone, after the death of her husband, with young children to look after, Radha returned to live with her estranged mother. Clearly, there is evidence of inter-household cooperation. The urban slums are composed largely of nuclear families from different parts of the country, and they all need to devise a way to cope with the occasional crisis period. In the absence of social protection for workers in the informal economy, and limited own savings, there is little alternative to seeking help from within the community. The more economically secure within the slum community may be willing to extend support in return for

loyalty or even political support. But there is also evidence of simple altruism as well. This kind of co-operative behaviour has been observed in both rural and urban areas, with varying norms of reciprocity to be seen, and with motives ranging from pure altruism to conscious building up of social capital (Beall 2002: 79).

Women face greater problems from the limited infrastructure of the slums, the lack of cleanliness, limited availability of water and toilets. Against this background, efforts at change, or rebellion, are muted – but not absent. However these narratives confirm that the forms of rebellion women choose are such as to allow them more space but not such as to confront or threaten the structure. Thus, if the burden of work becomes too heavy it is shared with daughters, but not with husbands; women will take on paid work outside the home as and when needed, and will save in secret, but this does not lead to further changes, at least not in the space of a few years.

Earning strategies in these slum communities are a mix of individual and household strategies. As far as productive activities are concerned, the visible and acceptable form is for the man of the house to be the (sole) earner. However women, and even children in some cases, supplement these earnings generally with home based work or erratic participation as domestic/factory workers. The relative contribution of each cannot be assessed without further study. All workers are in the informal economy, subject to the usual vulnerabilities of poor informal workers. Reproductive work is the responsibility of women and girls.

Finally, this study throws some light on the issues relating to child poverty and inter-generational transmission of poverty. The act of migration is in itself an attempt to escape from the extreme poverty of rural areas. Migrating at a young age, men and women have found themselves barely able to cope with their own immediate needs. Strategic thinking or planning for the future of their children is less evident. Perhaps the one route to upward mobility, both economically and socially, that has made its mark on the Indian consciousness is that of education. However, while the households studied certainly invest in the education of children, and more so in the case of boys, our data does not clearly establish whether the level of education they attain and its quality would be able to alter the trajectory of their working lives to be very different from that of their parents. In the case of girls, it is clear that norms of socialization have continued to re-affirm the established and age old gender norms, that place a high value on docility, obedience, and nurture of the household. In our sample, children are disadvantaged nutritionally, and while they may achieve some schooling the quality of this schooling is unlikely to be high. There are limited resources of counseling, guidance and advice for the young available outside of the household. It has been suggested that, apart from other factors, 'social connectedness' can be important in reducing poverty transmission across generations: 'With strong social connections, people are able to get jobs, obtain resources in time of crisis, share childcare, ensure children's safety, borrow money and have an increased chance of voice or influence, and thus are able to prevent some of the most damaging effects of poverty and help the next generation escape from it' (Harper *et al* 2003: 541). This is discussed further in the next section.

Table 9 and 10 below briefly summarise the sources of disadvantage, as well as the positive influences, within a household, the community, market and state, as observed from the case studies.

Table IV.1: Sources of Disadvantage

Level	**Nature of Disadvantage**	**Person affected**
Individual	- illiteracy - poor health	All, specially women
Household	- child/ early marriage of women - large age gap between spouses - decisions of food and household expenditure taken by husband - women eating last - reproductive histories: having children early, no spacing, inadequate nutrition, lack of information - disapproval/ prohibition of women working outside the home	Adult Women
Household	- girls required to help mothers with child care, housework, any others	Girls, elder daughter if more than one
Market	- vulnerabilities of poor workers in informal employment: absence of regularity in earnings, no benefits, little access to institutional facilities, lack of information and organization	Adults, male and female; Working children
Community	- lack of water, toilets	All, specially women

Table IV.2: Factors Helping to Improve the Status of the Disadvantaged

Level	**Factor improving status of the disadvantaged**	**Person helped**
Household	- Having sons improves women's status - But having daughters eases work burdens - Earning an independent income from work outside the home	Adult women
Market	- Income earning opportunities	All
Community	- Trained midwife available - Informal credit – borrowing from neighbours	Women All
State	- schools - mobile dispensary, hospitals (although for minor ailments there is an expressed preference for private doctors) - Public distribution system (however, the implementation in practice is very poor)	Children All

V. Strategies for Action

The analysis of intra household disadvantage is expected to lead to the formulation of strategies of intervention that could help to empower the most disempowered. Harris-White has rightly counseled that 'facts do not speak for themselves and need values (and assumptions) for their interpretation' (Harris White 1996: 210). In recommending policy, it is also necessary not

just to look at the characteristics of the poor but rather on those factors that help in decreasing entry into, and increasing exit from, poverty (Baulch and McCulloch 2002). In this case, we want to be able to identify those influencing factors that reduce the tendency towards intra household inequalities while moving out of poverty.

From our study above, what emerges is a confirmation that even within chronically poor households, the same patterns of discrimination seem to exist as have been noted elsewhere and a rather stereotypical picture of the Indian household emerges from it. While our sample is small and certainly not representative of all of India, it does provide a sufficiently detailed picture of the situation in urban slums in Delhi, possibly in North India.

What we find here is that the Indian woman, married and subservient, bears a heavier burden of the poverty that affects all members of the household. This is largely due to the deep embeddedness in culture and tradition that has seen greater value in women's duty and sacrifice than in women's agency. Moving from the village to the city reduces many of the burdens that women face – lower burden of physical work, better food and nutrition. It takes away however some of the resources – other women to share in the tasks of household management and child care, traditional knowledge systems. But the status of women within the household, in relation to the spouse and the children, does not appear to change. Daughters are worse off than sons, in that they share the mother's burdens and there is little evidence that their life prospects will be very different from their mother's. Older daughters shoulder

this burden more than younger ones. Sons are highly valued, although poverty impacts on their lives, and on the lives of men, just as deeply. Since most households in this sample are nuclear, the sharing of burdens between adult women, or discrimination against the elderly, could not be examined.

Strategies for action to reduce poverty and intra household disadvantage need to understand and to some extent accept this situation. It is fairly clear that an improvement in the economic status of the household will not change the intra household relations or disadvantage, because it stems not from poverty but from culture and tradition. A simple targeting of resources to the disadvantaged may have unexpected consequences – it may lead to the withdrawal of other, household resources. There seems to be little choice other than to work through changing the environment within which norms and traditions are established and nurtured.

The sorts of actions that have been initiated through government programmes include the following:

- Schooling: It is believed that if all children could attend school regularly this would very much change the burdens that they currently face, especially girls. To a large extent, schooling facilities are available. What seems to be needed is further, and continuous strengthening of the interface between the school and the household: agencies that will help children through difficult times, economically or emotionally, put pressure on the schools to re-admit children after a

long absence, equally persuade and influence mother and father to accept the need for regularity in attendance, provide remedial facilities, and so on. These form the content of the work of several NGOs, and the real question is how they could be made to form a part of the fabric of people's consciousness, both in and outside the government (for a review of some of the best NGO efforts, see Ramachandran 2003). A further additional attempt to encourage schooling has been made by the mid day meal scheme. Further study is required to know what the impact has been – the reactions to it are varied.

Educating women and thus enabling them to stand on their own feet has also been seen as a way of preventing the dowry system from continuing. In fact studies show that dowry is on the increase despite increasing overall educational levels (Agnihotri 2003). Our sample suggests, in fact, that for poor families, the existence of the dowry system may have acted as a factor further pushing down the age at marriage, making education even less likely, for the present generation of adult women. Having uneducated/illiterate mothers may have in itself made it more difficult to sustain education of the girls in our sample, although the age of marriage will not be as low as that of the mother.

- Public distribution system: Despite the many problems with implementation, studies have suggested that the PDS has played an

important part in poverty alleviation in many places. It is less clear what role it could play in intra-household disadvantage.

- Health facilities: Again, this study confirms what other more detailed surveys have shown, i.e. that while private doctors are consulted for minor ailments the poor are more dependent on and make use of public hospitals for major illness, than the better off (Sundar *et al*, 2002). Being close to free government hospitals has undoubtedly been a benefit to many of the residents of slums. There is clearly a great need for better and more information regarding health and reproduction, targeted both to men and women. Making available more effective facilities for slum dwellers, and women and girls, could help to empower them in their daily lives.

The experience of a recent project piloted by the International Labour Organisation in Delhi and Bangalore, is also revealing[17]. The project seeks to help poor women living in selected slum clusters in these cities to acquire the skills and capacity to attain decent employment. Apart from skill training per se, a number of other supportive interventions are offered by the programme to overcome the numerous constraints faced by these women. One of the challenges facing the programme is to find ways of developing sustainable linkages with prospective employers. The very limited 'social connectedness' (discussed in previous section) of this group emerges as a key constraint (ISST 2004).

The underlying question in seeking ways of empowering the disadvantaged within the households of the chronic poor, is whether the approach should be one of 'more of the same' – focus on existing approaches and try to improve the implementation – or whether we need additional and different inputs.

In trying to tackle intra household disparities, we are essentially targeting norms that have the sanction of culture and tradition. For instance, in cultures where all members eat together, the poverty of the meal may be more equally shared than where there is an established sequence of eating meals. Similarly, the role of mother/daughter in supporting each other and maintaining a home for the men of the family is very deeply ingrained, although there may be other cultures where man and wife manage a home for themselves and their children.

Interventions that try to reach out to women and girls, who are more disadvantaged within the household, in the provision of facilities for health and education, are important, and need to be further encouraged and strengthened. But in addition, there is a strong case to be made for organizing people and encouraging collective action within communities, developing new channels for the dissemination of information and knowledge, and trying to empower the disempowered through the power of new thinking.

Our suggestion is that organizing and collective action by the community, in a manner that involves the young and women, would be an important step in trying to change the environment of the household. Intra household

disparities cannot be tackled directly. But developing strong collectivities outside the household may be a good way of enabling the flow of more information, the exposure to new role models, greater social connectedness, and also the replacement of passivity and acceptance by a desire to act on one's own behalf. This could include organizing women in their capacity as workers; it could include organizing men, women and youth in partnerships with local authorities for the improvement of community level infrastructure. There would be many possibilities for such interventions. Simply by making the invisible or the disadvantaged visible, by making them part of community effort, we might succeed in strengthening their relative positions and intra household status. As the case studies suggest, empowerment of slum dwellers will come only with a strengthened self confidence: with the ability to make constructive changes to their own lives: whether this be in relation to health, sanitation, or income generation.

VI. Directions for Further Research

This paper is a preliminary enquiry and as such, has opened up more questions than it could seek to answer. Some areas in which further research could help in deepening our understanding are suggested below

- Women's contribution to the household economy: Gender based disadvantage emerges strongly, and seems to re-confirm many stereotypes of Indian families (male breadwinner, wife much younger and subservient, illiterate and generally not working outside the

household). Further research however is needed to understand how far this is a matter of perception alone. That is, the actual contribution of women to the household economy in urban slums could be further investigated and approximately quantified to demonstrate the value of their contribution in reality. This would then enable the identification of ways in which this capacity could be further strengthened and supported.

- Reversal of gender bias: There is strong son preference, evident in the greater effort made for boys schooling. One of our case studies showed that sex selective abortion is perceived as an option. The differential treatment of girls and boys is of course, bound up with the perceived low status of women. However further research could help to throw some light on the kind of supportive arrangements that would change the relative status of girls and boys. For example, girls could perhaps continue schooling with better arrangements for child care, either child care centres, or informal community level arrangements for women to give each other help with child care, housework etc. In other words, under what conditions do the conventional patterns of intra household disadvantage of girls, get weakened?

- Community action: The implementation of Government programmes is known to be weak. Research into the nature of community in urban slums – the type and extent of inter – household interaction and dependence – would be invaluable in trying to develop more active

structures that could represent and mobilize communities to act for themselves.

- Empowerment through knowledge: Finally, this is perhaps the most nebulous, but a tool with extremely high potential. The areas in which much more information and knowledge needs to be made available include health and child care, nutrition, sanitation and waste management, rights.

Annex I: Methods Used to Assess Nutritional Status among Adults and Children

(i) ***Chronic Energy Deficiency (CED)*** grades in adults reflect their nutritional status, and is determined by Body Mass Index (BMI) which is based on height and body weight.

BMI =Weight (in kg.) divided by the square of Height (in metre)

Different nutritional grades according to level of BMI are shown below:

BMI	**Nutritional Grade**
<16.0	III Degree CED
16.0-17.0	II Degree CED
17.0-18.5	I Degree CED
18.5-20.0	Low Normal
20.0-25.0	Normal
25.0-30.0	Over weight/ I Degree Obesity
> or = 30.0	II Degree Obesity

(ii) ***Standard Deviation Classification*** is used for finding the level of nutrition amongst children. Growth status of preschool children can be assessed using height for age, reflecting the degree of 'stunting (<Median-2SD)', weight for age, indicating level of 'under weight (<Median-2SD)' and weight for height as an index of 'wasting (Median-2SD), by adopting standard deviation classification, using NCHS reference values, as given below.

NCHS Standard	**Nutritional Grade**
> or = Median	Normal
Median to (Median-1SD)	Normal
(Median-1SD) to (Median-2SD)	Normal
(Median-2SD) to (Median-3SD)	Moderate
<Median-3SD	Severe
<Median-2SD	Underweight (weight for age)
	Stunted (height for age)
	Wasted (weight for height)

Source: India Nutrition Profile (1998), Department of Women and Child Development, Ministry of Human Resource Development, Government of India.

Notes

1. *Jhuggi-jhonpri* Cluster: There are seven different categories of slums according to the government. *Jhuggi-Jhompri* Clusters (JJ Clusters) are the slums where rural migrants who belong to lower income groups have made makeshift homes with waste materials which can be procured at low cost on open spaces which are unusable or lying unused.

2. The Sulabh International Social Service Organisation is an NGO started in the year 1970. It has developed a scavenging-free two-pit pour flush toilet (Sulabh Shauchalaya); pioneered the maintenance and construction of 'pay and use' public toilets; and generation of bio-gas and bio-fertiliser produced from excreta-based plants. It has been instrumental in setting up several toilet blocks in rural and urban areas in India.

3. The *Gujjars* are originally shepherds, nomadic tribes of mountain regions. The most reliable census status on them is over sixty years old. *Gujjars* are largely concentrated in Delhi, Jammu and Kashmir, Punjab, Pakistan and in and along the Himalayas. The vast majority of *Gujjars* are Muslim and are semi-nomadic, herding sheep, goats and buffalo.

4. *Harijan* Bastis are one category of slums, populated mainly by lower castes. There are 113 *Harijan* Bastis in Delhi.

5. The *Pradhan* (Chief) is an elected spokes-person of the community who is not a part of the legal/legislative system (unlike the *Pradhans* of rural areas).

6. Delhi's electricity provider.

7. These are cards issued under the Antyodaya Anna Yojana, and offer specially subsidized food grains to the poorest of the poor. Identification of the poorest is done by representatives of the community.

8. A 'BPL (Below Poverty Line) Survey' has been conducted since the first issue of TPDS cards and those falling below the poverty line according to this survey, have 'BPL' stamped on their ration cards.

9. In an urban context, such ownership means very little, since it often consists of items donated or sold at nominal prices by households in which slum women work as domestic help.

10. As per the Delhi Economic Survey poverty line is set at Rs. 454.11 per capita income for urban areas (*Economic Survey of Delhi, 2001-2002:* 166-167*).* On the basis of 5.5 persons on average per household, this gives us a household poverty line of approximately Rs. 2500 per month.

11. Please see the note in Annex I on the methods used to estimate nutritional status.

12. Note: All names have been changed.

13. ISST set up a Community Centre in East Delhi in the year 2000, from where a range of activities of community outreach are conducted for slum dwellers in two neighbouring slums.

14. Red Card refers to the Antyodaya Anna Yojana, a scheme introduced to provide food security to the poorest of the poor, with foodgrains being made available at especially subsidized rates.

15. Red Card refers to the Antyodaya Anna Yojana, a scheme introduced to provide food security to the poorest of the poor, with foodgrains being made available at especially subsidized rates.

16. A plea that has been again re-iterated in the Second National Labour Commission Report, 2003.

17. Decent Employment for Women in India, ILO New Delhi.

References

Agarwal, Bina. 1994. *A Field of One's Own: Gender and Land Rights in South Asia*, Cambridge: Cambridge University Press.

Agnihotri, Indu. 2003. 'The Expanding Dimensions of Dowry', *Indian Journal of Gender Studies,* 10(2).

Banerjee, Nirmala. 1998. 'Household Dynamics and Women in a Changing Economy', in Maitreyi Krishnaraj, Ratna M. Sudarshan, Abusaleh Shariff (Eds.), *Gender, Population and Development,* New Delhi: Oxford University Press.

Baulch, Bob and Neil McCulloch. 2002. 'Being Poor and Becoming Poor: Poverty Status and Poverty Transitions in Rural Pakistan', *Journal of African and Asian Studies*, 37(2), July.

Beall, Jo. 2002. 'Living in the Present, Investing in the Future – Household Security among the Poor', in Carole Radoki with Tony Lloyd-Jones (Eds.) *Urban Livelihoods: A People Centred Approach to Reducing Poverty,* London: Earthscan Publications. pp. 71-87.

Bolt, Vincent J. and Kate Bird. 2003. 'The Intrahousehold Disadvantages Framework: A Framework for the Analysis of Intra-household

Difference and Inequality', Working Paper, Manchester: Chronic Poverty Research Centre, July.

Economic Survey of Delhi, 2001-2002, p.156.

Economic Survey of Delhi, 2001-2002, 'Poverty', Chapter 21, pp. 166-167.

Haddad, Lawrence. 1999. 'Women's Status: Levels, Determinants, Consequences for Malnutrition, Interventions, and Policy', *Asian Development Review*, 17(1&2).

Haddad, Lawrence; Christine Pena; Chizuru Nishida; Agnes Quisumbing, and Alison Slack. 1996. 'Food Security and Nutrition Implications of Intrahousehold Bias: A Review of the Literature', FCND Discussion Paper No 19, Washington: International Food Policy Research Institute, September.

Harper, Caroline, Rachel Marcus and Karen Moore. 2003. 'Enduring Poverty and the Conditions of Childhood: Lifecourse and Intergenerational Poverty Transmissions', *World Development,* 31(3), pp. 535-554.

Harris-White, Barbara, 1996, 'Gender Bias in Intrahousehold Nutrition in South India: Unpacking Households and the Policy Process', in L, Haddad; J Hoddinott and H. Alderman (Eds.), *Intrahousehold Resource Allocation: Policy Issues and research Methods*, Baltimore,

Md., USA: Johns Hopkins University Press for the International Food Policy Research Institute.

Hulme, David; Karen Moore and Andrew Shepherd. 2001. 'Chronic Poverty: Meanings and Analytical Frameworks', CPRC Working Paper 2, November.

ISST. 2002. 'Gender Budget Analysis in the States of Delhi and Himachal Pradesh', Unpublished Report Submitted to UNIFEM, New Delhi: Institute of Social Studies Trust.

ISST. 2004. Decent Employment for Women - Learnings and Recommendations from the Pilot Project. Unpublished Report Commissioned by the ILO, New Delhi, New Delhi: Institute of Social Studies Trust.

Mehta, Aasha Kapur and Amita Shah. 'Chronic Poverty in India: Overview Study', CPRC Working Paper 7.

Ramachandran, Vimala. 2003. *Getting Children Back to School: Case Studies in Primary Education,* New Delhi: Sage Publications.

Sen, Amartya. 1983. 'Economics and the Family', *Asian Development Review,* 1(2), pp 14-26.

Sundar, Ramamani; Ajay Mahal and Abhilasha Sharma, 2002. 'The Burden of Ill Health among the Urban Poor: The Case of Slums and Resettlement Colonies in Chennai and Delhi', Research Report, New Delhi: NCAER.

Wood, Geof. 2003. 'Staying Secure, Staying Poor: The "Faustian Bargain"', *World Development,* 31(3), pp 455-471.