Democracy and Health: Evidence from Indian States

PUSHKAR, MADHVI GUPTA

This study examines the validity of the democracy advantage thesis with reference to India’s states and shows that the impact of democracy on health, in terms of infant mortality rates, is mixed – good to moderate in a number of states but poor in most of the populous states. It explains why and how democracy is believed to make a difference to a country’s health and human development performance. Further the article highlights the significant variation in IMRs across states and the good to moderate performance among a number of states.

The so-called “democracy advantage” thesis postulates that democracies do better than dictatorships in improving health and other human development outcomes (Halperin et al 2005). Proceeding with the assumption that democracy has an impact on health, independently of economic and other factors, this article examines the validity of the democracy advantage thesis with reference to India’s states. The evidence suggests that democracy’s effects on health – in terms of infant mortality rates (IMRs) – is mixed, good to moderate in a number of states, but poor in most of the populous states.

The article is organised as follows: in Section 1, we explain why and how democracy is believed to make a difference to a country’s health and human development performance. We summarise the role of two causal mechanisms that are believed to enable the democracy-good health link: political competition and civil society activism. Section 2 discusses two main limitations of studies on the democracy advantage thesis with reference to India: their inability to explain interstate variations in health outcomes and their denial of the important role played by states in public goods provision. Section 3 looks at IMRs in Indian states to highlight the significant variation in IMRs across states and the good to moderate performance among a number of states but with the exceptions of some of the most populous states. In Section 4, we explain why democracy has mixed impacts on health. We argue that political competition and civil society activism require a further set of enabling conditions – such as the axis of political competition or how civil society actors use their political freedoms – which may not be assured to the extent where they have a favourable impact on human development. In Section 5, we conclude that India has achieved neither spectacular success nor failure in addressing health challenges.

1 Democracy Makes a Difference

Democracy’s good effects are said to be realised through both electoral and non-electoral mechanisms. Several factors including political freedoms, freedom of expression and association, political competition, democratic norms, legitimacy of democratic institutions, civil society and others serve democratic regimes well (Gerring et al 2005, 2006; Lake and Baum 2001; McGuire 2010; Zweifel and Navia 2000). In much of the academic literature, two of these are identified as crucial: (1) political competition; and (2) civil society activism.

1.1 Political Competition

Democratic regimes hold free and fair elections at regular intervals in which all competing political parties have a chance of winning. In order to gain power, political parties and leaders try to make credible promises to win the support of the largest possible number of voters. Once elected, their goal is to stay in power and they therefore implement those public policies which would allow them to be re-elected. The expectation is that the welfare performance of ruling parties persuades voters to reward or punish them.

In a competitive political system, political leaders come to represent the interests of the people because political institutions are designed to reward those who are responsive to people’s needs and punish those who are not. Democracies are more invested in welfare than dictatorships because political competition creates incentives for the supply of public goods. Many studies have highlighted the role of political competition in explaining divergent social spending and welfare outcomes across India’s states (see for example Ple Chhibber and Nooruddin 2004).

1.2 Civil Society Activism

The government’s responsiveness to public needs is not assured by the act of voting alone. Public action by civil society actors is believed to be necessary for better public goods provision. Governments are more
responsive when non-electoral participation is high. Democracies are said to do better than dictatorships because of “what they permit indirectly” (Zweifel and Navia 2000). In particular, democracies permit freedom of information, expression and association which allows civil society to flourish. A flourishing civil society – characterised by a vibrant associational life, non-governmental organisations (NGOs), free press and the like – disseminates information, engages in public action and creates the demand-side of welfare. Government officials are subjected to increased scrutiny over their performance. The existence of political rights over time also empowers oppressed social groups, whether women, lower castes and classes, workers, peasants and ethnic minorities. These groups can use their political rights to organise and make claims for welfare goods. Increased political participation compels elected leaders to be responsive and held accountable for their actions in ways other than elections.

It is also important to note, following Gerring et al (2005, 2006), that democracy’s benefits are more likely to be realised when a country remains democratic over the long term. The existence of democracy over an extended period leads to the accumulation of “democratic stock” so that the causal mechanisms that link democracy to better human development – political competition, freedom of expression and association, civil society, democratic norms and others – become more effective. As Gerring et al (2006) put it, “the effects of political institutions are likely to unfold over time – sometimes a great deal of time”. Elsewhere, they argue that

insofar as strong civil societies encourage better governance and greater attention to the needs of the less advantaged citizens in a society, we can expect these causal mechanisms to kick in only over several decades.

Briefly then, a supply-side of public goods is created in the context of competitive politics. Since political parties are interested in winning elections, they have an incentive to supply public goods based on the expectation that they will be rewarded for doing so and punished if they fail to. At the same time, democracy creates a demand-side for public goods. People have political rights and are free to express their preferences. When they face acute welfare deficits – as is common in low- and middle-income countries – whether in terms of access to health or education, they can make collective claims for those public goods that are in short supply as well as reward or punish political parties for their success or failure in addressing welfare deficits. Within this stylised framework, we can see why democracies are expected to improve human development.

2 Democracy Advantage Thesis

India’s democracy has flourished against all expectations (Ganguly et al 2007). At the same time, the country’s human development performance – it ranked 119 in 2010 – also defies expectations. India’s health record is quite dismal with IMRs at 50 per 1,000 live births in 2009 (GoI 2011: 1). A number of studies show that the long-standing democratic rule has positive effects on infant and child mortality (Lake and Baum 2001; Gerring et al 2006, Halperin et al 2005; Zweifel and Navia 2000). However, India appears to be an exception to the rule. In a widely-cited study, Zweifel and Navia (2000) reported that, with the notable exceptions of China and India, IMRs are lower in democracies than in dictatorships.

There are two main weaknesses of the democracy advantage thesis: (1) they cannot explain interstate variations in health outcomes; and (2) they deny the important role played by states in public goods provision:

(1) Almost all studies that support the democracy advantage thesis are based on large-n, cross-national comparisons, and therefore, cannot explain intra-country variations in health and other human development outcomes (Ross 2006). In India, states like Goa, Kerala and Manipur have achieved good health, but others, especially populous states like Uttar Pradesh (UP) are remaining as poor performers. Infant mortality in UP is more than five times higher than that in Kerala (GoI 2011: 1).

(2) Crossnational studies have other shortcomings. In federal systems, state governments are often fully responsible for the implementation of those public policies that have a direct bearing on health. In India, state governments are the main decision-makers in determining the allocation of public goods and in the delivery of social services. There are significant differences in the quantity and quality of health and other public goods provided by the states (Besley and Burgess 2002; Betancourt and Gleason 2000; Drèze and Sen 1996; Kathuria and Sankar 2005) because they differ in their policy choices. Interstate variations in health outcomes are substantially determined by state-level (rather than nation-level) factors and centre-state relations. Studies on the democracy advantage thesis have ignored the key role of states in health provision and assign credit or blame to national governments.

India’s poor health performance at the aggregate level and marked interstate variations in health outcomes call for a re-examination of the causal mechanisms believed to activate the democracy-good health link and for a greater focus on state-level characteristics and comparisons. Sub-national comparisons have a distinct set of advantages and have been utilised to examine variations in health indicators across and within Indian states (Betancourt and Gleason 2000; Gaudin and Yabbeck 2006; Measham et al 1999; Pande and Yabbeck 2003). However, prior studies have not addressed interstate variations across India with a specific focus on political factors within a democracy advantage framework.

3 Infant Mortality

To understand democracy’s effects on infant mortality in Indian states, we created three clusters of high, moderate and poor performers in two ways, first, we looked at current IMRs and second, we considered the pace of reduction in IMRs between 1981 and 2009.1

Table 1 (p 40) shows three clusters of high, moderate and poor performers based on (1) the IMRs achieved by Goa, Kerala and Manipur – identified as high performers – in 2009 which converge to around 15 per 1,000 live births; and (2) the performance of other states in comparison to the leaders. We categorised moderate performers as those states where the IMR is less than three times that of the leaders. Poor performers are states with IMRs of
more than 45 or three times higher than that of the best performing states. As Table 1 indicates, 18 states count as good or moderate performers and 11 states as poor performers. The difference between the best performing states and the poor performers is significant. IMRs in Assam, Madhya Pradesh (MP), Orissa and UP are more than five times higher than in Kerala. It is also interesting to note that the nation’s IMR of 50 is significantly higher than the mean of 41.6 for the 29 states. This is due to the fact that only four of the 10 most populous states – Maharashtra, West Bengal (WB), Karnataka and Tamil Nadu (TN) – have achieved a moderate health status while the remaining six – UP, Bihar, MP, Andhra Pradesh (AP), Rajasthan, Gujarat – with a combined population of 590 million are among the poor performers.

While Table 1 tells us what the net effect of democracy is across Indian states after six decades of independence, it does not tell us if the impacts of democracy have improved over time. The causal mechanisms that link democracy to good health – political competition and civil society activism – are said to have become more effective over time (Gerring et al 2006). Therefore, we examine the pace of reduction in IMRs between 1981 and 2009 since it is from the 1980s on that India’s democracy became consolidated, more competitive and characterised by more widespread civil society activism.

In Table 2, high, moderate and poor performers are identified on the basis of the pace at which they reduced their IMRs over a period of nearly three decades. We ranked states as high performers if they reduced their IMRs to at least one-third of their 1981 levels; moderate performers if they reduced their IMRs by as much as India did overall; and poor performers if IMRs fell by less than India’s overall decline. Manipur is an exceptional case since it had the lowest IMR among Indian states in 1981 and remains among the leaders today.

The health performance is quite mixed for the period 1981-2009. As many as 10 states reduced their IMRs to one-third of 1981 levels and another eight performed as well or better than India overall. However, seven states count as poor performers and a number of them are the same states with high IMRs in 2009. It is fair to surmise that the promise of democracy remains unfulfilled in populous states like AP, Bihar, MP and UP.

4 Democracy’s Mixed Effects
To explain democracy’s uneven effects on health outcomes across India’s states, this section revisits the two causal mechanisms – (1) political competition; and (2) civil society activism – that are considered to activate the democracy-good health link. We argue that a set of other enabling conditions, which may or may not be operational, are needed for political competition and civil society activism to lead to health improvements.

4.1 Political Competition
The “electoral connection” thesis bets on political competition to improve public goods provision based on the assumption that political parties are rewarded or punished for their ability to deliver welfare goods. However, all electoral systems are burdened by institutional, informational, cultural and other constraints. As a result, electoral mechanisms typically operate under suboptimal conditions and may not lead to expected outcomes. For a competitive political system to supply public goods, other conditions need to be applied. Two of these appear to be especially important: (a) the axis of political competition; and (b) the size of the minimum winning coalition.

(a) The Axis of Political Competition: The axis of political competition indicates what voters consider to be “things of value” (Bueno de Mesquita et al 2003). Political competition may be organised around class or, as is common in multi-ethnic societies in the developing world, around ethnicity. In India, “with isolated exceptions, caste rather than class has
been the primary mode of subaltern experience" (Varshney 2000b: 7). Under such conditions, political parties are rewarded or punished on the basis of their ability to provide ethnic goods rather than public goods. Ethnic goods effectively substitute public goods when competing ethnic groups appear more interested in “writing all the wrongs of yesterday (rather than) focus on what would give them a better tomorrow” (Banerjee 2004: 209). Voters choose between ethnic parties and multi-ethnic parties that make credible claims to deliver ethnic goods and seem capable of winning (Chandra 2004; Keefer and Khemani 2005). India’s political parties, “especially state-level parties, contest elections to provide supporters access to the state” in terms of state resources (Chhibber 1995: 92). The beneficiaries are limited to the selectate of supporters to the exclusion of others by using state resources “to provide (targetable) jobs rather than (less targetable) high quality services” such as public goods (Keefer and Khemani 2005: 3).

What matters for public goods provision then is the prominence of class as the axis of political competition. The implication also is that left wing parties must be credible political competitors. Kohli’s (1983-1984) study of poverty reduction in Indian states was one of the first to emphasise the key role of Left parties at the sub-national level. He argued that “barring the ascension of a well-organised, left-of-centre regime in India, the prospects of alleviating rural poverty by deliberate political intervention will remain slight” (p 670).

(b) The Size of the Minimum Winning Coalition: Another influential view holds that party ideologies or Left parties are either inconsequential or not necessary for the expansion of public goods provision (McGuire 2010). What matters is the number of effective political parties which determines whether a political party needs more or less than a plurality of votes to win (Chhibber and Nooruddin 2004). The number of effective competing parties affects the size of the minimum winning coalition needed to secure office. In multiparty systems where there are three competing parties, a political party can win elections based on the support of a selectorate (Bueno de Mesquita et al 2003). In contrast, in a two-party system, the winner needs 50 + percentage of the vote. Since two-party systems require the winner to secure a majority of the vote, public goods provision is likely to be superior to multiparty systems where the winner needs a smaller proportion of the vote (Persson and Tabellini 1999). In sum, majoritarian systems create more incentives for leaders to provide public goods to a larger number of people than the systems with smaller winning coalitions (Bueno de Mesquita et al 2003).

In multi-ethnic countries with two competing parties, each party needs to build alliances across different ethnic groups and provide benefits to a larger and varied section of the population. When multiple parties are competitive, political parties can win by mobilising only those segments of the population whose support is needed to secure office. In multiparty systems, a significantly smaller section of the population needs to be rewarded. In their study of government performance in Indian states, Chhibber and Nooruddin (2004) argue that the variation in state government expenditures “is primarily a consequence of the differences in the party systems across the states” (p 153). They found that in states with multiparty systems, there was a greater focus on providing jobs in exchange for political support, and these exchanges were based on caste appeals.

4.2 Civil Society Activism

There are several caveats that apply for progressive civil society activism to drive the demand-side of welfare. At least two deserve close attention: (1) How citizens use their political freedoms; and (2) The ability of citizens to make claims for public goods.

(i) How Citizens Use Their Political Freedoms: Chatterjee (2004) reminds us that “desired political institutions cannot be made to work effectively merely by legislating them into existence” but require that they “be nested in a network of norms in civil society” (p 33). While democracies provide political and other freedoms, these by themselves do nothing more than facilitate a public action. Much depends on how and to what ends political freedoms are used (Sen 1999). It is well established that civil society associations act in different ways. While “a vibrant civil society can promote trust and cooperation, it can also promote particularism” (Heller 2000: 498). The civil society actors may not even make effective claims for public goods such as health and education (Mehta 2003). The relationship between political freedoms and progressive public action cannot be assumed but must be empirically determined.

While the civil society actors in India demand “equality” and “social justice” with great frequency and intensity, they do not commonly demand better social services. This is because equality and social justice are largely framed with reference to caste and religion. The “mediating institutions” of civil society are penetrated and contaminated by caste and religious groups (Béteille 2000). It has been suggested that “the articulation of the problems of the poor requires a larger ideological frame which is not available” so that “the poor do not become a category of popular mobilisation” and are commonly mobilised on religious and ethnic lines (SDSA Team 2008: 128). Accordingly, the most vibrant popular mobilisations are organised around identity issues. The proliferation of identity-based movements and parties has led to demands for greater equality, but each having “a different conception of what it is that needs to be equalised” (Weiner 2001: 208).

Religious mobilisations have undermined India’s democratic credentials and most commentators would agree that they represent “counter-civil society movements” (Chandhoke 1995). On the other hand, caste-based movements – which are looked upon in more favourable light (Jaffrelot 2003; Varshney 2000b) – are simultaneously progressive (in that they seek to improve the social and material conditions of lower castes) and particularistic (because they are narrow and seek benefits for their own to the exclusion of others). While material issues are not entirely missing in the narrative of caste politics, the emphasis of caste mobilisations has been on respect and dignity for the lower castes, the lack of which is seen to constitute the “profoundest
burden” (Mehta 2003). Material improvements for the lower castes – other than for a small number of those who have benefited from their close ties to party bosses – in the heavily populated northern states have so far been rather limited (Planning Commission 2002).

(2) The Ability of Citizens to Make Claims for Public Goods: In a somewhat-forgotten study on rural anti-poverty programmes in Maharashtra, West Bengal and the United States in the New Deal era, Echeverri-Gent (1993) drew attention to the “paradox of participation” where citizens have formal political equality but there are marked differences in the social power of the many and the few. This paradox points to the fact that the existence of political freedoms may not (and usually do not) compensate for class- or gender-based or other disadvantages. While the poor in India and elsewhere value democracy and are active participants in terms of voting and other political activity (Yadav 2000), non-electoral forms of participation among lower-income groups – in social organisations and protests and demonstrations – are well below that of middle- and upper-income groups (sdsap Team 2008: 264, 268). Political participation is commonly linked to the spread of education (Krishna 2002) which, despite improvements over the decades, remains elusive for a majority of India’s poor, lower castes and women (Planning Commission 2002). Furthermore, political participation in the form of protest activity is often tied to political parties (sdsap Team 2008: 98). This suggests that political participation is largely led by opposition parties for realising party objectives (of gaining power) rather than public ends. The real influence of subaltern groups in matters that affect their lives is quite limited.

The circumscribed nature of political participation by disadvantaged groups gives credence to the proposition that civil society has meaning only for a small privileged section and the larger public is marginalised or even excluded from the domain of “civil society” (Chatterjee 2004; Jayal 2007). The persistence of social distance based on class, caste, language, religion, gender and other differences (Mehta 2003) has excluded large sections of Indians from any meaningful access to democratic rights other than the act of voting. Political participation in the non-electoral domain favours those with greater resources, not the larger public, which has few resources and is lacking in organisation. Hasan (2009), therefore, laments that in a highly unequal society like India, “the ability of the poor to give voice to their basic needs is constrained or enabled by the structure of social relations and distribution of resources and power” (p 139).

The potential of civil society is contingent on the creation of solidarities between antagonistic social groups divided by fundamental cleavages. Given the persistence of acute social distance between members of different ethnic groups and classes, civil society itself is in need of democratisation (Chandhoke 1995). Progressive public action requires bridging social relations across ethnic and other divides. The most successful cases of popular mobilisation are those that overcome ethnic, class or gender differences through the intervention of individuals, social groups and organisations which rise above their narrow interests and begin to consider the interests of the public as congruent to their own. Pro-democracy movements in Latin American countries or across Asia involved the creation of broad-based social movements that bridged the divisions between workers and the middle-class, members of different ethnic groups and men and women (Gupta 2006).

Other than the many obstacles to collective action for public goods rooted in the structure and ideologies of the civil society (Mehta 2003), public action is contingent on:

(a) The Nature and Extent of Welfare Deficits and How These Deficits Are Perceived: Not all public goods are in equally short supply in India though deficits in health and education services are most pronounced (Banerjee et al 2008). Furthermore, even when health deficits are obvious and people suffer from poor health, they appear to be satisfied with whatever healthcare they get (Banerjee et al 2004), perhaps because they have few expectations or do not know any better.

(b) The Nature of the Public Good: People’s willingness to make claims is also influenced by the specific attributes of the public goods in question (Gupta and Pushkar 2010). One can expect public action for “survival goods” (such as water) or those public goods that are widely considered to bring direct benefits (such as education). However, if these goods can be acquired privately at relatively low costs, the incentives for public action diminish. Much also depends on the expectations that individuals develop over time from the state and fellow citizens. Studies show that political parties and their leaders lack credibility (sdsap Team 2008). While citizens believe that health and education are the state’s responsibility, they do not expect political parties to provide the same (Chhibber et al 2004). According to Mehta (2009), a paradox of Indian politics is that while it is “representative in some very significant sense”, it is “not very responsive” (p 50). Therefore, while citizens may agree that public goods provision is poor and fret about it, their past experience with public action (usually one of disappointment) exercises a substantial influence on their actions in the present.

(c) Supply of One Specific Public Good: Education: Finally, the claims-making for public goods, is contingent on the supply of a specific public good: education (Krishna 2002). To the extent that demand from below holds the key to better public goods provision, that demand is substantially determined by education which still is in short supply.

5 Conclusions

Cross-national studies find that, with the possible exception of China and India, a long period of democratic rule has beneficial

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consequences for the health of people. If China and India are exceptions to the democracy advantage thesis, the lives of more than 2.5 billion people are unaffected by regime type. However, cross-national studies suffer from a “whole nation bias” (Rokkan 1970) and do not consider the immense differences that may exist within nations. In India, some states have achieved 1Ms respectively in various categories. In others, 1Ms are higher than in the poorest countries in the world. The preliminary evidence reported in this article suggests that democracy’s effects on health are mixed. Recognising that democracy's effects are uneven supports more modest claims that democracies avoid extreme outcomes, either “colossal failures” or “spectacular successes” (Varshney 2000a).

NOTES
1 We only included states which existed in 1981 and 2000.
2 It must be admitted that this categorisation or any other is arbitrary and open to criticism. However, the goal of this exercise is only to make a rough comparison for the Indian states without consideration of their initial conditions, level of economic development, economic growth, regime type, or any other.
3 Deolalikar et al (2008: 980) estimated that UP contributes one-quarter of all infant deaths in the country and, along with Madhya Pradesh, Bihar and Rajasthan, accounts for slightly more than half of the total. Stated differently, if UP was not part of the country, India’s infant mortality rate would be reduced by one-fourth. Without UP, MP, Bihar and Rajasthan, India’s infant mortality would be half of what it is today.
4 By “ethnic goods” we refer to those goods that are sought by members of an ethnic group to satisfy specific needs. These may include public goods when they benefit members of that ethnic group and not others. Spatial concentration of particular ethnic groups may permit targeting of public goods in a selective manner. More typically, ethnic goods refer to specific kinds of “private goods” which are targeted at narrow bands of supporters crucial for the incumbent to retain office, in contrast to public goods which improve everyone’s welfare (Bueno de Mesquita et al 2003).

REFERENCES
Gol (2011): SRS Bulletin (Sample Registration System Bulletin), Registrar General, India 1 January.