



DATA FOR DEVELOPMENT



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A monthly update of socio-economic developments in India by the
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IHDS DATA COMMUNITY RESULTS

Migration and Health: Exploring the Effect of Destinations on the Health Outcomes among Rural-Urban Migrants in India

By Tanushree Bhan and Amit Patel



Conservative estimates of the Census of India pegged the number of rural-urban migrants at 78 million, out of the total internal migrant population of 456 million, in 2011. Despite their sizable number, larger than several European nations, very little is known about whether the type of urban destination matters for the physical health of these largely poor populations. Using data from two waves of the India Human Development Survey (2004–05 and 2011–12), the authors conduct multi-level analyses to explore the impact of metropolitan versus non-metropolitan destinations on the odds of short-term and long-term illnesses among rural-urban migrants across residential durations. The findings show that rural-urban migrants to metropolitan cities experience a higher likelihood of suffering from overall and pollution-related major illnesses relative to their counterparts in the non-metropolitan urban areas. On the other hand, migrants to metropolitan cities experience lower odds of suffering from minor illnesses than non-metropolitan rural-urban migrants. However, these

significant effects of urban destination disappear when health outcomes between shorter versus longer-duration migrants are compared. The authors subject these multi-level analytic findings to robustness checks that corroborate their foregoing mixed results. The findings generate initial evidence on health disparities among rural-urban migrants by destination and duration. These findings underscore the importance of health needs among migrant populations, that require attention particularly in the short-term of their relocation to cities.

Table 1. Descriptive statistics.

Variables	Model 1: Shorter-term migrant ($t \leq 10$)		Model 2: Longer-term migrant ($11 \leq t \leq 20$)	
	Non-metro	Metro	Non-metro	Metro
Outcome Variables				
All-Minor Morbidities (%)	15.0	10.2	13.0	12.0
All-Major Morbidities (%)	5.7	5.0	8.6	6.3
Pollution-related Minor Morbidities (%)	10.0	7.6	8.6	8.0
Pollution-related Major Morbidities (%)	2.4	2.3	4.1	3.1
Individual-level Characteristics				
Median Household Income (INR)	92,605	94,982	98,500	116,089
Age (years)	26	24.3	29.0	27.1
Male (%)	52.2	52.0	53.2	54.0
Caste/Religion (%)				
General	31.3	30.5	28.5	37.2
OBC	34.1	30.0	33.0	28.0
Dalits	15.9	21.1	18.0	20.0
Adivasis	4.1	3.5	4.7	0.6
Muslims	12.1	14.0	12.3	12.4
Christian, Sikhs, Jains	2.5	1.3	4.0	2.1
Employment Type (Casual, %)	75.4	74.4	74.0	73.3
Housing Type (Formal, %)	83.0	70.3	86.6	72.6
Years in current location (average)	6.4	6.5	16.5	16.8
Institutional Discrimination (Doctor didn't behave nicely, %)	0.2	1.3	0.6	1.5
Social Capital (Organizational membership, %)	14.3	4.6	12.2	10.2
Risky Behaviors (Smoking and Drinking, %)	13.1	10.3	14.0	12.0
District-level Characteristics				
Excessively polluted urban districts (PM _{2.5} > 40 $\mu\text{g}/\text{m}^3$), %	55.0	54.7	56.1	66.0
Clinic Density (average)	0.6	0.3	0.6	0.4
<i>N</i>	3375	1054	4770	1612

Note: All the above demographic differences are significant, except for the following: all-encompassing minor morbidities and pollution-related minor morbidities for Model 2; all-encompassing major morbidities and pollution-related major morbidities for Model 1; sex and casual employment for both models; years in current location for Model 1, and location in excessively polluted districts for Model 1.

[Full Article Here](#)

Tanushree Bhan is a Postdoctoral Fellow in the Hubert Department of Global Health at the Rollins School of Public Health at Emory University. She applies mixed methods to explore her research interests in the areas of poverty, policy, and politics, primarily in India. Specifically, she is interested in exploring the framing and design processes of welfare policies and public services, and the feedback effects of these policy designs on political attitudes and participation among the poor. She has over five years of policy-focused research experience in development issues related to public service delivery, access to welfare programmes, and gender disparities in labour force participation at leading think-tanks in New Delhi, and at international organisations like the World Bank. She holds a PhD in Public Policy from the University of Massachusetts, Boston, and Master's and Bachelor's (Honours) degrees in Economics from the University of Mumbai, and University of Delhi, respectively.

Amit Patel is Associate Professor of Public Policy and Public Affairs and Program Director for PhD in Public Policy at the McCormack Graduate School for Policy and Global Studies, University of Massachusetts, Boston. His research, funded by the National Science Foundation, Bill and Melinda Gates Foundation, Urban Institute, and the World Bank, focuses on bottom-up approaches for improving socio-economic outcomes for the urban poor. He has received national-level awards for his research from professional organisations in public policy and administration, notably from the Association of Public Policy Analysis and Management and the Network of Schools of Public Policy, Affairs, and Administration. He teaches courses on urban politics and policies, public policy theories, research methods, and advanced quantitative methods. He received his PhD in Public Policy from George Mason

University and has prior training in management, urban and regional planning, and architecture.

Immunize Thy Children— Paving the Way for Their Success: Micro-level Evidence from India

By Poulami Chatterjee and Subhasish Dey



Childhood interventions like nutrition and immunisations have immediate as well as far-reaching impacts, including potential labour market outcomes. However, there are insufficient studies on the association between immunisation and children's future cognitive abilities, which might directly impact labour market outcomes. Cross-sectional data cannot do justice to this programme evaluation as the children eligible for immunisation are too young to be tested for any cognitive abilities. Using individual-level panel data from the India Human Development Survey (IHDS), Round I (2004–2005, N = 3,208, age = 12–23 months with 50.6 per cent male) and Round II (2011–2012, N =

2,534, age = 96–107 months with 50.8 per cent male), the authors try to assess the linkage between childhood care and a child's cognitive development. They also address the potential endogenous relation between the parents' decision for full immunisation and the kids' cognitive achievement by using a quasi-experimental regression technique: propensity score matching. The study finds a significant effect of childhood immunisation on the cognitive development of grown-up children through better reading, writing, and mathematics skills.

Appendix 4. Two-way Plots: Immunization–Income Quintile and Immunization–Mother's Education.

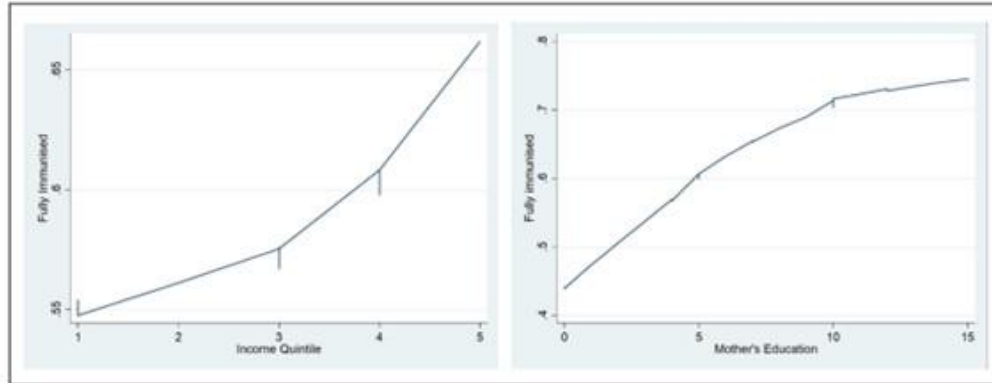


Table 6. Effect of Immunization on Child's Cognitive Skills Using PSM: ATT.

Variable	Sample	Treated	Controls	Difference	SE	T-stat
Reading	ATT	2.54	2.24	0.30***	0.09	3.17
Math	ATT	1.54	1.37	0.17***	0.06	2.76
Writing	ATT	1.19	1.09	0.10**	0.05	1.96

Source: Authors' calculation using IHDS-I (2004–2005) and IHDS-2 (2011–2012) unit-level data.

Note: (1) ATT = average treatment effect on treated.

[Full Article Here](#)

Poulami Chatterjee is an Assistant Professor in the Department of Economics at St Xavier's University, Kolkata. She is an applied economist with research interests in the fields of health economics, gender studies, and impact evaluation. Prior to joining academia, she has worked in the analytics industry. She holds Masters and PhD degrees from Jawaharlal Nehru University, New Delhi.

Subhasish Dey is an Associate Professor in the Department of Economics at University of Warwick. Prior to this, he was an Associate Lecturer in the Economics Department of the University of York. His primary research interests are in the fields of development economics and applied microeconomics. His work largely focuses on social policies and their impact on poverty; and on the political economy of these social policies in the context of India. He obtained his PhD in Economics from the University of Manchester.

IHDS DATA IN THE NEWS



OP-ED FROM N. IQBAL: "Inequality is Bad for Everyone's Health but Affects the Poor the Most: Study", *India Spend*, August 9, 2023. [Link](#).



OP-ED FROM C. BERG, B. BLANKESPOOR, M.S. EMRAN, AND F. SHILPI. "Does Development of Transport Infrastructure Increase Rural Land Inequality?" *Ideas for India*, August 8, 2023. [Link](#).

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Recent publications from IHDS users:

Narayanan, S., K. Naraparaju, and N. Gerber. 2023. “An Assessment of India's Multiple National Social Protection Schemes in Improving Nutrition and Health”, *Food Security*, 1-15. [Link](#).

Khari, P. and R. Jain. 2023. “Dynamics of Consumption Expenditure and Poverty Statistics in a Rural-Urban Context: Insights from IHDS Panel Data Analysis”, *VEETHIKA-An International Interdisciplinary Research Journal*, Vol. 9, Issue 2, April-June, [Link](#).

Ghirnikar, T. 2023. “Understanding the Impacts of Environmental, Economic, and Policy Factors on Developing Economies”, Dissertation submitted to the Department of Economics, University of Oklahoma. [Link](#).

Das, P.K., B. Ganguli, S. Marjit, and S.S. Roy. 2023. “Finance, Growth and Inequality: Does Source of Finance Matter?”, *Research Square*. [Link](#).

Anil, D.S., D. Pakrashi, and S. Saha. 2023. “The Gendered Effect of Co-residence on Health. Reconciling Labour and Autonomy Responses”, Preprint. [Link](#).

Basu, R., P. Roy, and S. Roy. 2023. “Inheritance of Educational Attainment:

Instance of Caste Certificate in India”, In T. Banerjee Chatterjee, Arpita Ghose, and Poulomi Roy (eds.), *Risks and Resilience of Emerging Economies: Essays in Honour of Professor Ajitava Raychaudhuri*, pp. 313-329, Springer. [Link](#).

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ABOUT IHDS

The India Human Development Survey (IHDS) is a nationally representative, multi-topic survey of 41,554 households in 1503 villages and 971 urban neighborhoods across India. The first round of interviews was completed in 2004-05; data are publicly available through ICPSR. A second round of IHDS re-interviewed most of these households in 2011-12 (N=42,152) and data for the same can be found again through ICPSR. IHDS 3 is currently in the field.

IHDS 3 has been jointly organized by researchers from the University of Maryland, the National Council of Applied Economic Research (NCAER), Indiana University and the University of Michigan. Funding for the second round of this survey is provided by the National Institutes of Health, grants RO1HD041455 and RO1HD061048. Additional funding is provided by The Ford Foundation, IDRC and DFID.

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