

Chapter 6

Outcomes and Discussions

6.1. Introduction

The present chapter aims to accomplish the last objective of the study.

The third objective is to assess the outcomes of capacity created by GRCs by comparing the outcomes at household level, individual level and the child's level of GRC group with Non-GRC group, given the nature of chronic poverty as multi dimensional deprivation.

It would also compare the outcomes of children (under five) of GRC respondents with Non- GRC respondents with regard to immunization, breastfeeding, education of children, measurement of nutritional status (indicators of child poverty), considering chronic poverty as IGT (Intergenerational Transmission of poverty), which means transferring of conditions from older generation to the younger generation.

It would identify 'Anti-Drivers, Anti-Maintainers and Active-Interrupters' observed in the course of quantitative and qualitative analysis of three objectives.

6.2. Research Objective 3:

RO : To assess the outcomes of capacity created by GRC

Alsop et al (2006) referred to empowerment as the capacity in two terms - agency and environment to undertake desired action to achieve results by making effective choices (Alsop, Bertelsen, & Holland, 2006). Narayan Parker (2005) maintains that increase in assets and capacity as a crucial component of empowerment which would bring change in the lives of women via empowerment (Narayan & Bank, 2005).

6.2.1. By comparing the outcomes at the household level of GRC respondents with Non-GRC respondents with regard to factors, which are as follows:

6.2.1.1. Income

Households are the locus where most decisions regarding consumption and human capital investments are made. Since the relative autonomy of men viz a viz women has a significant role in the bargaining process which can be influenced by the factors that include legal rights, skills, knowledge, and the capacity to acquire information about education and bargaining skills (Quisumbing, Investments, Bequests, and Public Policy ,Intergenerational Transfers and the Escape from Poverty, 2009), (Andal, 2002). GRCs as enabler facilitate respondents in acquiring vocational skill and employment.

By pooling resources households generate economies of size and ideally protect the members against unemployment and health shocks [Becker's views cited in (Fafchamps, FCND discussion paper No.

55)] .Therefore, the families headed by single females (widowed, deserted and separated) remain deprived of the benefits enjoyed by the couples whereas contribution of income by women as a consequence of enhanced women's labor participation provides benefits of diversification of source of income.

Table 6.1. A): Comparison of Income of Respondents of GRC and Non-GRC Groups

Category	N	Mean	Standard deviation
GRC Group	165	8497.4667	3380.865
Non-GRC Group	55	7167.7818	2053.830

Pooled variance estimate

F .Value	t.value	Degree of freedom
2.71	2.75	218

The t. values in the table 6.1 indicate that there is a significant difference between the two groups (GRC and Non-GRC) so far as total monthly income of the household is concerned. The mean value of total income of the respondents belonging to GRC category is 8497.47, as against the mean income of Non-GRC respondents which is 7167.78. This proves that there is impact of training programs in the GRC areas as it is evident from the higher income of the beneficiaries in comparison to Non-GRC areas.

Per capita income of the household is a more relevant and appropriate indicator than just absolute income of the household, which is estimated by dividing the monetary income of the household by a scale (aggregate of using 1.5 for a couple, 0.5 for an adult, and 0.3 for a minor). In the following table 6.2, a comparison can be made for GRC viz a viz Non-GRC.

Table.6.2.B) : Comparison of Per Capita Income of the Household

Range of Income(Rs.)	Number of GRC Household	Percent of GRC Household	Number of Non-GRC Household	Percentage of Non-GRC Household
0-2000	15	9.09	2	3.63
2001-3000	45	27.27	31	56.36
3001-4000	55	32.12	20	36.36
4001-5000	30	18.18	2	3.36
Above 5000	20	13.33	0	0
Total	165	100	55	100

Approximately 27 and 32 percent respondents from GRC group fall in the range of Rs. 2001-3000 and Rs. 3001-4000 per capita income respectively in comparison to 56 and 36 percent of the Non-GRC households in the same range. Whereas a much higher percentage of households from the GRC groups i.e. approximately 18 percent fall in the range of Rs. 4001-5000 in comparison to Non-GRC groups which is barely 3 percent. Another significant and positive difference one notices is that no member of the Non-GRC group falls in the range of above Rs. 5000 per capita income in comparison to about 13 percent of the GRC group. This may be due to skill development, information on entitlements under various welfare schemes of the government. These findings support that contribution of income of women provides benefits of diversification of source of income and small size of household. Increase in household income may enable poor families to escape poverty by improving household expenditure. Nevertheless, the measures of poverty on the basis of expenditure alone are only ‘proxies’ for the living conditions of the poor. Therefore, the present analysis would focus on a variety of factors, which would be termed as either ‘anti drivers, or anti maintainers or active interrupters to chronic poverty (Bhide & Mehta, 2006).

6.2.1.2. Developmental Consumption

“Alleviating hunger is a prerequisite for sustainable poverty reduction since under-nourishment seriously affects labor productivity and earning capacity”, according to Jalan and Ravallion (1999), who advocated the policies that protect consumers from hunger, as a long term solution for people to bounce back from transient poverty (Jalan & Ravallion, 1999). Even transitory shocks may result in

long term capacity deprivation which may stretch poverty over a long duration (Barret, 2007) . Therefore, any policy measure which protects consumption variation, in fact reduces vulnerability of persistent poverty, as highlighted in the literature on chronic poverty. National Family and Health Survey-2 uses the data on ‘CED’ to show that with the improvement in desirable standard of living the problem of ‘CED’ actually declines. Improvement in the nutritional status of mother and child is considered essential for the eradication of chronic poverty (Radhakrishna, Rao, Ravi, & Reddy, 2006).

By encouraging women's labor participation through skill development activities, promotion of formation of SHGs and awareness programs, GRC has been successful in raising the standard of living of the beneficiaries as it is evident from table 6.3 mentioned below.

Table 6.3 : Comparison of Monthly Household Expenditures of Respondents (GRC and Non-GRC Groups)

Categories of Household Expenditure (In Rs.)	GRC N = 165	Non-GRC N = 55	Total N = 220
3,000 < 5,000	38 (23.0)%	10 (18.2)%	48 (21.8)%
5,000 < 6,500	81 (49.1)%	38 (69.1)%	119 (54.1)%
6,501 and Above	46 (27.9)%	7 (12.7)%	53 (24.1)%

Chi- square 7.43, significant at .0244 levels (. 05 level)

Table 6.3 which shows the monthly household expenditure of respondents from the sample of both the groups (1) GRC beneficiaries and (2) Non-GRC groups, highlights two important points. The Chi- square is significant at .05 level of significance .

The second row in table 6.3 clearly indicates the effectiveness of GRCs, as 23 percent of the households in GRC group in the income brackets of Rs.3000<5000, is higher than the Non-GRC group which is 18.2 percent. About 49.1 percent of the households from a GRC group fall in the category of Rs 5000<6500 which is much less than the 69.1 percent of the households in the Non-GRC Group shows low impact of GRC.

Approximately 27.9 percent of the beneficiaries from GRC group fall in the category of monthly expenditure of Rs. 6501 and above, whereas it is only at 12.7 percent of Non-GRC group reflecting

increases in the standard of living of the GRC group showing the benefits of GRC in terms of capacity building. The above data clearly shows the economic impact of GRC on its beneficiaries through developmental consumption.

Yet another aspect needs to be understood along with an increase in developmental consumption, is ‘the need to borrow’, or to understand how frequently by a household needs to borrow. This can be seen in table 6.4. below.

6.2.1.3. Borrowings / Availability of Credit

‘Borrowings’ refer to a situation wherein the expenditure of households is not met due to inadequate level of income. The higher level of expenditure which is determined by the family size, disability or disease of one or more members of the family or number of aging individuals in a family, creates compulsion to borrow.

Table 6.4. : Comparison of ‘Need to Borrow’ By GRC and Non-GRC Households

How often Need to Borrow by Households?	GRC N = 165	Non-GRC N = 55	Total N = 220
Regularly	22 (13.3)%	15 (27.3)%	37 (16.8)%
Never	50 (30.3)%	7 (12.7)%	57 (25.9)%
Sometimes	93 (56.4)%	33 (60.0)%	126 (57.3)%

Chi- square D.F. Significance Min E.F. Cells with E.F. < 5
9.779132 .0075 9.250

In table 6.4 , there is a significant difference between both the groups as the Chi- square is significant at .01 level, regarding ‘need to borrow’ .

Due to adequate income for 86.7 percent households under the observation group of GRC, only 13.3 percent households need to borrow regularly against 27 percent from Non-GRC group. From qualitative discussions, it emerged that those who require credit regularly, have inadequate income to fulfill even consumption requirements with, therefore they have to resort to taking credit even if it is available at a high rate of interest.

A large number of households i.e. 30.3 percent from GRC never borrow as against only 12.7 percent from Non-GRC. Occasional borrowings are resorted to by both the groups in a situation of emergency such as disease, unemployment and festivals. The literature shows that uncertainty of regular income may be more detrimental to a child's development as it affects the willingness of the parents.

The one who 'does not borrow' doesn't indicate anything because a person who needs to borrow may seek credit facility to provide him 'ability to meet expenses of the household (big or small)'. But the problem lies in the gap where a 'demand for credit' is not matched by 'supply of credit facilities'. This mismatch may occur due to lack of social network, lack of assets which can be mortgaged or sold at the time of economic crises. On inquiring into the availability of credit facility, respondents from GRC group were more confident due to their association with SHGs than Non-GRC groups.

Lack of credit facilities with low income and high interests may result in adoption of coping strategies (evident from the literature on chronic poverty) which results in households becoming "chronically poor" as they tend to forego future gains in order to meet present needs.

The following coping strategies are often adopted:

- i. Reduction in food and nutrition
- ii. Children drop out of school
- iii. Children start earning at an early age
- iv. Daughters are married off at a young age
- v. Poverty induced participation of women in the labor market results in loss of welfare of breastfeeding of babies because of long absence

On the contrary availability of credit (formal or informal) facilitates in finding an escape route from "Chronic Poverty". But sometimes an informal source of credit such as money lender may end up soaking all the well-being of the family by putting them in the trap of poverty. In the informal discussions the benefits of SHGs were observed as the respondents in SHGs were able to access credit facilities in the times of financial crises thereby saving them from the clutches of money lenders, and from using coping strategies like consumption deprivation.

6.2.2. By comparing the outcomes at the individual level of GRC respondents with Non-GRC respondents with regard to:

Women in poor households face low nutrition level are susceptible to higher incidence of diseases such as CED, who in turn would be susceptible to pass on her deficiency to her baby in womb (Radhakrishna, Rao, Ravi, & Reddy, 2006). It is important to measure the Body Mass Index of women from the perspective of chronic poverty and also to measure women's empowerment, through reflecting the outcome of the changes occurring in the intra household resource allocation under empowering impact.

6.2.2.1. Body Mass Index of Women

At micro-level distributional arrangements regarding work and responsibilities and resources like food and nutrition along with the incidence of domestic violence and physical constraints on women and children have direct bearing on their health and these factors must be noted to describe their health status in a holistic manner. However, measuring the Body Mass Index reflects intra household disparities deeply ingrained in the families and which have the sanction of culture and tradition, and are not due to poverty as supported by Ratna Sudershan, 2006. Even reduction in economic poverty may not reduce malnutrition as it would not change culture and traditions which determine intra-household resource allocation (Sudershan & Bhattachrya, 2006).

Table 6.5.: Comparison of Body Mass Index of Respondents of GRC and Non-GRC Groups

Body Mass Index	GRC N=165	Non-GRC N=55	Total N=220
CED	18 (10.9%)	7 (12.7%)	25 (11.4%)
Normal	147 (89%)	48 (87.3%)	195 (88.6%)

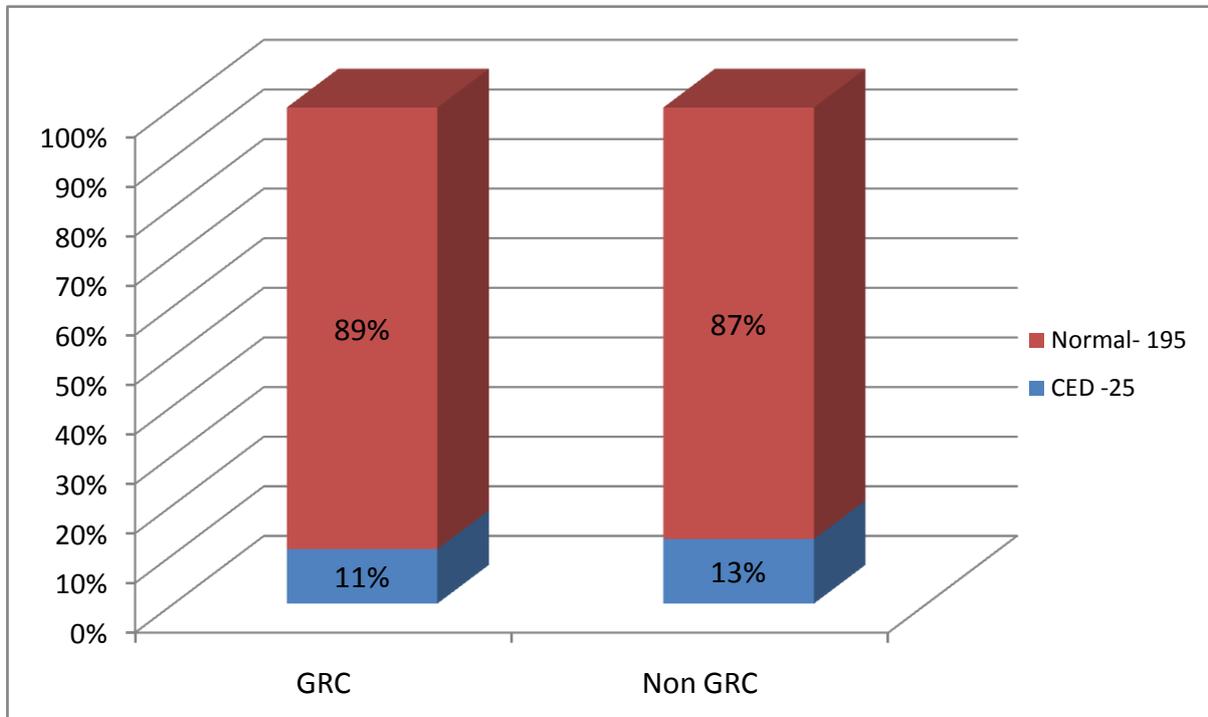
Chi- square DF Significance
.13538 1 .7129

(Chronic energy deficiency ie.CED is an indicator of acute malnutrition prevalent among women. Any woman with Body Mass Index below 18.1 is considered as suffering from CED)

The estimated figures presented above in table 6.5 indicate the Chi- square not significant at .05 level. It is evident from figure 6.1 below

Figure 6.1

To Assess the Outcomes of Capacity Created by GRC Measurement of Nutritional Status of Respondents (CED)



The data finds that 11 percent respondents from GRCs in the study site suffer from chronic energy deficiency which is marginally lower than 12.7 percent from the Non-GRC group facing similar spatial vulnerabilities.

GRC could bring desirable changes in the arrangements of intra household allocations of resources. Chronic Energy deficiency in adults as shown in Annex1 in a paper presented by Ratna Sudershan et al shows that it reflects nutritional status and is determined by Body Mass Index (Sudershan and Bhattacharya, 2004). To obtain BMI, weight (in Kg.) is divided by the square of height (in meter). Though it may differ in grades depending on the degree of malnutrition, however, the present study requires information on the dimension of CED among women in the study site.

6.2.3. By Comparing the Outcomes on Children of GRC Respondents with Non-GRC Respondents

The study “Vietnam living Standard Survey” (VLSS) was conducted in two wave panel to find the extent of chronic and transient poverty opting for both monetary and non income indicators like health and education in order to study well-being from a capability perspective believing education deprivations is irreversible in adulthood, though nutritional deprivations can be overcome by

improvement in general conditions (Gunther & Klasen, 2009). The comparison would be conducted with regard to:

6.2.3.1. Immunization

A complete course of immunization tends to improve quality of survival, by reducing chances of health shocks, thereby reducing driving forces of chronic poverty. Marcel Fafchamps cited the argument of Andrabi, Das and Khwaja (2009) to highlight the significance of targeted awareness campaign which is less costly in comparison to universal schooling (Fafchamps & Shilpi, 2011).

Conversant with equally poor educational profile of respondents of both the groups, better information about the benefits of vaccination through GRC is likely to bring better outcomes.

TABLE 6.6 : Immunization of Children (Combined) of (GRC and Non-GRC Groups)

Immunized against DPT, BCG, Polio, and Measles.	GRC N = 165	Non-GRC N = 55	Total N = 220
Not Immunized	69 (41.8)%	27 (49.1)%	96 (43.6)%
Yes Immunized	96 (58.2)%	28 (50.9)%	124 (56.4)%

Chi- square D. F. Significance Min E.F. Cells with E.F. < 5
. 88710 1 .3463 before Yates correction

The Chi- square remains not significant at .05 level, do not depict much difference in practice of providing complete set of immunizations to the children (male and female) by the respondents.

Approximately 58 percent respondents from the GRC group as against 51 percent respondents from the Non-GRCs has given a full set of immunizations to their children under five (Children aged 13 to 60 months need to receive three doses of polio, three rounds of DPT, BCG, and measles vaccines).

*The gender wise segregated data shows that approximately 3 percent less boys and 7 percent less girls of Non-GRC group are immunized than the GRC group. It is a clear impact of awareness created through GRCs.

6.2.3.2. Breastfeeding (GRC and Non-GRC Groups)

The Gender Resource Centre keeps informing about right practice of breastfeeding but through posters, how effective this method could be in establishing this practice to illiterate or semi literate women, is to be further investigated.

Table 6.7 : Breastfeeding of Children (Combined Children) of (GRC and Non-GRC Groups)**A Comparative Study**

Independent decision of women	GRC N = 165	Non-GRC N = 55	Total N = 220
Yes	139 (84.2)%	48 (87.3)%	187 (85)%
No	23 (13.9)%	7 (12.7)%	30 (13.7)%
Both	3 (1.8)%	0	3 (1.4)%

Chi- square D.F. Significance Min E.F. Cells with E.F. < 5
1.089012 .5801 .750 2 of 6 (33.3%)

In table 6.7, the Chi- square is not significant at .05 level, indicates no vital role played by GRCs in this area. Perhaps institutions other than GRCs, such as hospitals, family, neighborhoods, friends and schools play a central role.

It seems that husbands really do not intervene in this area and leaves the matter onto the wisdom of either elders or other institutions. The study in this table shows that 84.2 percent of the respondents from the GRC groups and 87.3 percent of the respondents from the Non-GRC groups are independent decision makers.

On inquiring about right practice of breastfeeding, study further shows that 81.1 percent of the women from the GRC group, and only 60 percent from the Non-GRC group breastfed their children for 6 months exclusively. Almost 36 percent women from GRC gave supplementary food along with breastfeed to their babies after six months, whereas only 7 percent of Non-GRC respondents gave supplementary food to their babies. But it is interesting to note that Non-GRC respondents breast fed their sons ranging from 2½ to 5 years. Bias against girls is visible regarding early weaning making them susceptible to poor survival chances for girls. The gender wise segregated data shows the clear-cut prevalence of gender bias in the Non-GRC group. As 63 percent girls, and 84 percent boys from Non-GRC groups and 72 percent girls, and 83 percent boys from GRC groups discontinued breastfeeding only after the completion of one year .

Various other factors emerged during informal discussions with respondents. Those who fed their children for longer periods explained that due to constraints of time to cook food, breastfeeding

seems to them a substitute for cooked food and moreover it relieves them from buying food in poverty. Besides the emotional satisfaction derived by children, breastfeeding is looked upon as a natural way of the contravention. Those who could not feed had reasons such as absence for a paid job, poor diet for lactating mothers and lack of information regarding breastfeeding.

GRCs need to pay more attention towards this very important aspect for the health of children and guide pregnant mothers about lactation and special diet.

6.2.3.3. The Education of Children

Education is identified as the significant correlate of poverty. Education weakens the neighbourhood effect and help revise the aspirations of poor . Mary E. Hilderbrand 2002 views that education and health is integral to economic growth which provides solution to poverty alleviation (Hilderbrand, 2002). The study also signifies a concern for education of girls which brings higher returns to family and society.

Gender Resource Centre has been preparing the drop out children for readmission in schools, and providing remedial classes for weak students. Illiteracy among parents has been the root cause of illiteracy among children, which is evident from the data that 27 percent of Non-GRC respondents and 19 percent husbands of the respondents have been found illiterates. Whereas 26 percent respondents and 27 percent husbands of the respondents of GRCs completed only primary class. So they cannot assist their children in the studies.

Table 6.8 below would examine the benefits to the children in terms of education excluding those who are underage.

Table: 6.8 : Education of children

Category	GRC N=165	Non-GRC N=55	Total N=220
Not Benefited	47 (28.5%)	54 (98.2%)	101 (45.9)
Benefited	118 (71.5%)	1 (1.8%)	119 (54.1)

Chi- square DF Significance
80.69168 1 .0000

The Chi- square is reckoned to be significant showing perceptible difference in benefits attained by children in terms of education by mainstreaming of school dropout children through NFE and prevent dropouts by supporting primary school going children through REC.

Children of 71.5 percent of GRC respondents have been benefited by either NFE or REC for children to increase enrollment and reduce drop out of school and improve performance.

A significant desire to enroll both the genders was observed during qualitative discussions with the respondents of GRC group, subject to condition of availability of schools at walkable distance. However, an interesting point was also noticed that the higher percentage i.e.69 percent of male children were benefited through NFE, while higher percentage i.e. 63 percent of the girl children were benefited through REC . On further investigation, it was found that parents are more worried about mainstreaming of the male children in comparison to girl children therefore a higher percent of male children were benefited through NFE. However, girls regularly go to GRC centre for REC but male children do not. Therefore, higher percent of school going girls were benefited through REC. Among the several reasons ascribed for not enrolling the child have been mainly, lack of time and resources to be spent on the child, lack of willingness to educate their children. They also face difficulty in motivating the child. Illiteracy of parents, lack of a suitable environment for studies, and adverse neighborhood has been ascribed reasons for poor performance in the school.

Providing education to youngsters by helping them directly in their studies (through GRCs) would reduce the chance of falling into the trap of chronic poverty and increase the chances of finding an exit- route from chronic poverty.

Considering education as the principal source of improving the condition of the population, more efforts need to be concentrated in this direction.

6.2.3.4. Measurement of Nutritional Status/ Anthropometric dimensions of Children under Five

Radhakrishna et al (2006) formulated an innovative indirect approach of identifying chronically poor households by associating the past nutritional status with the current anthropometric dimensions of children below five (Radhakrishna, Rao, Ravi, & Reddy, 2006). This approach seeks to examine the characteristics of malnutrition in the children and women on the assumption that poverty and malnutrition are mutually reinforcing and they suffer most as a result of lack of empowerment. Cumulative and compounding effect of poverty is endured by children in terms of health (a basic capability considered by Sen 2000) which has tremendous influence on their survival and well being (Sen A. , Development as Freedom, 2000).

For the present study the impact of changes in women' lives as a consequence of GRC activities on the male and female child is judged by measuring height for age Z-score and weight for age Z-score for male and female child. A Z-score is the number of standard deviations (SD) below or above the reference median values

The nutritional status of a child can be indicated by transforming the anthropometric data into nutritional indices which compares a child's body measurement with a reference population of healthy children. Height for age Z-score indicates chronic malnutrition which refers to 'stunting' i.e. short height of a child. Weight for age Z-score indicates chronic or acute malnutrition or underweight

whereas weight for height Z-score indicates acute malnutrition which is referred to as a condition of ‘wasting’.

In the present study ‘Weight –for-Height’ is not estimated, as it is involved in recent episode of illness and malnutrition (WHO and UNICEF, 2009), therefore assessment would be made on the bases of HAZ and WAZ score as used in identification and estimation of chronic poverty .

A comparative study on HAZ and WAZ of the boys and the girls (below five) for both the groups would be made in the following two tables: (6.9), (6.10)

6.2.3.4.1. Indicator of Nutritional Index: HAZ (refers to stunting)

It is a composite index of chronic or acute malnourishment. According to WHO Child Growth Standard ⁹ a child with height-for-age z-score of 2 Standard Deviation (SD) below the median refers to stunted child.

Table: 6.9: A comparative study of Nutritional Index of Boys and Girls Below five of GRC group and Non-GRC groups (HAZ Score for Stunting)

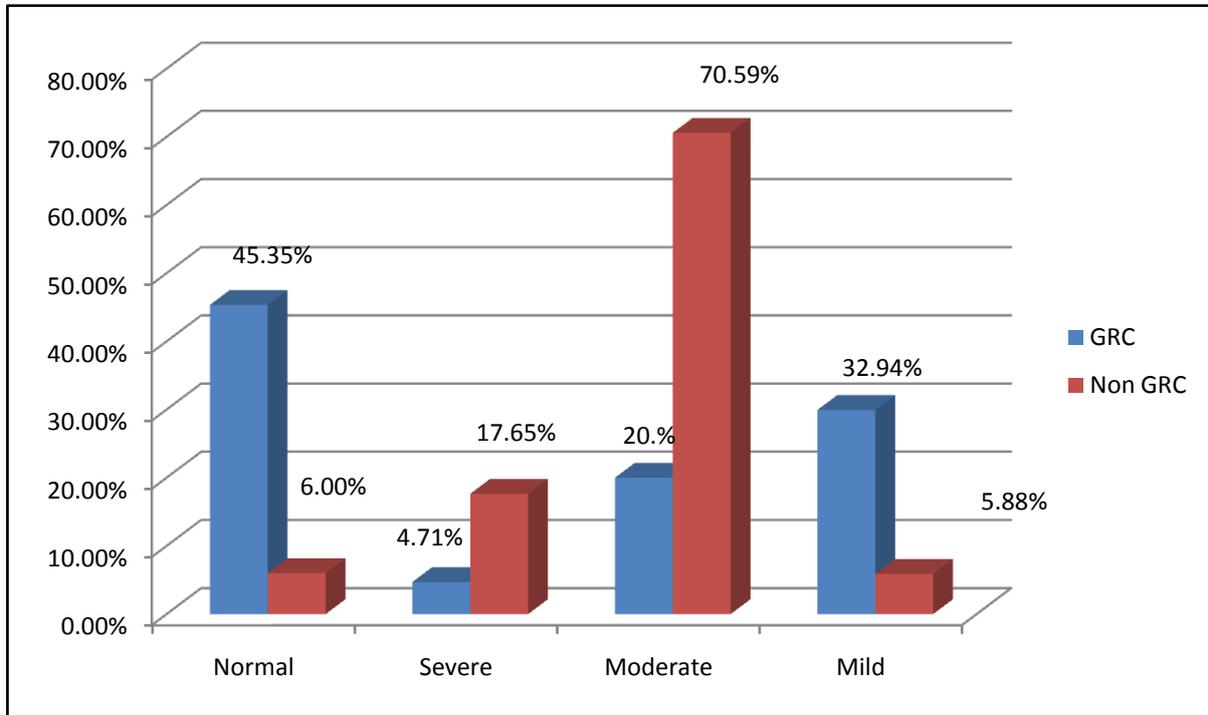
INDICATOR OF NUTRITIONAL STATUS	GRC N=146		NON-GRC N=64	
	BOYS N=85	GIRLS N=61	BOYS N=17	GIRLS N=47
Z< - 1.0 (Mild)	28 (32.94%)	15 (24.59%)	1 (5.88%)	22 (46.81%)
Z<-2.0 (Moderate)	17 (20%)	18 (29.51%)	12 (70.59%)	15 (31.91%)
Z< above - 2.0 (Severe)	4 (4.71%)	1 (1.64%)	3 (17.65%)	4 (8.51%)
Normal	36% (45.35%)	27 (44%)	1 (6%)	6 (13%)

The findings of estimated HAZ- score on both the groups revealed that a greater percentage (32.94 percent) of the boys from the GRC group than Non-GRC group (only 6 percent) fall in the category of mild stunting, whereas approximately 47percent of the girls from Non-GRC group fall in the same category in comparison to GRC group which is approximately 25 percent.

The salient difference is evident when comparison is made in the case of moderate and severe stunting, where a greater number of girls and boys from Non-GRC group are estimated to fall in this category. Approximately 45 percent of the boys and 44 percent of the girls from GRC in comparison

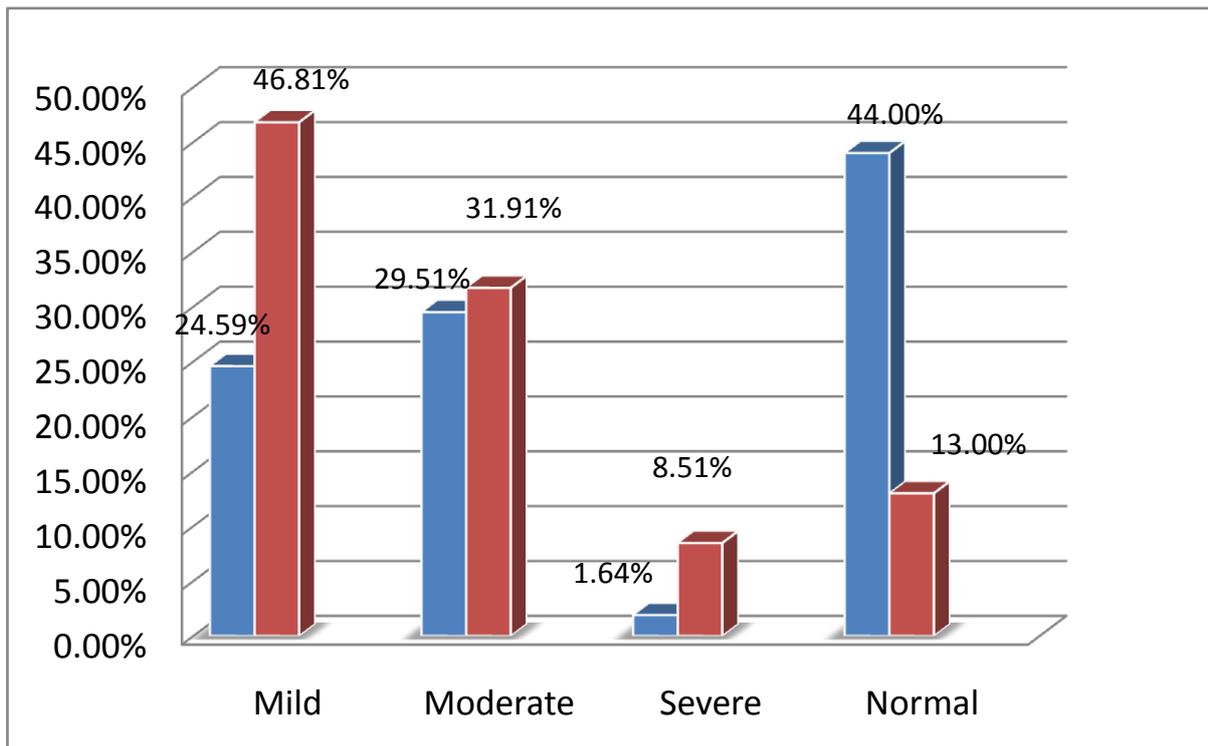
to only 6 percent of the boys and 13 percent of the girls from Non-GRC have a normal nutritional status . Figure 6.2 and 6.3 below reveal the indicator of nutritional status of boys and girls respectively.

Figure 6.2.: Indicator of Nutritional Status of Boys in terms of HAZ–Score for Stunting



The graph on nutritional index reveals a greater percentage i.e. 32.94 % of the boys from the GRC group than Non-GRC group i.e. only 6% fall in the category of mild stunting. 45% in GRC are normal children in comparison to 5% of Non-GRC group.

Figure 6.3. : Indicator of Nutritional Status of Girls in terms of HAZ–Score for Stunting



■ GRC

■ Non-GRC

The graph on nutritional index reveals a greater percentage i.e. 44.26 % of the girls from the GRC group than Non-GRC group i.e. only 12.77 % are normal children . In all other categories i.e. severe, moderate and mild stunting , health status of GRC girls are better in comparison to Non-GRC girls.

6.2.3.4.2. Indicator of Nutritional Index (WAZ Score for Underweight)

Health status of GRC girls is better in comparison to Non-GRC girls is evident in figure 6.3. Another indicator WAZ (refers to underweight), is a composite index of chronic or acute malnourishment. According to WHO Child Growth Standard ⁹ a child with weight-for-age z-score of 2 Standard Deviation (SD) below the median refers to underweight child.

Table : (6.10)): A comparative study of Nutritional Index of Boys and Girls Below five of GRC group and Non-GRC group in terms of WAZ Score for Under Weighing

INDICATOR OF NUTRITIONAL STATUS	GRC N=146		NON-GRC N=64	
	BOYS N=85	GIRLS N=61	BOYS N=17	GIRLS N=47
Z< - 1.0 (Mild)	32 (37.65 %)	15 (24.59%)	11 (64.71%)	30 (63.83%)
Z<-2.0 (Moderate)	15 (17.65%)	3 (4.92%)	5 (29.41%)	5 (10.64%)
Z< above -2.0 (Severe)	2 (2.35%)	0	0	0
Normal	36 (42.35%)	43 (70.49%)	1 (5.88%)	12 (25.53%)

The findings of estimated WAZ- score (under weighting) on both the groups revealed that a greater percentage i.e. (65 percent) of boys and (64 percent) of girls from Non-GRC group fall in the category of mild under weighing, in comparison to (37.65 percent) of boys and (24.59 percent) of girls from GRC groups.

The striking point to be noted is that in the case of moderate under weighing , a greater number of girls and boys 29 percent and 11percent respectively from Non-GRC group are estimated to fall in this category in comparison to GRC group which is (18 percent) ,(5 percent) respectively . Only 2.35 percent of boys from GRC face severe underweighting. Approximately 42 percent of the boys and 70.49 percent of the girls from GRC in comparison to only 6 per cent of the boys and 26 percent of the girls from Non-GRC have normal nutritional status.

But to conclude, the overall nutritional status of girls is better than that of boys in GRC group that reflects better nutritional intake, health care as a result of reduced gender discrimination. One point that can be related to the overall better nutritional status is the availability of midday meals, which was made possible due to a better enrollment of children and reduced dropout rate as a consequence of the REC and NFE programs conducted by GRC.

The average outcome of girls reflects the breaking of social cultural biases operating through household resource allocation right from infancy. These findings clearly indicate the impact of

capacity building of women through GRC on the better outcome of health of children and respondents (interrupters) in comparison to Non-GRC group.

Women’s ability to participate in the decision, to take independent decisions and to attain physical freedom is important for child’s improved health outcomes in three ways i.e. health enhancing practices in routine, intra-household resource allocation, and access to emergency medical care based on working paper 59 by (Smith, Ramkrishnan, Ndiaye, Gaddad, Lawrence, & Martorell, 2003)¹⁰.

Lastly, this chapter would identify ‘Anti-Drivers, Anti-Maintainers and Active-Interrupters’ observed in the course of quantitative and qualitative analysis.

Now the work would focus on the identification of factors generated based on the findings of Shashanka Bhide 2006, (Bhide and Mehta, 2006); (Krishna, 2003), through women centric activities of GRC, in terms of ‘Anti-Drivers, Anti-Maintainers and Active-Interrupters’ observed in the course of qualitative and quantitative analysis of data, are shown in the table 6.11, below :

6.2.4. Identified ‘Anti Drivers, Anti Maintainers, and Active Interrupters’

Table: 6.11

Anti-(Drivers)*	Anti-(Maintainers) **	Active-(Interrupters) *** for children
<u>Reduction of health shocks due to Social empowerment:</u> 1. Autonomy of respondents on provision of medical care to children of both sexes 2. Use of the condom	<u>Provision of training and skill development for women</u>	
<u>Significant change in perception of women regarding age of marriage of their children (especially young women)</u> 1. Would prevent teenage pregnancy	<u>Reduced Addiction of alcohol among male counterparts</u> 1.Funds are diverted from unproductive purposes to more productive purposes	<u>Significant changes in lives of respondents</u> 1. Education 2. Financial independence 3. Health 4. Skill development 5. Nutritious food and safe cooking methods
<u>SHG</u> 1. Savings 2. Credit at low rate of interest	<u>GRC as a Significant Source of information</u> 1.Awareness on nutrition and food, 2. How to make water safe and ,	<u>Outcomes at Household level</u> 1. Women’s contribution of income / Double source of income resulted in Improved per capita

<u>Autonomy on</u> 1. What to eat?	3. Provision of health care services, 4. Immunization of Children, Significance of safe deliveries through skilled staff , 5. About entitlements	income 2. Less need to borrow prevents adoption of coping strategies 3. Developmental consumption
<u>Economic and financial autonomy</u> 1. Expenditure for children 2. Expenditure for women herself 3. Personal expenditure for children		<u>At child's level (Nutritional status), (Education)</u> 1. Healthy Anthropometric dimensions of children (indicated through HAZ and WAZ- Score) 2. Education status

Though tight compartmentalization is not visible as factors pertaining to drivers, and the maintainers are different and overlapping yet influence each other. A class exercise is undertaken to categorize factors that are associated with ameliorating poverty.

Drivers of poverty may push households into chronic poverty, whereas * Anti Drivers of Poverty may prevent households from falling into chronic poverty. The list of 'Anti-drivers' includes the factors that reduce the vulnerability of slipping into chronic poverty by improving the ability (women's contribution of income, developmental consumption and reduced need to borrow) and reducing uncertainties (reduce health shocks, domestic violence). It prevents entry into persistent poverty. Reduction of health shocks due to enhanced social empowerment: autonomy of respondents on provision of medical care to children of both genders, more empowerment in terms of discretion on the use of condom, is identified as 'Anti-Driver'. Similarly 66 percent respondents from GRC group prefer their daughters to get married in the age group of 18-21 years, would prevent the negative implication of teenage pregnancy. A new trend of eating practice is evident (GRC Group) from the findings, making the experience of poverty of women similar to that of men by making equal allocation of food within the household. Self Help Group encourages the use of small savings and provides credit at low rate of interest would reduce the danger of slipping into poverty.

Maintainers of poverty may make their escape from poverty very difficult, whereas **Anti Maintainers of poverty may reduce the force that perpetuate the chronic poverty. The list of 'Anti Maintainers' refers to the factors that facilitate the exit from chronic poverty by reducing the

stickiness of poverty, by the provision of education, skill development, reduced addiction to alcohol, information about entitlements and awareness about rights and employment opportunities, nutritious food and safe cooking methods.

***Interrupters are the factors that facilitate escape from poverty. The list contains ‘Active Interrupters’, which refer to the factors that act as facilitators of escaping poverty, such as healthy nutritional status of children and BMI of women as a result of anti driver and anti maintainer factors such as awareness on nutrition and food, and how to make water safe and, provision of health care services, immunization of children, non formal education and remedial classes for children, expenditure for children and women, and access to credit through SHG. Significant changes in lives experienced by respondents in terms of education, financial independence, health, skill development would ease the exit-route from poverty. Less need to borrow as result of enhanced labour participation, prevents adoption of coping strategies, smoothens consumption variations.

6.2.5. Conclusion

It is difficult to decipher which factor or combination of factors have eliminating effect on chronic poverty directly, however, this chapter is involved in identifying various factors /forces created by GRC, which have poverty ameliorating effect. To accomplish the last objective of the study i.e. to assess the outcomes of capacity created by GRCs by comparing the outcomes at household level, individual level and the child’s level of GRC group with Non-GRC group, considering chronic poverty as IGT (Intergenerational Transmission of poverty), which means transferring of conditions from older generation to the younger generation. It would identify ‘Anti-Drivers, Anti-Maintainers and Active-Interrupters’.

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CONCLUSION

“This study has been concerned with studying the prevalence of chronic poverty amongst women and children in India. It analyses the impact of institutions such as GRC (Gender Resource Centre), Delhi, on such conditions and its ameliorating role in chronic poverty by generating forces which act as “Anti-Drivers, Anti-Maintainers and Active-Interrupters to the intergenerational transmission of poverty.”

Children raised undernourished or severely malnourished face difficulty in finding a way out of the vicious circle of poverty, as they are at a higher risk of poor physical and cognitive growth (FAO, 2010) . NFHS-3 (2005-06) reported that about 42.5 percent children under five years are underweight (an indicator of acute malnourishment), 48 percent are stunted (an indicator of growth retardation/too short) and 20 percent wasted (too thin for her/his age), (NFHS-III).

Millions of women and children living in urban slums remain ‘socially excluded’ and are in a sense deprived of employment (*Sen A. , Social Exclusion, 2004*), as they do some precarious jobs, and are forced to live in subhuman conditions with no or negligible basic amenities of sanitation and potable water in the *UN-Habitat, 2003*, sense. They are the worst sufferers due to ‘relational roots of deprivation (A, Sen 1998) and live in abject poverty, facing multidimensional deprivations (Haan & Kabeer, 2008), (Mehta & Shephard, CPRC-IIPA, 2004) . About 260 million people in the country are living in abject poverty facing starvation and multidimensional deprivation.

The actual practice of ‘exclusion’ which women face, prevents them from taking independent decisions, from controlling their own income, from acquiring assets, from the right to allocate resources for the benefit of their own children, is not accidental, but originates from deep rooted socially and culturally constructed patriarchal ideology. Inequality of allocation of household resources and responsibilities makes the experience of poverty more pronounced for women , (Fafchamps, FCND discussion paper No.55), (Sudershan & Bhattacharya, Chronic Poverty and Gendered Patterns of Intra-household Resource Allocation : A Preliminary Inquiry, 2004), (Bolt & Bird, 2003) making women and children vulnerable to diseases, thus create conditions of intergenerational transmission of poverty (IGT), (Radhakrishna, Rao, Ravi, & Reddy, 2006). Accepting capability deprivation as an indicator of poverty implies, more the dimensions of deprivation involved, harder it becomes to find a way out of persistent poverty. However, capability deprivation if continued across time , creates conditions for chronic poverty. The understanding of household resources allocation is significant for evaluating any programs that aim to combat poverty, through women's empowerment.

The demand of the topic “Evaluation of Gender Resource Centre from perspective of chronic poverty in Delhi” requires fusion of three interrelated topics: chronic poverty, women's empowerment, and capacity building through Gender Resource Centre.

Gender Resource Centre (GRC) established under the Bhagidari Scheme, by Delhi Government in 2002, is contributing to women's empowerment, by incorporating two themes: capacity building and poverty alleviation through interventions meant especially for poor women facing several disadvantages within the household and in the community. GRC is a focal point for all matters pertaining to the empowerment of women in general and concern health, literacy and income generation in particular, through gender mainstreaming living in slums of Delhi. It fulfills its functions by under-taking vocational training and skills development, providing instructions for women and children, through awareness and interventions, apart from promoting SHGs for encouraging small savings and credit (Souvenir, 2009), (Handbook of GRC, 2008) (Delhi Government, 2002), (Delhi Government, 2002), (Mission Convergence, Annual). It is to be noted here that GRCs function with the paradigm of women's empowerment having impact on the household structure and position of children within

Dharam Ghai (2002), considers capacity development to be attained at the individual level by acquiring skill, knowledge and capabilities raise the productivity in order to raise the standard of living, to attain economic and social security, and to achieve sustainable development (Ghai, Poverty Reduction and the UN system A Syntheseis of Six Country Studies, 2002).

As has already been discussed in chapters that chronic poverty is inter-generationally transmitted , which refers to the ways in which parents can transfer the conditions of poverty or poverty- related capital to their children due to their inability to invest in their children in terms of health and education (Gunther & Klasen, 2009). By adopting the perspective of chronic poverty it has been possible to pinpoint the factors responsible for slipping into poverty, perpetuating poverty and interrupting poverty.

Empowerment programs can create conditions and opportunities of participation through strategic choices in all domains of life (Kabeer, Reflections on the Measurement of Women's Empowerment in discussing Women's Empowerment-theory and practice, 2001). Thus, enabling control of resources enhance empowerment (Dyson & Moore, 1983).

Access to information and new consciousness provides capacity to challenge patriarchal power relations and oppression by controlling not only resources but also by participating equally in decision making (Batliwala, 1994) by controlling not only resources; agency and achievements (Kabeer, Resource ,Agency,Achievement:Reflections on Resource, Agency,Achievements:Reflections on the Measurement of women's Empowerment, 2000), (Sen & Grown, Development Crisis and Alternative Vision :third World Women's Perspectives, 1985) for the well-being and well-becoming of children (Buvinic & King, Smart Economics, 2007).

Naila Kabeer (2001), who defines empowerment as “the expansion in people’s ability to make strategic life choices in a context where this power was previously denied to them” as this change comes with enhanced capability.

Relationship between reduction in child poverty and women’s Empowerment:

Poor women face inequalities of capabilities and assets (Human, physical assets) and thus face barriers in accessing economic opportunities as a result of Gender discrimination (Bhargava, 2003). Mayra Buvinic and King also find, women’s empowerment a key to achieving other targets of the MDGs, like combating poverty hunger, disease and illiteracy (Buvinic & King, *Smart Economics*, 2007). WHO recommends equal distribution of power and resources for gender equity and empowerment (Closing the gap in a generation, 2008). World Bank studies have shown that no meaningful change is possible without changing her status. In this connection women’s earnings would have a more profound effect on the welfare of the family as a whole since “increase in women’s income results more directly into better education, health and nutrition for children” (UNDP, 2010) that would act an interrupter to chronic poverty (Bhide & Mehta, 2006); (Krishna, 2003).

Research Methodology

The present study had had three objectives. To accomplish this goal, a quantitative as well as qualitative, methodology has been adopted to collect statistically significant data, and an insight into their reasons of problems, (Doucet & Mauthner, *Qualitative Interviewing and Feminist Research*, 2009).

For constructing a counterfactual estimate, in the absence of baseline profile of GRC respondents, a Non-GRC group (living in similar conditions but have not been beneficiaries of GRC) was investigated. The difference in outcomes of respondents of two groups was considered as a result of participation of beneficiaries in activities undertaken by GRCs (Vaus, 2009). For evaluation purpose, a comparison has been made between GRC and Non-GRCs respondents on selected dimensions. Besides this, information on social, economic and demographic characteristics of the households were collected.

To elicit the requisite information for evaluation of GRC, a detailed interview schedule, was constructed. To achieve the objectives it included questions firstly to explore GRC as a source of awareness, as an enabler to help change perception of women regarding the age of son and daughter at the time of marriage, and change, their lives, secondly it included questions using indicators (used in NFHS, DHS and other studies), to measure women’s empowerment (social, economic and household), thirdly to explore the outcomes of women- centric activities of GRC. It would be measured at household level (by measuring income, developmental consumption, need to borrow), at the individual level (by measuring BMI of women) and at a child’s level (by measuring

anthropometric dimensions, education, immunization, breastfeeding practices as correlates of child poverty).

Proxy Non-Income Indicators of Chronic Poverty

Stunting among children under five, considered as a more telling indicator of malnutrition than underweight (Horton, *The Lancet*, 2008), has been adopted for monitoring MDGs, (Hunt & Gray, 2013). Chronic energy deficiency (CED) among adult women (an indicator of nutrition) is used as proxy non income indicators to identify chronically poor household (Radhakrishna, Rao, Ravi, & Reddy, 2006) .

The broad aim of the present study is an evaluation of GRC, from the perspective of chronic poverty, to identify ‘Anti-Drivers, Anti-Maintainers and Active-Interrupters’ [(based on (Krishna, 2003); (Bhide and Mehta, 2006)], observed in the course of quantitative and qualitative analysis.

A sample of 165 respondents from three GRCs (55 from each GRC) and 55 for Non-GRC in the age bracket of 15 to 49 years (reproductive age group), married, having at least one child has been drawn to ‘face to face’ interview with a particular set of questions as indicators of empowerment have been drawn. Height and weight of 210 children below five years of age were recorded to assess the outcome of empowerment on anthropometric dimensions of children as adopted by authors such as (Sudershan & Bhattacharya, *Chronic Poverty and Gendered Patterns of Intra-household Resource Allocation : A Preliminary Inquiry*, 2004). (Radhakrishna, Rao, Ravi, & Reddy, 2006).

RO. 1: To Assess the Role Played by GRC as an Enabler to Women Beneficiaries

Firstly the study focused on GRC as a source of awareness to investigate its relative importance in comparison to other sources such as family, friends, schools, hospitals, neighborhood, television, radio, (mass media) and hoardings related to 19 topics. Spreading awareness has been identified crucial in building new perceptions, by breaking old beliefs, modifying old caring practices and forming new values which enable women to guide decisions for the benefit of her children and herself.

A large percent of GRC respondents in comparison to the Non-GRC groups, were found to be aware of subjects especially in the case of schemes of ‘welfare entitlements’, ‘nutritional and safe methods of cooking’, and ‘the significance of safe deliveries through a skilled staff’.

Though comparatively successful, yet a need was felt for GRCs to concentrate more and consistently on the topics for spreading awareness such as: the significance of use of leafy vegetables, special diet for lactating mothers, removal of gender discrimination, equal rights for both the genders. Because the analysis indicated that a large percentage of households belonging to both the groups were found unaware of these issues. Institutions other than GRCs were found to be significant in bringing forth

awareness on topics such as methods of family planning, the significance of women's labor participation, breastfeeding, savings, and smaller families for both the groups.

Secondly, it was important to find out GRC as an enabler, to bring 'perceptible' and measurable changes in women's perception regarding the age of marriage of their children (sons and daughters).

The negative implications of early marriage (of minors) could drive a household to face chronic poverty and facilitate its transmission from one generation to another. The study highlighted the risk of teenage pregnancy on maternal morbidity by five times (Rowbottom, Giving girls Today and Tomorrow :Breaking the Cycle of Adolescent Pregnancy, 2007) , apart from being a cause for high dropout rate from schools. It was sad to observe that 23 percent from GRC and 46 percent from Non-GRC did find nothing wrong in getting their daughters married even before attaining the legal age of marriage. Qualitative investigations revealed that the lack of safety to girls and the need to reduce the economic burden on the family, besides, the absence of correct information on the implication of the first pregnancy at an early age, could result in early marriage of their daughters.

Thirdly, it was crucial to determine the difference created by GRC as an enabler in the lives of beneficiaries.

A participatory approach was adhered to, in finding out the significant changes and benefits experienced and acknowledged (self reported by respondents) (Eyben, Kabeer, & Cornwall, 2008), by GRC beneficiaries on different dimensions of life improving their present and future, as a result of programs undertaken by GRCs. The findings revealed that a large number of respondent's i.e.72 per cent agreed to having been benefited in the sphere of education (adult education for self, NFE and REC for children), 70 per cent felt financially independent, while 69 per cent benefitted in the area of health for self and the children. 44 per cent respondents got tips on nutrition and safe methods of cooking in camps, which was likely to help improve the health of the children and the entire family. However many found it hard to put those tips in practice, as verbal recipes provided by nutritionist leave less impact. The need for GRCs to focus more in the area of awareness of legal rights and assistance to the disadvantaged and victims of domestic violence was also felt.

RO.2: Measure Women's Empowerment by Measuring its Impact on Autonomy of Women

The analysis of the impact on the autonomy helped to investigate the impact of GRC programs on women's empowerment by looking at women's diverse and varied experiences in decision making in different domains of life. The study focused on women's empowerment by measuring its impact on autonomy of women in social, economic and household spheres. Empowerment in each category was analyzed separately, in order to assess the autonomy with regard to:

- **The Impact of GRC Activities on Social Empowerment**

Assessment of the impact of GRC on social empowerment (control over one's body, physical freedom of movement, freedom from violence, and voice) was measured on each indicator namely autonomy of respondents on visits to family and friends, area of independent decision making on the number of children, use of condoms, experience of respondents regarding domestic violence and reaction of respondents to it.

Jejeebhoy documented the importance of physical freedom not only in accomplishing her responsibilities but also in many other dimensions related to education and health of children apart from suggesting the size of the family. A comparison would be made on overall social empowerment (Jejeebhoy S. , Women's Autonomy In Rural india:Its Dimension, Determinants and the Influence of Context, 2002) in table 1.

Table 1: Indicators to Measure Social Empowerment with Qualitative Findings

Indicators of Social Empowerment	Significance (Chi square)	Qualitative Findings
The Autonomy of respondents on the visits to family and friends	Not significant	<p>Women use coping strategy of going with husbands for,</p> <ul style="list-style-type: none"> • Preventing conflict, • Enhancing esteem
Area of independent decision making on the number of children (GRC and Non-GRC group)	Not significant	<ul style="list-style-type: none"> • Preferences of their husbands and elders • Son considered as Old age security
Use of the Condom	Significant	<p>Asking husband for the use of condom results in</p> <ul style="list-style-type: none"> • Humiliation to women • Domestic violence • Not an acceptable reproductive behavior.
Experience of Respondents Regarding Domestic Violence	Not significant	<ul style="list-style-type: none"> • Internalization of oppression • Do not consider themselves as victims • Acceptance of men's role as financial and security provider

Reaction of Respondents on Domestic Violence	Not significant	Lack of voice is used as a strategy to <ul style="list-style-type: none"> • Mitigate the conflicts • Reduce adverse outcomes • Earn relational, financial securities • They curse destiny, find their own faults
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The Chi- square of the fragmented social empowerment in five domains of two groups was estimated though it failed to show significant difference in empowerment in four indicators, except ‘use of the condom’ in the table 1. However, qualitative findings revealed the barriers on the path of social empowerment.

• **Overall Social Empowerment between GRC and Non-GRC Respondents**

Hypothesis (**H₀**- There is no difference between GRC and Non-GRC respondents so far as Social empowerment is concerned) has not been accepted.

A significant difference between the respondents belonging to GRC and Non-GRC so far as the aggregate social empowerment was concerned was identified (t =5.77, significant at .01 degrees). The mean values showed higher social empowerment in the case of GRC (mean =5.23) as against Non-GRC group (mean =3.29). The presence of GRC could be felt in the difference.

• **The Impact of GRC Activities on Economic Empowerment**

The tenth plan clearly showed how empowerment in other domains remained ineffective without economic empowerment (Tenth Five Year Plan, 2001). Economic empowerment revealed the processes of resource generation and control. Increase in control of economic resources as a result of participation in GRC promoted activities and self help groups, could have a favorable impact on choices previously denied (in terms of women's labor participation, holding on to their own income or its use). A comparison was made for each component reflecting economic empowerment in table 2.

Table 2: Indicators to Measure Economic Empowerment with Qualitative Findings

Indicators of Economic Empowerment	Significance (Chi- square)	Qualitative Findings
Autonomy of Respondents on Keeping Money For the Self (of GRC and Non-GRC Groups)	Not significant	<ul style="list-style-type: none"> • Feel guilty • Internalization of Sense of sacrifice

Respondent's Participation Required for Taking Loan (of GRC and Non-GRC Groups)	Not significant	<ul style="list-style-type: none"> • Men are secretive • No accountability • Loan for self consumption
Respondent's participation required for purchase of assets (GRC and Non-GRC Groups)	Significant	<ul style="list-style-type: none"> • Women do not possess any information
Respondent's participation for sale of assets of (GRC and Non-GRC Groups)	Not significant	<ul style="list-style-type: none"> • Women do not possess any assets
Personal Expenditures on Children of Respondents of (GRC and Non-GRC Groups)	Significant	<ul style="list-style-type: none"> • Large number of children
Autonomy of Respondents in Minor Purchases of (GRC and Non-GRC Groups)	Not significant	<ul style="list-style-type: none"> • Purchase of minor items is the fixed responsibility of the women
Personal Expenditures of Respondents of (GRC and Non- GRC Groups)	Significant	<ul style="list-style-type: none"> • Household allocation in favor of men being the 'bread earner'. • No fall-back options

The comparison of fragmented components of economic empowerment between both the groups revealed that respondents of GRC groups were significantly different in savings, expenditures incurred on themselves and children. It showed a new emerging trend. However, qualitative findings revealed the barriers on the path of economic empowerment.

- **Comparison of Overall Economic Empowerment between GRC and Non-GRC Respondents**

Hypothesis (**H₀**-There is no difference between GRC and Non-GRC respondent's, so far as economic empowerment is concerned) has not been accepted.

An analysis of overall economic empowerment through nine questions revealed a significant difference between the respondents of GRC and Non-GRC, regarding economic empowerment ($t=2$).

27, significant at .05 level). The calculated mean values of economic empowerment showed GRC being more empowered (with mean =3.42) than that of Non-GRC group (with mean = 3.29). This could be due to the impact of training and awareness programs undertaken by GRC.

• **Impact of GRC Activities on Household Empowerment**

It is evident from the literature review that access to resources to women could play a pivotal role in decision making regarding the expenditure on food, nutrition, and medical care of children which could result in better child health outcomes by adopting good practices (Buvinic & King, Smart Economics, 2007). The ways in which resources (money, time, food, and health services) have been consumed or distributed among members could determine position of children (Smith & Haddad, Overcoming Child Mal-nutrition in Developing Countries: Past and Future Choices).

A comparison thus was made for each component to assess the impact of GRC on household empowerment in table 3.

Table 3: Indicators to Measure Household Empowerment with Qualitative Findings

Indicators of Household Empowerment	Significance Chi- square	Qualitative Findings
1. What To Cook?	Not Significant	<ul style="list-style-type: none"> • Women as victims of oppressive system • Preferences of husband take a front seat • Women are unable to utilize their knowledge
2. Who Eats First?	Significant	<ul style="list-style-type: none"> • Bread earner gets the privilege of eating first. • However a new trend of eating in household has been observed (who so ever is hungry can eat)
3. Autonomy of Respondents on Education of Sons (GRC and Non-GRC Groups)	Significant	<ul style="list-style-type: none"> • Drop out from school is a Coping strategies as a result of <ul style="list-style-type: none"> ➤ Economic crisis
4. Autonomy of Respondents on Education of Daughters (GRC and Non- GRC Groups)	Significant	<ul style="list-style-type: none"> • Socialization of stereotype roles • Lack of suitable environment • Marriage of minor girl
5. Autonomy of Respondents on	Significant	<ul style="list-style-type: none"> • Women in a subordinate role

Medical Care and Hospitalization (GRC and Non-GRC Groups)		<ul style="list-style-type: none"> • Lack of physical mobility
6. Activities Performed by Husbands of Respondents (GRC and Non-GRC Groups)	Not significant	Stickiness’ as a result of internalization of socially constructed stereotype roles within the house-hold <ul style="list-style-type: none"> • ‘Restricted agency’ as woman tends to accept unequal responsibilities by calling it as their own choice • ‘Risk-mitigating mechanism’
7. Alcohol consuming habit of Husbands of GRC and Non-GRC Groups	Significant	<ul style="list-style-type: none"> • Women consider this as a masculine habit

On comparing the different components of household empowerment individually, mixed results were found revealing significant difference in the area of who ate first, education of sons and more importantly of the daughters and medical care for babies, and alcohol consuming habit of spouses. However, qualitative findings revealed the barriers on the path of household empowerment. A comparison of overall household empowerment between GRC and Non-GRC respondents, was made to test the goodness of fit.

Hypothesis (**H₀**- There is no difference between GRC and Non-GRC respondents so far as household empowerment is concerned) has been accepted, is shown in table 3. Under the title household empowerment, it revealed that there was no significant difference between the respondents of GRC and Non-GRC, so far as the household empowerment was concerned ($t=1.40$, not significant at .01 level as it is .161). The mean values have been marginally higher in the case of GRC (mean =7.1152) in comparison to (mean =6.47) of Non-GRC group.

Economic--Household--Social empowerments influence one another in complex interactive ways and smoothens the path of empowerment in other dimensions in synergistic ways of overcoming barriers and resistance, as women’s empowerment has been seen as a multidimensional dynamic process involving interrelated and overlapping dimensions. (Eyben, Kabeer, & Cornwall, 2008).

- **Relationships among three Categories of Empowerment Indicators**

By examining the overlapping and complicated relationship between economic and household relationship, depicted a positive and a stronger relationship ($r = 0.3588$, significant at .01 level), than the other two [1st relation between social and economic ($r = 0.3149$, significant at .01 level)], [2nd relation between social and household ($r = 0.2648$, significant at .01 level)].

RO 3: To assess the outcomes of capacity created by GRC, by comparing the outcomes of GRC respondents with Non-GRC respondents

- **Income to be measured at the household level**

The outcomes of GRC respondents with Non-GRC respondents with regard to dimensions such as that of respondent's income were compared using t. values. It found a significant difference between the two groups (GRC and Non-GRC) so far as total monthly income of the household was concerned. Since the size of the family determined the ability of a family to allocate resources to their children in terms of health and education. Therefore, a comparison of per capita income of the household was also made, as it was considered more relevant and appropriate than just absolute income of the household. Per capita income was arrived at by dividing the monetary income of the household by a scale (aggregate of using 1.5 for a couple, 0.5 for an adult, and 0.3 for a minor). It was interesting to note the difference in the range of income between both the groups. Approximately 96 percent of Non-GRC respondents fell in the range of less than 2000 to 4000 income group whereas approximately 32 percent of GRC respondents fell in the range of 4001 to above 5000.

- **Developmental Consumption to be measured at the household level**

An extensive literature on chronic poverty shows the significance of developmental consumption in reducing the vulnerability of persistent poverty. Data of monthly household expenditures of respondents clearly indicates the economic impact of GRC on its beneficiaries through developmental consumption, as the Chi- square has been significant at .05 level of significance.

- **Need to Borrow to be measured at the household level**

It is evident from the literature that lack of credit facilities, lower income generation and high interest rates for borrowing, might result in adoption of coping strategies such as reduction in consumption , by foregoing future gains in order to meet present needs and becoming persistent poor. Due to adequate income for the households under the observation group of GRC, only 13.3 percent of the households needed to borrow regularly against 27 percent from the Non-GRC group.

The data showed a significant difference between the need to borrow between both the groups as the Chi-square is significant at .01 level of significance. On inquiring into the availability of credit facilities, respondents from GRC groups were seen more confident due to their association with SHGs than Non-GRC groups. SHGs provided them a social network and easy availability of credit that too at lower rates

- **Body Mass Index of Women to be measured at the respondents' level**

Women in poor households face inequalities in the allocation of resources due to poverty and the presence of a patriarchal culture. They are susceptible to CED, and pass on her deficiency resulting intrauterine growth retardation (Radhakrishna, Rao, Ravi, & Reddy, 2006). Therefore measuring the Body Mass Index would indicate her health status. Any woman with Body Mass Index below 18.1 is considered as suffering from CED [BMI = Weight (in Kg.) is divided by the square of Height (in meters)] is an indicator of acute malnutrition prevalent among women. The data shows that 11 per cent cases of CED in GRC group in comparison to 13 per cent cases of CED in Non-GRC group.

To conclude, the study finds marginal difference in the health status of GRC respondents, reflecting inequalities in the allocation of resources (nutrition etc.) due to the presence of a patriarchal culture than poverty, as the GRC respondents performed better than the other group.

- **Immunization to be measured at the child's level:**

Though the Chi- square has not been significant at .05 levels, did not depict much difference in practice of providing complete set of immunizations (related to the health of children) to both respondents from Non-GRC gave a full set of immunizations to their children. The gender wise segregated data shows that approximately 3 percent less boys and 7 percent less girls from Non-GRC group are immunized than that of GRC groups.

- **Breastfeeding to be measured at the child's level:**

Though the Chi- square is has not been significant at .05 levels, depicting not much difference in practice of breastfeeding, however empowerment coming out of awareness resulted in the right type of breastfeeding. The gender wise segregated data showed the prevalence of gender bias in Non-GRC groups, as 63 percent girls, and 84 percent boys, whereas in GRC groups , 72 percent girls, and 83percent boys were discontinued breastfeeding only within one year.

- **Education to be measured at the child's level:**

The Chi- square has been considered to be a significant showing perceptible difference in benefits attained by children in terms of education through mainstreaming of school dropout children, through NFE . It reduced dropouts by supporting primary school going children through REC. It could reduce the chance of falling into the trap of chronic poverty and increase the chances of finding an exit route from it.

- **Anthropometric Dimensions to be measured at the child's level:**

Cumulative and compounding effect of poverty has been endured by children in terms of health (a basic capability considered by Sen. 2000) which has tremendous influence on their survival and well-being (Sen A. , Development as Freedom, 2000). Better outcomes in terms of anthropometric

dimensions of a child could reduce the risk of health shock thereby preventing IGT of chronic poverty (Chronic Poverty Research-II, 2008-2009) .

To assess the nutritional status, Z- score was calculated. A Z-score is the number of standard deviations (SD) below or above the reference median values. For the present study height for age Z-score (HAZ-Score to measure stunting) and weight for age Z-Score (WAZ-Score to measure underweighting) for boys and girls was estimated to determine the nutritional status.

A comparative study on HAZ and WAZ for boys and girls (below five) for both the groups was made in table 4 and 5.

Table 4 : Malnutrition among boys and girls (0-60)
(Stunting)

INDICATOR OF NUTRITIONAL STATUS (HAZ)	GRC N=146		Non-GRC N=64	
	BOYS N=85	GIRLS N=61	BOYS N=17	GIRLS N=47
Z< - 1.0 (Mild)	28 (32.94%)	15 (24.59%)	1 (5.88%)	22 (46.81%)
Z<-2.0 (Moderate)	17 (20%)	18 (29.51%)	12 (70.59%)	15 (31.91%)
Z< Above - 2.0 (Severe)	4 (4.71%)	1 (1.64%)	3 (17.65%)	4 (8.51%)
Normal	36 (42.35%)	27 (44.26%)	1 (5.88%)	6 (12.77%)

A comparison of HAZ- score on both the groups was made. It revealed that a greater number of girls and boys from the Non-GRC group were estimated to face moderate and severe stunting than that of GRC groups. However, a greater percentage of boys from GRC groups than that of Non-GRC group fell in the category of mild stunting, whereas, approximately 47 per cent of girls from Non-GRC group fell in the same category in comparison to GRC groups.

Approximately 42% of the boys and 44% of the girls from GRC in comparison to only 6% of the boys and 13% of the girls from Non-GRC have a normal nutritional status.

Table 5: Malnutrition among boys and girls (0-60)**(UNDER-WEIGHING)**

Indicator of nutritional status (WAZ)	GRC N=146		Non-GRC N=64	
	BOYS N=85	GIRLS N=61	BOYS N=17	GIRLS N=47
Z< - 1.0 (Mild)	32 (37.65%)	15 (24.59%)	11 (64.71%)	30 (63.83%)
Z<-2.0 (Moderate)	15 (17.65%)	3 (4.92%)	5 (29.41%)	5 (10.64%)
Z<-2.0 (Severe)	2 (2.35%)	0	0	0
Normal	36 (42.35%)	43 (70.49%)	1 (5.88%)	12 (25.53%)

The findings of estimated WAZ- score (under-weighting) on both the groups revealed that a greater percentage i.e. (65%) of the boys and (64%) from a Non-GRC group fell in the category of mild stunting, in comparison to GRC groups.

The striking point to be noted is that in the case of moderate stunting, a greater number of the girls and the boys (29%), (11%) respectively from the Non-GRC group is estimated to fall in this category in comparison to GRC group which is (18%) , (5%) respectively . Only 2.35% of the boys from GRC face severe under-weighting.

Approximately 42% of the boys and 70.49% of the girls from GRC in comparison to only 6% of the boys and 26% of the girls from Non-GRC have a normal nutritional status, means no under-weighting.

But to conclude the overall nutritional status of girls is better than boys in GRC group that reflects better nutritional intake, hence better health. Midday meals for school children has resulted in a fall in the number of school dropouts and can be said to have led to a better nutritional status as a result of the REC and NFE programs conducted by GRC.

- **‘Anti-Drivers, Anti-Maintainers and Active-Interrupters’**

These are associated with ameliorating poverty that has been identified in the course of qualitative and quantitative analysis of data pertaining to three objectives. The list of ‘Anti-drivers’ contains the factors that reduce the vulnerability of slipping into chronic poverty by improving the ability (women’s contribution of income, developmental consumption and reduced need to borrow) and

reducing uncertainties (reduce health shocks, domestic violence). It prevents entry into persistent poverty.

Enhanced social empowerment act as anti drivers that help reduce health shocks on account of :

- Autonomy of respondents on provision of medical care to children of both sexes
- Autonomy of respondents on the use of condom
- Change in the perception of marriageable age group of 18-21 years, would prevent the negative implication of teenage pregnancy.
- A new trend of eating practice evident from the findings (from GRC Group), makes the experience of poverty of women similar to that of men by making equal allocation of food within the household.
- Encouragement to small savings and availability of credit at low rate of interest would reduce the danger of slipping into poverty by smoothening consumption variations.

The list contains ‘Anti Maintainers’ which refers to the components that ease the exit from chronic poverty by reducing the stickiness of poverty

- Provision of education, skill development
- Reduced addiction to alcohol
- Information about entitlements
- Awareness about the rights and employment opportunities.
- Nutritious food and safe cooking methods

The list contains ‘Active Interrupters’, which consists of the factors that act as facilitators of escaping poverty

- Enhanced nutritional status of children, and BMI of women
- Immunization of children
- Non formal education and remedial classes for children
- Expenses of children and women
- Access to credit at lower rate of in through SHG
- Significant changes in lives experienced by respondents in terms of education, financial independence, health, skill development would ease the exit-route from poverty.
- Less need to borrow as a result of enhanced labor participation, prevents adoption of coping strategies, smoothen consumption variations

Based on the findings of extensive survey and the analysis of the data, it may be appropriate to suggest a few recommendations underlying the need for further research in the area of chronic poverty and its amelioration.

More focus should be given to improve child care practices and nutritional status of children to prevent child morbidity and mortality by improving her relative bargaining power within the household as quoted in Ratna Sudarshan et al. (2006), Aggarwal (1994), which is the outcome of her position outside especially in the work place, in the community and at the state level, there is a need to devise strategy to strengthen her position in order to improve child's well-being and well-becoming.

- **Close Monitoring**

Enabling environment through NGOs such as Gender Resource Centre is a powerful force for reforming the environment therefore close monitoring and consciousness-raising is very essential as policymakers remain absent from direct relationship as mentioned by Haddad,1995.

- **Perceptions / Awareness**

There is the need to bridge the information gap information to aware women on subjects such as the significance of deliveries through a skilled staff, (Indicators For Monitoring the Millennium Development Goals, 2003), removal of gender discrimination, use of leafy vegetables, significance of safe methods of cooking, a special diet for lactating mothers, to make GRCs effective enabler.

- **Household Empowerment**

Capacity development should focus on empowering women simultaneously in all dimensions, especially in the household, as empowerment is interconnected. GRC needs to focus on gender sensitization especially of male counterparts regarding the significance and need of sharing household responsibilities, giving more freedom to women , making her independent to be able to participate in decision making influencing their own and their children's lives. More to the point, domestic violence is considered as obstacles to gender equality and impediment in economic development of a country, therefore may be considered a public concern .

- **Self Help Group**

Strategies be formulated to motivate women not only in retaining their membership in the SHGs, but also to reach the stage where linkages with banks can be established for successful micro entrepreneurial activity.

- **Income Generation**

Merely provision of vocational training will not translate into income earning opportunities unless a comprehensive support system including resource system is provided. Therefore, a multifaceted approach should be designed which provides motivation, training, information, guidance, and provides a support system, (Rao V. , A Multi Dimensional Approach to Development of Entrepreneurship: Significance of Training and Other Inputs, 1995) .

- **Chronic poverty**

There is ample scope for further investigation of the condition of child labor (the definition adopted in the Convention on the Rights of the Child in 1990) who are employed in an economic activity that deprives children from attaining education and hinders their health , mental , physical , spiritual , moral, growth and the identification of chronically poor household.

There is a need to further investigate as to how to formulate a 'Panel data Set' as it would provide video-scope view of the impact of any intervention for poverty reduction.

Notes

Conclusion

During Gender sensitization training programme of GRC volunteers the term socialization refers to a process that teaches women and men to conform to rigid norms of gender. Rewards, punishment, training and education help in reinforcing the cultural codes and norms of behavior. Stereotypical expectations are used as justification for limited life choices. Retrieve from [http://jagori.org /wp-content/uploads/2009/12/g](http://jagori.org/wp-content/uploads/2009/12/g).