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978-1-107-07005-9 - How Solidarity Works for Welfare: Subnationalism and Social Development in India

Perna Singh

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## Subnationalism and Social Development: An Introduction

The quality of life that a person leads depends critically on *where* she leads it. It is well known that the residents of Scandinavian countries enjoy a far higher standard of living than the citizens of countries in Central Asia or Latin America. More puzzling is the fact that people living in countries in the same region of the world also lead dramatically different kinds of lives. An infant is over three times more likely to die before his first birthday if he is born in Bolivia rather than in adjoining Argentina. A woman in Iran is nearly twice as likely to be literate as her counterpart across the border in Pakistan. A person in Niger is expected to live about twenty years less than an individual in neighboring Algeria. What is most striking is that variations of this kind persist even within national boundaries. The chances of growing up illiterate are more than twice as high for a Chinese who lives in Qinghai or Tibet as compared to Beijing, Liaoning, or Jilin. In the United States, in South Dakota, a resident of Bennett County is expected to live twelve years less than someone in Moody County. Why do people in different parts of the world, in neighboring countries, and even within the same nation, experience such dramatic divergences in their levels of well-being?

The question of variation in social welfare regimes and developmental outcomes has animated a rich and long-standing body of social science research. An influential strand of this literature emphasizes the significance of regime type. Until recently, there appeared to be scholarly consensus that democracies instituted a more progressive social policy and were characterized by higher social development outcomes than autocracies (Besley and Kudamatsu 2006; Boix 2001; Brown and Hunter 2004; Brown and Mobarak 2009; Lake and Baum 2001). However, important challenges to this view have now emerged (Gerring et al. 2011; Rothstein 2011; Shandra et al. 2004). Another important set of works has argued for the primacy of state institutions. Huber et al. show that aspects of constitutional structure that disperse political power and

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offer multiple points of influence on the making and implementation of policy, for example, federalism, presidential government, strong bicameralism, and single-member-district systems, are inimical to the institution of social policy (1993: 735, 722). In a similar vein, Gerring and Thacker (2008) argue that “centripetal” institutions that centralize authority but are also broadly inclusive such as unitary sovereignty, a parliamentary executive, and a closed-list PR electoral system, are the optimal constitutional structures for social development. Immergut (1990) proposes an analogous argument to explain the variations in healthcare systems across Western Europe in terms of veto points in state institutional structures that render them vulnerable to interest groups. A distinct scholarship emphasizes the significance of the legacy of colonial rule for contemporary social welfare policy and outcomes. Colonization by the British, for instance, has been argued to be associated with better postcolonial developmental outcomes because of the nature of the legal institutions that they implemented (Hayek 1960; La Porta et al. 1998; North 2005) as well as the liberal economic model adopted as compared to the Spanish mercantilist model (Lange et al. 2006; Mahoney 2010). An important work by Acemoglu, Johnson, and Robinson (2001) focuses less on the characteristics of the colonizing power and more on whether or not European colonists could safely settle in a location, the argument being that settler colonies were characterized by less extractive institutions that were conducive to the enforcement of the rule of law and investment and which have persisted to the present date. Yet another set of scholars, following Weber (1948), have stressed the importance of the state bureaucracy for development (Heclo 1972).

But how do we explain the often stark variation in social welfare policy and outcomes among subnational units within a single country, characterized by the same regime type and virtually identical legal, financial, and electoral institutions; a broadly shared history of colonialism and a centrally trained and recruited bureaucracy? A subnational comparison within India, a federal, bicameral, parliamentary democracy with a uniform single-member electoral system, history of nonsettler British colonialism,<sup>1</sup> and a highly regarded national civil service, provides a rich context for an analysis of this puzzle. Indian states (or provinces) have been characterized by a striking degree of subnational variation in the nature of social policy, and relatedly, levels of social development (see Figures 1.1 and 1.2).

While certain states have attained levels of social development, conceptualized in terms of the education and health of the population, approaching those enjoyed by middle-income, industrialized countries, other states have fared worse than countries in sub-Saharan Africa. In a country the demographic size of India, these divergences translate into dramatic differences in the quality of life for millions. In the 1950s, residents of Bihar (which has a larger population

<sup>1</sup> In Chapter 2 I discuss the important differences in the nature of colonial institutions across British India and the implications for social welfare policy and outcomes.

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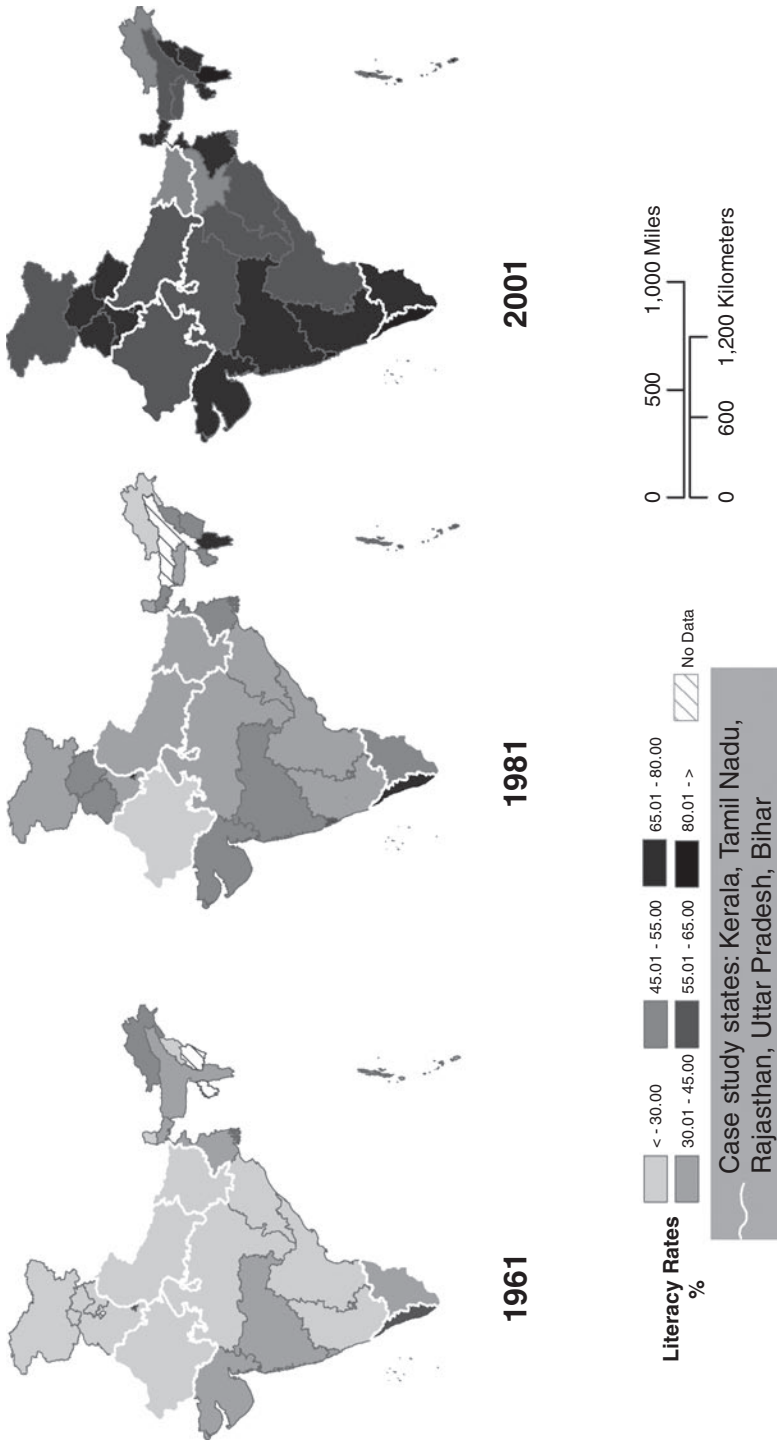


FIGURE I.1. Literacy Rates in India (1961–2001).  
 Source: Census reports of India

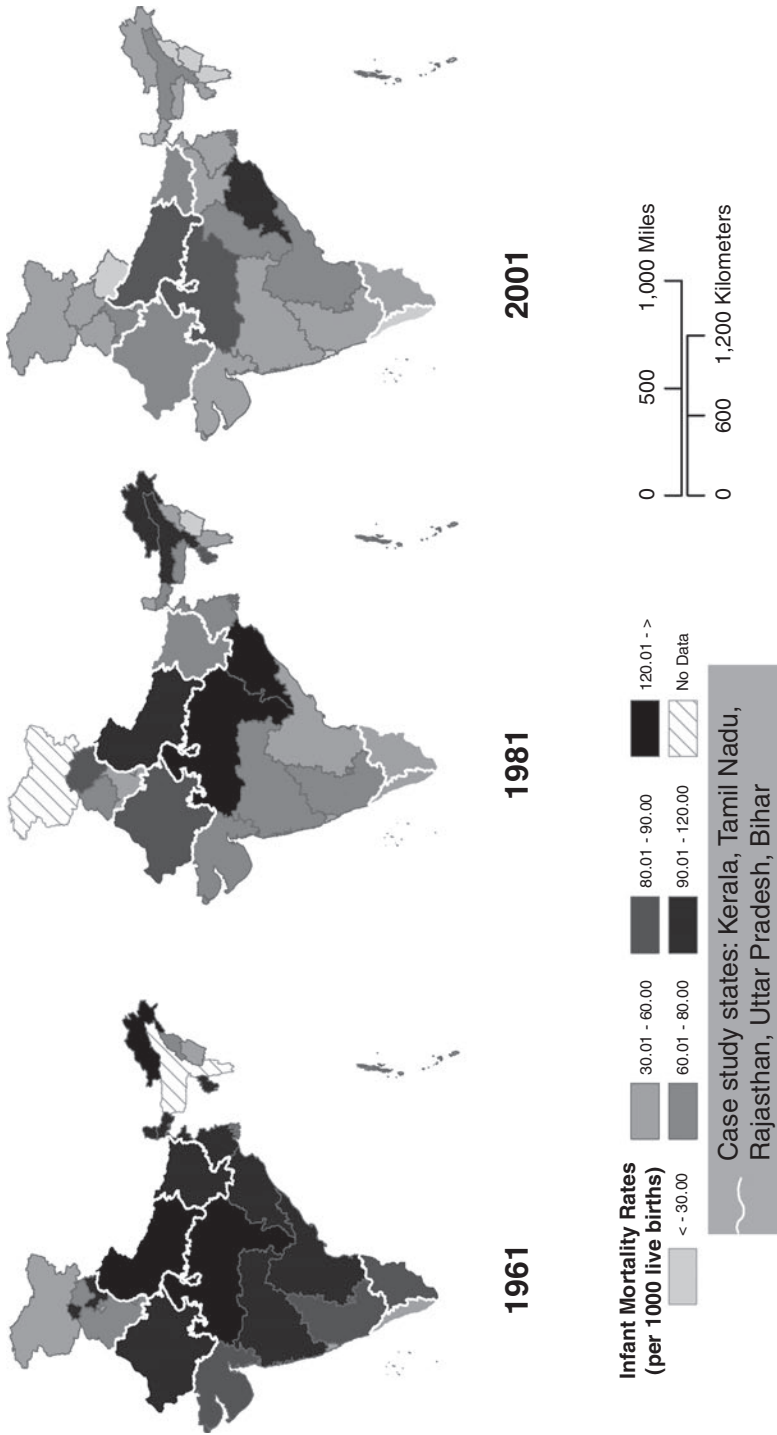


FIGURE 1.2. Infant Mortality Rates in India (1961–2001).  
 Source: Sample Registration System of India

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than France) were less than half as likely to be literate as people in Himachal Pradesh. In the 1970s, women in Orissa (which has a larger population than Argentina) were expected to live, on average, over twelve years less than women in Punjab. In the 1990s, children born in Madhya Pradesh (which has a population just a little lower than Turkey) were five times less likely to survive through infancy than those born in the state of Goa. Even today, women in Maharashtra (demographically equivalent to Mexico) are four times less likely to die during childbirth than their counterparts in Assam. What explains this variation?

The answer to this puzzle, this book suggests, lies in understanding how the shared solidarity that emerges from a collective identification can generate a politics of the common good. Such an argument marks a departure from both the traditional emphasis on the role of class (Esping-Andersen 1990; Heller 2005; Kohli 1987) as well as from the dominant view of the negative implications of identity for welfare (see Singh and vom Hau 2014 for a review). In contrast, this book seeks to show how differences in the strength of affective attachment and cohesiveness of community can be a key driver of subnational differences in social policy and welfare. A shared identification fosters a communal spirit and solidaristic ethos and encourages a perception of not just individual but also collective interests. Bonds of oneness promote a sense of mutual obligation. Elites bound by such solidaristic ties are more likely to push for progressive social policies that further the welfare of the subnational community as a whole. State emphasis on the social sector is a necessary condition for, and a primary driver of social development. Solidarity with the political unit in which people reside also tends to foster greater sociopolitical consciousness and engagement on their part, which increases the likelihood of their involvement with the social services provided by the state. Such popular involvement can supplement the effects of a progressive social policy on social welfare. Among the political units in a country that have primary jurisdiction over social policy, those with a stronger collective identification are therefore more likely to institute a progressive social policy and have higher welfare outcomes than political units that are characterized by a relatively fragmented subnational identity. Relatedly, the primary implication of this book is that there should be a match between the political-administrative unit that has jurisdiction over social policy and the locus of collective identification. Units – national or subnational, whether they be provinces, cities, municipalities, or villages – are more conducive to the institution of a progressive social policy and the realization of welfare outcomes if they are a source of shared identity and solidarity.

Indian states, the subnational political unit that is vested with constitutional authority over social policy vary greatly in the strength of the solidarity of their political community. These differences in *subnationalism* have played a critical role in generating differences in the progressiveness of social policy and levels of social development, conceptualized here in terms of the education and health of the population. This book delineates the mechanisms through which

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[More information](#)TABLE 1.1. *Socioeconomic Indicators across Case Study States (1960–2010)*

|               | Rural<br>Poverty<br>(%) | Rural<br>Inequality | Population<br>Growth<br>Rate (%) | Scheduled<br>Castes<br>(%) | Scheduled<br>Tribes<br>(%) | Muslims<br>(%) | Religious<br>Fractionalization |
|---------------|-------------------------|---------------------|----------------------------------|----------------------------|----------------------------|----------------|--------------------------------|
| Tamil Nadu    | 57.3                    | 30                  | 1.5                              | 18.2                       | 0.87                       | 5.5            | .21                            |
| Kerala        | 56.2                    | 33                  | 1.4                              | 9                          | 1.2                        | 22.9           | .56                            |
| Uttar Pradesh | 46.3                    | 29                  | 2.4                              | 20.9                       | 0.7                        | 17.1           | .28                            |
| Rajasthan     | 53.6                    | 34.4                | 2.6                              | 16.5                       | 12.2                       | 7.9            | .19                            |
| Bihar         | 64                      | 27.5                | 2.0                              | 14.2                       | 7.8                        | 13             | .28                            |

Note: Averages of indicators from 1960 to 2010. Religious fractionalization is calculated based on the Ethnolinguistic fractionalization index (ELF). See table 6.7 for more details.

TABLE 1.2. *Economic Development across Case Study States*

|               | 1960s | 1970s | 1980s  | 1990s  | 2000s  |
|---------------|-------|-------|--------|--------|--------|
| Tamil Nadu    | 797.7 | 870   | 1221.6 | 2069.7 | 2920.6 |
| Kerala        | 688.3 | 786.2 | 998.9  | 1467.1 | 2123.8 |
| Uttar Pradesh | 766.2 | 817   | 1022.8 | 1199   | 1433.6 |
| Rajasthan     | 668.5 | 774.7 | 817    | 1184   | 1442.1 |
| Bihar         | 555.7 | 571.7 | 707.28 | 774    | 914    |

Note: Real net state domestic product deflated by consumer price index for agricultural workers (Rs per capita).

subnationalism influences social welfare by presenting a comparative historical analysis, from the late nineteenth-early twentieth centuries to the present date, of the neighboring states of Tamil Nadu (TN) and Kerala in the deep South, and the two adjacent provinces of Uttar Pradesh (UP) and Rajasthan, as well as a briefer study of Bihar, in the North-Central Indian heartland. It then tests the validity of this argument against prominent theories that would explain such subnational variation in terms of levels of economic development; the importance of class-based formations, notably the strength of social-democratic parties; the nature of political competition; or the extent of ethnic diversity, through a statistical analysis of all Indian states from the 1960s to the 2000s.

The provinces of Tamil Nadu, Kerala, UP, Rajasthan, and Bihar are typical Indian states on a number of key economic, sociopolitical, and demographic dimensions (see Tables 1.1 and 1.2). They also exemplify the striking subnational variation in social outcomes within the country referred to earlier. Kerala has adopted one of the most progressive social policies of all Indian states and been characterized by social development indicators that put it not only substantially above the rest of India but on par with the top 30 percent of all countries in the world. While less celebrated and not yet equivalent to those of Kerala, the social achievements of the neighboring state of Tamil Nadu have also been quite remarkable. Successive state governments in Tamil Nadu have devoted substantial budgetary resources to welfare provision, which has

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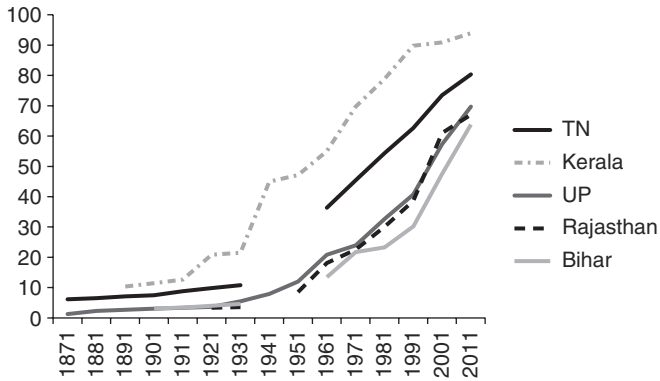


FIGURE 1.3. Literacy Rates in Case Study States (1911–2011): Total Literacy Rates.

*Source:* Census reports of India

allowed the residents of the state to enjoy a far better level of social development than their counterparts in most other parts of India. If Tamil Nadu was an independent country, it would be ranked about a dozen places higher than the Indian average in a global ranking of literacy and more than two dozen places higher in a ranking of infant mortality rates. In contrast, Uttar Pradesh, Rajasthan, and Bihar have been marked by deep social backwardness. At the end of the colonial period, almost 90 percent of the population in all three states was illiterate, and one in every ten children born was expected to die before his or her first birthday. Even as late as the 2000s, just a little less than half the female population of these states was illiterate, putting them, if they were independent countries, in the bottom 15 percent in a global ranking.

It is important to note, however, that these differences have not been as long-standing and deeply entrenched as they are often made out to be (see, for example, Sen 1990). Even as late as toward the end of the nineteenth century, Kerala and Tamil Nadu did not have a significant lead in social welfare outcomes over UP, Rajasthan, or Bihar (see Figures 1.3–1.6).<sup>2</sup> Around this time, UP was widely hailed as a “model province” (Pai 2007: xvi), an example of good governance for other directly controlled areas of British India (Kudaisya

<sup>2</sup> During the colonial period, the states of Tamil Nadu, UP, and Bihar were under the direct control of the British. Tamil Nadu was a part of Madras presidency. Present day UP corresponded to the North-western provinces and Oudh, which was known after 1902 as the United Provinces of Agra and Oudh, and after 1935, simply as the United Provinces. Bihar was part of the Bengal presidency until 1912, when, along with Orissa, it was carved into a separate province. Kerala and Rajasthan, on the other hand, were indirectly ruled by native kings, under the overall suzerainty of the British. The present day territory of Kerala is composed, for the most part, of the two princely states of Travancore and Cochin and also the northern district of Malabar, which was a part of Madras presidency, while Rajasthan, known during the colonial period as Rajputana, is a conglomeration of more than two dozen princely states. For stylistic simplicity, the territories that constituted Tamil Nadu, Kerala, UP, Rajasthan and Bihar in colonial period and before the reorganization of states in 1956 have been referred to by their postcolonial appellations in all the figures.

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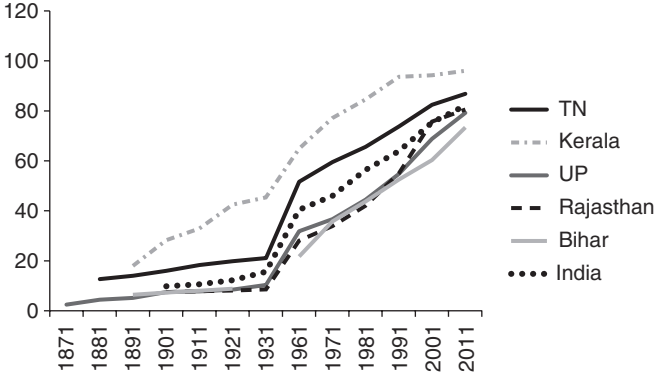
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FIGURE 1.4. Male Literacy Rates in Case Study States (1911–2011).

*Source:* Census reports of India

2007: 8). It was home to the “finest and most industrious of the native races,” endowed with rich natural resources and a well-developed system of roads, railways, and irrigation facilities (Crooks 1897: 3). In contrast, the princely state of Travancore, which corresponded to a bulk of the territory of the present day state of Kerala, was characterized by recurrent budgetary deficits, a corrupt and incompetent administration, poor infrastructure and odious social customs based on one of the most rigid and repressive caste hierarchies of Indian states. As a result of this misgovernance, the state of Travancore faced the threat of direct interference and even outright annexation by the neighboring Madras presidency throughout the 1850s (Jeffrey 1976: 64; Tharakan 1984: 1961). It should therefore come as no surprise that Kerala was not characterized by higher social outlays or better development indicators than UP or other Indian provinces during this period. Until the 1870s, the state of Travancore took little interest in and made no organized attempt to promote the education and health of its people (Singh 1944: 398). During the mid-1870s and early 1880s, the female literacy rate in the princely states of Travancore and Cochin was virtually as minuscule as in the United Provinces.<sup>3</sup> Even toward the end of the colonial period in 1930, a man in the territories that constitute present day Kerala was expected to live, on average, less than thirty years. Similarly, both in absolute terms as well as relative to other Indian provinces, social development in the Madras presidency was far from advanced at the end of the nineteenth century. From the 1850s to the early 1900s, the Madras presidency and UP were equivalently placed on a number

<sup>3</sup> In 1875, female literacy rates in Travancore and Cochin were 0.5% and 0.4% respectively (Ramachandran 1996: 257). According to the Census of India for 1881, the female literacy rate in the United Provinces was 0.1%. In these years male literacy in Travancore and Cochin was 11% and 8.4% respectively, as compared to 4.5% in the United Provinces.



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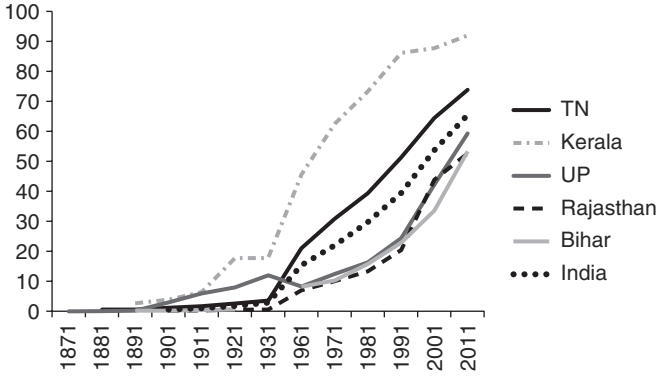


FIGURE 1.5. Female Literacy Rates in Case Study States (1911–2011).  
 Source: Census reports of India

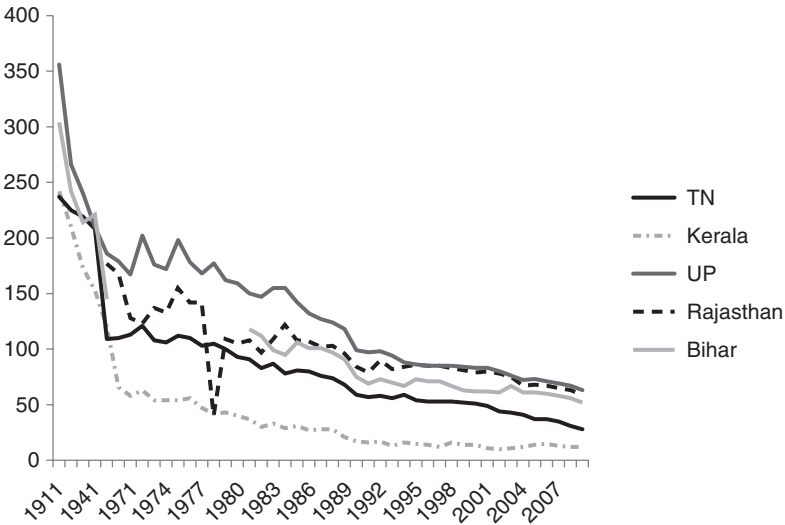


FIGURE 1.6. Infant Mortality Rates in Case Study States (1911–2010).  
 Source: Bhattacharjee (1976); Sample Registration System of India (1971–2001); Registrar General of India (2010)

of social indicators, including education expenditures and infrastructure, with UP even enjoying a marginal lead in some years (Risley and Gait 1903: 166). In 1881, 99.2 percent of the female population of the Madras presidency was illiterate, as compared with 99.8 percent in the United Provinces. In 1901, female literacy rates in Madras (0.9%) were only slightly higher than those in UP (0.3%), Rajputana (0.2%), and Bihar (0.2%).

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Not only was social development in the Southern states virtually equivalent to that of the North-Central states in the late nineteenth century, but within the Southern region, Kerala did not yet have an edge over Tamil Nadu. In fact in the 1870s and early 1880s, both male and female literacy rates in the Madras presidency were higher than in Travancore and Cochin. Through the closing years of the nineteenth century, public expenditures on the social sector in Travancore and Cochin were about the same as those in Madras presidency as well as other princely states such as Mysore, Baroda, or Hyderabad (Singh 1944: 406). Madras was also in a relatively superior position with regard to public health. The network of medical facilities was better developed and the health status of the population was higher in Madras as compared to Travancore and Cochin. In 1870–71, the chief medical officer, for example, reported that the mortality rates in Trivandrum, the capital of Travancore, “compared most unfavorably with similar towns in the Madras Presidency” (Singh 1944: 432).

Finally, it is important to highlight, within the overall context of North-Central Indian backwardness, the surprising lack of a significant developmental lead on the part of UP over Rajasthan or Bihar. In British India UP was regarded as “one of the best governed of all Indian states” (Pai 2007: xvi); On the other hand, the princely states of Rajputana were widely viewed as bastions of deep economic, political, and social backwardness (Markovits 2002: 406). Bihar was widely viewed as one of the most backward of the directly ruled areas of the country; the colonial government’s per capita expenditure on the region was the lowest compared to any other part of British India. These three states entered the postcolonial period with UP enjoying a distinct advantage in terms of its economic situation and the quality of its political and administrative institutions. However, from the 1950s onward, despite facing a precarious budgetary situation, Rajasthan has adopted a more progressive social policy, earmarking substantially higher budgetary expenditures to social development than UP. In comparison to UP’s location in the heart of the fertile Indo-Gangetic plains, Rajasthan’s location in the most arid part of the subcontinent – the state is a vast desert or sub-desert zone – has made it a land of endemic food and drinking water shortages, constantly confronting the danger of famine. Yet UP, Rajasthan, and Bihar have been characterized by roughly equivalent levels of social development, with Rajasthan and Bihar even enjoying a lead in health outcomes. During the 1990s, Rajasthan made substantial improvements in social development, particularly education, registering in 2001 the single largest jump in literacy rates of any state in India since the beginning of the collection of literacy data in the Census of India in 1871. While absolute levels of some developmental indicators still remain below those in UP, Bihar has also witnessed a major developmental turnaround since the mid-2000s, registering the sharpest rate of improvement in educational and health indicators of all Indian states, a development that prompted its being hailed as a “model” for overcoming social backwardness.