

Dr. Sandip Datta

Teaching & Research



29 April 1986 (DOB)



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About me

I have obtained my doctoral degree in Economics from IIT Delhi, India. Five years of research experience during my doctoral studies, has exposed me in handling the large data set e.g. unit level data set like different National Sample Survey (NSS) rounds, NFHS and IHDS and analyzing data using standard statistical package like STATA, SPSS and Matlab. My primary research interest includes health economics, education and development economics. I am looking for a challenging, fast-paced environment within core economic research to utilize my creative knowledge and produce high quality research works by means of best inputs in terms of quality, commitment and dedication.

Skills

Latex

Data Mining from Secondary Sources

Handling Large data (NSS, NFHS, IHDS)

Matlab

SPSS

STATA

Microsoft Excel

Research Interests

Primary:

Development Economics, Health Economics, Political Economics,
Education Economics, Macroeconomics, Labor Economics,

Secondary:

Behavioral Economics, Environmental Economics.

Teaching Interest

Principles and Intermediate Microeconomics, Econometrics, Intermediate Macroeconomics, Advanced Macroeconomics (Growth Theories & Structural Transformation), Political Economics, Mathematical Economics.

Education

- 2013-2018 Ph.D. in Economics
[Department of Humanities and Social Sciences,](#)
[Indian Institute of Technology Delhi](#) Awarded: 3rd November 2018
Thesis Topic: Political Economics: Explaining The Healthcare Issues In India
Adviser: [Debasis Mondal](#)
PhD Course work Grade: 9 out of 10
- 2011-2013 M.A. Economics
[Centre for Economic Studies and Planning](#)
[Jawaharlal Nehru University](#) Completed: July 2013
Grade: 6.19 out of 9
- 2006-2010 B.A. Economics (Major)
[Indira Gandhi National Open University](#) Completed September 2010
Marks: 62.43%

Journal Publications

1. Datta, S., "Competition to Save Life: Political Competition and Health Outcome in India." *Oxford Development Studies*, (2019), doi: <https://doi.org/10.1080/13600818.2019.1645823>
2. Datta, S., "Political competition and public healthcare expenditure: Evidence from Indian states". *Social Science & Medicine* (2019), doi: <https://doi.org/10.1016/j.socscimed.2019.112429>.
3. Datta, S. & Kingdon, G., "Gender Bias in Intra-Household Allocation of Education in India: Has It Fallen over Time?" *IZA DP No. 12671*, (2019), <http://ftp.iza.org/dp12671.pdf>
4. Datta, S. "Impact of political competition on Health: An Empirical Study of the Indian States". *EPRA International Journal of Economic Growth and Environmental Issues*, 8, 23-30, 2015.

Work in Progress

1. Datta, S., "Political Competition and Out of Pocket Healthcare Expenditure in Indian States: Theory and Evidences."
2. Datta, S., "Structural Transformation and Productivity Growth in Indian States since 1983" (Under Review: World Development)
3. Datta, S. Kingdon, G., "Gender bias in intra-household allocation of educational expenditure in India"
4. Datta, S., "Political Economy of State Development: An empirical analysis from the Indian States"

5. Datta, S. & Kumar, A., “ How competitiveness in manufacturing sector affects total factor productivity: Evidence from India”
6. Datta, S. & Kumar, A., “ Trade Unions and Workers’ Welfare in Indian Industries”

Conference Presentations

- 2018**
April 20 11th Doctoral Thesis Conference, Organized by IBS Hyderabad in collaboration with Indira Gandhi Institute of Development Research (IGIDR) Mumbai
 Topic: *“Political Competition and Out of Pocket Health Expenditure: Theory and Evidence from Indian States.”*
- 2017**
August 9 XII International Conference on Public Policy and Management, Organized by Centre for Public Policy (CPP) of IIM Bangalore.
 Topic: *“Political Competition and Out of Pocket Health Expenditure: Theory and Evidence from Indian States.”*
- 2016**
October 21 Graduate Research Meet 2016, Organized by IIT Guwahati.
 Topic: *“Does Political Competition improve health outcome? Evidence from Indian States”*
- 2016**
July 22 5th International Conference on Applied Econometrics, Organized by IBS Hyderabad in association with Indian Econometric Society
 Topic: *“Does Political Competition improve health outcome? Evidence from Indian States”*
- 2016**
January 15 Second International Conference on Contemporary Debates in Public Policy and Management, Organized by Indian Institute of Management Calcutta, Kolkata
 Topic: *“Inequality in Public Healthcare Spending and the Political Determinants of Public Healthcare spending in India”*
- 2015**
December 5 19th Annual Conference of Indian Political Economy Association, University of Goa, Goa
 Topic: *“Inequality in Public Healthcare Spending and the Political Determinants of Public Healthcare spending in India”*

Awards & Fellowship

- 2013-2018** Graduate Assistant-ship, Indian Institute of Technology Delhi.
- 2011-2013** Merit-cum-means(MCM) Scholarship, Jawaharlal Nehru University
- 2012** National Eligibility Test (NET) for lecturer

Work Experience

Position: Education Economist, Since June 2019

[City Montessori School \(CMS\)](#)

Job Description:

- Analysis of the Education Policy in India and particularly for the state of Uttar Pradesh (India).
- Impact evaluation of different educational program implemented by the Government of Uttar Pradesh and other organizations.
- Writing independent research papers on education, healthcare and labor economics

Position: Consultant, April 2018 to May 2019

[Department of Industrial Policy and Promotion](#)

[Office of Economic Adviser, Ministry of Commerce and Industry](#)

Job Description:

- Providing theoretical and technical support to forthcoming Annual Productivity Index (API).
- Analyzing the existing issues with the current model of the Annual Productivity Index (API) to generate a longer time series data of API.
- Providing technical and theoretical support to the forthcoming [Producer Price Index\(PPI\)](#).
- Designed the layout of Producer Price Index which will be available for the public in the coming months.
- Providing technical support to Wholesale Price Index (WPI) whenever needed.
- Engage in building up robust model to forecast Inflation in India.

Position: Intern

May, 2012 to July, 2012

National Sample Survey Office (NSSO)

[Ministry of Statistics and Programme Implementation\(MOS&PI\)](#)

Submitted Project: Protein Price Inflation in India

Teaching Experience

Teaching Assistant

- HUL212 - Introductory Microeconomics Summer 2013; Fall 2015 & 2016
Instructor: Debasis Mondal, Ph.D
Indian Institute of Technology Delhi
- HUL311 - Applied Game theory Summer 2014, 2015 & 2017
Instructor: Debasis Mondal, Ph.D
Indian Institute of Technology Delhi

Languages

Native	Bengali
Fluent	English
Fluent	Hindi

References

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[Saptarshi Mukherjee](#)

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Competition to Save Lives: political competition and health outcomes in India

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ABSTRACT

The literature argues that intense political competition may result in a nation's potential for increased welfare. We theoretically and empirically examine this proposition by linking political competition to health outcomes in the Indian context. Theoretical analysis suggests that political competitiveness increases the probability of having better health outcomes. This analysis also identifies that rural areas benefit from more from political competition than urban areas. In India, the majority of the population (around 70%) resides in rural areas and, therefore, the diversity of ex-ante views about political parties is higher in rural areas compared to urban areas. In such situations, as competition intensifies, the government allocates greater amounts of resources to rural areas to win the election. Thus, as political competition increases, the probability of having better health outcomes rise in rural areas at a higher rate as compared to urban areas. Our empirical analysis also exhibits the same.

KEYWORDS

Political competition; health outcome; infant mortality; rural and urban India

1 Introduction

A plethora of economic and public health research on developing and developed countries focuses on particular political variables in order to explain the variation in health outcomes across nations and their different provinces. Some of these include: public healthcare expenditure (Paxson & Schady, 2005); (Bhalotra, 2007; Farahani, Subramanian, & Canning, 2010; and so forth); improved nutrition (Cutler & Miller, 2005; Fogel, 2004); medical technological progress (Preston, 1980); income inequality (Filmer & Pritchett, 1999; Flegg, 1982); population size (Zweifel & Navia, 2000); urbanization (Gong et al., 2012; Van de Poel, O'Donnell, & Van Doorslaer, 2009); female education (Filmer & Pritchett, 1999; Murthi, Guio, & Dreze, 1995); and parental behavior (Case & Paxson, 2002).

There is a common understanding among researchers that democracy is a critical factor in enhancing the welfare of general population (for example, Besley & Kudamatsu, 2006; Boix, 2001; Brown & Mobarak, 2009; Klomp & de Haan, 2009; Lake & Baum, 2001). The rationality of the above approach depends on the idea that popular participation in government empowers citizens, including the poor, and consequently the former become more responsible for their interests. From ancient philosophers to recent political scientists and economists, it is almost unquestionable that 'democracy serves as a mechanism for redistribution' (Meltzer & Richard, 1981). Besley and Kudamatsu (2006) argue that democracies spend more on healthcare and achieve better health outcomes, whereas autocracies rely on the rich rather than the poor or



Political competition and public healthcare expenditure: Evidence from Indian states

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ABSTRACT

In spite of being the largest democracy in the world, Indian states are spending only around 1% of net state domestic product on public healthcare which is way lower than the world average. This low level of public healthcare spending resulted in a high out of pocket healthcare spending and poor health outcome in India. But democratically elected governments are responsible for spending significant amount of their budget on healthcare for the benefit of the masses. It is generally believed that, in a democracy, political competition drives the elected government to spend more on healthcare, education, infrastructure, etc. for the welfare of the citizens. This is especially true in developing countries, like India, where a significant section of population is poor. We empirically argue that intense political competition forces the incumbent government to spend more on public healthcare in order to win the election. Empirical analysis is done by creating a state level panel of 16 major Indian states, covering a span of two decades (1991–2011).

1. Introduction

Over the last couple of decades, a plethora of literature have observed that democratic regimes have higher social welfare provision than authoritarian regimes (see, (Olson, 1993), (M. C. McGuire and Olson, 1996), (Alesina et al., 1999), (Boix, 2001), (Lake and Baum, 2001), (Brown and Hunter, 2004), (Besley and Kudamatsu, 2006), (Ross, 2006), (Haggard and Kaufman, 2008), (Brown and Mobarak, 2009), (Klomp and De Haan, 2009), (Gerring et al., 2012) and others). The rationality of the above argument relies upon the notion that popular participation in electing a government enables its citizens, including the economically marginalized, to make the elected government sensitive to their interest. The basic principle of democracy is that the incumbent government can lose power in the next election (see (Przeworski et al., 2000)), and therefore, political parties must devise a mechanism to gain visibility and attract voters consequentially maximizing their chances of winning in the next election (see (Lake and Baum, 2001)). Thus, democratically elected government allocates more resources to merit good sector like healthcare and education.

From the times of ancient philosophers to recent political scientists and economists, it remains almost unquestionable that “*democracy serves as a mechanism for redistribution*” (see (Meltzer and Richard, 1981)). Some studies find that democracies, to some extent, spend more on public healthcare in comparison to autocratic regimes (see, (Kaufman and Segura-Ubierno, 2001), (Przeworski et al., 2000)). Similarly, Besley & Kudamatsu (2006) argue that democracies spend more on public healthcare and hence achieve better health outcome (also see, (Klomp and De Haan, 2009), (Gerring et al., 2012), (J. W.

McGuire, 2013), (Burroway, 2016) and others). There exists a robust relationship between health outcome and democracy (see (Gerring et al., 2012)), though, long-term democratic experience is more effective in improving health outcome than short-term democratic practice (See (J. W. McGuire, 2013)).

In recent times, this common consensus has been challenged by emerging contesting arguments. These studies question the robust relationship between democracy and different measures of human development. The findings of such studies are supported by a great deal of qualitative evidence. For instance, over the course of 20th century, a few countries under authoritarian regime experienced dramatic improvement in human development (e.g. in the East Asian Newly Industrialized Countries and the communist countries (see (Gerring et al., 2012))). While, many long-standing democracies in developing countries are still facing persistent inequality and dismal healthcare condition (e.g. India, Sub-Saharan Africa, etc.). In addition to this, some of the causal ways in which democracies were previously assumed to affect welfare of the poor, seems quite doubtful considering the recent empirical findings. Many of these cross-national studies omit the non-democratic nations with good economic and social health from their sample, leading to biased results. But, Ross (2006) finds it problematic that the democratic regimes outperform the non-democratic regimes. Ross (2006) finds that democracy has little or no-impact on development.

Democracy may emerge as a better system than autocracy as far as the health outcome is concerned. Literature also corroborates that long-term democratic experience is better than the short-term democratic practice. Yet, when comparing world's two most populous nations

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ABSTRACT

Gender Bias in Intra-Household Allocation of Education in India: Has It Fallen over Time?

This paper asks whether gender bias in education expenditure in rural India fell over the two-decade period from 1995 to 2014. We find that instead of falling over time, the channel through which gender bias is practiced changed dramatically over the 20 years. Secondly, the paper demonstrates the usefulness of distinguishing between the two potential channels of gender bias, namely bias in the school enrolment decision, and bias in the conditional educational expenditure decision, rather than in the single unconditional education expenditure decision; this distinction is shown to be important because gender bias in the enrolment decision has greatly fallen but bias in the conditional expenditure decision has significantly risen over time. Thirdly, we find that individual child level data has much greater power to detect gender bias in education spending, compared to household level data. Lastly, household fixed effects analysis shows that the observed gender biases in education spending are a within-household phenomenon in rural India.

JEL Classification: I24, I240

Keywords: gender bias, education expenditure, education and gender, India

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IMPACT OF POLITICAL COMPETITION ON HEALTH: AN EMPIRICAL STUDY OF THE INDIAN STATES

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ABSTRACT

The debate on the effects of political competition on development and welfare is four decades old. Intense political competition may result in greater welfare prospect of the nation. This paper re-examines this proposition by linking the political competition to the different indicators of development. The existing literatures somehow missed this area in Indian context. This analysis shows the impact of political competition on the major components of human development e.g. education and health. Our results suggest that politically-competitive states perform well along the health indicators. Rural areas are benefited from the political competition as compared to the urban areas. Another interesting finding of this paper is that increasing number of female legislator in the assembly has positive impact on health. The states which are politically more competitive and have more female legislator representation are doing well in terms of health. This paper also revisits the debate of growth versus development.