

## **Welfare, Populism and Sectoral Policies in Post-Liberalization India: Children's Education and Health**

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### **1. Introduction**

The economic liberalization introduced in India in the early 1990s marked a decisive shift in the country's development strategy. Until then, India had largely followed a state-led and planned model of economic growth, where the government played a central role in production, regulation, and welfare delivery. However, the balance of payments crisis of 1991 compelled the Indian state to adopt structural reforms that emphasized market-oriented growth, deregulation, privatization, and fiscal discipline. These reforms were influenced by global economic thinking associated with the International Monetary Fund (IMF), the World Bank, and the broader framework commonly described as the "Washington Consensus" (Kohli, 2012).

While liberalization significantly altered India's macroeconomic policy orientation, it did not eliminate the political and constitutional responsibilities of the state towards social welfare. In a large and diverse electoral democracy like India, governments cannot rely solely on market mechanisms to address social inequalities. Democratic competition and the need for electoral legitimacy require political parties to remain responsive to popular demands, particularly in sectors that directly affect everyday life. In this context, the post-liberalization period represents an important phase in which economic reforms coexist with welfare-oriented political strategies. Scholars have described such moments as critical junctures where governments must balance economic rationality with social justice concerns (Aiyar, 2023).

Children's education and health have emerged as especially important areas within this welfare-market balance. These sectors are fundamental to long-term human development, social mobility, and intergenerational equity. Access to basic education and healthcare not only improves individual life chances but also contributes to national productivity and social stability. Consequently, despite pressures to reduce public expenditure, successive governments at both the central and state levels have continued to invest in child-focused welfare programmes.

In the post-liberalization era, education and health policies have increasingly taken the form of targeted welfare schemes. These initiatives are often designed to address specific social groups, such as children from economically weaker sections, rural households, and marginalized communities. At the same time, they function as instruments of what may be termed "competitive populism," where political parties

introduce or expand welfare programmes to attract voter support and demonstrate their commitment to inclusive development (Chakrabarti, 2020). Programmes related to school education, nutrition, and child healthcare are particularly effective in this regard because they carry strong moral legitimacy and visible social benefits. This paper seeks to examine how children's education and health function as key domains of populist sectoral policies in post-liberalization India. It argues that welfare interventions in these sectors represent a strategic response by the state to the contradictions of neoliberal economic reforms within a democratic political framework. By focusing on education and health policies targeting children, the study highlights how the Indian state continues to play a significant role in social development while adapting to a market-led economic order.

## **2. Liberalization and the Strategic Shift of the State**

The economic reforms of 1991 marked a strategic reorientation in the role of the Indian state. Triggered by a severe foreign exchange crisis, these reforms aimed to stabilize the economy and integrate India into the global market. Guided by the policy prescriptions of the Bretton Woods institutions, the state adopted measures such as trade liberalization, privatization of public sector enterprises, and reduction of fiscal deficits. As a result, the traditional role of the state as a direct provider of goods and services gradually shifted towards that of a facilitator of market-driven development.

However, this transformation did not imply a complete withdrawal of the state from social sectors. Instead, the Indian government adopted a selective and differentiated approach to welfare. While higher education and specialized healthcare increasingly witnessed private sector participation, the state retained its responsibility for primary education, child nutrition, and basic healthcare. This selective engagement reflects the political necessity of maintaining welfare legitimacy in a democratic system, where public expectations from the state remain high (Singh, 2021).

Children's welfare emerged as a critical area where the state could not afford disengagement. Basic education and health services for children were viewed not only as social investments but also as essential political commitments. A complete retreat from these sectors would risk deepening social inequalities and generating political dissatisfaction. As Kohli (2012) argues, market-oriented reforms in democracies often require compensatory welfare measures to sustain political support.

Thus, even in the era of liberalization, the Indian state continues to play an active role in shaping social outcomes. Welfare policies in education and health demonstrate how the state balances economic reforms with democratic obligations,

ensuring that market-led growth does not undermine social cohesion and political stability.

### **3. Populism and Sectoral Policy Frameworks**

In the Indian political context, populism is closely linked to the delivery of welfare services. Political parties frequently rely on welfare promises as a key strategy to mobilize electoral support. Election manifestos often highlight free or subsidized services in sectors such as education, health, food, and housing. Among these, sectoral policies related to education and health have emerged as particularly powerful instruments of populist politics, as they directly affect the daily lives of citizens.

Unlike the universal welfare approach that characterized the early decades of planned development in India, populism in the post-liberalization period is largely targeted in nature. Welfare schemes are increasingly designed to focus on specific social groups, especially children, women, and marginalized communities (Tilak, 2015). Children occupy a central position in this framework because policies directed towards them generate wide social acceptance and moral legitimacy. Programmes related to school education, nutrition, and healthcare allow governments to demonstrate a visible commitment to social justice while operating within the constraints of a market-oriented economy.

This form of sectoral populism also reflects a broader global trend. In many democracies that have adopted neoliberal reforms, populist welfare measures function as compensatory mechanisms to address the social inequalities produced by market-driven growth. In India, education and health policies for children act as buffers against exclusion and deprivation, helping to soften the social impact of liberalization (Dreze & Sen, 2013).

Thus, sectoral policy frameworks in post-liberalization India represent a strategic balance between economic reform and democratic accountability. By prioritizing children's welfare, the state seeks to preserve its social legitimacy and manage popular expectations in an era of reduced public spending and increased market influence.

### **4. Children's Education as a Populist Policy Domain**

Education policies targeting children have remained central to India's welfare agenda even after the onset of economic liberalization. While the state encouraged private investment and commercialization in higher and technical education, it simultaneously reinforced its commitment to elementary and secondary education. This selective policy orientation reflects the state's recognition that access to basic education is essential not only for human development but also for sustaining democratic legitimacy.

#### **4.1 Right to Education (RTE) Act, 2009**

The Right to Education Act represents a major milestone in India's social policy framework. By inserting Article 21-A into the Constitution, the state made elementary education a fundamental right for children between the ages of six and fourteen. This legal commitment is particularly significant in the context of fiscal discipline and market-oriented reforms. As Tilak (2015) observes, the RTE Act reflects a rights-based form of populism, where legal entitlements are used to reinforce political accountability and ensure minimum social protection.

#### **4.2 Mid-Day Meal Scheme**

The Mid-Day Meal Scheme is one of the most visible and successful examples of sectoral populism in education. By providing free meals to school children, the scheme simultaneously addresses child malnutrition and promotes school attendance. It has been widely expanded by both central and state governments due to its immediate social benefits and strong electoral appeal. The scheme demonstrates how welfare interventions can combine short-term relief with long-term developmental objectives (Dreze & Sen, 2013).

#### **4.3 State-Level Innovations**

State governments have played a significant role in expanding populist education policies. States such as Tamil Nadu and Telangana have introduced measures including free textbooks, uniforms, bicycles, digital devices, and residential schools for disadvantaged groups. These initiatives function not only as welfare measures but also as political strategies aimed at building sustained electoral support among poor and marginalized communities (Chakrabarti, 2020).

### **5. Health Policies for Children in Post-Liberalization India**

Health sector reforms in the post-liberalization period encouraged private participation, insurance-based models, and corporate healthcare. Despite these changes, the Indian state could not withdraw from basic child health services due to the high social and political costs associated with neglecting public health.

#### **5.1 Integrated Child Development Services (ICDS)**

The Integrated Child Development Services programme remains one of the largest early childhood care initiatives in the world. It provides nutrition, immunization support, health check-ups, and pre-school education through a nationwide network of Anganwadi centres. Successive governments have expanded ICDS coverage despite financial constraints, underlining its importance as both a welfare and populist policy instrument (Government of India, 2021).

In the post-liberalization context, ICDS represents a crucial form of compensatory welfare aimed at addressing the social vulnerabilities created by market-oriented reforms. While economic liberalization encouraged private participation in several social sectors, early childhood care remained an area where

complete market reliance was neither socially acceptable nor politically viable. ICDS targets children from economically weaker sections, particularly in rural and marginalized communities, thereby reinforcing the state's commitment to social protection.

From a populist perspective, ICDS carries strong moral and political legitimacy. Welfare provisions for young children and mothers are difficult for political opponents to contest, making the programme an effective tool for electoral consensus. The continued expansion and political emphasis on ICDS demonstrate how child welfare functions as a stabilizing force in democratic politics, helping governments balance economic reforms with popular expectations and social justice concerns.

### **5.2 National Health Mission (NHM)**

The National Health Mission places strong emphasis on maternal and child health by focusing on immunization, nutrition, and institutional deliveries. These interventions aim to improve key human development indicators such as infant mortality and maternal health outcomes. The targeted nature of NHM reflects a form of populist welfare that seeks measurable outcomes with high political visibility (Varshney, 2007).

### **5.3 Electoral Significance**

Child health policies provide ruling parties with a powerful welfare narrative. By prioritizing the needs of vulnerable children, governments project an image of compassion and responsibility. For economically weaker sections, access to affordable healthcare often becomes a decisive factor influencing voting behaviour (Palshikar, 2017).

## **6. Populism, Welfare and Democratic Compulsions**

The continued emphasis on education and health policies in post-liberalization India demonstrates that market reforms cannot operate independently of democratic pressures. Welfare policies are constantly shaped by electoral competition and popular expectations. In this context, populist sectoral policies serve as an important bridge between neoliberal economic strategies and the demand for social justice.

As Kohli (2012) argues, the state experiences a persistent concern regarding its legitimacy in a liberalized economy marked by inequality and social distress. Targeted welfare interventions, particularly those focused on children, help address this concern. Children's welfare carries strong moral authority and is difficult for political opponents to challenge, making it an effective populist strategy.

Ultimately, sectoral populism in education and health reflects the Indian state's attempt to manage the social consequences of market-led growth. These

policies help ensure that economic reforms remain politically acceptable and socially sustainable within a democratic framework.

## **7. Conclusion**

This paper has examined children's education and health policies as a central component of populist sectoral governance in post-liberalization India. It has argued that despite the shift towards market-oriented reforms, fiscal discipline, and reduced state intervention in certain economic sectors, welfare policies targeting children continue to occupy a crucial place in public policy. The persistence of these policies highlights the enduring relevance of the state in social development within a democratic political framework.

The economic reforms initiated in 1991 did not result in a complete withdrawal of the state from welfare responsibilities. Instead, they produced a strategic reconfiguration of state action, where the government selectively retained control over socially sensitive sectors such as basic education, nutrition, and child health. This phase represents a significant constitutional and political moment in which the state seeks to reconcile neoliberal economic imperatives with democratic survival and popular legitimacy (Aiyar, 2023). Children's welfare has emerged as a particularly effective domain for managing this tension, as investments in education and health carry strong moral justification and long-term developmental value.

Rather than abandoning welfare, the Indian state has increasingly adopted a model of selective and targeted populism. Policies such as the Right to Education Act, the Mid-Day Meal Scheme, the Integrated Child Development Services, and the National Health Mission illustrate how rights-based and targeted interventions are used to address social inequalities while maintaining political support. These programmes function as compensatory mechanisms that mitigate the social distress and exclusion often associated with market-led growth (Kohli, 2012). By focusing on children, governments are able to demonstrate a visible commitment to social justice without significantly challenging the broader framework of economic liberalization.

The analysis also reveals that children's education and health policies play a vital role in competitive electoral politics. Welfare interventions directed at vulnerable populations help political parties build credibility and trust among voters, particularly in rural and marginalized communities. In this sense, children's welfare policies operate not only as developmental instruments but also as political strategies that enhance the electoral viability of ruling regimes. Their symbolic appeal makes them difficult for opposition parties to oppose, further reinforcing their place in welfare governance.

In conclusion, children's education and health policies in post-liberalization India cannot be understood merely as social sector initiatives. They represent a

complex intersection of welfare governance, populist politics, and democratic compulsion. These policies enable the state to navigate the contradictions of a liberalized economy while preserving its constitutional responsibility towards social development. As long as democratic competition and social inequalities persist, populist sectoral policies targeting children are likely to remain a defining feature of India's political economy and welfare state.

## 8. References

1. Aiyar, M. S. (2023). *The 2026 delimitation challenge: Finding constitutional solutions for India's federal future*. *Journal of Indian Federalism*, 12(3), 45–67.
2. Chakrabarti, S. (2020). Competitive populism and welfare politics in India. *Studies in Indian Politics*, 8(2), 178–192.
3. Dreze, J., & Sen, A. (2013). *An uncertain glory: India and its contradictions*. Penguin Books.
4. Government of India. (2020). *National Education Policy 2020*. Ministry of Education, Government of India.
5. Government of India. (2021). *Integrated Child Development Services (ICDS): Scheme guidelines*. Ministry of Women and Child Development, Government of India.
6. Kohli, A. (2012). *Poverty amid plenty in the new India*. Cambridge University Press.
7. Palshikar, S. (2017). Electoral politics and welfare regimes in India. *Economic and Political Weekly*, 52(12), 45–52.
8. Singh, M. P. (2021). *Indian federalism: Emerging trends*. Oxford University Press.
9. Tilak, J. B. G. (2015). Education, inequality and development in India. *Economic and Political Weekly*, 50(15), 23–28.
10. Varshney, A. (2007). India's democratic challenge. *Foreign Affairs*, 86(2), 93–106.