



Women in Cabinet Positions and the Prioritization of Healthcare and Education Welfare: A Cross-National Study

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Abstract

Women's participation in executive political leadership, particularly in cabinet-level and municipal decision-making roles, has a significant influence on welfare governance. This study examines how women's political representation impacts the prioritization of healthcare and education policies, with a focused reference to the Mumbai Metropolitan Region (MMR). The findings suggest that women leaders tend to emphasize social welfare sectors such as maternal health, public healthcare access, child education, and community-based services. However, the effectiveness of these priorities is influenced by administrative capacity, financial constraints, and socio-cultural factors. The study concludes that while women's representation improves welfare focus, structural reforms are necessary to ensure effective implementation.

Keywords: Mumbai Metropolitan Region, Public healthcare

1. Introduction

When more women are in charge, governments tend to think about what people need in a different way. This isn't a coincidence. Women who have firsthand experience with healthcare systems, parenting, and household management offer a distinct perspective when they occupy positions of leadership. Researchers and politicians from all over the world have noticed that cities and regions with more women in government tend to spend more money on things like education, public health, and community welfare.

Mumbai is one of the most complicated cities in the world. Millions of individuals from very varied economic backgrounds live in the Mumbai Metropolitan Region. They all use the same roads, hospitals, and schools. It is very hard to run a city like this, and the choices made by those in charge, whether they are in the cabinet or in the municipal corporations, have a direct impact on the lives of regular people every day. When a mother in a Mumbai suburb has trouble finding an affordable maternity center or a girl in a low-income neighborhood can't get to a good school, these are not just personal problems. These are the results of decisions taken by people in government offices. This study examines a fundamental yet significant question: does the presence of women in positions of power yield a difference? Do the policies that come after women serve on city councils, lead healthcare committees, or hold cabinet positions better reflect the needs of women and families? The Mumbai Metropolitan Region provides a compelling context to examine this subject, since it integrates the intricacies of extensive metropolitan governance with prominent instances of women in leadership positions across all tiers. This study aims to elucidate the correlation between female political engagement and welfare outcomes in domains such as maternal health and educational access, highlighting that representation is not merely a question of equity, but of tangible influence.

2. Review of Literature

Sharma, R. (2014). Women in Panchayati Raj and Welfare Policy Outcomes

Sharma (2014) studied women elected representatives in rural Maharashtra and Uttar Pradesh Panchayati Raj Institutions. Female Gram Pradhans spent more on primary healthcare centers and anganwadi services than male-led villages, according to the study. Sharma believed women leaders' ground-level grasp of community issues informed policy priority. The research also found that women delegates attended gram sabha meetings more often and raised maternal nutrition, child immunization, and sanitation issues. The survey noted that many women in these situations were represented by male family members who made decisions. Even with this limitation, Sharma found that symbolic female presence pressured local administrations to address women's welfare concerns, suggesting that true participation would provide better results.

Nair, S. (2010) Kerala Women in Local Bodies and Gender and Governance

Kerala women elected to local self-government organizations after the 73rd and 74th



Constitutional Amendments were studied by Nair (2010). Interviews with over 200 women representatives from panchayats and municipal wards showed that when given true decision-making power, women prioritized welfare packages for drinking water, maternity health, and girls' education. Kerala's high literacy rate and progressive social culture allowed women delegates to make more independent decisions than in other states, Nair noted. Kerala women politicians were also better at distributing central government welfare initiatives to beneficiaries, particularly low-income women and girls. Importantly, Nair questioned the idea that women's political effectiveness rested primarily on numbers, stating that the social and institutional framework in which women controlled mattered equally. The findings illuminated how regional environment affects female political engagement and welfare delivery.

V. Vijayalakshmi (2008) Kannada Women Councillors and Urban Governance

Women councillors in Bangalore and Mysore municipal corporations were studied by Vijayalakshmi (2008). The study evaluated whether women elected to ward-level posts may influence health and education infrastructure budgets. Women councillors were more active in demanding primary health sub-centres, public bathrooms for women, and school mid-day meal modifications. Vijayalakshmi also identified major structural impediments women faced, such as exclusion from informal decision-making networks dominated by male politicians and senior bureaucrats. The research found that many women councillors felt marginalized during budget debates, with their recommendations generally deprioritized for infrastructure projects supported by men. Despite these obstacles, the study found that women's presence in urban municipal bodies changed public desires, even if they weren't always met. To help women councillors manage institutional hierarchies, Vijayalakshmi suggested enhanced training and capacity-building activities.

Duflo, E., & Chattopadhyay, R. (2004) Female Policymakers in India

One of India's most prominent empirical studies on women's political engagement was by Chattopadhyay and Duflo (2004), who randomly assigned reserved seats for women in West Bengal and Rajasthan panchayats. They discovered that women leaders invested more on public goods that affected women's daily life, such as drinking water, roads to health centers, and schools. Rajasthan women-led villages had more drinking water projects, whereas West Bengal women-led panchayats invested more in education facilities. The study showed that women's policy preferences were meaningful resource allocation decisions when they had decision-making power. According to Chattopadhyay and Duflo, female constituents were more inclined to approach women with welfare-related issues, showing that female leadership made governance more accessible for ordinary women. Their quantitative showing that substantive representation has welfare effects made them a landmark in Indian gender and governance studies.

Kaushik (2017), Female Participation in Delhi's Urban Local Bodies and Health Policy

Kaushik (2017) explored how Delhi Municipal Corporation women officers influence health policy, concentrating on maternal health care and public dispensary access in low-income urban wards. Mixed-methods research combined 150 ward councillor surveys, in-depth interviews, and budget analysis. Women-led wards had more health sub-centre permissions and Janani Suraksha Yojana fund use than male-led ones, according to Kaushik. Research also showed that women councillors were more proactive in ward-level health camps for pregnant and new moms. However, Kaushik noticed that top municipal health department officials were reluctant to implement ideas from women councillors, particularly minority or low-income ones. The study found that while women's political presence in urban governance bodies was pushing health-sensitive policy, entrenched administrative hierarchies and Delhi's gendered culture were limiting this influence.

Buch, N. (2012) Female Experience in New Panchayats: Rural Women's Rising Leadership

Buch (2012) conducted an extensive qualitative study in six Indian states on how newly elected women panchayati raj officials adapted to their leadership posts and implemented welfare



policy. In Himachal Pradesh and Madhya Pradesh, women sarpanchs who had been trained by self-help organizations or NGO programmes were more effective at advocating for education and healthcare welfare packages. Buch found that these women advocated for government school infrastructure, midday meal quality, and Pradhan Mantri Matru Vandana Yojana payments. In states where women were not culturally expected to speak in public forums or challenge male authority, social norms limited women's public participation, the study found. Buch believed that legal reservation alone was insufficient to assure substantive representation and that concomitant social investments in women's education, awareness, and community organization were needed to empower women leaders. This research helped explain the discrepancy between formal political inclusion and policy influence.

Gender-Responsive Budgeting and Women's Political Leadership in Indian Municipalities (2019)

Jain (2019) examined Gender-responsive budgeting initiatives and women in leadership roles in Indian municipal corporations in Pune, Jaipur, and Bhopal in a policy-focused study. In towns where women held significant finance and welfare committee roles, gender-responsive budgeting was more likely to be adopted and implemented meaningfully, according to the study. After women corporators fought for a separate women and child welfare budget line in Pune, spending on crèche facilities, women's health centers, and girl-child scholarship schemes grew significantly over five years, Jain found. Women leaders in Jaipur used gender-responsive budgeting frameworks to oppose the male-dominated public works agenda that absorbed most municipal expenditures, according to the report. Jain cautioned that gender-responsive budgeting in many cities was largely technical and unrelated to feminist political advocacy, and recommended that municipal leaders receive dedicated support in using budgetary tools for welfare advocacy.

Mishra, A., & Singh, P. (2022): Indian State Cabinets and Social Welfare Policy.

Mishra and Singh (2022) ran a quantitative research of the association between women ministers in state cabinets and social welfare policy achievements in 20 Indian states from 2005 to 2020. The study used panel regression models with data from state budget documents, National Family Health Survey reports, and Election Commission records to find a positive and statistically significant association between female cabinet representation and maternal mortality reduction, female literacy growth, and girls' school enrollment. Rajasthan and West Bengal, which have experienced more female cabinet involvement, improved these welfare indices faster than states where women were persistently underrepresented in executive governance. According to Mishra and Singh, women ministers in health, education, and women and child development had greater welfare policy results than those in other portfolios. However, the study cautioned that women ministers in states with strong patriarchal party cultures typically encountered opposition from party leadership that hampered their capacity to promote progressive welfare programs. The authors concluded by urging for political party institutional improvements to enable women in cabinet posts to have substantial policy influence.

3. Objectives of the Study

1. To examine women's participation in leadership roles in MMR
2. To analyze its impact on healthcare and education policies
3. To identify gaps in welfare implementation
4. To assess the effectiveness of women-led governance

4. Research Methodology

Research Design: Descriptive and analytical research design

Nature of Study: Empirical and comparative

Study Area: Mumbai Metropolitan Region (urban municipal governance areas)

Sample: 240 women respondents from different socio-economic groups

Data Collection

- Structured questionnaire

- Interviews
- Secondary data

Tools of Analysis

- Percentage analysis
- Comparative analysis

5. Results

Table 1: Women’s Leadership and Welfare Priorities — MMR (N = 240)

Indicator	Observation
Healthcare prioritization	Strong focus on maternal and child health
Education prioritization	High emphasis on school access and schemes
Welfare awareness	Moderate to high
Policy responsiveness	Higher where women leaders are active

Table 2: Healthcare and Education Issues in MMR (N = 240)

Sector	Key Issue	Women Leaders’ Role	Gap Identified
Healthcare	Overcrowded public hospitals	Raised by women leaders	Infrastructure gaps
Healthcare	Maternal health services	Policy advocacy	Resource shortage
Education	School accessibility	Women-led initiatives	Uneven distribution
Education	Awareness of schemes	Campaigns conducted	Low outreach

Table 3: Perception of Women’s Leadership Impact (N = 240)

Aspect	Positive (%)	Neutral (%)	Negative (%)
Healthcare improvement	67	19	14
Education improvement	71	17	12
Welfare responsiveness	65	20	15

Table 4: Awareness of Welfare Schemes Among Respondents (N = 240)

Scheme Category	High Awareness (%)	Moderate (%)	Low Awareness (%)
Healthcare schemes	60	25	15
Education schemes	64	21	15
Nutrition schemes	58	25	17

Table 5: Access to Healthcare and Education Services (N = 240)

Service Type	Easy Access (%)	Moderate Access (%)	Difficult Access (%)
Public healthcare	50	30	20
Maternal health services	55	25	20
Government schools	63	23	14

Table 6: Decision-Making Role of Women in Welfare Issues (N = 240)

Decision Aspect	Women Decide (%)	Shared Decision (%)	Male-Dominated (%)
Healthcare decisions	40	33	27
Education decisions	45	33	22
Welfare scheme benefits	33	29	38

Table 7: Barriers to Effective Women Leadership (N = 240)

Barrier	High Impact (%)	Moderate (%)	Low Impact (%)
Patriarchal norms	58	24	18
Administrative constraints	54	28	18
Lack of resources	51	30	19
Limited authority	56	26	18

Table 8: Impact of Women Leadership on Policy Implementation (N = 240)

Indicator	Strong Impact (%)	Moderate (%)	Weak (%)
Healthcare services improvement	64	22	14

Education access improvement	67	21	12
Welfare scheme delivery	62	24	14

Table 9: Role of Women Leaders in Welfare Scheme Awareness and Outreach (N = 240)

Activity	High Involvement (%)	Moderate (%)	Low (%)
Awareness campaigns (health/education)	62	24	14
Community meetings / interactions	58	27	15
Promotion of government schemes	60	25	15
Support for beneficiaries	55	29	16

Table 10: Satisfaction Level with Welfare Services under Women Leadership (N = 240)

Service Area	Highly Satisfied (%)	Moderately Satisfied (%)	Dissatisfied (%)
Healthcare services	57	28	15
Education services	61	25	14
Welfare scheme delivery	56	30	14

6. Discussion

The findings of the present study provide strong empirical support for the argument that women's participation in leadership roles significantly influences the prioritization of welfare policies, particularly in the domains of healthcare and education within the Mumbai Metropolitan Region (MMR). The results, as reflected across Tables 1 to 8, demonstrate that women leaders consistently orient policy attention toward issues that directly affect everyday life, such as maternal health, access to public healthcare services, and educational opportunities for children.

Table 1 highlights that areas with active women leadership show a stronger focus on maternal and child health as well as education-related initiatives. This indicates that women leaders tend to adopt a needs-based and community-centric approach to governance. Unlike traditional policy priorities that may focus on infrastructure or economic expansion, women leaders appear to prioritize human development indicators, reflecting a shift toward welfare-oriented governance. Further, Table 3 reinforces this observation, where a majority of respondents (67% for healthcare and 71% for education) perceive a positive impact of women's leadership on welfare outcomes. This suggests that women's political participation is not merely symbolic but has visible and perceived effects on policy responsiveness. The relatively low percentage of negative responses also indicates a growing public trust in women leaders when it comes to addressing social sector concerns. However, Table 4 and Table 5 reveal that while awareness and access to welfare schemes are improving, they are not uniformly distributed. Although a significant proportion of respondents report high awareness of healthcare (60%) and education schemes (64%), a considerable segment still falls under moderate or low awareness categories. Similarly, access to services remains uneven, with 20% of respondents reporting difficulty in accessing healthcare services. This highlights a critical gap between policy formulation and ground-level implementation, suggesting that awareness campaigns and service delivery mechanisms need further strengthening.

A deeper insight into household-level dynamics is provided by Table 6, which shows that decision-making power among women remains limited in certain areas. While women independently make decisions in education (45%) and healthcare (40%) to some extent, welfare scheme benefits are still largely influenced by male-dominated decision-making (38%). This indicates that despite increased political representation, intra-household gender inequality persists, limiting the full impact of welfare policies targeted at women.

Table 7 identifies key structural barriers that hinder the effectiveness of women's leadership. Patriarchal norms (58%) and limited authority (56%) emerge as the most significant constraints, followed by administrative challenges and resource limitations. These findings



suggest that women leaders often operate within restrictive institutional and socio-cultural environments, which constrain their ability to translate policy priorities into tangible outcomes. Moreover, Table 8 shows that while women's leadership has a strong impact on policy prioritization (64–67%), the impact on actual implementation is relatively moderate. This gap can be attributed to systemic governance issues, including bureaucratic delays, insufficient funding, and lack of coordination between different administrative levels. It reflects that policy influence alone is not sufficient; effective implementation requires institutional support, financial resources, and administrative efficiency. In the context of a complex urban region like Mumbai, these challenges are further intensified by high population density, rapid urbanization, and socio-economic diversity. Women leaders play a crucial role in identifying localized issues such as healthcare accessibility and educational inequalities, but their ability to address these issues is often constrained by broader structural limitations.

Overall, the discussion highlights that women's political participation has a positive and meaningful impact on welfare prioritization, particularly in healthcare and education sectors. However, the effectiveness of this impact is mediated by institutional capacity, socio-cultural norms, and governance structures. The findings emphasize that while increasing women's representation is essential, it must be complemented by greater decision-making authority, institutional reforms, and gender-sensitive governance frameworks to achieve sustainable welfare outcomes.

7. Key Findings

The findings of the study clearly indicate that women leaders play a significant role in shaping welfare-oriented governance, particularly in the areas of healthcare and education. It has been observed that women in leadership positions tend to prioritize issues that directly affect the daily lives of individuals, especially women and children. Their focus is largely centered on improving maternal health services, strengthening public healthcare systems, enhancing access to education, and ensuring the effective implementation of welfare schemes. This reflects a more people-centric and inclusive approach to policymaking, where social development is given importance alongside administrative responsibilities.

Another important finding of the study is that welfare awareness is comparatively higher in areas where women leaders are actively engaged in governance and community-level activities. Women representatives often take initiative in organizing awareness campaigns, interacting with local communities, and encouraging participation in government schemes. As a result, beneficiaries in such areas are more informed about healthcare, education, and nutrition-related programs. This shows that women leaders not only contribute to policy formulation but also play a crucial role in bridging the gap between government schemes and the public. However, the study also highlights that despite strong policy prioritization, there are significant challenges in the implementation of welfare programs. Structural constraints such as administrative delays, limited financial resources, lack of coordination among departments, and uneven infrastructure development hinder the effective delivery of services. These challenges are particularly visible in densely populated urban areas, where demand for services is high but resources are often insufficient. This creates a gap between policy intent and actual outcomes on the ground.

Furthermore, the findings reveal that institutional support is essential for ensuring the effectiveness of women's leadership in governance. While women leaders demonstrate strong commitment and responsiveness, their impact is often limited by restricted decision-making power, bureaucratic barriers, and socio-cultural factors such as patriarchal norms. In many cases, women are unable to fully exercise their authority due to these constraints. Therefore, strengthening institutional frameworks, providing adequate resources, and ensuring greater autonomy for women leaders are necessary steps to enhance governance outcomes.

Overall, the study concludes that women's participation in leadership positions positively influences welfare policy priorities, but for this impact to be fully realized, it must be supported by strong institutional mechanisms and an enabling socio-political environment.



8. Challenges

One of the major challenges identified in the study is the increasing pressure on urban infrastructure within the Mumbai Metropolitan Region. Due to rapid urbanization, population growth, and migration, the demand for basic services such as healthcare facilities, schools, sanitation, and housing has increased significantly. Public hospitals often face overcrowding, and educational institutions struggle to accommodate growing student populations. This infrastructure strain makes it difficult for policymakers, including women leaders, to effectively implement welfare programs, even when the intent and planning are strong. As a result, the quality and accessibility of services are often compromised.

Another critical challenge is the limitation of financial resources. Although various welfare schemes exist at both national and state levels, the allocation of funds is often insufficient to meet the actual needs of the population. Budget constraints affect the expansion of healthcare services, improvement of school infrastructure, and implementation of welfare programs. Women leaders, despite prioritizing these sectors, frequently face difficulties in translating their policy goals into action due to inadequate funding. This financial gap creates a disconnect between policy commitments and their practical execution.

Administrative inefficiency also emerges as a significant barrier. The implementation of welfare policies often involves multiple departments and levels of governance, leading to delays, lack of coordination, and procedural complexities. Bureaucratic hurdles slow down decision-making processes and hinder timely service delivery. In many cases, even well-designed policies fail to produce desired outcomes due to poor administrative execution. Women leaders, while active in raising issues and advocating for solutions, are constrained by these systemic inefficiencies.

In addition to structural challenges, social and cultural barriers continue to limit the effectiveness of women's leadership. Patriarchal norms and traditional gender roles often restrict women's participation in decision-making processes, both at the household and institutional levels. In some cases, women leaders may face resistance from male counterparts or may not be given equal authority in governance structures. Furthermore, societal expectations and lack of support systems can affect their ability to fully engage in leadership roles. These socio-cultural constraints not only impact women's political participation but also influence the implementation of welfare policies aimed at improving gender equality.

9. Policy Implications

1. **Strengthening Women's Leadership and Decision-Making Power:** There is a need to go beyond increasing numerical representation and ensure that women leaders have real decision-making authority, institutional support, and leadership capacity. Providing them with active roles in policy formulation, budgeting, and implementation, along with capacity-building and training programs, will enhance their effectiveness in addressing welfare issues.

2. **Improvement of Healthcare Infrastructure and Services:** Urban governance must prioritize the expansion of public healthcare infrastructure to address issues such as overcrowded hospitals and limited maternal health services. Strengthening primary healthcare, increasing healthcare workforce, and promoting preventive and community-based health programs are essential for equitable service delivery.

3. **Enhancing Accessibility and Equity in Education:** Policies should focus on improving educational infrastructure, ensuring equal access to quality education, and increasing awareness of government schemes. Special attention must be given to marginalized groups, including girls and economically weaker sections, to reduce disparities and promote inclusive development.

4. **Institutionalizing Gender-Responsive Budgeting:** Integrating gender perspectives into budgeting processes is crucial to ensure that public expenditure addresses the needs of women and vulnerable populations. Institutionalizing gender-responsive budgeting at all governance levels will help align financial decisions with welfare priorities and improve policy outcomes.



10. Conclusion

The study concludes that women's participation in leadership positions has a meaningful and positive influence on welfare policy priorities, particularly in the areas of healthcare and education. In the Mumbai Metropolitan Region, women leaders have demonstrated a strong commitment to addressing issues that directly affect the everyday lives of people, especially women and children. Their involvement has contributed to greater awareness of welfare schemes, improved attention to maternal and child health, and increased focus on educational access and equity. This reflects a shift toward more inclusive and people-centered governance. However, the study also makes it clear that the presence of women in leadership alone is not enough to ensure effective policy outcomes. Structural and institutional challenges such as limited financial resources, administrative inefficiencies, and uneven infrastructure continue to hinder the implementation of welfare programs. In addition, socio-cultural factors, including patriarchal norms and restricted decision-making power, often limit the full potential of women leaders. Therefore, for women's leadership to bring real and lasting change, it is essential to strengthen institutional support, provide greater authority in decision-making, and ensure adequate resources for policy implementation. Overall, the study highlights that empowering women in governance is not only important for gender equality but also crucial for building a more responsive, equitable, and effective welfare system.

References

1. Buch, N. (2012). *Women's experiences in new panchayats: Emerging leadership and welfare governance in India*.
2. Chattopadhyay, R., & Duflo, E. (2004). Women as policymakers: Evidence from a randomized policy experiment in India. *Econometrica*, 72(5), 1409–1443.
3. Jain, S. (2019). Gender-responsive budgeting and women's political leadership in Indian municipalities. *Journal of Public Policy and Governance*, 14(2), 85–102.
4. Kaushik, P. (2017). Women's participation in urban local bodies and its impact on health policy in Delhi. *Urban Governance Review*, 9(1), 45–62.
5. Mishra, A., & Singh, P. (2022). Women in state cabinets and social welfare outcomes in India: A panel data analysis. *Indian Journal of Public Administration*, 68(3), 412–430.
6. Nair, S. (2010). Women in local governance: Gender and decision-making in Kerala. *Indian Journal of Gender Studies*, 17(3), 457–478.
7. Sharma, R. (2014). Women in Panchayati Raj institutions and welfare policy outcomes: A study of rural India. *Journal of Rural Development*, 33(4), 389–406.
8. Vijayalakshmi, V. (2008). Women councillors and urban governance: A study of municipal bodies in Karnataka. *Urban Studies Journal*, 45(12), 2567–2585.