Women's Participation in Panchayati Raj and Empowerment: A Social Psychology Study in Patna

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Abstract

The present study, Women's Participation in Panchayati Raj and Empowerment: A Social Psychology Study in Patna, explores the extent of women's engagement in Panchayati Raj institutions (PRIs) and the psychological correlates of their empowerment. The primary objectives were to examine demographic and social profiles of participants, assess empowerment and participation indices, evaluate psychological distress and coping strategies, and analyze gender-based differences. A mixed-method design was employed, combining quantitative surveys and qualitative interviews with 112 participants (73 females, 39 males). Quantitative data were analyzed using descriptive statistics and inferential tests, particularly independent samples t-tests, to identify differences between male and female respondents. Findings revealed that women participants reported higher participation (M = 63.2) and empowerment (M = 68.1) compared to men, reflecting the impact of reservation policies and growing female leadership. However, the t-test showed that women experienced significantly higher psychological distress (M = 25.7) than men (M = 23.3), t(104.3) = 2.03, p = 0.045. Coping patterns indicated greater reliance on problem-focused strategies among women, but stigma and role conflict contributed to elevated stress. The study concludes that while policy-driven representation empowers women structurally, psychosocial challenges remain pressing. Implications extend to clinical psychology practice, emphasizing stress management and resilience training, and to public health initiatives like TB management programs, where stigma and mental health must be addressed alongside structural support.

Introduction

Women's participation in local self-governance is both a constitutional mandate and a transformative instrument of social change in India. The introduction of reservations in Panchayati Raj institutions (PRIs) has significantly increased the numerical representation of women, providing them opportunities to participate in decision-making and local governance. However, empowerment through representation does not automatically translate into psychological well-being or social acceptance. Women leaders often confront multiple challenges, including patriarchal resistance, family obligations, social stigma, and role conflict, all of which impact their mental health and sense of agency.

The district of Patna in Bihar presents a compelling context for studying these dynamics. While reservation policies have led to active participation of women in Panchayati processes, their empowerment is mediated by education, caste, economic status, and community attitudes. This study investigates the extent of women's participation and empowerment in Patna, with a focus on psychological dimensions such as distress, coping strategies, and perceived support. By employing both descriptive and comparative analyses, including the use of independent samples t-tests to assess gender-based differences, the research aims to offer a holistic picture of women's empowerment trajectories. In doing so, it links structural reforms with psychosocial realities, providing insights relevant for social psychology, clinical practice, and policy interventions.

Review of Literature

Women's participation in local governance has emerged as a central theme in discussions on democratic deepening and gender justice. The enactment of the 73rd Constitutional Amendment in India mandated a 33% reservation for women in Panchayati Raj Institutions (PRIs), which was later extended to 50% in several states, including Bihar. This structural reform has been extensively studied for its impact on enhancing women's visibility in grassroots democracy (Buch, 2000; Rai, 2011).

Early scholarship largely emphasized the numerical representation of women in local bodies, recording substantial increases in the presence of women as elected representatives (Mathew, 2003). However, subsequent research has demonstrated that descriptive representation does not necessarily translate into substantive empowerment (Chattopadhyay & Duflo, 2004). Women often encounter patriarchal resistance, proxy representation by male relatives, and deep-rooted cultural stigma, which significantly constrain their ability to exercise meaningful decision-making power (Singh, 2017).

From a psychological perspective, participation in governance has been shown to influence women's agency, coping strategies, and stress levels. Carver's (1997) work on coping strategies revealed gender-based differences between problem-focused and emotion-focused approaches, insights that resonate strongly in rural Indian contexts where women balance multiple social roles. Similarly, the stress–coping model of Lazarus and Folkman (1984) has been applied to grassroots leadership studies, illustrating how women leaders manage role conflict between domestic responsibilities and public duties (Sharma & Bedi, 2019).

The conceptual framework of empowerment, as articulated by Kabeer (1999), emphasizes the interplay of resources, agency, and achievements. Empirical studies in Bihar and Uttar Pradesh reflect that while women leaders often gain symbolic recognition, they continue to face significant challenges such as low literacy levels, restricted access to financial resources, and persistent digital illiteracy (Kumar, 2015; Sinha, 2020). These structural barriers have a direct bearing on their psychological well-being, frequently contributing to heightened stress and the internalization of stigma.

Methodology

The present research entitled *"Women's Participation in Panchayati Raj and Empowerment: A Social Psychology Study in Patna"* has been designed as an empirical study with a mixed-method orientation, incorporating both quantitative and qualitative techniques. The methodology has been developed to ensure rigor, validity, and comprehensiveness, while keeping in view the socio-cultural context of Patna district. The research focuses on understanding the extent of women's participation in Panchayati Raj institutions (PRIs), their empowerment trajectories, and the associated psychological correlates such as distress levels, coping strategies, and perceived self-efficacy. To capture these aspects, the study relies on structured tools, interviews, and statistical analyses, including a comparative t-test design to examine group differences.

Research Design

The study adopts a **descriptive and comparative design** within the broader framework of social psychology. The descriptive aspect is reflected in documenting the demographic profile of participants, the extent of participation in Panchayati Raj processes, and levels of empowerment indicators. The comparative design has been introduced through the use of an **independent samples t-test**, allowing the researcher to examine whether significant differences exist between specific groups such as men versus women participants, rural versus semi-urban participants, or elected versus non-elected women. The inclusion of both qualitative narratives and

quantitative measures ensures a holistic understanding of the phenomenon under investigation.

Participants

The sample consisted of **112 participants**, selected from Patna district of Bihar. The selection procedure employed a **random sampling method**, ensuring that participants represented diverse backgrounds without systematic bias. The sample included both **male and female respondents**, although women constituted the majority, as they are the focal group of the study. Participants ranged in age from 20 to 60 years, with varying levels of educational attainment, occupational categories, and income groups.

To capture the perspectives of different stakeholders, the sample included:

1. **Elected women representatives** (e.g., Sarpanch, Mukhiya, Panchayat Samiti members).
2. **Non-elected women participants** engaged in Panchayati activities (e.g., attending Gram Sabha meetings, self-help groups linked to Panchayat).
3. **Male counterparts** such as Panchayat secretaries, male elected members, and family members of women leaders, to allow comparative insights.

The final sample distribution ensured inclusivity across caste, class, and geographical location (rural and semi-urban blocks of Patna), enabling both quantitative analyses and contextualized qualitative interpretations.

Tools

A multi-method toolkit was designed for systematic data collection:

1. **Demographic Information Schedule**
   - Collected age, gender, education, occupation, income, caste category, marital status, and type of Panchayat role (elected/non-elected).

2. **Participation and Empowerment Scale**
   - A researcher-developed scale with Likert-type items measuring the frequency of participation in Panchayat activities, perceived decision-making power, awareness of schemes, and level of agency.
3. **Psychological Distress Scale**
   - Adapted from standardized inventories such as Kessler's Psychological Distress Scale (K10), measuring anxiety, depressive symptoms, and general distress.
4. **Coping Strategy Inventory**
   - Based on Carver's COPE inventory, focusing on problem-focused coping, emotion-focused coping, and avoidance-based coping strategies.
5. **Semi-Structured Interview Schedule**
   - Designed for both **in-person and online interviews**, covering qualitative aspects such as challenges in participation, negotiation with patriarchal norms, experiences of empowerment, and perceived barriers to effective governance.

The combined use of structured and semi-structured tools ensured depth and breadth in data collection.

Procedure

The study was carried out in three phases:

Phase I: Preparatory Work

Permissions were obtained from local administrative authorities and Panchayati Raj offices in Patna. Rapport building sessions were conducted with participants to minimize hesitation, especially among women from conservative backgrounds. The tools were pre-tested on a small group to ensure contextual validity and cultural appropriateness.

Phase II: Data Collection

- **Mode**: Both **in-person interviews** (conducted in Panchayat offices, community centers, and homes) and **online interviews** (via video calls and WhatsApp-based audio interactions for those comfortable with technology) were used.
- **Duration**: Each session lasted 45–60 minutes, with quantitative measures administered first, followed by semi-structured interviews.
- **Ethics**: Informed consent was obtained from all participants, confidentiality was assured, and participants were free to withdraw at any point.

Phase III: Data Compilation

Quantitative responses were coded numerically and entered into SPSS, while qualitative narratives were transcribed verbatim in Hindi and later translated into English for thematic analysis. This dual processing allowed parallel statistical and thematic insights.

Variables

1. **Independent Variables**:
   - Gender (male vs. female)
   - Location (rural vs. semi-urban)
   - Status (elected vs. non-elected women)
2. **Dependent Variables**:
   - Psychological Distress levels
   - Coping strategies
   - Empowerment scores
   - Participation indices

Data Analysis

The collected data were subjected to both **quantitative** and **qualitative analyses**.

Quantitative Analysis

1. **Descriptive Statistics**
   - Mean, standard deviation, frequencies, and percentages were calculated for demographic characteristics, participation indices, empowerment scores, and psychological measures.
2. **Inferential Statistics**
   - The central statistical technique was the **independent samples t-test**.
   - Example comparisons included:
     - Male vs. Female respondents on psychological distress levels.
     - Rural vs. Semi-urban respondents on coping strategies.
     - Elected vs. Non-elected women on empowerment indices.
   - The t-test provided evidence of whether differences between these groups were statistically significant at the conventional levels ($p < 0.05$).
3. **Correlation Analysis**
   - Pearson's correlation was used to explore associations between empowerment scores, coping mechanisms, and distress levels.
4. **Reliability Testing**

- Cronbach's alpha was calculated for internal consistency of scales.

Qualitative Analysis

Thematic analysis was conducted using Braun and Clarke's six-step model, coding recurring themes such as *gender barriers, family resistance, collective solidarity, political learning,* and *psychological growth*. These themes contextualized the numerical findings, offering richer interpretation.

Ethical Considerations

The study adhered to ethical norms of social psychology research. Participants' anonymity was preserved by assigning unique codes rather than names. Sensitive disclosures regarding family resistance or experiences of psychological distress were handled with empathy, and referrals were made to local NGOs or health workers if necessary. Data were stored securely, accessible only to the researcher.

Strength of Methodology

The methodology is robust for several reasons:

- Use of **random sampling** enhances representativeness.
- **Mixed methods design** captures both numbers and narratives.
- Inclusion of **t-test analysis** allows scientific rigor in comparing group differences.
- Incorporation of **online and in-person interviews** reflects adaptability to contemporary data collection practices, especially post-pandemic.

Limitations

Despite its comprehensiveness, the methodology has limitations. Online interviews may have excluded less digitally literate women, potentially skewing results. Further, self-reported measures may be influenced by social desirability bias, particularly in patriarchal rural settings. Nonetheless, triangulation with qualitative data helps mitigate these concerns.

The methodological design of this study provides a rigorous, ethical, and contextually grounded framework to explore women's participation in Panchayati Raj institutions and their empowerment in Patna. By combining descriptive profiling, psychological assessment, and comparative analysis through t-tests, alongside qualitative thematic insights, the study seeks to yield findings that are both statistically valid and socially meaningful.

RESULTS AND DISCUSSION

Demographic Profile of Participants

The demographic profile provides the foundational context for understanding participation and empowerment among the respondents.

Table 1: Demographic Profile of Participants (N = 112)

Variable	Category	Frequency (n)	Percentage (%)
Gender	Female	73	65.2
	Male	39	34.8
Age (Years)	20–29	26	23.2
	30–39	34	30.4
	40–49	29	25.9
	50–60	23	20.5
Education	No Formal	7	6.3
	Primary	16	14.3
	Secondary	31	27.7
	Higher Secondary	27	24.1
	Graduate	25	22.3
	Postgraduate	6	5.4
Occupation	Homemaker	36	32.1
	Farmer	18	16.1
	SHG Member	20	17.9
	Govt. Staff	9	8.0
	Private Employee	13	11.6
	Student	7	6.3
	Unemployed	9	8.0
Income Group	Low	34	30.4
	Lower-Middle	45	40.2
	Middle	27	24.1
	Upper-Middle	6	5.4
Location	Rural	79	70.5
	Semi-Urban	33	29.5
Caste	SC	20	17.9
	ST	9	8.0
	OBC	61	54.5
	General	22	19.6
Marital Status	Married	86	76.8
	Unmarried	18	16.1

Variable	Category	Frequency (n)	Percentage (%)
	Widowed/Separated	8	7.1
Elected Status	Elected	40	35.7
	Non-Elected	72	64.3

Discussion

The sample reflects a realistic cross-section of Panchayati Raj involvement in rural Bihar. Women (65.2%) dominate the sample, which aligns with the research focus on women's participation. Educational attainment is moderate, over half have at least secondary education, yet only 5.4% are postgraduates, highlighting the persistent educational gap.

Occupational distribution indicates that homemakers (32.1%) and SHG members (17.9%) form a significant portion of the sample. Their representation is crucial, as these groups often enter Panchayati Raj processes through reserved seats or grassroots collectives.

Caste distribution shows majority representation from OBCs (54.5%), reflecting local demographics of Patna. Marital status reveals that most women are married (76.8%), which suggests that their political engagement is negotiated alongside family responsibilities. Importantly, only 35.7% of respondents hold elected positions, while the rest engage indirectly, this allows comparisons between formal office bearers and non-elected participants.

These demographics contextualize subsequent findings on empowerment and distress. Women's representation within PRIs appears numerically strong, yet their socio-economic position (low-to-middle income, modest education) may limit effective empowerment.

Descriptive Statistics of Psychological and Social Measures

Table 2: Descriptive Statistics of Key Psychological and Social Measures

Measure	Mean	SD	Minimum	Maximum
Participation Index (0–100)	61.8	15.4	22.0	96.0
Empowerment Index (0–100)	67.3	13.8	34.0	95.0
Psychological Distress (10–50)	24.9	6.2	11.0	46.0

Measure	Mean	SD	Minimum	Maximum
Coping – Problem-Focused (0–24)	14.8	3.4	7.0	23.0
Coping – Emotion-Focused (0–24)	13.2	3.1	6.0	22.0
Coping – Avoidance (0–24)	11.7	3.8	5.0	22.0
Stigma Perception (0–40)	18.9	6.7	5.0	36.0
Social Support (0–40)	24.6	5.3	12.0	38.0
Digital Literacy (0–10)	5.8	2.3	1.0	10.0
Meeting Attendance (0–8)	4.3	1.8	0.0	8.0

Discussion

The participation index (M = 61.8) suggests moderate engagement, with some women actively involved in Gram Sabha meetings and others remaining passive. Empowerment levels are slightly higher (M = 67.3), indicating that women perceive themselves as having more agency than their actual participation reflects, likely due to symbolic recognition of their elected status.

Psychological distress scores (M = 24.9) fall in the mild-to-moderate range. This suggests that while participation provides opportunities, it is also accompanied by stress due to balancing domestic, social, and political expectations.

Coping patterns reveal reliance on problem-focused coping (M = 14.8), which is adaptive and aligns with empowerment narratives. Emotion-focused coping is also common (M = 13.2), while avoidance coping (M = 11.7) remains moderate, indicating a mixed coping repertoire.

Notably, stigma perception averages at 18.9, indicating that women leaders still face resistance and stereotyping. However, social support levels (M = 24.6) are relatively high, suggesting that despite stigma, women receive backing from family or SHGs.

Digital literacy (M = 5.8) highlights a digital divide, though some women are equipped for online governance tasks. Meeting attendance (M = 4.3 per month) reflects reasonable involvement, but also

variation, some attend consistently while others rarely participate.

Gender Differences in Participation, Empowerment, and Distress

Table 3: Grouped Descriptive Statistics – Gender Differences

Variable	Gender	N	Mean	SD
Psychological Distress	Female	73	25.7	6.0
	Male	39	23.3	6.3
Empowerment Index	Female	73	68.1	13.2
	Male	39	65.8	14.9
Participation Index	Female	73	63.2	14.9
	Male	39	59.1	16.0
Coping – Problem-Focused	Female	73	15.1	3.3
	Male	39	14.2	3.5
Coping – Emotion-Focused	Female	73	13.4	3.0
	Male	39	12.9	3.3
Coping – Avoidance	Female	73	11.9	3.9
	Male	39	11.3	3.7

Discussion

The comparison reveals nuanced gender patterns. Women report slightly higher empowerment (M = 68.1 vs. 65.8) and participation (M = 63.2 vs. 59.1) than men, which may reflect the mandated 50% reservation policy in Bihar PRIs. Yet, their psychological distress is also higher (25.7 vs. 23.3), suggesting that empowerment comes with an emotional cost.

This paradox resonates with psychological theories of role conflict: women experience both increased agency and heightened burden. Men, though less participatory, report lower distress, possibly due to traditional privilege and less scrutiny.

Coping differences are minor but indicate that women rely slightly more on problem-focused and emotion-focused coping, while men lean towards avoidance strategies. This aligns with prior studies (Carver, 1997) which note gendered variations in coping responses.

Independent Samples t-test: Distress by Gender

Table 4: Independent Samples t-test – Psychological Distress (Female vs Male)

Group	N	Mean Distress	SD Distress
Female	73	25.7	6.0

Group	N	Mean Distress	SD Distress
Male	39	23.3	6.3

$t(104.3) = 2.03$, **p = 0.045** (two-tailed)

Discussion

The t-test confirms that female participants report significantly higher distress than male counterparts ($p < 0.05$). The difference, though moderate, is statistically meaningful and suggests that gender is a critical determinant of psychological well-being in Panchayati participation.

This aligns with findings in health psychology and gender studies, where women leaders in patriarchal contexts experience "double burden", household duties plus public responsibilities (Basu, 2016; Duflo, 2015). The stress arises from negotiating legitimacy in male-dominated spaces, facing community stigma, and balancing role expectations.

Importantly, this result demonstrates that empowerment policies, while increasing representation, must be accompanied by psychosocial support mechanisms, such as counseling, peer support groups, and family sensitization, to reduce distress.

Integration with Qualitative Themes

Qualitative interviews corroborated the quantitative findings. Women often reported being criticized for "neglecting home duties" when attending Panchayat meetings. Several narratives described resistance from husbands or in-laws, echoing stigma scores in Table 2. Yet, others highlighted how SHG solidarity and NGO training workshops bolstered confidence, reflecting the high social support scores.

Themes of resilience were evident: many women described initial distress but eventual pride in influencing village development projects. This indicates that distress may be transitional, and empowerment outcomes gradually outweigh emotional costs.

Theoretical and Literature Linkages

1. **Role Conflict Theory (Kahn et al., 1964):** Women in PRIs juggle domestic and public roles, leading to higher stress levels than men.
2. **Empowerment Framework (Kabeer, 1999):** Empowerment is not merely participation but also control over resources and decision-making. Higher scores among women reflect formal empowerment, but

distress highlights incomplete substantive empowerment.
3. **Health Psychology Models:** Stress–coping frameworks (Lazarus & Folkman, 1984) explain how problem-focused coping mitigates challenges, while stigma and limited digital literacy create vulnerability.
4. **TB-related Stigma Parallels:** Much like TB patients experience social stigma alongside treatment, women leaders encounter stigma while exercising their political rights. Both contexts show that empowerment requires dismantling community-level prejudice.

Broader Implications

- **Policy:** Reservation policies succeed in numerical representation but must integrate psychosocial support.
- **Practice:** Training programs should emphasize stress management, digital literacy, and negotiation skills.
- **Community:** Awareness campaigns targeting men and elders can reduce stigma toward women leaders.

The findings highlight a paradox: women in Patna exhibit higher participation and empowerment indices than men, yet they suffer significantly greater psychological distress. Coping strategies reveal resilience, but stigma and role conflict persist as barriers.

The independent samples t-test confirms that distress levels differ significantly by gender, underscoring the psychological toll of navigating patriarchal spaces. By linking quantitative scores with qualitative narratives, the study underscores the need for integrated interventions, policies that not only mandate women's inclusion in Panchayati Raj but also support their mental health and social legitimacy.

Conclusion

The present study on *Women's Participation in Panchayati Raj and Empowerment in Patna* reveals a complex interplay between empowerment, participation, and psychological well-being. Women demonstrated higher participation and empowerment scores than their male counterparts, reflecting the impact of reservation policies and growing visibility of female leadership in Panchayati Raj institutions. However, the independent samples t-test indicated that women reported significantly higher psychological distress compared to men ($t = 2.03$, $p = 0.045$). This finding underscores that increased political engagement, while empowering, also places additional psychological burdens on women as they navigate

patriarchal norms, familial resistance, and the dual responsibilities of home and public office.

These results carry broader implications for both psychology and public health practice. For clinical psychology, the findings highlight the need for psychosocial interventions such as stress management training, resilience-building workshops, and community-based counseling tailored to women leaders. For TB management programs and similar public health initiatives, the parallels are striking: just as women leaders face stigma and role conflict, TB patients often struggle with social stigma and psychological distress alongside treatment. Therefore, effective health programs must integrate psychosocial support with medical care, ensuring that both empowerment initiatives and disease management strategies address not only structural barriers but also the mental health and social legitimacy of those affected.

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