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Going beyond the surface: Gendered intra-household bargaining as a social determinant of child health and nutrition in low and middle income countries

Esther Richards [a,*], Sally Theobald [a], Asha George [b,c], Julia C. Kim [c], Christiane Rudert [c], Kate Jehan [a], Rachel Tolhurst [a]

[a] Liverpool School of Tropical Medicine, Pembroke Place, Liverpool L3 5QA, UK
[b] Bloomberg School of Public Health, Johns Hopkins University, Baltimore, USA
[c] UNICEF, New York, USA

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ABSTRACT

A growing body of research highlights the importance of gendered social determinants of child health, such as maternal education and women's status, for mediating child survival. This narrative review of evidence from diverse low and middle-income contexts (covering the period 1970–May 2012) examines the significance of intra-household bargaining power and process as gendered dimensions of child health and nutrition. The findings focus on two main elements of bargaining: the role of women's decision-making power and access to and control over resources; and the importance of household headship, structure and composition. The paper discusses the implications of these findings in the light of lifecycle and intersectional approaches to gender and health. The relative lack of published intervention studies that explicitly consider gendered intra-household bargaining is highlighted. Given the complex mechanisms through which intra-household bargaining shapes child health and nutrition it is critical that efforts to address gender in health and nutrition programming are thoroughly documented and widely shared to promote further learning and action. There is scope to develop links between gender equity initiatives in areas of adult and adolescent health, and child health and nutrition programming. Child health and nutrition interventions will be more effective, equitable and sustainable if they are designed based on gender-sensitive information and continually evaluated from a gender perspective.

Introduction

Income poverty and rural location are recognised as being the strongest social inequities that mark child mortality. However there is also evidence that intra-household relations, particularly those which rely on gendered social and cultural norms, mediate aspects of child health and nutrition and impact on infant and child mortality. For example, a large body of evidence demonstrates the strong link between women's education and child survival (Caldwell & McDonald, 1982; Chen & Li, 2009; Cleland & Ginneken, 1988; Gokhale et al., 2004; Hobcraft, 1993). However, there is less research on how or why education makes such a difference, although it is thought to be linked to women's increased status and decision-making power within the household. This in turn may increase mothers' mobility outside the community, their use of health care and their ability to negotiate health systems effectively, as well as increase their knowledge, skills and responsiveness to new ideas (Houweling & Kunst, 2010). It is estimated that about half the effect of maternal education is linked to household wealth (through women's improved earning potential), better living conditions and ability to pay for health services (ibid.).

In addition, a body of research spanning more than 20 years focussing on aspects of gender and child health and nutrition has found links between women's status and child survival, showing that children benefit when their mother's status is raised (Apodaca, 2008, pp. 1–28; Caldwell & Caldwell, 1991; Heaton, Forste, Hoffmann, & Flake, 2005). It has been hypothesised that this is related (among other things) to increased decision-making power and increased access to and control over resources.

In order to explore further why gendered factors such as maternal education and status matter to child health and nutrition, we undertook a narrative literature review of women's status, bargaining power and process and gender divisions of labour with regard to child health and nutrition in low and middle income countries. We also searched published and grey literature for

* Corresponding author.
E-mail address: esther.richards@liv.ac.uk (E. Richards).

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evaluations of interventions that address these gendered processes. To illuminate one of the processes through which factors such as maternal education influence child survival outcomes, this paper will review the evidence on two elements of intra-household bargaining power and process: first, women's decision-making power and access to and control over resources; and second, household headship, structure and composition.

Sen's (1990) theory of 'intra-household bargaining' illustrates how inequality between different members of a household affects decision-making processes and allocation of resources. There is a large body of research exploring intra-household bargaining within development studies (see for example Bruce, 1989; Agarwal, 1997). The concept of intra-household bargaining has also been employed in relation to determinants of child health and nutrition (see for example Castle, 1993; Hampshire, Panter-Brick, & Casiday, 2009; Marinda, 2006). Key reviews have used this evidence to highlight the importance of exploring aspects of gender relations mediating young child health and nutrition (Engle, Castle, & Menon, 1996; Messer, 1997). This paper brings these findings up-to-date and focuses on unpacking the components of intra-household bargaining mentioned above: first, decision-making and access to and control over resources, and second, household headship, structure and composition.

Researchers have extensively explored gender differences between children to highlight where bias against females leads to poorer outcomes for girls (see for example Chen, Huq, & D'Souza, 1981; Ganatra & Hirve, 1994; World Health Organization, 2011). Instead, this review focuses on gender relations mediating infant and young child care for both sexes in contrast to examining how broader aspects of gender inequality lead to differential care for boys and girls.

Methods

We adopted a narrative approach to reviewing the studies included in this paper. Such an approach involves synthesising primary studies in order to explore heterogeneity descriptively rather than statistically and which is embedded in a constructivist approach (Petticrew & Roberts, 2006). The search strategy aimed to capture both academic and 'grey' literature and included the following phases conducted between March and September 2011, with a further database search conducted during May 2012.

The first phase involved a systematic search of academic literature via the Discover Database which combines 33 of the leading health and social sciences databases (such as Medline, CINAHL, Global Health, Science Direct, Scopus, Sociological Abstracts, among others). Search terms were tested for their appropriateness and were grouped under three themes: gender, health and location (see Table 1 below).

The search included literature between 1970 and May 2012. The search combined the layers in turn where terms were found in the title, abstract or key words. This resulted in 3911 results that were scanned for their relevance to the topic. Studies were excluded if they focussed on aspects of child poverty in the industrialised world or when they did not mention gender. Others were removed due to duplication. The flow diagram below illustrates this stage of the search process and demonstrates where other stages contributed to the final result. Please note that the boxes in blue indicate the original review process, while the boxes in orange indicate the additional process of selection and review for this paper. (For interpretation of the references to colour in this figure legend, the reader is referred to the web version of this article.)

In addition to the main database search, hand searches were conducted focussing on Health Policy and Planning, Journal of Health, Population and Nutrition, Social Science and Medicine and Tropical Medicine and International Health from 1990 onwards. Articles were also identified and added from the authors' own lists of relevant references and bibliographies. Each of these results was then reviewed and the abstract, or the paper itself, read in more depth in order to identify and categorise the studies thematically. The final review included 117 studies. For reasons of space it was not possible to report on each thematic area of the full review. Instead, this paper focuses on a subset of 32 studies to explore intra-household bargaining power and process in more depth. Fig. 1 provides more details on the breakdown of these studies. Whilst 27 were identified from these initial searches (yielding 117 studies for the full review) five further studies were later identified as relevant to this theme during paper revisions and were therefore included in the findings section below.

Table 1
Search terms used.

Gender layer	Health terms layer	Location layer
Gender OR	Infant* OR Child*	Developing countr* OR
Wom* status OR	AND Health	Global South OR
Wom* role OR	AND	Middle income countr* OR
M* role OR	Nutrition* OR	Low income countr* OR
Wom* rights OR	Immunisation OR	Africa OR
Wom* labour OR	Survival OR	Latin America OR
Wom* working OR	Health seeking	Asia OR
Maternal education OR	behaviour OR	Poverty OR
Maternal literacy OR	Treatment OR	Poor countr* OR
Masculin* OR	Barriers to	Third World
Family relation* OR	healthcare OR	
Parent*	Home based care OR	
	Child care OR	
	Breastfeeding OR	
	Breast feeding OR	
	Feeding	

In a parallel phase of the research process the initial review also involved searches for relevant pieces of 'grey', non-academic literature. To do this a snowball method was employed to request information from 42 experts in gender and health, representing expertise from Sub Saharan, Asian and Latin American contexts on infant and child health, women's health and gender equity and health. In addition, a search was conducted of 20 websites representing donor agencies, non-government organisations and other online repositories of data on gender and health issues. These methods were employed largely in order to identify relevant evaluations of gender-sensitive interventions, although relatively few such evaluations were identified. This is further explored in the discussion section towards the end of the paper which focuses on the importance of developing such interventions and examines the opportunities for future action in this area.

Findings

Two aspects of intra-household bargaining power and process are examined here: first, decision-making and access to and control over resources and second, household structure and composition. The next sections explain in more depth these interlinked aspects of gendered intra-household bargaining.

Decision-making and access to and control over resources

A number of studies have identified links between women's access to and control over financial assets and improved nutritional outcomes and health preventative behaviours for their children. Large-scale quantitative surveys conducted in Bangladesh and Brazil found that financial assets in the hands of mothers had beneficial outcomes for their children's health and nutrition status. In Bangladesh, a higher proportion of pre-wedding assets held by mothers decreased the morbidity of preschool girl children