



Gender influences on child survival, health and nutrition  
from a global perspective: a narrative review

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# Gender influences on child survival, health and nutrition: review and guidance



Gender Influences  
on Child Survival, Health and Nutrition:  
*A Narrative Review*



Guidance on Methodologies  
for Researching Gender Influences  
on Child Survival, Health and Nutrition



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# Review paper on intra-household bargaining

We focused on one key aspect of the review in a recent paper



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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 

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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

# Gender influences on child survival, health and nutrition: a review of current evidence

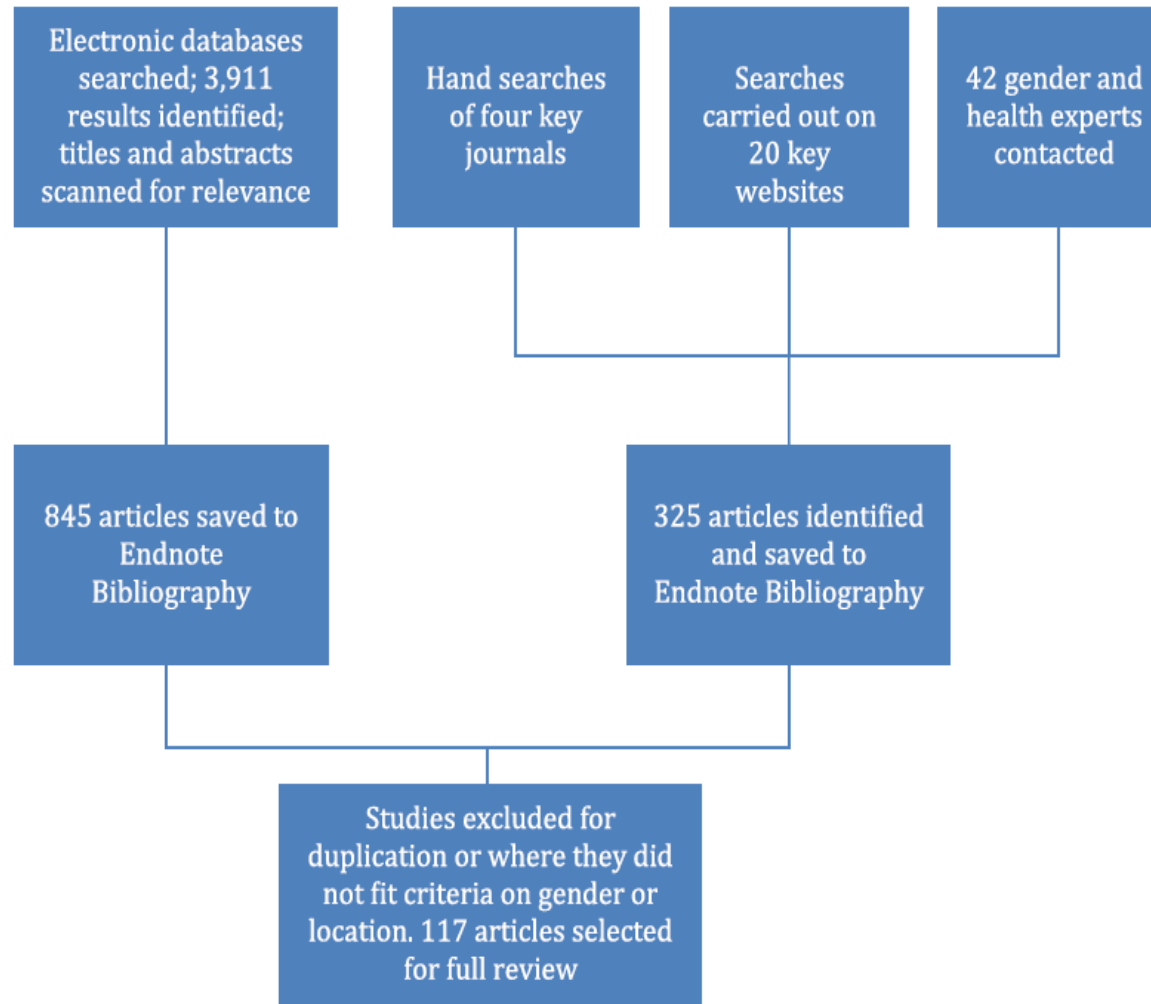
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- **Main aim: to review the available evidence and research tools on the impact of gender on young child health and nutrition, in particular:**
  - How do women's status, agency and access to resources affect the health and nutrition of young children?
  - How do gender divisions of labour affect the health and nutrition of young children?
  - How do men's roles and masculinities affect the health and nutrition of young children?
  - Which methodologies and data sources have been used to assess the impact of gender on the health and nutrition of young children and what are their strengths and weaknesses?
  - Which approaches to addressing the impact of gender inequalities, roles and relations on young child survival have been assessed and with what results?

- We carried out a narrative review, using a systematic approach to data collection
- We conducted a search using the DISCOVER database (which combines some of the leading social and health sciences databases)
- We conducted additional hand searches in Health Policy and Planning, Journal of Health, Population and Nutrition, Social Science and Medicine and Tropical Medicine and International Health
- We also contacted around 35 experts on gender and child health issues using a ‘snowball’ method

# Search strategy



- Based on initial analyses of the studies we decided to adapt and use the gender analysis framework developed by gender and health experts from LSTM in the late 1990s.
- We adapted the existing categories within the framework to focus on four main areas:
  - **Women's status and intra-household bargaining power and process**
  - **Gender divisions of labour**
  - **Gender norms, values and identities**

# Selected findings (1): women’s status and intra-household bargaining power and process



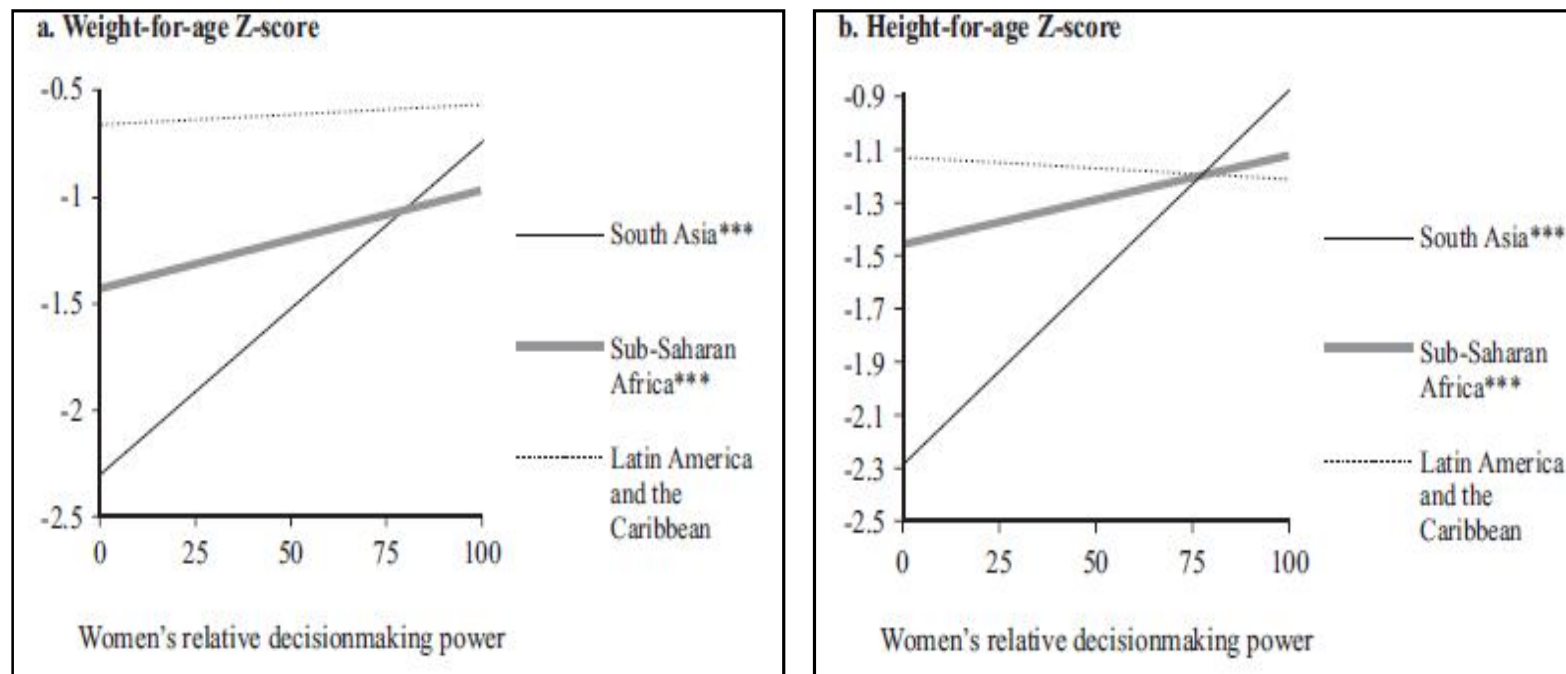
Study	Location	Data source	Gender index of bargaining power	Key findings
<p>Smith, Ramakrishnan, Ndiaye, Haddad &amp; Martorell (2003)</p> <p>“The importance of women’s status for child nutrition in developing countries”</p>	<p>36 countries across South Asia (97% of population covered)</p> <p>Latin America &amp; the Caribbean (55%)</p> <p>&amp;</p> <p>Sub Saharan Africa (61%)</p>	<p>National Demographic and Health Surveys conducted between 1990 and 1998</p> <p>Data based on a sample of 117,242 children across 36 countries</p>	<p>First index of women’s decision-making power used data on the difference between partners’ education levels, their age difference, women’s age at first marriage and finally whether she had independent access to income.</p> <p>Second index of “societal gender equality”, was constructed using the difference in age-adjusted weight-for-age Z-scores of girls and boys under five years, the difference in age-adjusted vaccination score of girls and boys under five, and the difference in years of education of adult women and men.</p>	<ul style="list-style-type: none"> <li>• The decision making power index was significantly correlated with child weight-for-age in South Asia; raising the decision making index by 10 points over its current mean would increase the region’s mean weight-for-age z-score (<i>waz</i>) by 0.156.</li> <li>• Raising the decision making index in Sub Saharan Africa by 10 points over its current mean would raise the region’s mean <i>waz</i> by 0.046</li> <li>• Raising the decision making index in Latin America &amp; the Caribbean would only have an effect on weight-for-height (<i>whz</i>) to a certain point (53 on the index) after which it would start to reduce. However most women in Latin America and the Caribbean</li> </ul>



# Selected findings (1): women's decision-making power and child nutrition



Predicted child nutritional status Z-scores by women's relative decision-making



(Source: Smith 2003)

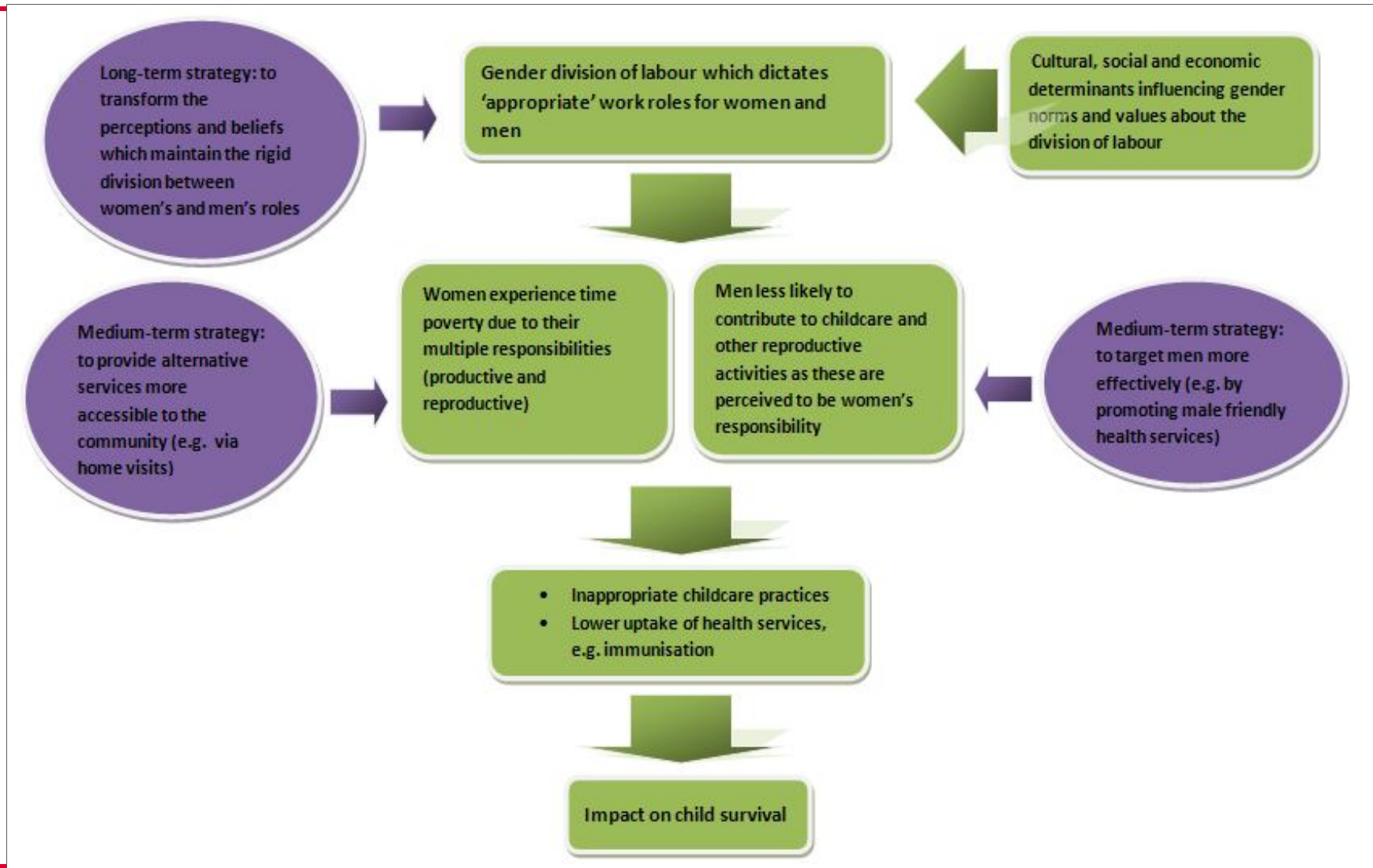
- Studies have shown that women's 'triple roles' lead to time poverty which in turn impacts on child health outcomes:

***“They (husbands) should be helping us but unfortunately they are not doing it. What can one do when a man says no!”***

***(women explaining why they don't have time to practice what they know about child health in rural Gambia)***

**Source: Mwangome et al. 2010**

# Selected findings (2): strategies for intervention



## Selected findings (3): gender norms, values and identities



### Focus on gender-based violence and child health outcomes:

- Review by Yount, DiGirolamo & Ramakrishnan (2011) shows evidence that in some contexts women's exposure to violence also has damaging consequences for their children's health and nutrition.
- Little evidence on pathways, but those known about are: stress levels, women's physical and mental health and nutrition status, risk behaviours

Another study undertaken in India, found that not only were infants and young children at a greater risk of mortality in families where women experienced spousal violence, but that this risk was much greater for girls than boys.

***(even when controlling for the lower female birth rate, girls' deaths accounted for 75% of all deaths related to intimate-partner violence)***

***Source: Silverman et al., 2011***

## Gender-sensitive interventions

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- Very few evaluations of gender-sensitive interventions were identified
- Those identified showed evidence for improvements in child health and nutrition through different gender-sensitive approaches:
  - Through seeking to increase women's power through participatory activities
  - Through increasing women's access to and control over resources for child health and nutrition
  - Through seeking to address unequal gender relations and norms to improve allocation of household resources

- Studies reviewed highlight how **key dimensions of gender operating through inter-linked mechanisms shape how resources are channelled to children** in terms of nutrition and health inputs (i.e. feeding practices, prenatal and birthing care, treatment-seeking for child illness and immunisation).
- Despite the considerable body of evidence supporting the significance of gender as a social determinant of intra-household relations that impacts on child health and nutrition, **few child health and nutrition interventions were found to include elements of gender-awareness or sensitivity.**

- **Stronger links must be developed** between initiatives to address gender equity issues such as gender based violence and empowerment, programmes promoting maternal, reproductive and sexual health and interventions to address child health and nutrition outcomes.
- There is scope to **reorient and re-design** traditional early child health activities and interventions to integrate gender-sensitive approaches.  
*e.g. Potential collaboration on an early child development intervention with mothers/community members in Malawi to explore ways to address gender issues that have arisen in the preliminary stages of the intervention*

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**Any questions welcome!**