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Discussion Paper BRIEFS

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Discussion Paper 93

Mother-Father Resources, Marriage Payments, and Girl-Boy Health in Rural Bangladesh

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A growing body of literature suggests that men and women allocate resources under their control in systematically different ways. Studies examining the effect of women's income on household expenditure patterns find that women typically spend a higher proportion of their income on food and health care for children, as well as other goods for general household consumption than do men. Other evidence from developing countries indicates that female income more often has a greater impact than male income on infant and child survival probabilities, preschooler nutrition, and child education.

An issue related to intrahousehold allocation is that of gender bias. A number of studies addressing this topic have focused on the intrahousehold distribution of nutrients. Evidence shows that pro-male bias in nutrient allocations exists in South Asia. Boys here are also more favored in the distribution of nonfood health inputs, such as health care. Furthermore, this is the only area of the world in which girls have higher child mortality rates than boys.

Only infrequently has an analysis of gender bias been combined with an examination of bargaining power in the household. The value-added of such an exercise is the opportunity to examine the impact of male and female resource control within the household on the well-being of different members of the household.

For this study, household survey data from 47 villages in three rural areas in Bangladesh are used. These were collected in 1996-97 by IFPRI-BIDS-INFS-DATA as part of an impact evaluation of new agricultural technologies being disseminated in the three areas (Manikganj, Jessore, and Mymensingh districts). Besides detailed information on agriculture and nutrition, the survey also contains data on individual current asset holdings, pre-marital assets, marriage transfer payments, and family background characteristics for husbands and wives.

With this unique data, this study examines the impacts of the resource control pattern within the household on girl and boy morbidity in rural Bangladesh.

Measures of Parental Resource Control

Bargaining models suggest that women with more assets,

income, or education have greater bargaining power in the household because they have more options outside of the household; therefore, their "threat points" in the household are greater.

In any setting, however, cultural factors influence the ability of women to obtain and wield discretionary control over the factors that comprise these threat points. In rural South Asia, for example, social norms influence what is acceptable regarding female movement in society; this in turn affects their ability to earn income and exercise control over property. Even if a woman has education, it may not serve her in the labor market because women have few opportunities to work outside the home. One important determinant of a woman's fallback position outside of marriage, however, is the support she could expect to receive from her natal family. Important indicators here are the assets she brought to marriage and the dowry her family paid at the time of her wedding.

To test the bargaining hypothesis, the impact of household resource ownership patterns on girl and boy morbidity is examined. Resource control is measured along several dimensions: (1) maternal share of current assets, (2) maternal share of premarital assets, and (3) maternal share of marriage payments.

Husband and Wife Assets

Mean value of wife's current assets is only a tiny fraction of total household wealth. Land is the most unequally distributed asset. Animals and durables (jewelry, household items, agricultural and business equipment) are less unequally distributed, although the differences are still substantial.

Husband premarital assets also swamp those of wives in every category, especially land and livestock. Women own some durables and land before marriage. It appears that over the course of marriage, men accumulate larger amounts of land, through inheritance and/or purchases. Husband livestock values decline after marriage. Wives, on the other hand, accumulate livestock, mostly in the form of small animals. Brides, on average, received larger wedding transfers than did grooms.

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Preschooler Illness

Short-term morbidity for individual household members was reported by the head female, who was asked whether any member had experienced an illness in the 14 days preceding the survey, and if so, the symptoms and duration. Fifty-seven percent of preschool children in this study were reported as having an illness during this period. The majority of problems suffered by preschoolers were respiratory symptoms, with a prevalence of 30 percent; fever, with a prevalence of 23 percent; 13 percent of children had diarrhea. These illnesses are major contributors to infant and child mortality in Bangladesh.

Boys had higher morbidity prevalence than girls. Sixty-one percent of boys, but only 53 percent of girls, had an illness in the two weeks preceding the survey, a statistically significant difference.

To assess the magnitude of morbidity among preschoolers, number of days sick unconditional on an illness being experienced is the outcome examined in the analysis (i.e., nonsick children are counted as having zero days). Mean unconditional illness days for preschoolers was 3.9 overall, 4.1 for boys, and 3.6 for girls.

With greater household per capita assets, overall, diarrhea, and RI morbidity decreases slightly for children as a group, especially when moving from the poorest to the middle-income group. Overall and RI sickness do not always fall monotonically with income, however.

Findings

The resource ownership profile within the household has differential effects on the health of male versus female preschoolers: mothers' resources are generally more beneficial for girls, while fathers' are more beneficial for boys. Controlling for current household assets per capita, a higher share of current assets held by the father reduces boy illness days. Current ownership shares appear not to have a significant impact on girl child morbidity. A

higher proportion of pre-wedding assets held by the mother decreases the morbidity of girl children.

For payments made at the time of marriage, a greater share directed toward the husband reduces child morbidity, regardless of sex. This may at first appear contrary to expectation, given the evidence from other parts of the world on maternal resource control improving child welfare. However, when taken in the cultural context of rural Bangladesh, the impacts of marriage payments later in the relationship are not surprising. These results are consistent with the findings from other studies of South Asia that examine the intrahousehold consequences of marriage payments and find, for example, that lower dowry (transfers from the wife's to the husband's side at the time of marriage) increases wife-beating and reduces child caloric intake during the marriage.

Extended family also plays an important role in the production of child health, especially the mother's number of living brothers, which reduce illness days for boys and girls; this finding is consistent with cultural practices of female transference of entitled inheritance to brothers in exchange for future brotherly support.

The study has several policy implications. First, increasing maternal control over resources within marriage should improve the health of children, especially girls. Second, a higher degree of female command over household wealth may encourage parents in subsequent generations to invest more in daughters. Third, establishment of a formal social security system could reduce bias toward investment in sons by decreasing elderly parents' reliance on adult sons.

Keywords: bargaining power, intrahousehold, gender, health, Bangladesh

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