4-5

Intrahousehold Allocation, Gender Relations, and Food Security in Developing Countries

By:

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CASE STUDY #4-5 OF THE PROGRAM:
"FOOD POLICY FOR DEVELOPING COUNTRIES: THE ROLE OF GOVERNMENT IN THE GLOBAL FOOD SYSTEM"
2007

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Executive Summary

Many important decisions that affect development outcomes are made by households and families. What factors affect the way resources are allocated within the household? Why does the division of rights, resources, and responsibilities within the household matter for food security? This case study focuses on one dimension of the intra-household allocation of resources: gender. It begins with a definition of the household and discusses the factors that affect the distribution of resources within the household (including, but not limited to, gender). It then presents empirical evidence from two studies by the International Food Policy Research Institute (IFPRI). The first examines the link between women's status and child nutrition, using data from nearly 40 developing countries, and the second investigates how the resources that husbands and wives bring to marriage affect household expenditures and child schooling outcomes in four developing countries. This case study then identifies various stakeholders, including men, women, and especially children within families; community leaders, civil society organizations, and development practitioners at the local level; and national-level policy makers and members of the donor community who are interested in eradicating poverty, reducing malnutrition, and improving gender equity. Finally, it suggests two broad policy options to achieve gender equity: (1) eradicating discrimination and (2) promoting active catch-up of women's status, providing examples of successful programs in Bangladesh, Guatemala, and Mexico.

Your assignment is to recommend to the government of a country of your choice how gender aspects should be incorporated in government policy to improve household food security and the nutritional status of women and children.

Background

The Household

Households are important decision-making units throughout the world.[1] A household is a group of individuals living together, typically sharing meals or a food budget. Households are different from families, which consist of a group of individuals related by marriage and consanguinity who do not necessarily live together or share meals. In general, households are composed of family members.[2] Economic analysis of household structure is more recent than anthropological analysis but now consists of a growing and voluminous literature.[3] There are two main approaches to modeling household behavior: unitary and collective models. The unitary model views the household as a collection of individuals who behave as if they agree on how best to combine time, goods bought in the market, and goods produced at home to produce commodities that maximize some common welfare index (Becker 1991; Haddad et al. 1997; Quisumbing and Maluccio 2003). This approach is often referred to as the common preference model or the benevolent dictator model, based on the notion that either all the household members have the same preferences or there is a single decision maker who makes decisions for the good of the entire household. Although the unitary model can explain decisions about the quantity of goods consumed and the equal or unequal allocation of the goods among household members, it has been widely criticized for two main reasons: First, if individual members have different preferences, then these divergent preferences must be aggregated in some manner, and there are theoretical difficulties associated with this process. Second, various researchers (Doss 1996; Wolf 1997) have argued that within a household there exist multiple voices and an unequal distribution of resources, and thus the household is a site of conflict as well as cooperation. The model's failure to recognize this complex reality has led to a limited understanding of intrahousehold allocation

[1]This section draws from reviews of the literature in Fafchamps and Quisumbing (forthcoming), Hoddinott and Quisumbing (2003), Quisumbing (2003), Bolt and Bird (2003), and Haddad et al. (1997).

[2]Typically, all formal institutions in which generally unrelated individuals share room and board are omitted from the definition of a household. But households can also include unrelated individuals, such as servants, visitors, and fostered children (Fafchamps and Quisumbing forthcoming).

[3]See the review by Fafchamps and Quisumbing (forthcoming).

and decision making, and multiple types of policy failures (Haddad et al. 1997).[4]

Collective models (such as Chiappori 1988, 1992) have emerged as an alternative to unitary models that allows for differing preferences, does not assume that resources are pooled, and only assumes that allocations are made in such a way that the outcomes are Pareto efficient.[5] Two subgroups of collective models emerge, one rooted in cooperative and the other in noncooperative game theory. The cooperative models assume that individuals choose to form a household or other grouping when the advantages associated with being in a household outweigh those derived from being single. The second class of collective models relies on noncooperative game theory. The noncooperative approach (Kanbur 1991; Lundberg and Pollak 1993) relies on the assumption that individuals cannot enter into binding and enforceable contracts with each other and thus that an individual's actions are conditional on the actions of others. The implication is that not all noncooperative models produce Pareto-efficient outcomes.

Aspects of Intrahousehold Differences

Several factors contribute to intrahousehold differences. This section briefly reviews these factors and how they may interact with one another.

Gender. Gender is probably the most widely discussed aspect of intrahousehold differences. Gender differences arise from the socially constructed relationship between men and women (Oakley 1972). Sex differences, on the other hand, are biological and innate. Gender differences affect the distribution of resources between men and women and are shaped by ideological, religious, ethnic, economic, and social determinants (Moser 1989, 1993). Being socially determined, this distribution can be changed through conscious social action, including public policy. Parental preferences with respect to child gender may significantly affect child well-being. For example, in parts of South Asia where boys are valued more highly than girls (Miller 1997; Sen 1990), parents may value an improvement in a boy's well-being more highly than an equal improvement in a girl's well-being.

Birth order. A child's birth order may interact with the child's gender as well as family size, which is intimately linked with the stage of the parents' life cycle. First-born or low-birth-order children may have parents who are less experienced with child rearing, but later-born children must share parental resources with more siblings. Siblings may compete for scarce parental resources, with male siblings often favored; Garg and Morduch (1998) and Morduch (2000) present evidence of this pattern in rural Ghana. Children may thus end up doing better if their siblings are sisters, since in many societies they have a smaller claim on parental resources, or, as in the case of Taiwan, older sisters may contribute to school fees for younger children (Parish and Willis 1993).

Relationship to the household head. The importance of an individual's relationship to the household head differs across societies and cultures. In polygamous societies, there may be significant discrimination against unfavored wives and their children, resulting in heavier domestic workloads, poorer access to education, and in some cases poorer levels of nutrition and health care (Bird and Shinyekwa 2005). For many women, polygamy can result in conflict, which contributes to increased domestic violence and eventually to household dissolution.

Whether a child is a biological offspring of the household head may also affect that child's welfare. In Africa, orphans are equally less likely to be enrolled in school relative to both non-orphans as a group and to the non-orphans with whom they reside (Case et al. 2003). Despite the growing evidence that fostered children may be treated differently from biological offspring, cross-country studies for Africa, the Caribbean, and Latin America (such as that by Ainsworth and Filmer 2002 on orphans and school enrollment) suggest that the extent to which orphans are disadvantaged is country-specific. Ainsworth (1996) and Harper et al. (2003) note that a number of West African studies, including those from Mali (Castle 1996; Engle et al. 1996) and Sierra Leone (Bledsoe 1990) show that the reason for fosterage—a desire to

[4]A classic example is the household response to school feeding programs, where if children receive meals at school, their food allocation at home is reduced in order to feed other household members who do not receive meals at school.
[5]Pareto efficiency implies that the welfare of one individual cannot be increased without reducing the welfare of any other person.

strengthen ties between families; childlessness on the part of the fostering household; or death, divorce, or migration of biological parents—affects the support a fostered child receives.

Age. Age affects the distribution of resources not only to children, but also to older people. Since old age is linked to diminishing physical strength, poor health, and disability, it increases dependence on other household members. The resources required to care for older people compete directly with other household resource needs. If the household is poor, older individuals' health problems may be addressed only after other individuals' needs have been met.

Policy Issues

Why Do Gender Differences Matter?

Gender issues are central to the attainment of development goals and poverty reduction and play a prominent role in the Millennium Development Goals (MDGs). Out of eight goals, four are directly related to gender: achieving universal primary education, promoting gender equality and empowering women, reducing infant and child mortality, and improving maternal health. Gender also plays an important role in goals related to reducing poverty and eradicating hunger; combating HIV/AIDS, malaria, and other diseases; and ensuring environmental sustainability. Given these linkages, it is difficult to see how it would be possible to meet the MDGs without addressing gender.

The poverty reduction agenda in particular would benefit from attention to gender issues. One study (Klasen 1999, cited in World Bank 2001) estimates that if the countries in South Asia, Sub-Saharan Africa, and the Middle East and North Africa had started with the gender gap in average years of schooling that East Asia had in 1960 and closed that gender gap at the rate achieved by East Asia from 1960 to 1992, their per capita income could have grown by an additional 0.5 to 0.9 percentage points per year—substantial increases over actual growth rates. Simulations from comparable studies using nationally representative samples from Egypt (1997) and Mozambique (1996) have shown that mothers' education is crucial to poverty reduction (Datt and Jolliffe 1998; Datt et al. 1999). In Egypt, increasing mothers' schooling from "none" or "less than primary" to "completed primary schooling" reduces the proportion of the population below the poverty line by 33.7 percent. Similarly, in Mozambique, increasing the number of adult females in the household that have completed primary school by one leads to a 23.2 percent decrease in the proportion of the population living below the poverty line. In both of these country studies, female education had a much larger impact on poverty than other factors, including male education. These examples relate to gender gaps in education, but similar examples can be found for other types of productive resources, such as land. Of course, it is possible that other factors may be more important in particular contexts. If gender disparities are not as pronounced, other factors that contribute to higher inequality or differences in poverty outcomes (say, race or social class) may be more important than gender disparities in reducing poverty.

Women's status and child nutrition. Evidence from a wide range of developing countries shows that women's status and control of resources within marriage has significant impacts on two aspects of the next generation's human capital—children's nutritional status and educational attainment.

A study by Lisa Smith and coauthors (2003) investigated the links between women's status and child nutrition in developing countries using data on 117,242 children under three years old from 36 developing countries, collected under the auspices of the Demographic and Health Surveys. The study sought to answer three main questions: First, is women's status an important determinant of child nutritional status in South Asia, Sub-Saharan Africa, and Latin America and the Caribbean? Second, if yes, what are the pathways through which improved status operates? The particular pathways considered are women's own nutritional status, the quality of care for women, and the quality of care for children.[6] The specific caring practices analyzed are prenatal and birthing care for women, breastfeeding and complementary feeding of children, health-seeking behaviors for children, including illness treatment and immunization, and the quality of children's substitute caretakers. The third question the study sought to answer is, why is South

[6]"Care" is defined as "the provision in households and communities of time, attention, and support to meet the physical, mental, and social needs of the growing child and other household members" (ICN 1992).

Asia's child malnutrition rate so much higher than Sub-Saharan Africa's, when it does so much better with respect to many of the long-accepted determinants of child nutritional status, such as national income, democracy, food supplies, health services, and education? Ramalingaswami et al. (1996) attempt to explain this "Asian enigma" by suggesting that the extremely low status of women in South Asia compared with Sub-Saharan Africa is at the root of the regions' nutritional status gap.

Smith et al. (2003) define women's status as women's power relative to men.[7] Compared with their higher-status counterparts, women with low status tend to have weaker control over resources in their households, tighter constraints on their time, more restricted access to information and health services, and poorer mental health, self-confidence, and self-esteem. Yet these factors are thought to be closely tied with women's own nutritional status and the quality of care they receive and, in turn, children's birth weights and the quality of care provided to children (Engle et al. 1999; Kishor 2000). Two measures of women's status were employed. The first, measured at the household level, is women's decision-making power relative to their male partners, usually their husbands. This measure is based on four underlying indicators: whether a woman works for cash, her age at first marriage, the age difference between her and her husband, and the education difference between her and her husband. The second, measured at the community level, is societal gender equality. It is based on girl-boy differences in nutritional status and preventive health care, as well as gender differences in adult education. This additional measure was included to capture the effects of gender discrimination that women may face outside the home. Both women's status measures were constructed by combining the underlying indicators into an index ranging from 0 (lowest status) to 100 (highest) using factor analysis. Country fixed-effects multivariate regression, with controls for child, woman, and household characteristics, was the main empirical technique. Separate analyses were carried out for each region. Figure 1 shows the percentage of underweight, stunted, and wasted children by region.[8] By all measures malnutrition is worst in South Asia, followed by Sub-Saharan Africa and Latin America and the Caribbean.

Figure 2 compares women's status across the three regions. Both measures show that South Asian women have the worst status relative to men, followed by Sub-Saharan Africa and Latin America and the Caribbean. Women's status is very low in both South Asia and Sub-Saharan Africa compared with women's status in Norway, the country where women are considered to be most equal to men.

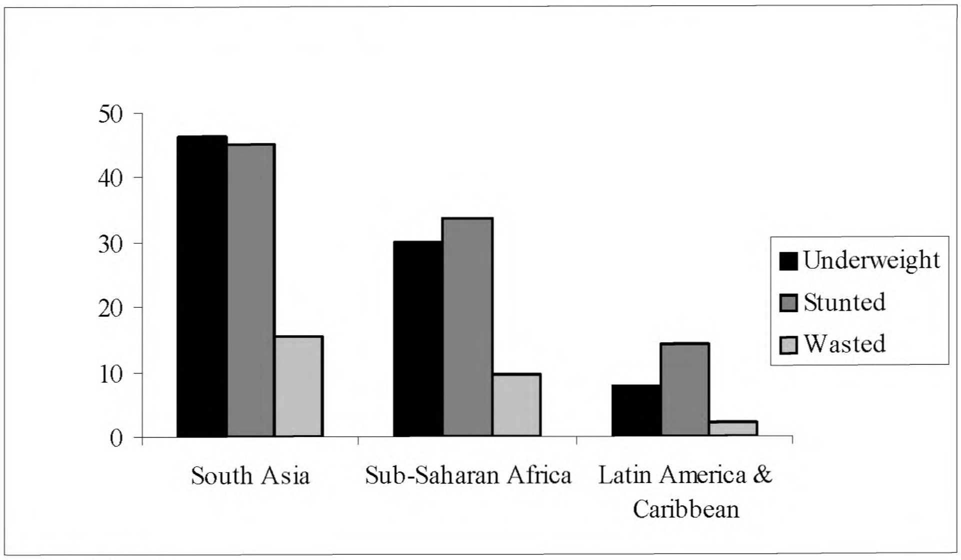
Results from the regression analysis (not reported here) show that women's status has a significant, positive effect on children's nutritional status in all three regions. The results provide proof that women's status improves child nutrition because women with greater status have better nutritional status, are better cared for themselves, and provide higher-quality care to their children. The strength of the influence of women's status, however, differs widely across the regions. Women's status has the most influence where it is lowest. The strongest effect is found in South Asia followed by Sub-Saharan Africa, and it is weakest in Latin America and the Caribbean.

Figure 3 illustrates these differences. It shows the predicted rate of child malnutrition at each level of the women's status indexes for the three regions. The sharp predicted drop-off in child malnutrition in South Asia as women's relative decision-making power increases is particularly striking.

[7]Three aspects of the definition of women's status are worth noting. First, it is considered to be relative to men rather than absolute or relative to other women. Second, it is founded on the concept of power, defined as the ability to make choices (Riley 1997; Kabeer 1999). Third, the definition has an intrahousehold and an extrahousehold dimension and thus takes into account the influence of customs and norms that may dictate differential roles, acceptable behaviors, rights, privileges, and life options for women and men (Safilios-Rothschild 1982; Agarwal 1997; Kabeer 1999).

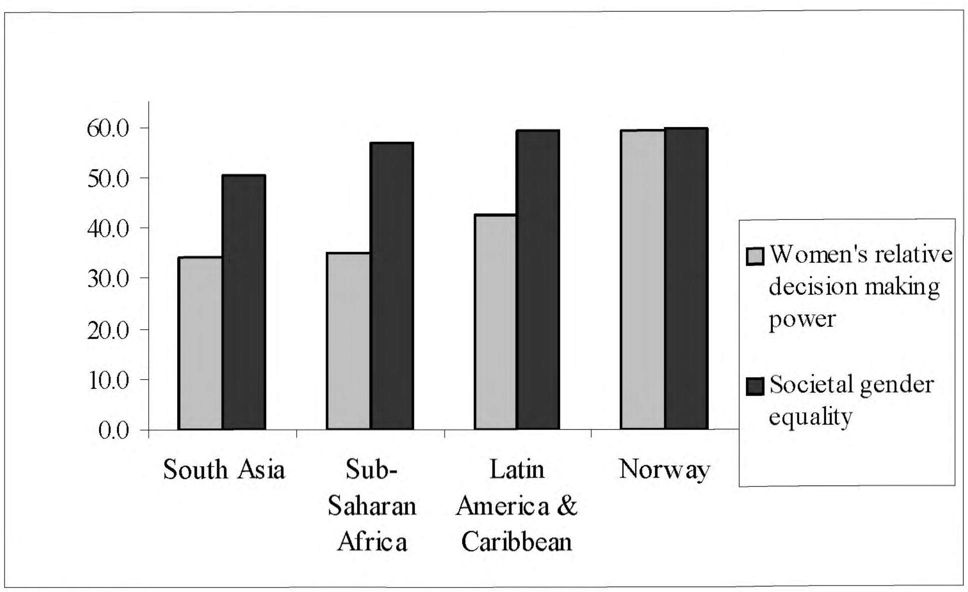
[8]The underweight prevalence indicates the general nutritional status of a population of children; stunting indicates a state of chronic malnutrition, whereas wasting indicates a state of acute malnutrition.

Figure 1: Percentage of Underweight, Stunted, and Wasted Children, by Region



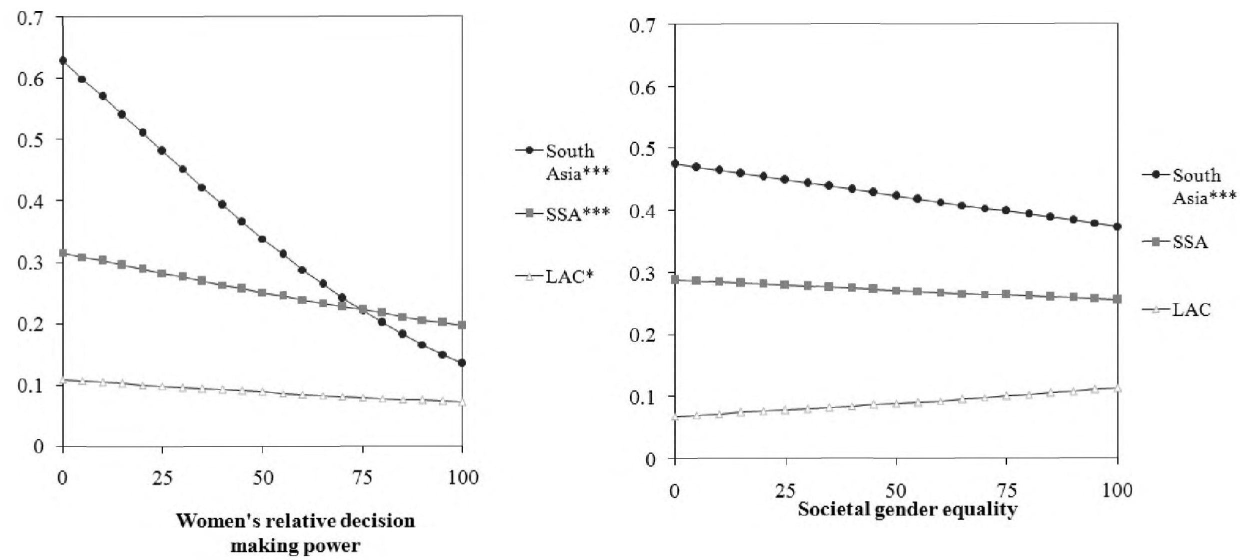
Source: Smith et al. 2003.

Figure 2: Women's Status Indexes, by Region



Source: Smith et al. 2003.

Figure 3: Predicted Child Malnutrition (Underweight) by Indexes of Women's Status



Source: Smith et al. 2003.
Note: * = significant at the 10 percent level. *** = significant at the 1 percent level.

The pathways through which women's status influences child nutrition differ across the regions as well. In South Asia increases in women's status have a strong influence on both long-term and short-term nutritional status, leading to reductions in both stunting and wasting. The study estimates that if the status of men and women were equalized, the underweight rate among children under three years would drop by approximately 13 percentage points, a reduction of 13.4 million malnourished children. As women's status improves in the region, improvements also take place in women's nutritional status (as measured by body mass index [BMI]), prenatal and birthing care for women, complementary feeding practices for children, treatment of illness and immunization of children, and the quality of substitute child caretakers. As in South Asia, women's status in Sub-Saharan Africa has positive effects on both long-term and short-term nutritional status of children. The costs of inequality between women and men in the region are not as high as those in South Asia, but they are still substantial. Equalizing men and women's status is estimated to lead to a decline of nearly 3 percentage points in the region's malnutrition prevalence, or a reduction of 1.7 million children under age three. The pathways through which improvements in women's status raise child nutritional status are largely the same as in South Asia. The main differences are that women's status increases women's BMI only among those women with very low decision-making power relative to their husbands, and it has no influence on illness treatment of children.

The Latin America and the Caribbean regions exhibit quite a different pattern from South Asia and Sub-Saharan Africa. Women's status has a positive effect only on children's short-term nutritional status and is strong only for households in which women's relative decision-making power is very low. Women's status has a distinctly *negative* influence on women's BMI in this region, where overweight-obesity is an emerging public health problem. Higher-status women tend to be better informed about healthy food choices, and thus the negative impact on BMI is likely not harmful to children's nutritional status. Indeed, protecting children's nutritional status in utero and in early life may make them less susceptible to overweight and obesity in later life. The caring practices identified as pathways through which improvements in women's status affect child nutrition are prenatal and birthing care for women, the frequency of complementary feeding of children, immunization of children, and the quality of their substitute caretakers.

The clear implication of the study's empirical results is that, in the interest of sustainably improving child nutritional status, women's status should be increased in all regions, but this need is especially urgent for South Asia, followed by Sub-Saharan Africa.

The study raises one important red flag: improvements in women's status are likely to have a *harmful* effect on one care practice for children: breast-feeding. Breast-feeding is of critical importance to children's nutritional status because it both provides them with optimal nutrition and protects their health. Thus, efforts to promote women's status should be accompanied by simultaneous actions to protect, support, and promote breast-feeding. These efforts should include measures to improve the image of and attitudes toward the breast-feeding woman. In Chile, for example, a decline in breast-feeding prevalence was observed between 1970 and 1990. Since the mid-1990s the introduction of a strong health policy to promote breast-feeding, especially during prenatal visits and postpartum care, has increased the duration of exclusive breast-feeding.

In areas where women's status is known to be low and efforts to increase it are met with resistance, strategies to promote children's nutritional status can include actions to mitigate the negative effects of power inequalities favoring men. For example, to protect child nutrition, health services can be targeted to areas where women's status is known to be low. Finally, in all three regions, women's relative decision-making power has a stronger positive influence on child nutritional status in poorer households than in rich. Efforts to improve child nutritional status through improving women's status are likely to be most effective when targeted at poor households.

In sum, this study shows that making a policy decision to improve women's status offers significant benefits. Not only does a woman's own nutritional status improve, but so, too, does the nutritional status of her young children. Improving women's status today is a powerful force for improving the health, longevity, capacity, and productivity of the next generation of young adults.

Men's and Women's Resources and Child Schooling

Additional evidence that differences in men's and women's bargaining power within marriage affect investment in the next generation comes from four developing countries with very different social and economic conditions—Bangladesh, Ethiopia, Indonesia, and South Africa (Quisumbing and Maluccio 2003). Because the bargaining power of men and women is difficult to measure, this study uses assets at marriage as a proxy for resource control within marriage.[9] The authors examine whether assets brought to marriage by each spouse have differential effects on household-level and individual-level outcomes. The household-level outcomes are expenditure shares of food, education, health, children's clothing, and alcohol and/or tobacco. The individual-level outcomes are two measures of educational attainment: years of schooling completed and deviation of the child's schooling from the cohort mean, which measures how the child is doing compared with other children of the same age.

The study's results overwhelmingly reject the unitary model of the household in all four countries. Across the countries, the most consistent effect is that higher relative resources controlled by women tend to increase the shares spent on education. Since women marry earlier and expect to live longer, it may be rational for them to invest more in the education of their children, since they are more likely to rely on them for old-age support. How then do the increased resources devoted to education affect the educational outcomes of specific children? Men's and women's resources may have different impacts in different settings. In Bangladesh, father's schooling and assets had a negative effect on girls' schooling. In South Africa,

[9]Assets at marriage can be an important indicator of bargaining power for several reasons. First, since these assets are determined before or at the time of marriage, they are not affected by decisions made within marriage. Second, in many cultures, marriage is one of the key occasions during an individual's lifetime when assets are transferred across generations (the other occasion is after the death of a parent). Third, assets transferred at marriage may have a symbolic meaning over and above their economic value.

it was just the opposite. Father's schooling had a positive effect on girls' schooling, whereas mother's assets had a negative impact. South African mothers have an incentive to invest in sons, who are more likely to provide for them in their old age. In Bangladesh, on the other hand, different preferences may be more likely to be the underlying cause. Wealthier Bangladeshi fathers may attach a higher premium to marrying their daughters off early, an effect that is opposite to that of better-educated mothers.

Intrahousehold allocation mechanisms appear to be operating at different levels in these four developing countries, resulting in different policy implications for each country. In Ethiopia, ethnic and religious differences have a stronger impact on husband and wife's assets, and variations across communities and ethnic groups may be larger than the variations in the asset position of men and women within those groups. Thus, legal reforms that affect property rights across groups may have a larger impact on intrahousehold allocation than redistribution within each group. In the case of Bangladesh, differences in the asset positions of men and women within sites are sufficiently large that interventions that improve women's assets relative to men are more desirable.

Stakeholders

The ultimate stakeholders in any matter involving intrahousehold allocation are the men, women, and children who live in households. Men and women may not have equal ability or opportunity, however, to express their preferences within the household or community. When gender disparities are deep rooted and historical, stakeholders may not even be aware of them. For example, subservience to husbands may be considered "virtuous" and "normal" by women. Under these circumstances, it may take an outsider to alert the stakeholders to disparities. Here change-agents in society (policymakers, intellectuals, nongovernmental organizations) may play an important role. Although husbands and wives may be able to express their preferences, even if unequally, children rarely have a voice. Given the overwhelming evidence that increasing women's control of resources increases investments in the next generation, policy makers would do well to think not only of immediate gender impacts (which may admittedly create unwanted tension or social conflict), but also of long-term, intergenerational consequences. Other stakeholders at the local level include community leaders and members of civil society—particularly those involved in designing and implementing development interventions. At the national level, policy makers need to pay attention to gender issues, particularly when considering poverty reduction strategies. Including gender issues systematically in poverty reduction strategy papers (PRSPs), prepared by developing countries through a participatory process involving domestic stakeholders as well as external development partners, such as the World Bank and International Monetary Fund, could make poverty reduction strategies more effective, particularly in countries where gender disparities are most pronounced among the poor.

Policy Options

Although there are many actions that public policy can take to improve women's status, the specific set of actions that are most appropriate in a given situation will be, unsurprisingly, context specific. Smith et al. (2003) outline a two-pronged approach: one prong eliminates gender discrimination through policy reform, and the other prong targets resources specifically to women.

Eradicating Discrimination

Policy reform to eradicate gender discrimination promotes gender neutrality by creating a level playing field for women and men. At a basic level, improving women's political voice and participation is vital to any fundamental shift in women's status. The strengthening of democratic institutions through legislation, the rewriting of constitutions so that they explicitly disavow discrimination, and the reform and enforcement of an antidiscriminatory rule of law are important steps toward achieving this goal.

Policies and legislation must not discriminate against women when it comes to access to economically productive assets. The ability to own and have access to various types of assets must be independent of gender. For example, the ability to inherit land, to join a credit and savings club and obtain credit in one's name, to join a water users group, to obtain extension advice, to start up a small enterprise, and to survive in the event of a family breakdown must be equal for women and for men.

Social protection programs that minimize the probability of facing risks and mitigate the impacts of shocks are often male-biased, particularly in the area of child support and social entitlements, such as pensions (Folbre 1995). Public regulations often stipulate that maternity benefits and child care costs are the responsibility of the employer, despite international conventions supported by the International Labour Organization saying that these costs should be met through compulsory social insurance or public funds, or in a manner determined by national law and practice. Some employers are therefore discouraged from hiring women, and some require a certificate that they are not pregnant. Women are less likely than men to be employed in formal sector jobs with benefits such as social security, and retirement benefits tend to be lower for women. Family allowances give benefits to employed men with dependent wives, but not benefits to employed women with dependent children. Moreover, sex discrimination laws, if they exist, are not uniformly enforced.

All individuals should have equal access to public services, in terms of both quantity and quality. This goal includes equal access to schools of good quality, to reproductive health facilities and information, to agricultural advice and agricultural extension, and to preventative measures related to HIV/AIDS, such as condoms and education. Women should be free to grow the kinds of crops on their plots of land that they think are important for the food security and nutrition status of their family. Achieving these goals may involve revising formal rules of access and including more women in the design and implementation of outreach programs and in the actual delivery of public services.

Promoting Catch-up in Women's Status

Many steps can be taken to actively promote catch-up in women's status. A first step is to raise the profile of gender issues. One method is to track the different implications of public budgetary allocations for men and women. The Women's Budget Initiative (WBI) is an ambitious and seemingly successful attempt in South Africa (Budlender 1997). Another approach is to use national education and advocacy campaigns to raise the value that society places on women and girls. An example is Bangladesh's National Girl Child Day on September 30 (Hunger Project 2000). Beyond these consciousness-raising efforts, actual policies can be redesigned so that they target females. Here we give four examples of successful attempts: two from Bangladesh and one each from Mexico and Guatemala.

Example: Targeting credit to women in Bangladesh. A number of nongovernmental organizations (NGOs) in Bangladesh have attempted to improve women's status and the well-being of children in their households by directing credit to women. The Grameen Bank and the Bangladesh Rural Advancement Committee (BRAC) programs have had significant effects on a variety of measures of women's empowerment, including mobility, economic security, control over income and assets, political and legal awareness, and participation in public protests and political campaigning (Hashemi et al. 1996). Pitt and Khandker's (1998) study on the impacts of three NGO microcredit programs tests for the differential impact of male and female borrowing on eight outcomes: boy's and girl's schooling, women's and men's labor supply, total household expenditure, contraception use, fertility, and value of women's nonland assets. They find that female borrowing had a significant effect on seven out of eight of these. By contrast, male borrowing was significant in only three out of eight. Household consumption increases by 18 taka for every 100 taka lent to a woman and 11 taka for every 100 taka lent a man (Morduch 1999). Kabeer (1998), using participatory evaluation techniques, finds that despite increased workloads due to receipt of credit, women feel empowered by credit, clearly feeling more self-fulfilled and valued by other household members and the community.

Example: Food or cash transfers to Bangladeshi families to encourage girls to attend school. Most children from the poorest families in Bangladesh do not attend school because they cannot be spared from contributing to their family's livelihood. In response, the Bangladesh government launched the Food for Education Program (FFE) program in July 1993 on a large-scale pilot basis, covering about 5,000 primary schools nationwide. The FFE food ration (wheat)—now converted to a cash transfer program—becomes the income entitlement that enables a poor family to release children from household obligations so they can go to school. In terms of its education impact, Ahmed (2000) finds that although attendance increases for both sexes, increases in attendance are about 10–15 percent higher for girls. By equalizing women's and men's human capital and delaying marriage, such a program could have far-reaching benefits in terms of the status of women, with important implications for women's life opportunities (Arends-Kuenning and Amin 1998).

Example: Targeting cash to women: The case of PROGRESA in Mexico. In Mexico, a large countrywide program called Programa Nacional de Educación, Salud, y Alimentación (PROGRESA) began operation in August 1997 to fight "extreme poverty" in Mexico's rural areas. Now called Oportunidades, this multisectoral program provides an integrated package of health, nutrition, and educational services to poor families. The program provides monetary assistance, nutritional supplements, educational grants, and a basic health package to its beneficiaries for at least three consecutive years. One of the innovative aspects of the program is the targeting of monetary assistance to women. An impact evaluation shows that the program has empowered women by putting additional resources under their control, giving them greater control over their mobility, educating them on health and nutrition issues, providing new spaces in which to communicate with other women, educating girls to improve their position in the future, and increasing their self-confidence and self-esteem (Adato et al. 2003; Skoufias and McClafferty 2003).

Example: Support to child care groups in Guatemala for poor working mothers. The government-sponsored Community Day Care Program (Programa de Hogares Comunitarios [PHC]) in Guatemala, created in 1991, reaches close to 10,000 preschoolers throughout the country (Ruel et al. 2006). It is operated as a nontraditional child care alternative whereby a group of parents select a woman from the neighborhood to be the *madre cuidadora* (care provider). Her task is to care for up to 10 children in her home, 12 hours a day, five days a week. An impact evaluation shows that the overall benefits of the program on children's diets are positive and large. Comparison of beneficiary mothers with a random sample of working mothers from the same area shows that the program was reaching more vulnerable and at-risk women, particularly single mothers and sole income earners of their family. Because the program provides low-cost, reliable care for extended hours, it appears that poor and vulnerable mothers are relieved from their child care responsibilities and are able to engage in formal employment. This finding suggests that the government-sponsored day care program in Guatemala relieves an important constraint to women's labor force participation in urban areas. This model has been replicated in Colombia with the Programa de Hogares de Bienestar Infantil, in Bolivia with the Programa de Atención Materno-Infantil (PAMI), and in Venezuela with the Programa de Hogares de Cuidado Diario, with support from the World Bank.

The most effective (and cost-effective) way to achieve gender equity will, of course, differ by context. A number of tactical decisions must be made if there is a conscious policy decision to achieve gender equity by improving women's status. Is it enough to eliminate discrimination, or is it necessary and feasible to promote active catch-up in women's status? The answers to these questions will depend on the location of the decision maker and the political economy of the decision-making environment.

Assignment

Your assignment is to recommend to the government of a country of your choice how gender aspects should be incorporated in government policy to improve household food security and the nutritional status of women and children.

Additional Readings

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Note: Summaries of both Quisumbing and Maluccio [2003] and Smith et al. [2003] can be found in the Quisumbing [2003] edited volume.

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