Is higher household wealth a reflection of better child health outcomes? Analysing the impact of maternal employment on child health across surveys and gender.

Ву

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Outline

- Motivation/Background
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Motivation/Background

- Persistent child stunting (38% 2006, 33% 2011 UDHS) and failure to meet MDG.4 Target. 4A
- Average annual growth rate 2000-2014 for Uganda 6.6% above Sub-Saharan average 4.9%
- Implementation of Employment ACT 2006 and Gender Policy 2007 in Uganda to;
- Reduce discrimination in the labour market by gender, race etc
- Promote women emancipation

Implications;

- Increase in supply of female labour force
- Reduction in the income gap between male and female
- Changes in time spent on child care activities by both male and female
- Changes in unemployment/employment levels

Motivation/Background- continued

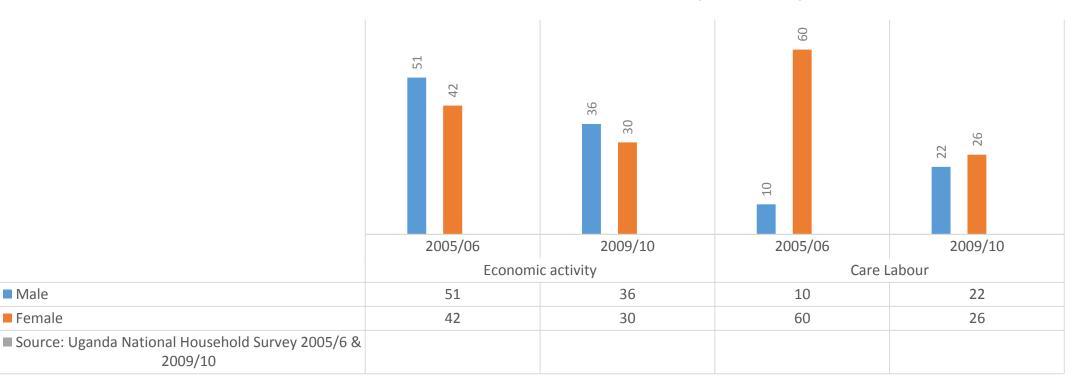
Variable	Female		Male			
	2005/6	2009/10	2005/6	2009/10		
Unemployment rate (%)	2.1	5.2	1.7	3.0		
Annual labour force growth rate (%)-Averages for 2002/3-2005/6, 2005/6-2009/10	2.9	5.3	4.4	4.0		
Employment to population Ratio (%).	69.8	75.2	70.9	75.6		
Real Median monthly earnings (000's of UGX) of persons in paid employment (2005/6=base)	40	41	80	52		
Source: UNHS 2005/6, 2009/10 & Labour Force Report 2013						

Motivation/Background- continued

AVERAGE TIME SPENT ON ECONOMIC AND CARE LABOUR **ACTIVITIES PER WEEK BY GENDER (HOURS)**

Male

Female



Research Questions & Contribution

- 1. Do wealthier households have healthier children?
- 2. Does maternal employment mean better child outcomes?

Innovation:

Maternal employment has worst effects on child health outcomes (stunting) for middle income households compared to poor and rich households. Higher household wealth does not imply better child health outcomes.

Empirical Work

- There is mixed evidence; maternal employment increases income vs reduces child care time (Tucker & Sanjur, 1988)
- It improves child health (Ukwuani & Suchindran, 2003; Lamontagne et al.,1998; Leslie, 1988).
- Incomes increase the bargaining power (Luke & Monshi 2011; Hoddinott & Haddad 1995; Thomas, 1990)
- It has negative effects on child health (Bernal, 2008; Kimbro, 2006; Brooks– Gunn et al, 2003; Kurinji et al, 1989)
- However there is vast literature on other determinants of child stunting (Demirchyan et al., 2016; Ikeda et al., 2013; Semba et al., 2008, Shin, 2007; Thomas, 1990)

Data source

Uganda Demographic and Health Survey 2006	Uganda Demographic and Health Survey 2011					
368 Enumeration Areas used	404 Enumeration Areas used					
All households listed, 9,864 selected.	All households listed, 10,086 selected.					
2,465 children (0-59 months) used in this study	2,130 children (0-59 months) used in this study					
All women 15-49 years permanent residents or visitors who were in the household the night before the survey in selected households were eligible for the interview						

Only children in household before the survey, whose mothers were interviewed & gave complete information, children with valid measures of height, were included in this study.

Data Description Table 1: Descriptives

	2006		2011		ttest for	the Stunted by;
Variable	Number	%Stunted	Number	%Stunted	Survey	Gender
Mother's Education					0.000	0.295
Secondary+	342	22	488	23		
Primary	1,545	38	1,275	33		
No Education	578	38	367	37		
CWI					0.001	0.206
Poor	844	37	860	32		
Middle	834	40	610	40		
Rich	787	30	660	22		
Maternal Employment					0.000	0.501
Yes	2,134	<mark>36</mark>	1,599	<mark>33</mark>		
No	331	33	531	27		

Note: CWI is Comparative Wealth Index

Model

We use a Logit Model of the form;

$$\ln\left(\frac{p(y_{ih})}{1-p(y_{ih})}\right) = \alpha + \beta x_{ih} + \varepsilon_{ih}.$$

Where, $p(y_{ih})$ is the probability that child *i* in household *h* is stunted. x_{ih} is a vector of independent variables for each child *i* in household *h* α a constant coefficient and β is a vector of coefficients for x_{ih}

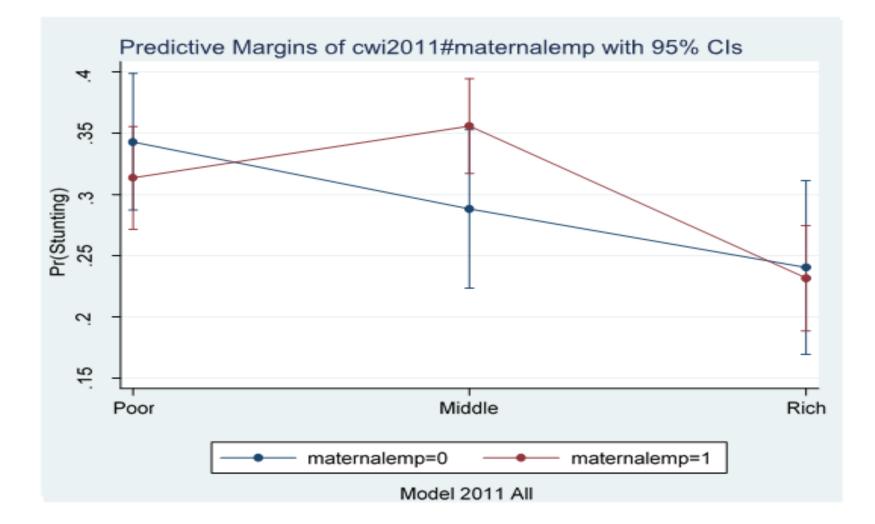
Results-extract

Table 2: Child Stunting (dets) by Survey and Gender (MEs).

VARIABLE	2006	2011	2006	2006	2011	2011
	All	All	Male	Female	Male	Female
CWI(Ref: Rich)						
Poor	0.040	0.087***	0.001	0.080^{**}	0.110^{**}	0.077^{*}
	(0.030)	(0.029)	(0.043)	(0.039)	(0.049)	(0.042)
Middle	0.049*	0.106***	0.057	0.043	0.102***	0.112***
	(0.026)	(0.031)	(0.037)	(0.034)	(0.038)	(0.039)
1.maternalemp	-0.007	0.006	0.045	-0.055	-0.030	0.037
-	(0.033)	(0.021)	(0.046)	(0.043)	(0.024)	(0.033)
Maternalemp#CWI (Ref: Rich)						
a) Ref. Employed & Rich						
Poor	0.043	0.083***	0.027	0.064	0.098^{*}	0.082^{*}
	(0.031)	(0.031)	(0.045)	(0.039)	(0.052)	(0.048)
Middle	0.065**	0.126^{***}	0.077**	0.049	0.139***	0.116^{***}
	(0.027)	(0.032)	(0.039)	(0.036)	(0.041)	(0.042)
b) Ref. Unemployed & Rich						
Poor	0.018	0.098**	-0.134	0.178*	0.146^{**}	0.062
	(0.081)	(0.049)	(0.097)	(0.108)	(0.071)	(0.057)
Middle	0.035	0.046	-0.079*	0.01	0.005	0.102
	(0.067)	(0.051)	(0.088)	(0.084)	(0.065)	(0.068)

Note: ***p<0.01, **p<0.05, *p<0.1, standard errors in parentheses

Graph: Predictive margins (using marginsplot)



Results-Continued

VARIABLE	2006	2011	2006	2006	2011	2011
	All	All	Male	Female	Male	Female
Mother Education						
(Ref: No educ)						
Secondary+	-0.109***	-0.080*	-0.084*	-0.122**	-0.139**	-0.029
-	(0.037)	(0.046)	(0.048)	(0.054)	(0.056)	(0.062)
Primary educ	-0.026	-0.035	-0.013	-0.026	-0.037	-0.034
-	(0.024)	(0.029)	(0.038)	(0.031)	(0.033)	(0.043)
Mothers age @birth (Ref:35-49)						
Below 20 Years	0.103**	0.104**	0.150 **	0.055	0.063	0.138***
	(0.046)	(0.046)	(0.063)	(0.066)	(0.064)	(0.050)
20-34 Years	0.042	0.064	0.080*	0.004	0.085*	0.050
	(0.031)	(0.039)	(0.043)	(0.045)	(0.050)	(0.049)
Region(Ref: Central)						
Western	0.088**	0.081***	0.008	0.155^{***}	0.101^{***}	0.054^{*}
	(0.034)	(0.023)	(0.047)	(0.040)	(0.029)	(0.030)
East	0.006	-0.083**	-0.031	0.042	-0.092**	-0.094**
	(0.035)	(0.038)	(0.047)	(0.047)	(0.046)	(0.042)
North	0.0031	-0.036	-0.037	0.044	-0.055	-0.037
	(0.024)	(0.023)	(0.035)	(0.033)	(0.038)	(0.035)
Female (child)	-0.063***	-0.090***		· · · · ·		
	(0.019)	(0.022)				

Note: ***p<0.01, **p<0.05, *p<0.1, standard errors in parentheses

Conclusion

- More wealth does not always imply better child health. Children in Poor and Rich households were found less prone to stunting than those in middle income households.
- Maternal employment makes middle income mother more prone to child stunting compared to other income groups.
- ✓ other direct health interventions are required to reduce child stunting (Haddad, 2002; Haddad et al., 2003; Subramanyam et al, 2011; Demirchyan et al., 2016).
- ✓Need to adopt policies that support mothers to take on child care, e.g. extending maternity leave beyond six weeks.