POLICY BRIEF

The Impact of Women's Decision-Making Power on the Quality of Life of Children under Five Years of Age in Benin

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Abstract

Using data from Benin's Demographic and Health Surveys (DHS, 2018), we examined the impact of the purchasing power of women on the quality of life of children under five years of age. More specifically, the study examined the impact of the decision-making power of the woman on the nutritional status of children and of nutritional status on children's immunization status, using a Multinomial Logit model with the households as the theoretical models. The results of our study generally show that when the woman is involved in the process of decision making within her household, the nutritional status of children and their immunization status are satisfactory. Variables such as

the age of the woman, her level of education, the level of education of the head of the household, the employment status of the head of the household, the main decision maker on the health of the children, the interval between child births, the level of wealth of the household and the sex of the child significantly improve the immunization status of children under the age of five years. However, variables such as the distance from a hospital, giving birth to twins and the order of birth have a negative impact on the immunization status of children. Regarding the nutritional status of children, variables such as the age of the woman, her level of education, the management of the income of the woman, the wealth level of the household, the fact that the child is a girl and the fact that the parents collectively decide on the health of the children lower the probability of the child being malnourished. However, variables such as birth order to the children, the fact that the children are twins and age of the child increase the probability of a child being malnourished. Initiatives and approaches therefore should be undertaken to increase the empowerment of women. The results of this study will have a positive impact on the nutritional status of women. In the short term, these recommendations should have an impact on the scholarly results of children, in the medium term on the labour market, and in the long term on sustained economic growth.

Introduction

Women's decision-making power has not received much attention in most developing countries. The few existing studies suggest that it is closely related to the socio-demographic characteristics of women and to the social context in which they live (Osamor and Grady, 2018). Over the last decade, however, household decision-making has received increased attention from researchers and policy makers. One of the reasons for this interest is to fill the gap left by development strategies that omit household behaviour and activities (Lawrence and Mancini, 2008). Since the 1995 Women's Conference in Beijing, an increase in women's power in households as compared to that of men, generally known as women's bargaining power, has become an objective in developing countries (Lepine and Strobi, 2013). In some African countries, faced with increased urbanization and persistent economic crises, women have found themselves increasingly involved in economic issues. However, although their participation in economic activities is increasing, inequalities between men and women remain in the various economic sectors. Indeed, several approaches have been put in place to improve women's participation in development (Dagenais and Piché, 2000). One of the approaches aims to help women improve their role as mothers by focusing on their health and that of the child, and on childcare and nutrition. Indeed, women are at the frontline when it comes to childcare in a household, affecting the well-being of individuals in each household. Women's empowerment thus enables the improvement of the nutritional status of children, which would have a significant impact on their development (Shafiq *et al*., 2019).

Over the past few decades, the empowerment of women has also been recognized not only as an important human right but also a means of increasing a household's benefits and generally contributing to economic development. As primary childcare givers, a woman is usually the first to notice symptoms of illness in children and invest her time and energy to improve their health and nutrition (Ngom *et al*., 2003). Several studies have been carried out on the impact of negotiation on households, especially how it affects the standard of living of a household. According to (Seebens, 2011) preferences of men differ from those of women and individual preferences have an impact on the well-being of other members of a household. Jacquemet and Robin (2011) demonstrated that the percentage share of the surplus arising from marriage that goes to the husband is an increasing function of his income, whereas it decreases regarding the income of the wife and that hobbies are inferior goods for men and normal goods for women. This finding not only shows the heterogeneity in preferences between genders but also, most importantly, demonstrates the disparity in marriage benefits for men and women. Failure to consider individual preferences within the framework of household decisions would most certainly lead to decreased individual well-being, especially for the woman, since the man is usually the head of the household. According to Osamor and Grady (2018), one of the most common social relationships in which decision making takes place is among couples/partners. Married or cohabiting couples make decisions together on several facets of their lives, including health care.

Benin's Demographic and Health Survey report(DHS, 2018) indicates that in 67% of reported cases, women participated in decisions related to visits by their families or relatives to healthcare centres, and that this type of decision was mainly arrived at by the woman in 21% of the cases. Close to 5 women out of 6 (46%) are involved in decision making regarding their own health care and in 12% of these cases, they arrive at the decision themselves. Regarding making significant household purchases, the percentage of women associated in making the decision is 47% and only 1 woman out of 6 can decide on her own. Overall, 36% of married women participated in making 3 decisions and 27% were not involved in any decision-making process. Such a situation is not without consequences on the women themselves, and on their children. Our study recognizes the low level of involvement of women in the decision-making process within and outside their households, thus the high levels of malnutrition among infants. Furthermore, in addition to its numerous consequences on health care and human capital, malnutrition also has repercussions on the socio-economic development of a country. The Government of Benin, through its reforms, created the National Council on Food and Nutrition to prioritize nutrition within the actions related to development and improving the standards of living among the country's population. It is therefore important to highlight all the factors that work in synergy with child nutrition, including gender equality, through improving women's participation in decision making.

In this regard, Hanushek (1988) argued that it is not surprising to find that the parent's role in guiding children is important. Consequently, preferences have a significant impact on the well-being of children. From this basic principle, we could then ask whether an improvement in the conditions of the parents automatically translates into an improvement in these indicators for their children. If this is the case then it would be a lever for acting to achieve a certain level of well-being for children. A better distribution of power within the household increases the well-being of women themselves as well as that of their children. However, when women are kept away from making decisions related to income and other household resources, their children and they themselves risk having less to eat and being deprived of healthcare and education services (UNICEF, 2020). When women are in good health, educated and free to benefit from opportunities that are offered to them, their children thrive, resulting in double benefits for the women and their children. Decision-making powers of women are associated with the nutritional status of children in several low-income countries whereby women who have low decision-making powers have a higher likelihood to have undernourished children (Carlson *et al*., 2015; Cunningham *et al*., 2015). Studies undertaken in sub-Saharan Africa have examined the empowerment of women in relation to nutrition (Rabaorisoa *et al*., 2017), their empowerment often being a set of economic, socio-cultural, legal and/or political variables, which are measured through employment, ownership, attitudes towards domestic violence and decision-making powers.

Several empirical studies have indicated how women's decision-making powers have a positive impact on the well-being of children. Thus, according to Nordman and Sharma (2016), an improvement in the women's decision-making power and the empowerment of women is related to a more significant allocation of household resources to the benefit of children. According to these researchers, women's decision-making power has a positive impact on the percentage share of expenditure on education. Resources invested in children depend not only on available resources but also on the preferences of parents (Patel *et al*., 2007). In this regard, the importance of the role of women's empowerment in improving their well-being and that of their families should not be underestimated (Fuseini and Kalule-sabiti 2016). This distribution of resources has an impact on nutritional status and depends on the negotiating power, or decision-making power, within a household (Mckenna *et al*., 2019). The degree of women's participation in decision making in a household could affect the health care of children or limit women's capacity to direct household income towards their children. Several studies have pointed out the positive link between empowerment of women in decision making and the nutritional benefits for children (Shafiq *et al*., 2019; Saaka.2020).

In conceptualizing the "decision- making capacity of women", as their capacity to influence decision making within the household, our overall research question is as follows: What is the impact of women's decision-making power on the quality of life of children under the age of five in Benin? More specifically, the study examined the impact of women's decision-making power on the immunization status of children and on their nutritional status. In order to so, the data used was taken from Benin's Demographic and Health Surveys (DHS, 2018).

Conceptual framework of the study

According the 2018 World Economic Forum, Benin is ranked 138 out of 149 in the Global Gender Gap Index, which indicates that the country has gender gaps that are significantly higher than world and sub-Saharan African averages in the domains of business, politics, education, and health. Despite the progress made in terms of the empowerment of women since the adoption of a national gender policy in 2008, gender disparities remain at all these levels. A state-of-the-art survey of Benin revealed that the persistent gender disparities in terms of access to basic social services (education, health care and social services), justice (not respecting women's rights), resources (employment, finance, land, and capacity building) and access to decision-making organs. Such inequalities create problems regarding development (efficiency and sustainability), social justice, respect for Human Rights and good governance. Indeed, although women represented close to 47% of the active population in the country in 2019, social and civil legislation is strongly influenced by traditions and customs, and women still have to ask for permission from their husbands for things such as going to visit their relatives, their proper health care and other things (DHS, 2018). This gender inequality is not without consequences for the quality of life of children. Indeed, mothers are often the primary care givers for their children, and they therefore play a significant role in the nutritional status of their children. However, the low social status of women is not considered as a contributing factor. Very few studies specifically focus on the decision-making power of women, and to the best of our knowledge, no study exists that examines women's decision-making power and the quality of life of children in Benin. Furthermore, although DHS uses standardized measurements for decision making in several countries, there is no uniform definition for decision-making power in the literature, and it is not clear which dimensions in decision making, if any, are used to predict children's malnourishment. The objective of this study was to indicate, using convincing data, the relationship between gender inequality through women's decision-making power in a household and the quality of life of children through their nutritional and immunization status.

The main objective of the study was to examine the impact of the level of women's decision-making power on the quality of life of children under the age of five years. To do this, we utilized cooperative household models that stipulate that the two spouses should be involved in decision-making within a household.

Conclusion and implications for economic policy

This study evaluated the impact of women's decision-making power on the quality of life of children measured by immunization and nutritional status. The results obtained from our econometric estimations demonstrated that variables such as the age of the woman, her level of education, the level of education of the head of the household, the employment status of the head of the household, the main decision maker on the health of the children, the interval between child births, the level of wealth of the household, and the sex of the child significantly improved a child's well-being. However, variables such as the distance from a hospital, giving birth to twins and the order of birth had a negative impact on the immunization status of children. Regarding the nutritional status of children, variables such as the age of the woman, her level of education, the management of the income of the woman, the wealth level of the household, the fact that the child is a girl, and the fact that the parents collectively decide on the health of the children lowered the probability of the child being malnourished. Variables such as the birth order of the child, the fact that the child is a twin, the age of the child, increased the probability of a child being malnourished. Several studies have shown that malnutrition reflects poverty, with people not having enough money to buy food. Immunization is one of the most essential aspects of public health interventions and a good strategy for reducing early childhood morbidity and mortality. Building healthcare centres in inaccessible zones or sending healthcare workers into such zones helps improve the immunization status of children.

Efforts to improve the quality of life of children must be done through various indicators, namely improving the nutritional status and the immunization status of children. The role of the woman in the well-being of children has been elaborated throughout this study. Giving wives more control over the family's income could contribute to an increase in expenditure on the quantity and quality of food. Women's income could strengthen their negotiation power within a household by improving their social position, which would help them in terms of decision-making within the household. Policies targeted towards the improvement of the quality of life of children consider the empowerment of mothers and sensitising them about the importance of immunization in the lives of their children.

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