

DOES Maternal Employment Augment Expenditure on Children's Nutrition and Health? Empirical Evidence from Poor Populations in South India

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ABSTRACT

Earlier research has explored the appealing hypothesis of “maternal altruism”, namely that children may benefit more than other household members from additional household earnings contributed by women since women would be more likely than men to spend such income on food and health services for children rather than on their own consumption. Does this argument hold true when women are forced by poverty to participate in the labor market and thereby earn?

Broadly, the beneficial income effects of mothers could arise due to women's participation in the labour force. Mother's employment could immediately contribute income to the household and may, thereby, provide a better level of goods and services for the child's nutrition and development. The household is the productive entity in which parents make decisions about spending resources on their children and one of the many desirable products of the parent's investment is child development and health care. The more resources available to the parents, the more will be devoted to the child in terms of both money and time. But this may not hold true as mentioned earlier where the women are forced by poverty to participate in the labor market. Hence, in this article an attempt is made to test the “maternal altruism” hypothesis amongst a poor population in southern India.

The data were from a primary survey on mother's work participation and child health in urban slums and rural Scheduled Caste settlements in Tamil Nadu, India. Currently married women in the age group 15-49 who have had at least one live birth were systematically selected in the survey. The survey elicited information on staple (normal) food, food supplements, special health drinks, and frequency of meat and egg given to children below 10 years of age; the sample included 341 children in urban slums and 334 in rural Scheduled Caste settlements (total sample of 529 women). In order to obtain monthly total expenditure on food supplements (this does not include staple food), the mothers were asked about the number of units consumed of the specific food supplements by the children in a day or week during the reference period of one month prior to the survey. The unit cost incurred for each item was obtained from the mothers and from this information, total expenditure on food supplements in the one month period prior to the survey calculated for each child below 10 years of age.

Information on morbidity, curative care services, and cost of treatment on healthcare (each episode) for children below 10 years were also obtained for three recent episodes prior to the survey. Total expenditure on treatment per episode includes provider fees, the cost of medication, tests and hospitalization if incurred. There were 478 episodes of illness in urban areas and 468 in rural areas. The "maternal altruism" hypothesis is tested using information pertaining to women's share of income as a percentage of household income on both monthly expenditure on food supplements and cost of treatment on health care separately. Information on women's share of income was obtained from women who were normally engaged in economic activities for one year prior to the survey.

Multiple regression and tobit regression analysis were adopted to test the "maternal altruism" hypothesis. The variables used as controls were work status of mother, education of mother, annual household income (log), sex of child, and age of child. In addition to these variables, age of mother, fever, and diarrhea were included in the analysis of cost of treatment on health care. As earlier studies have recognized the role of other factors in determining whether maternal altruism exists or not, it was necessary to control for these effects in order to ascertain the net influence of women's share of income on the expenditure on food supplements and cost of treatment on healthcare. Analysis was carried out separately for urban and rural areas.

Regression results show that mother's share of income does not lead to increased monthly expenditure on food supplements of children in both rural and urban areas. In other words, the analysis does not support the "maternal altruism" hypothesis as far as food supplements is concerned. Tobit analysis shows that the mother's share of income has a significant positive effect on amount spent on treatment in rural areas but not so in urban areas. In other words, the "maternal altruism" hypothesis gains some support in rural areas in the case of cost of treatment on health care.

Overall, women's additional earnings do not lead to increased expenditure for food supplements but do raise expenditure for health care in rural areas among children from poor families. One explanation could be that additional earnings by poor mothers may not be sufficient for child well-being in terms of food supplements where day to day life is extremely taxing. Yet there is nonetheless some evidence to suggest that overall illness among children has decreased due to mother's additional earnings.