

## **Women's Bargaining Power within Family and Child Malnutrition in India**

Dhiman Das

Asia Research Institute, National University of Singapore

In this paper I study the role of women's bargaining power within family in nutritional outcomes of children in India and how it interacts with other factors like economic growth and public expenditure. Malnutrition during early childhood, apart from contributing to child mortality, directly affects various aspects of child development like physical and cognitive growth and increases susceptibility to infection and disease. Indirectly it affects human development and economic status later in life and thus has additional consequences for the economic development of a country. Child malnutrition rates are considerably higher in India compared to relatively poorer countries in Sub-Saharan Africa as well as similar countries in terms of population size such as China.

Several studies find little or limited impact of economic growth at the state level or the share of public expenditure on nutrition and health on child malnutrition in India. On the other hand, there is now growing empirical evidence of positive effect of women's bargaining power within family, on child malnutrition in several developing countries. However, women's bargaining power can also be potentially affected by some other factors which were not found to be significant in explaining child malnutrition in India. For example, women's bargaining position is likely to be weak in cases of low economic growth as it also involves lower employment opportunities for women. Also low level of public intervention in education and health in earlier years (which are usually correlated to current expenditures) may also be instrumental in determining women's bargaining power. Earlier studies which find no significant effect of economic growth or public intervention does not directly control for women's bargaining power within families and this may explain their results.

Using suitable multivariate regression techniques, I plan to examine whether women's bargaining power at the household level has an additional explanatory power over state level per capita income, public intervention (in nutrition and health) etc. Another objective of this study is to understand factors that affect differences in women's bargaining power particularly the role of economic growth and public provision of education and health, or to see whether bargaining

power manifests independent of them. Finally I will study how women's bargaining power interacts with both market forces (economic growth) and public intervention in affecting child nutritional outcomes.

I expect to find that once we control for family level bargaining, we will see significant effect of both economic growth and public intervention on child nutritional outcomes. Since bargaining power is instrumental for addressing the malnutrition problem, these results will help us understand, whether lower status of women within the family is just a manifestation of cultural norms or lack of public programs such as in education or employment opportunities to low level of economic growth. This is crucial in implementing a policy which will improve women's bargaining power and thereby child nutrition.

The main data source that I plan to use is the Demographic and Health Survey. In addition, I will use state level socio economic data from the Planning Commission of India and The Reserve Bank of India as well as the Census Bureau. The main dependent variables of interest will be measures of malnutrition like stunting, wasting and being underweight among children. The recent DHS (II and III) on India does have several measures of direct measure of bargaining power – ability to make decision on a number of issues – which will be used independently and also as a joint index as the main independent variables. Additionally I will also study the enabling factors of bargaining power discussed in the literature like age at first marriage, difference in age and education between spouses (and in case of the most recent DHS, their BMI) , whether they have wage income as well as their perception of gendered institutions like fertility and domestic violence.