



## SUMMARY

For children, the most important actors in the world are not political leaders and heads of development agencies, but the parents and caregivers who make crucial household decisions each day. Evidence suggests that men and women frequently have very different roles and priorities when it comes to household decision-making. Women generally place a higher premium on welfare-related goals and are more likely to use their influence and the resources they control to promote the needs of families, particularly children.

- A growing body of evidence indicates that household decisions are often made through a bargaining process that is more likely to favour men than women. Factors underlying women's influence in decision-making processes include control of income and assets, age at marriage and level of education.
- According to data from the Demographic and Health Surveys, in only 10 out of the 30 developing countries surveyed did half or more of women participate in all household decisions, including those regarding major household spending, their own health care and their visits with friends or relatives outside the home.
- The consequences of women's exclusion from household decisions can be as dire for children as they are for women themselves. According to a study conducted by the International Food Policy Research Institute, if men and women had equal influence in decision-making, the incidence of underweight children under three years old in South Asia would fall by up to 13 percentage points, resulting in 13.4 million fewer undernourished children in the region; in sub-Saharan Africa, an additional 1.7 million children would be adequately nourished.
- A woman's empowerment within the household increases the likelihood that her children, particularly girls, will attend school. A UNICEF survey of selected countries across the developing world found that, on average, children with uneducated mothers are at least twice as likely to be out of school than children whose mothers attended primary school.
- Men play a vital role in promoting egalitarian decision-making. Through simple and direct strategies, such as sharing responsibility for household chores and childcare, men can help combat gender discrimination in households and communities.
- Women themselves are the most important catalysts for change. By challenging and defying discriminatory attitudes in their communities, women's groups can advance the rights of girls and women for generations to come.

# Equality in the household

Everyone interested in development and the progress of the world's children waits on the 'big' decisions: the conclusions of the G8 on aid and debt; the outcome of the Doha Round of trade negotiations; statements by international organizations and world leaders on major initiatives and positions. There is no doubting the importance of these negotiations in determining development outcomes. But there are other decisions, closer to home, that can have a larger and more direct impact on children's lives: How will scarce food be divided among parents and siblings? Who will go to school and who will work in the field? Is a child's temperature high enough to warrant a costly and distant trip to the doctor's office?

For children, the most important actors in the world are not political leaders and heads of development agencies, but the parents and caregivers who make these crucial household decisions on a daily basis. How members of the household use their collective resources determines the levels of nutrition, health care, education and protection that each family member receives.

## Household decisions: More bargaining than cooperation

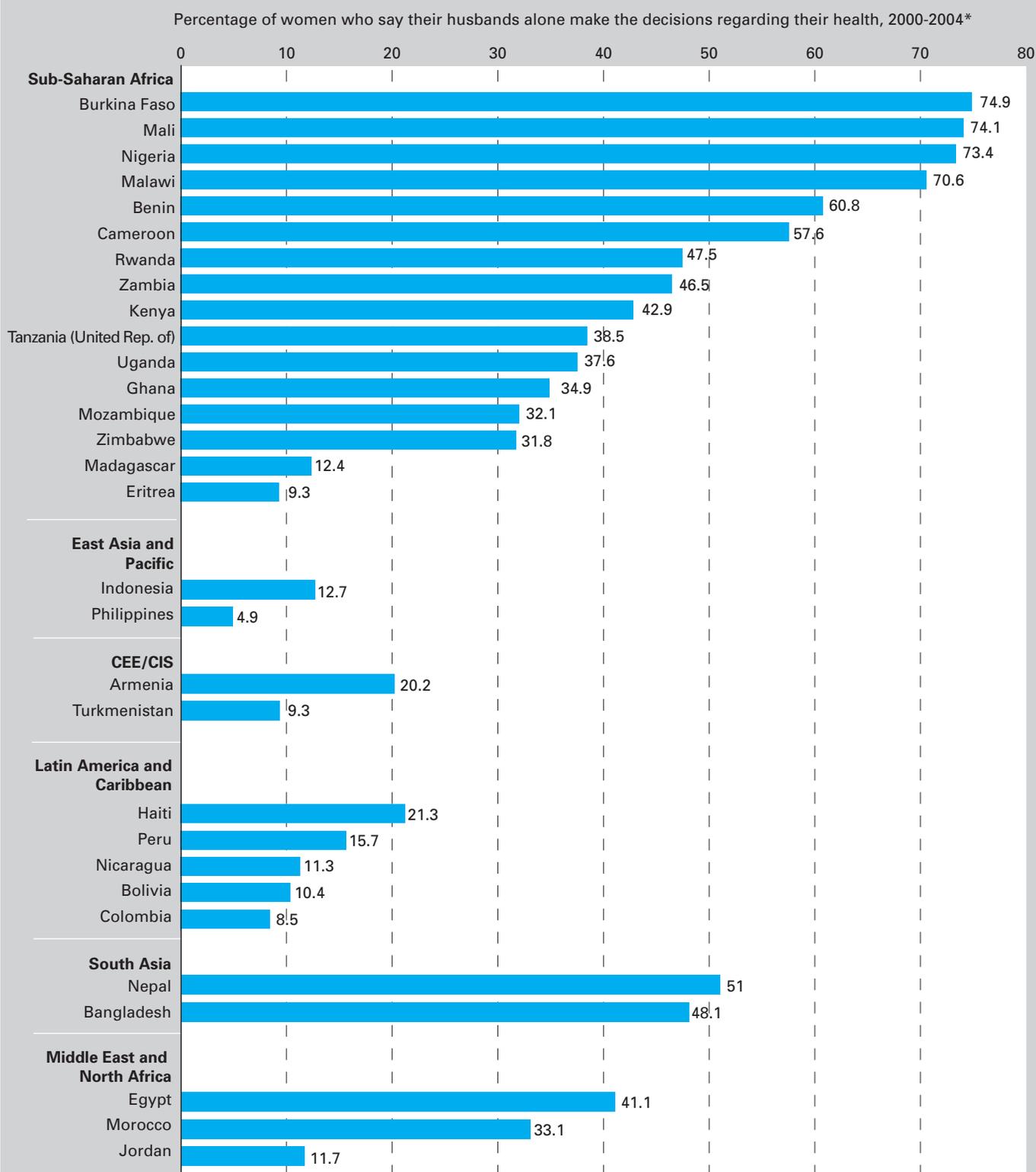
Every family is unique, and there is no simple set of rules that can explain the dynamic of decision-making processes. Studies that examine the dynamics of family decision-making often focus on the household. While this focus does not necessarily represent all interactions among family members, it does provide a practical means of understanding and analysing everyday family dynamics.

Much of the study of household dynamics is predicated on the assumption that households function as a unit in which family members pool their time and resources to achieve a common set of goals (the unitary model). While many households are characterized by such cooperation and act as a redistributive or sharing unit, individual household members do not always share the same priorities or preferences. Evidence suggests that men and women frequently have very different roles and priorities when it comes to household decision-making. Decisions are often made through a bargaining process in which household members each attempt to use the resources they control for their own priorities.

## Inequalities in household decision-making

The factors that determine which family member will have the strongest say in household decisions vary among households and across cultures. The Demographic and Health Surveys provide one of the most direct sources of information on household decision-making dynamics. Questions from the surveys, which asked women in developing countries to specify their level of influence in household decisions, were aggregated by the research team to examine regional patterns of gender influence in household decision-making. Overall, the data paint a picture of extreme gender inequality. In only 10 of the 30 countries surveyed did 50 per cent or more of women participate in all household decisions, including those taken in regard to their own health care, major household purchases, daily household spending, and their visits with family or relatives outside of the household.<sup>1</sup>

**Figure 2.1 Many husbands are making the decisions alone on their wife's health**

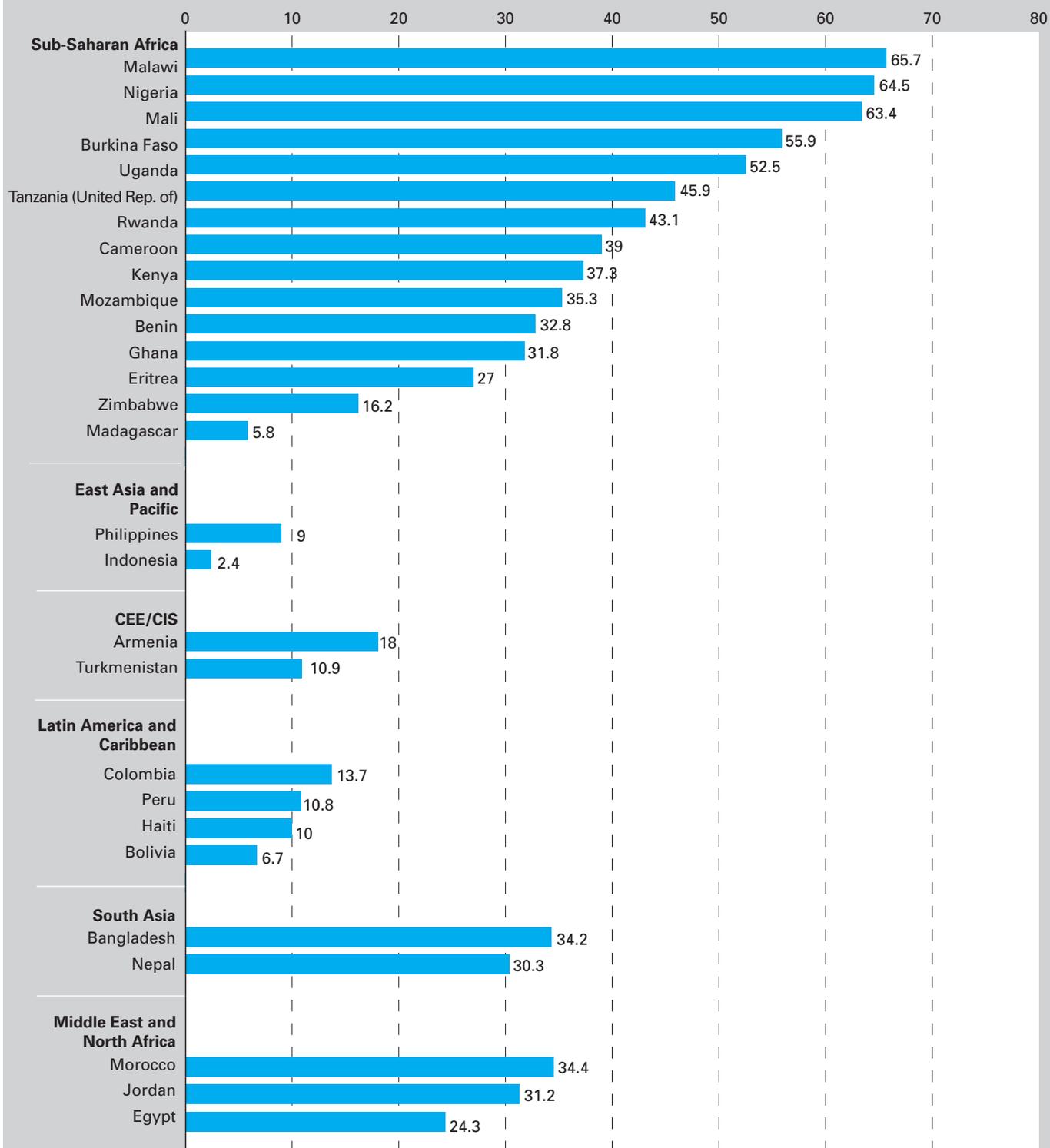


\*Data refer to the most recent year available during the period specified. All countries with available data are presented in the chart.

Source: UNICEF calculations based on the data derived from Demographic and Health Surveys. The data were accessed from the DHS Statcompiler in June 2006. Notes on the methodology employed can be found in the References section, page 88.

**Figure 2.2 Many husbands are making the decisions alone on daily household expenditure**

Percentage of women who say their husbands alone make the decisions on daily household expenditure, 2000-2004\*

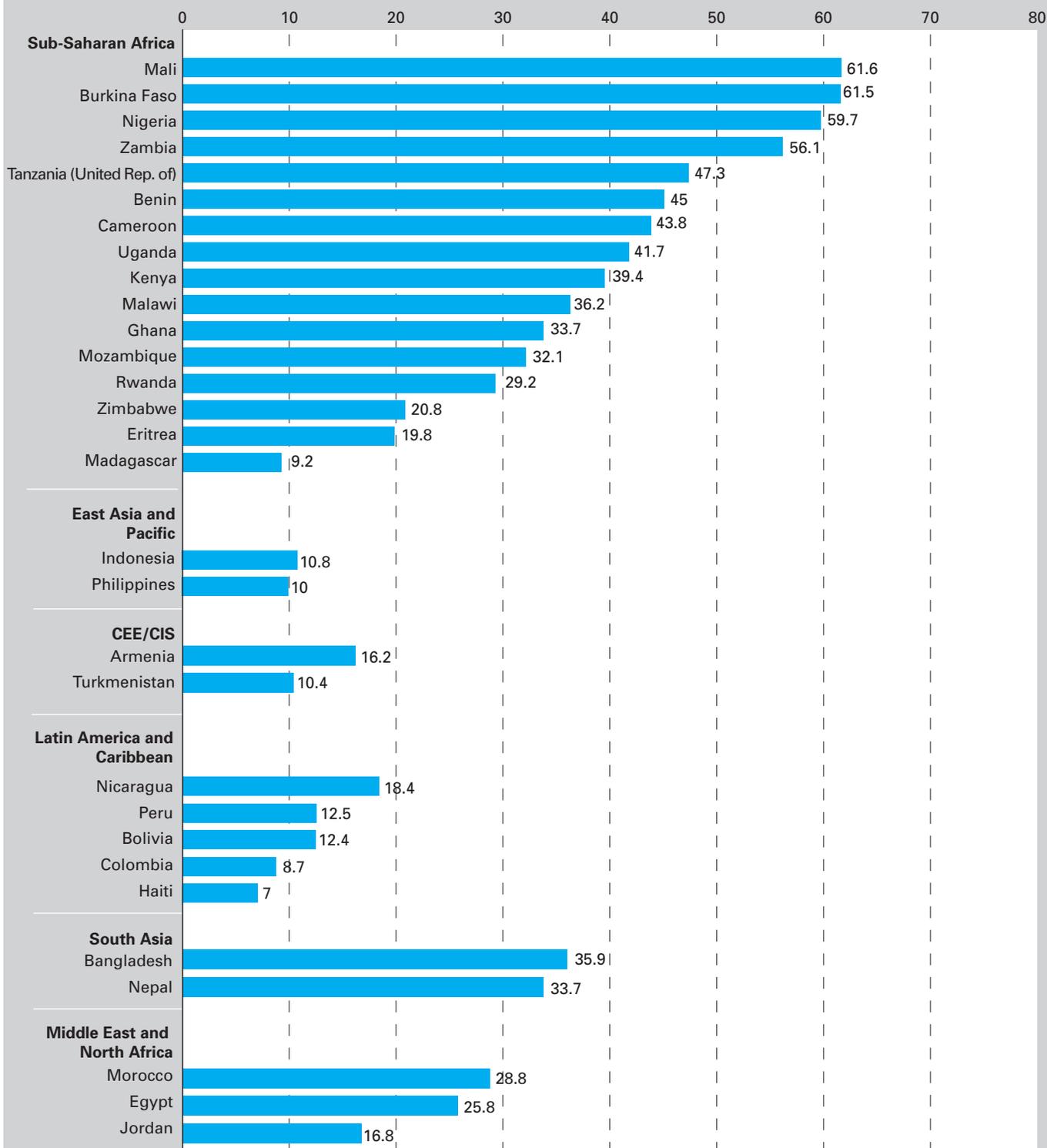


\*Data refer to the most recent year available during the period specified. All countries with available data are presented in the chart.

Source: UNICEF calculations based on the data derived from Demographic and Health Surveys. The data were accessed from the DHS Statcompiler in June 2006. Notes on the methodology employed can be found in the References section, page 88.

**Figure 2.3 Many husbands are making the decisions alone on visits to friends and relatives**

Percentage of women who say their husbands alone make the decisions regarding visits to friends and relatives, 2000-2004\*



\*Data refer to the most recent year available during the period specified. All countries with available data are presented in the chart.

Source: UNICEF calculations based on the data derived from Demographic and Health Surveys. The data were accessed from the DHS Statcompiler in June 2006. Notes on the methodology employed can be found in the References section, page 88.

- **Lack of control over health-care needs:** Decisions on women's health care are vital to the health and well-being of both women and children. In many households, notably in those countries examined in South Asia and sub-Saharan Africa, women have little influence in health-related decisions. In Burkina Faso, Mali and Nigeria, for example, almost 75 per cent of women reported that husbands alone make decisions about women's health care; in the two countries surveyed in South Asia, Bangladesh and Nepal, this ratio was around 50 per cent. This exclusion compromises the health and well-being of all family members, particularly children.
- **Limited management of daily household expenditure:** Household decisions on daily expenditure have a decisive impact on children's well-being, education and, particularly, their health. Whether a family decides to spend its financial resources on the needs of children or the personal preferences of adults often depends on which family members are involved in the decision-making process. In many households across the developing world, men have a firm upper hand in decisions on household expenditures. In 7 of the 15 countries surveyed in sub-Saharan Africa, more than 40 per cent of women indicated that their husbands had exclusive control over daily household expenditures. In the countries examined in the Middle East and North Africa and South Asia, approximately 30 per cent of women felt excluded from decisions on household purchases, while in those countries surveyed CEE/CIS, East Asia and Pacific and Latin America and Caribbean, women reported having a greater degree of control over these decisions.
- **Exclusion from decisions on major household purchases:** Household decisions on large expenditures such as land, cars and livestock can be crucial for families. Money spent on large purchases may be regarded as a wise long-term investment. However, the short-term cost of acquiring these assets can consume a large share of household income that might otherwise be used for more immediate household needs, such as medicine, school supplies and food.

Data from the Demographic and Health Surveys suggest that men generally decide how much the household will allocate towards major expenditures. In Nigeria, for example, 78 per cent of women indicated that their husbands have exclusive control over large purchases. Approximately 60 per cent of women in Egypt and over a third of women in Bangladesh and Nepal felt excluded from such decisions. This contrasts with attitudes in the two countries surveyed in East Asia and Pacific, Indonesia and the Philippines, where fewer than 18 per cent of women in both countries felt that they had no say in such matters.

- **Restricted mobility and freedom:** Household decisions regarding women's mobility directly affect their ability to provide for their own needs as well as the needs of their children. Survey data suggest a high degree of male control over women's mobility in each of the regions surveyed. In Burkina Faso and Mali, approximately 60 per cent of women reported that husbands alone decide when wives can visit with family or relatives. One third of Bangladeshi husbands control their wives' mobility outside of the home. In Latin America and the Caribbean, data from Nicaragua show that 18 per cent of women require a man's permission before leaving home to visit friends and family; in CEE/CIS, 16 per cent of Armenian women need to first secure their husbands' permission.<sup>2</sup>

### Factors underlying household decision-making processes

Household assessments such as Demographic and Health Surveys can provide a good indication of which family members are likely to participate in household decisions, but they cannot explain why certain individuals in each household are able to dominate decision-making processes. To understand the dynamics that influence household decision-making processes, it is useful to consider the factors that determine the structure of the family unit, as well as each family member's role within the household.

Gender discrimination in household decision-making is often rooted in patriarchal attitudes



© UNICEF/H094-1532/Rasheedun Nabii

that value the social status of men over women. But the extent to which individual households conform to ‘traditional’ ideas about the roles of men and women varies. The ability of family members to impose their own preferences in household decisions (bargaining power) is influenced by social attitudes and other, more tangible, factors.<sup>3</sup>

According to a study based on household decisions and gender, major determinants of influence in household decision-making include control of income and assets, age, and access to and level of education. Examining these factors across a wide range of countries offers insights into the distribution of bargaining power in individual households.<sup>4</sup>

**Control of income and assets:** The family member who controls the greatest share of household income and assets often has the strongest say in deciding whether those resources will be used to meet household needs.<sup>5</sup> As the next chapter will illustrate, in both industrialized and developing countries, women continue to lag behind men in terms of income-earning opportunities and ownership and management of assets.

**Age gaps:** The distribution of household bargaining power is also influenced by a woman’s age at marriage and the age difference between a woman and her husband. Evidence from around the world shows that the age gap between husbands and wives can vary enormously among households. The average age at first marriage in Western Europe is estimated to be 27 for women and 30 for men. In developing countries, age differences are far greater. In South Asia, for example, husbands are approximately five years older than their wives; the gap rises to six years in sub-Saharan Africa (excluding southern Africa).<sup>6</sup> In cases of child marriage (defined as customary or statutory union where one or both of the partners is under the age of 18 years old), when the age gap between spouses is most extreme, the burden of domestic work and childcare severely constrains the life choices available to married girls and child mothers.<sup>7</sup> This, in turn, affects the power that women have over household decisions.

**Levels of education:** In addition to increased levels of knowledge, self-confidence and assertiveness, education confers social status and increases income-earning potential. As with age gaps between married couples, the levels of education of spouses vary among

households. The findings of a study undertaken in 40 developing countries indicate that, on average, men tend to spend more time in education than women.

The education gap is widest in South Asia, where men on average spend 2.5 years more in school than women, declining to 1.3 years in sub-Saharan Africa, and 1 year in Latin America and the Caribbean.<sup>8</sup> Disparate levels of education between men and women may reinforce household gender inequalities, ensuring that women remain disadvantaged.

### Domestic violence

Levels of education, earnings and asset ownership and age gaps are key in determining bargaining power between men and women within the household. Arguably of equal importance is the threat of domestic violence. While physical and sexual violence and other forms of abuse occur in different domestic environments and in different guises, there is substantial evidence to suggest that such acts are mainly perpetrated by adult men against women and girls.<sup>9</sup> Domestic violence threatens the physical health and emotional well-being of its victims and often forces them to endure subordinate positions and economic insecurity within their households.<sup>10</sup>

Household gender inequalities foster a permissive context for abusive relationships. A UNICEF study indicates that women who marry at a young age are more likely to believe that it is sometimes acceptable for a husband to beat his wife, and are more likely to experience domestic violence than women who marry at an older age. In Kenya, for example, 36 per cent of women who were married before the age of 18 believe that a man is sometimes justified in beating his wife, compared to 20 per cent of those who were married as adults.<sup>11</sup>

Violence against women and girls crosses the boundaries of race, culture, wealth and religion. Every year, thousands of women are maimed or killed by rejected suitors in many countries.<sup>12</sup> A landmark World Health Organization multi-country study on women's health and domestic violence against women reveals that of those interviewed, 37 per cent

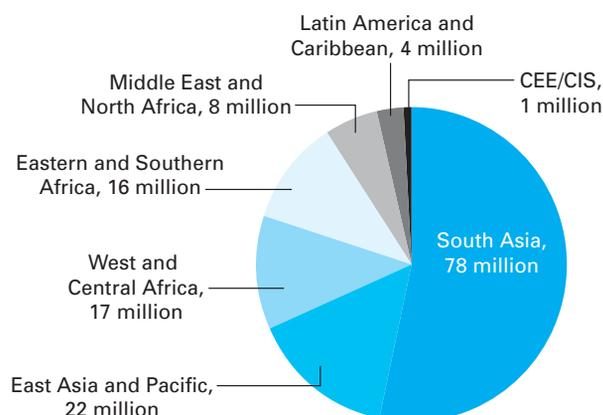
of women in a Brazilian province, 56 per cent of women in a province in the United Republic of Tanzania, and 62 per cent of women in a province in Bangladesh reported having experienced physical or sexual violence by an intimate partner.<sup>13</sup>

The pattern is broadly similar for industrialized countries. According to another key report from the same organization, the *World report on violence and health*, studies show that 40 per cent to 70 per cent of female murder victims in Australia, Canada, Israel, South Africa and the United States were killed by their husbands or boyfriends – often within the context of an ongoing abusive relationship.<sup>14</sup> In the United Kingdom, 40 per cent of female homicide victims are killed by their intimate partners.<sup>15</sup>

### Where women have a fair say, children benefit

The consequences of women's exclusion from household decisions can be as dire for children as they are for women themselves. In families in which women are key decision-makers, the proportion of resources devoted to children is far greater than in those in which women have a less decisive role. This is because women generally place a higher premium than men on

**Figure 2.4 Underweight prevalence among children under five in the developing regions\***



\*UNICEF analysis is based on estimates of underweight prevalence in developing countries (1996-2005).

Source: United Nations Children's Fund, *Progress for Children: A report card on nutrition, Number 4*, UNICEF, New York, May 2006, page 2.

welfare-related goals and are more likely to use their influence and the resources they control to promote the needs of children in particular and of the family in general.<sup>16</sup> Case studies conducted in the developing world indicate that women who have greater influence in household decisions can significantly improve their children's nutritional status. Educating women also results in multiple benefits for children, improving their survival rates, nutritional status and school attendance.<sup>17</sup>

### Women prioritize nutrition

Throughout the developing world, one out of every four children – roughly 146 million chil-

dren – under the age of five is underweight.<sup>18</sup> Among developing regions, child undernutrition is most severe in South Asia and, to a lesser extent, sub-Saharan Africa.<sup>19</sup> For children whose nutritional status is deficient, common childhood ailments such as diarrhoea and respiratory infections can be fatal. Undernourished children who survive the early years of childhood often have low levels of iodine, iron, protein and energy, which can contribute to chronic sickness, stunting or reduced height for age, and impaired social and cognitive development.<sup>20</sup>

According to a study of three regions – Latin America and the Caribbean, South Asia and

## Domestic violence against children

Every year, as many as 275 million children worldwide become caught in the crossfire of domestic violence and suffer the full consequences of a turbulent home life. Violence against children involves physical and psychological abuse and injury, neglect or negligent treatment, exploitation and sexual abuse. The perpetrators may include parents and other close family members.

Children who survive abuse often suffer long-term physical and psychological damage that impairs their ability to learn and socialize, and makes it difficult for them to perform well in school and develop close and positive friendships.

Children who grow up in a violent home are more likely to suffer abuse compared to children who have a peaceful home life. Studies from some of the largest countries in the developing world, including China, Colombia, Egypt, India, Mexico, the Philippines and South Africa, indicate a strong correlation between violence against women and violence against children.

The behavioural and psychological consequences of growing up in a violent home can be just as devastating for children who are not directly abused themselves. Children who are exposed to violence often suffer symptoms of post-traumatic stress disorder, such as bed-wetting or nightmares, and are at greater risk than their peers of suffering from allergies, asthma, gastrointestinal problems, depression and anxiety. Primary-school-age children who are exposed to domestic violence may have more trouble with schoolwork and show poor concentration and focus. They are also more likely to attempt suicide and abuse drugs and alcohol.

The incidence of sexual violence in domestic settings is well known. Recent studies indicate high levels of sexual violence in childhood – up to 21 per cent according to a multi-country study conducted by the World Health Organization – with girls far more likely to be abused than boys. Sexual and gender-based violence is prevalent in schools and colleges, with much of the violence directed towards girls.

Working in someone's home can also entail the risk of violence. Child domestic workers – often girls under 16 – have indicated severe abuse at the hands of their employers, including physical punishment, sexual harassment and humiliation. Unlike other forms of domestic violence, much of the humiliation and physical punishment is perpetrated by women, although girls in particular are also vulnerable to sexual violence from men living in the household.

The consequences of domestic violence can span generations. The effects of violent behaviour tend to stay with children long after they leave the childhood home. Boys who are exposed to their parents' domestic violence are twice as likely to become abusive men as are the sons of non-violent parents. Furthermore, girls who witness their mothers being abused are more likely to accept violence in a marriage than girls who come from non-violent homes.

Although they often lack the means to protect themselves, abused women

sub-Saharan Africa – conducted by the International Food Policy Research Institute, a leading global research organization on hunger and nutrition, there is a clear link between regional differences in children’s nutritional status and women’s decision-making power. Where women have low status and are denied a voice in household decisions, they are more likely to be undernourished themselves and less likely to have access to resources that they can direct towards children’s nutrition.<sup>21</sup> In South Asia, where between 40 per cent and 60 per cent of women are underweight,<sup>22</sup> approximately 45 per cent of children were born with low

birthweight in 2005 – the highest incidence of underweight births in the world.<sup>23</sup>

The same study concluded that if men and women had equal influence in decision-making,<sup>24</sup> the incidence of underweight children under three years old in South Asia could fall by up to 13 percentage points, resulting in 13.4 million fewer undernourished children.<sup>25</sup> In sub-Saharan Africa, where one in every six women and around one third of children under the age of five are underweight,<sup>26</sup> increasing gender equality would have smaller but still significant benefits for children’s nutritional status. It would reduce

often provide protection for children who are exposed to domestic violence. But without the legal or economic resources to prosecute abusive spouses, countless women and children remain trapped in harmful situations. Government-led efforts to create protective policies for victims of domestic violence require a parallel effort to change social attitudes that condone such violence.

Shattering the silence that surrounds domestic violence is key to ending violent behaviour in the home. The Report of the Independent Expert for the United Nations Study on Violence against Children represents a crucial step towards unmasking the issue of violence against children, including abuses perpetrated in the household. The report’s six guiding principles – quoted at right – are clear, none more so than the first: **No violence against children is justifiable**. Its recommendations are comprehensive, with overarching precepts complemented by specific measures to combat violence against children in the home and family, in schools and other educational settings, in care and justice systems,

in the workplace and community. These measures also include advising governments to establish an ombudsperson or commission for children’s rights in accordance with the ‘Paris Principles’. The report advocates for the establishment of a Special Representative to the Secretary-General on Violence against Children to advocate at the interna-

tional level, in conjunction with UNICEF, the World Health Organization and the Office of the UN High Commissioner for Human Rights, and the creation of a UN inter-agency group on violence against children, with representation from NGOs and children themselves.

*See References, page 88.*

### The guiding principles of the Report of the Independent Expert for the United Nations Study on Violence against Children

- No violence against children is justifiable. Children should never receive less protection than adults.
- All violence against children is preventable. States must invest in evidence-based policies and programmes to address factors that give rise to violence against children.
- States have the primary responsibility to uphold children’s rights to protection and access to services, and to support families’ capacity to provide children with care in a safe environment.
- States have the obligation to ensure accountability in every case of violence.
- The vulnerability of children to violence is linked to their age and evolving capacity. Some children, because of gender, race, ethnic origin, disability or social status, are particularly vulnerable.
- Children have the right to express their views, and to have these views taken into account in the implementation of policies and programmes.

the incidence of underweight children under three from 30 per cent to 27.2 per cent, and ensure that a further 1.7 million children are adequately nourished.<sup>27</sup>

A growing body of evidence, principally from West and Central Africa, suggests that when resources are scarce, women generally prioritize the nutrition of family members above other personal and household issues. Survey results from Cameroon show that income-earning women typically spend 74 per cent of their funds to supplement the family food supply, while men spend only an estimated 22 per cent of their income on food.<sup>28</sup> Research from Côte d'Ivoire and Ghana demonstrates that in the event of an external shock, such as surplus rainfall or drought, income received from the cultivation of crops tends to be spent differently by men and women. Whereas an increase in women's income led to additional household spending on food, an increase in men's income had no significant impact.<sup>29</sup>

Throughout much of the developing world, women play an important role in planting and harvesting crops, but rarely own the land on which crops are grown and lack control over the distribution of food and profits (*see Chapter 3, pages 41-42*). Even on subsistence plots, where women generally retain a portion of what they produce, gender discrimination reduces the quantity of food available for children. Unequal access to education, labour and fertilizer results in women farmers having lower crop yields than their male counterparts. In Burkina Faso, for example, where members of the household simultaneously cultivate the same crop on different plots of similar size, evidence shows that, on average, yields are about 18 per cent lower on women's plots compared to men's plots. For vegetable crops, in which women tend to specialize, the decline in yields is about 20 per cent.<sup>30</sup>

Increasing women's access to the means of agricultural production, such as farming land or fertilizers, farm labour, credit and education is therefore crucial to guaranteeing food security and improving the nutritional status of children. Evidence from sub-Saharan Africa indicates that strengthening women's control

over these inputs can increase agricultural output by an average rate of 10 per cent.<sup>31</sup>

### Women prioritize family health care

As the primary caregivers for children, women tend to be the first to recognize and seek treatment for children's illnesses. Yet, as the findings of the Demographic and Health Surveys cited earlier confirm, many women around the world are denied a say in even the most basic decisions on family health, such as whether a child will be taken to the doctor, how much money will be spent on medication and the type of care they themselves will receive during pregnancy.

In households where women are routinely denied these rights, the husband – or his mother in some cases – determines when and how to seek health care for family members. For instance, a study from Gujarat, India, reports that approximately 50 per cent of women interviewed felt unable to take a sick child to the doctor without the approval of their husband or parent-in-law.<sup>32</sup>

Women who have greater influence in decision-making can promote better health-care practices for the family. As evidence from Nepal and India shows, even after accounting for differences in education and wealth among the households surveyed, women's participation in household decisions decreases stunting among children and reduces child mortality.<sup>33</sup>

Research from Ghana indicates that gender bias in household decisions can influence the quality of medical treatment that sick children receive. A study conducted in the Volta region found that men, typically the household decision-makers in rural villages, tend to treat malaria in children with local herbal remedies and generally regard formal medical treatment as a last resort. Women, in contrast, prefer to treat children immediately with antimalarial drugs from formal medical clinics, which are often located in neighbouring towns and therefore entail travel expenditures in addition to the costs of health care. Those women who lacked economic support from relatives or disagreed with their hus-

bands or family elders about how the children should be treated struggled to obtain appropriate treatment for their ailing children. As a result, the local remedies preferred by men tended to prevail over formal medical treatment, often to the sick children's detriment.<sup>34</sup>

Even when women can influence household decisions on medical care, they may still need the help of family members, particularly husbands or mothers-in-laws, to carry out their decision. In Bangladesh, Egypt and India, for example, social norms often discourage or restrict women's mobility outside of the home. Restrictions on women's movement can compromise children's access to emergency health care by preventing women from travelling independently to shops, pharmacies or hospitals, and limiting women's direct contact with unrelated males, including doctors.<sup>35</sup>

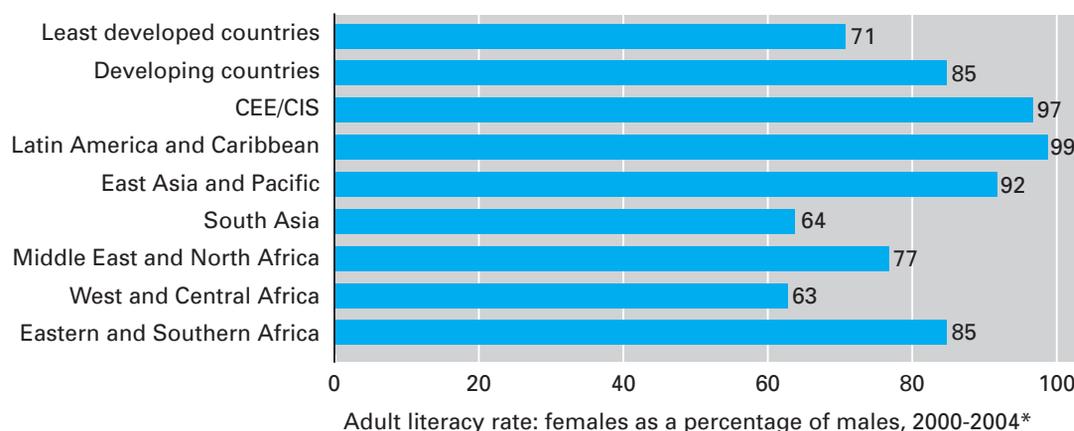
### Women prioritize education

Empirical research on the links between women's decision-making power in the household and children's education is in its infancy. Yet the evidence available indicates that women's empowerment within the household increases the likelihood that children, particularly girls, will attend school. Recent studies have found that where gender influences

outcomes for children, it tends to be related to the gender of the parent who controls the distribution of resources. A study of poor Brazilian households reveals that girls living with mothers who are educated and decision-makers are more likely to be enrolled in school and kept out of the informal labour market.<sup>36</sup>

Empowering women to prioritize girls' education generates positive outcomes that span generations. A UNICEF survey of selected countries across Latin America and the Caribbean, South Asia and sub-Saharan Africa – including Cameroon, Côte d'Ivoire, Eritrea, Guinea-Bissau, Guyana, India and Suriname – finds that on average, children with uneducated mothers are at least twice as likely to be out of primary school than children whose mothers attended primary school.<sup>37</sup> The importance of mothers' education is supported by a separate study of children aged 7 to 14 years in 18 sub-Saharan African countries; the study found that 73 per cent of children with educated mothers were in school, compared with only 51 per cent of children whose mothers lacked schooling.<sup>38</sup> Moreover, children with a formally educated primary caregiver are less likely to repeat a grade or leave school early.<sup>39</sup>

**Figure 2.5** Despite recent improvements, women's literacy rates are generally lower than men's



**Notes:** Adult literacy rate refers to the percentage of persons aged 15 and over who can read and write.

\* Data refer to the most recent year available during the period specified.

**Source:** UNESCO Institute of Statistics. The underlying data can be found in the Statistical Tables of this report, page 98.



© UNICEF/HQ05-1159/Roger LeMoyné

### **Female-headed households: Proving that empowered women benefit children**

The impact of women's decision-making on children's development is keenly evident in female-headed households. It was estimated in 1998 that roughly 20 per cent of households worldwide are headed by women.<sup>40</sup> Based on this estimate, female-headed households account for 24 per cent of all households in Latin America, 22 per cent in sub-Saharan Africa, 16 per cent in Asia, and 13 per cent in the Middle East and North Africa.

It is often assumed that households headed by women represent the poorest of the poor. This belief is grounded in the reality that in many countries and societies, men enjoy superior social status and earning power.<sup>41</sup> The evidence, however, is far less conclusive. Research on Latin America has shown that female-headed households may even generate higher earnings, or have more income earners than their male equivalents due to more effective use of household labour.<sup>42</sup>

Female-headed households do not fit neatly into any one social category or income bracket. The factors that motivate or force women to head households independently may determine a household's economic status.<sup>43</sup> A woman may have decided not to marry at all, or she may have chosen to leave her partner. She may head the household due to personal or economic circumstances that are beyond her control, as is the case for many widows, abandoned wives, or married women who become de facto household heads when their partners are migrant workers. Even among female heads of households who did not consciously choose to live without a partner, one should be wary of labelling them and children who live in these households as the 'poorest of the poor'. For instance, a 2005 study from rural Bangladesh shows that the proportion of female-headed households compared to male-headed households was highest among the poorest quintile (5.2 per cent) and the wealthiest quintile (7.4 per cent), while the intermediate quintiles had lower proportions ranging from 3.3 per cent to 4.5 per cent.<sup>44</sup>

Extended family members and community support systems can result in female-headed households being less disadvantaged in practice than they are often believed to be in principle. Among poor neighbourhoods in urban Mexico, for instance, more than half of female-headed households are extended families compared with just over one quarter of male-headed units.<sup>45</sup>

A study based on data from 17 developing countries in which at least 15 per cent of children lived in female-headed households reveals that single mothers manage to raise their children with outcomes similar to those of two-parent families, despite the numerous challenges they face.<sup>46</sup> Furthermore, levels of child work and labour are not significantly higher in female-headed households. In both male- and female-headed households, approximately 5 per cent of children reported helping with domestic work, 14 per cent worked on a family farm or business, and around 8 per cent worked outside the home.<sup>47</sup>

Children may benefit from the fact that a female household head has full control over the allocation of household income.<sup>48</sup> Evidence from rural Bangladesh indicates that the

prevalence of undernutrition in children under five in female-headed households compared with male-headed households was significantly lower across income quintiles. Even though female household heads faced restricted access to employment opportunities, land holdings and social services, across all income quintiles they spent relatively more on food and health-care services, suggesting different priorities in household management that helped to achieve better nutritional outcomes. Children living in female-headed households consume a more diverse diet than those in male-headed households, especially micronutrient and protein-rich foods that provide the necessary nutrients for the growth and mental development of young children.<sup>49</sup> Furthermore, the proportion of mothers with at least one year of secondary education in female-headed households is greater across all quintiles than in male-headed households, which may contribute to the better nutritional status of children observed in the former group.<sup>50</sup>

### Men must play a crucial role in the lives of children

The interests of children are best served when the dynamic between men and women in the household is based on mutual respect and



© UNICEF/HQ04-0489/Louise Cutb

shared responsibilities, and both mother and father are involved in the care, nurture and support of their children.<sup>51</sup>

Men play a pivotal role in promoting egalitarian decision-making. From the decisions they

make about resource allocation to the care and support they give to women and children, they can help fight gender discrimination in their families and communities. The absence of fathers from the lives of their children can affect children's emotional, physical, and

## Grandmothers and HIV/AIDS

One of the rarely told stories from sub-Saharan Africa is that of the grandparents who care for children orphaned by AIDS. Research in seven countries (Burkina Faso, Cameroon, Ghana, Kenya, Mozambique, Nigeria and the United Republic of Tanzania) with recent data reveals the enormous burden that orphaning is exerting on the extended family in general and grandparents – often grandmothers – in particular. By the end of 2005, 12 million children across sub-Saharan Africa had been orphaned by AIDS.

Children who have lost their fathers (paternal orphans) usually stay with their mothers; over 50 per cent of children in each of the seven countries assessed did so. However, fewer than half of the children who lost their mothers (maternal orphans) continued to live with their fathers. Women are therefore more likely to take care of orphaned children, irrespective of whether they have lost their mothers, fathers or both parents.

The strain of caring for orphans is telling on female-headed households, which have among the highest dependency ratios. Many of these households are headed by elderly women, often grandmothers, who step in to raise orphans and vulnerable children when their own children sicken and die. Grandparents – particularly grandmothers – care for around 40 per cent of all orphans in the United

Republic of Tanzania, 45 per cent in Uganda, more than 50 per cent in Kenya and around 60 per cent in Namibia and Zimbabwe.

In many poor countries, elderly women are among the most vulnerable and marginalized members of society. Unequal employment opportunities and discriminatory inheritance and property laws force many women to continue working well into old age. Following the deaths of husbands, many elderly women subsist on low wages earned in physically arduous jobs in the informal sector. For instance, in Uganda, a study by the UN Food and Agricultural Organization found that widows were working two to four hours more each day to make up for reduced income following their husbands' deaths.

HIV/AIDS is straining elderly people already struggling to make ends meet. Evidence shows that poverty rates in households with elderly people are up to 29 per cent higher than in households without. Elderly women who assume responsibility for family members affected by HIV/AIDS are often forced to work longer hours and sell personal possessions and household assets in order to pay for medicines, health care and funeral costs. Household studies conducted in Côte d'Ivoire found that families where one member was living with HIV/AIDS had roughly double the health spending

but only half the income of households in a control group where no one was living with HIV/AIDS. Funerals can absorb a large share of income; in four provinces in South Africa, a study showed that households with an AIDS-related death in the previous year spent an average of one third of their annual income on funerals.

The financial burden of caring for orphans can threaten household food security. A study in Dar es Salaam, United Republic of Tanzania, found that orphans are more likely to go to bed hungry than non-orphans. In Malawi, moderate to severe hunger is also more prevalent among households with more than one orphan. The latter study has suggested that although extended family members may be able to care for one orphan, the demands of caring for any additional orphans undermine their food security and, by extension, the nutritional well-being of all children in the household.

Against the odds, grandparents and single mothers make enormous efforts to send children to school. Research from 10 sub-Saharan African countries has found a strong positive correlation between school enrolment and biological ties between the child and the head of household. But the financial strain may prove too great if the household has to accommodate more than one orphan. While there is no conclusive evidence to suggest

intellectual development.<sup>52</sup> Researchers estimate that one in three children living in the US – numbering roughly 24 million – live in homes without their biological fathers.<sup>53</sup> Evidence shows that children can suffer emotionally and psychologically if they feel that they

are not part of a family that conforms to what is considered ‘normal’ in their community.<sup>54</sup>

A recent study examining the issue of family life from a male perspective revealed that most men aspire to be good fathers and to care for

that orphaning per se increases the risk of children missing school, research from Uganda suggests that double-orphans – children who have lost both parents – are most likely to miss out on an education.

### A deepening crisis for orphans and caregivers

UNICEF predicts that the number of children who have lost one or both parents due to AIDS will rise to 15.7 million by 2010. At that point, around 12 per cent of all children in sub-Saharan African countries will be orphans due to all causes, with one quarter of these orphaned by AIDS. Disaggregated data provide an even bleaker panorama: Roughly one in every five children aged 12–17, and one in every six children aged 6–11 were orphans in 2005. At the same time, the number of widows is rising. HelpAge International estimates that the highest growth rate of any age group will be among those aged 80 and over, most of whom are women.

Programmes designed to provide cash and other forms of assistance to elderly household heads can help ease the burden of caring for young orphans. In Zambia, a pilot cash transfer scheme for older people caring for orphans has resulted in improved school attendance rates among children. In South Africa, girls living in households with older women in receipt of a pension have

been found to be 3–4 centimetres taller than girls in households with older women who do not receive a pension. Despite these successes, these programmes represent a short-term solution at best.

Addressing the crisis facing orphans and elderly women in sub-Saharan Africa, and elsewhere, requires a long-term strategy aimed at reversing the discriminatory social attitudes and customs that keep women and children mired in poverty. Many countries in sub-Saharan Africa, and in other regions, are developing national plans to address these challenges based on the five core principles of *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*. This framework, endorsed by international agencies and non-governmental organization partners in 2004, is based on five key principles:

- Strengthen the capacity of families to protect and care for orphans and vulnerable children by prolonging the lives of parents and providing economic, psychosocial and other support.
- Mobilize and support community-based responses.
- Ensure access for orphans and vulnerable children to essential

services, including health care and birth registration.

- Ensure that governments protect the most vulnerable children through improved policy and legislation and by channelling resources to families and communities.
- Raise awareness at all levels through advocacy and social mobilization to create a supportive environment for children and families affected by HIV and AIDS.

Across sub-Saharan Africa, initiatives are transforming the five principles into action. These include abolishing school fees in Kenya and Uganda; community-level interventions to support households in Malawi, Rwanda, Swaziland and the United Republic of Tanzania; and improved data collection through large population-based surveys. UNICEF is providing support and advocacy through the Global Campaign on Children and AIDS – *Unite for Children. Unite against AIDS*. Despite these efforts, however, coverage remains limited in all areas. With research revealing the disproportionate burden on female-headed households, there is an urgent need to provide them with assistance as part of broader actions to support orphans and vulnerable children and their families.

*See References, page 88.*



© UNICEF/2005/Warpiński

their children.<sup>55</sup> But fathers often receive mixed messages regarding their rights and responsibilities as parents.<sup>56</sup> Existing social and cultural norms can have a strong influence on parents' levels of involvement with their children. The message that some men internalize is that it is not a father's place to become heavily involved in the lives of young children.<sup>57</sup>

Conventional notions about the roles of men and women in families are changing, albeit slowly. One reason is the high rate of divorce in many regions. Data from 2002 show the divorce rate in Western Europe at approximately 30 per cent, while in the Scandinavian countries, the United Kingdom and the United States, it was closer to 50 per cent.<sup>58</sup> In Latin America and the Caribbean, divorce rates among women aged 40 to 49 who have been married at least once range from 25 per cent to nearly 50 per cent, with the median having nearly doubled between the mid-1980s and late 1990s.<sup>59</sup>

In many parts of the world, rising living costs and the growing number of dual-income households are also transforming family dynamics. Evidence from the United Kingdom shows that in 36 per cent of two-income families, it is the father, more than any other

individual, who cares for children while women are at work.<sup>60</sup> In families throughout the Middle East and North Africa, studies indicate a significant change in household power dynamics. Whereas the 1980s saw university-educated Saudi men shy away from the prospect of marrying university-educated women, recent research shows a shift in attitudes: Saudi men now report that they value wives who can assist with the high costs of urban living. Moreover, Saudi wives who share the responsibility for family expenses have a greater say in household decisions.<sup>61</sup> These trends are not unique to Saudi Arabia. In the El Mashrek region of Morocco, women enter the workforce on account of personal preference rather than financial necessity,<sup>62</sup> and are less inclined to resign from their jobs after having children.<sup>63</sup>

## Women's participation in the community

Social attitudes towards gender can and do change. The most important catalysts for change are women themselves. Through social groups and networks, both formal and informal, women interact with each other, pool their economic and human resources, and collectively decide how those resources will be used or invested. Women who come together to challenge and defy discriminatory attitudes can have a dramatic impact on their communities.<sup>64</sup> By publicly denouncing discrimination and motivating other women to claim their social, economic and political rights, women's groups can set in motion a process of broad social change that promotes the rights of girls and women for generations to come.

### Social networks increase women's influence at the community level

Social groups and networks encourage and support women's participation in decision-making at the community level. Evidence drawn from Demographic and Health Surveys suggests that in some developing countries much of the impact of women's overall decision-making power is concentrated at the community level.<sup>65</sup> Where women's access to community resources is severely restricted by physical impediments or

gender discrimination, women collaborate to help provide each other and children with food, water, childcare, medicines and labour for farming – often beyond the purview of the men who control the formal decision-making processes.<sup>66</sup>

Community-based social networks can also provide women with an important source of moral support. If, for instance, a woman is denied a say in household decisions but is linked to a strong social network that promotes women's empowerment, peer support may persuade her to make independent decisions on issues such as children's health care.<sup>67</sup> But the impact of women's networks goes beyond merely helping their own members: By challenging the status quo, these networks and organizations are also proving to be powerful agents of social change.<sup>68</sup>

South Asia provides numerous examples of such efforts. One such initiative is BRAC, a non-governmental organization in Bangladesh that provides credit and employment opportunities for women. BRAC has strengthened women's bargaining power in their households and communities. For example, through collective action, women have successfully per-

suaded community elders to refrain from criticizing and ridiculing those women who work outside the home.<sup>69</sup> This social sanctioning of women's work empowers women who wish to pursue employment opportunities and increases the economic incentives for girls' education.

Women's groups throughout sub-Saharan Africa are mounting similar challenges to male dominance in community decision-making. In Mozambique, women's organizations are fighting discrimination by contesting the 1997 Land Law that denies them the right to own and sell land independently.<sup>70</sup> Another example can be found in Angola, where the Angolan Association for Women's Lawyers led a national campaign for legal reforms to protect women's rights.<sup>71</sup>

While some women's groups have been instrumental in lobbying policymakers through formal political channels, other groups have successfully mobilized constituency-level support for female legislators. These efforts are helping to turn the tide of gender discrimination in formal political processes (*see Chapter 4*).



© UNICEF/HQ06-0088/Shehzad Noorani

## Mother Centres in Central and Eastern Europe and the Gambia

### **Mothers in Central and Eastern Europe are leading the way in empowering women in their communities.**

Mother Centres provide women with a vehicle for forging social networks and organizing community activities that support women in their roles as mothers and caregivers. Initiated in Germany in the 1980s, the Mother Centres movement has spread to Bosnia and Herzegovina, Bulgaria, the Czech Republic, Georgia and the Russian Federation.

Mother Centres arose in response to a perceived lack of support for mothers in their communities. In many Central and Eastern European countries, the tradition of community networks was dismantled under socialist rule. Since the transition of the early 1990s, high unemployment, poverty, political instability and a decrease in public childcare and support services have compounded the sense of social isolation experienced by many mothers and children. Mother Centres offer women and families an opportunity to access practical resources and social support. The centres help address the financial needs of families through services such as second-hand shops, meals, toy libraries, sewing and language classes, and job retraining programmes.

Neighbourhood Mother Centres reach between 50 and 500 families and have helped transform the lives of thousands of women in the region. Interviews with those involved testify to the positive impact that the centres are having on women and families: 58 per cent of women said they learned

how to participate and speak up, while 55 per cent felt that their confidence had increased since joining the centres. A survey of men who participated in some of the events revealed that 67 per cent had a positive view towards family responsibilities.

By empowering women to enhance their quality of life, Mother Centres are helping to revitalize neighbourhoods and fostering a new sense of hope among women and families. In 46 per cent of cases, Mother Centres are represented in municipal councils. The success of the movement has inspired other women to replicate the model, and there are now 750 centres worldwide. This dramatic growth illustrates the powerful impact that women can have when they mobilize. It demonstrates women's tremendous capacity to lead the way in empowering themselves and those around them.

### **The Gambia**

#### **A similar initiative is operating in the Gambia, where women are banding together to promote girls' education at the community level.**

In the Gambia, Mothers Clubs provide a unique platform for women to raise financial and moral support for girls' education. Through advocacy and fund-raising campaigns, women are expanding the educational opportunities available to girls and asserting the right to have their voices heard in their communities.

Mothers Clubs operate in some of the Gambia's most impoverished regions, where most families eke out a living from subsistence farming, and few can support the cost of educating all

of their children. Although primary education is free in the Gambia, other hidden expenses, such as uniforms, writing materials and school lunches, can make education costs prohibitive. Owing to a range of economic, social and cultural factors, most parents prioritize boys' education; girls account for only 19 per cent of students in primary school in some poor communities.

Women are among the most vocal advocates of gender parity in schools. Advocacy campaigns organized by women promote access to education for girls, and focus attention on the retention and performance of girls in schools. UNICEF and the Forum for African Women Educationalists are supporting women in their roles as community advocates. UNICEF has provided the Mothers Clubs with seed money for income-generating activities, including gardening, making batik, tie-dye, soap and pomade manufacturing, poultry farming and crop cultivation, and has provided milling machines that give families an additional source of food and income and release women and girls from the burden of daily milling. Income generated from these entrepreneurial initiatives is used to pay for school fees, uniforms and shoes for girls in the community. Mothers Clubs have also invested their profits in providing interest-free loans to other disadvantaged women so that they can initiate their own income-generating activities.

Since the programme's inception, women have established 65 Mothers Clubs in three regions of the Gambia. The movement is having a visible impact on girls' education. Girls'

enrolment rates increased on average by 34 per cent, and the incidence of girls withdrawing from school due to early marriage has diminished sharply.

Mothers Clubs are creating new opportunities for women, in addition to girls. By providing women with the skills and resources needed to generate their own sources of income, Mothers Clubs are helping to empower women in their communities. Moreover, by persuasively arguing the case for girls' education, women are challenging gender discrimination and highlighting the importance of women's involvement in community decision-making processes, an achievement that will benefit current and future generations of women and girls.

*See References, page 88.*

## Including women in decision-making

Ensuring that women have a greater voice in household and community decisions is critical to fulfilling their rights as well as the rights of children. While international agencies, governments, civil society organizations and women themselves have made significant progress in promoting a more egalitarian dynamic, much remains to be done. Some key areas that urgently require attention include:

- **Increasing women's employment and income-earning opportunities:** Ownership or control of household assets and income is an important determinant of household bargaining power. Ensuring that women have opportunities to earn income, acquire land, a house and other property can help to strengthen women's bargaining power and influence in household decisions. Chapter 3 discusses in more detail initiatives that can increase women's employment and income-earning opportunities.
- **Involving men:** Persuading individuals to change their attitudes and behaviour is a slow and complex process. Through simple, direct and effective strategies, such as persuading other men to contribute to domestic chores, men are partnering with women to combat gender discrimination in households and communities. By creating specific roles for men in advocacy programmes, governments and development agencies can also promote men's involvement in child-friendly initiatives in parliament, schools and the workplace (*see Chapter 5*).
- **Supporting women's organizations:** One of the most important and effective avenues for women's empowerment is the dynamic of cooperation among women. Informal women's collectives that organize around issues such as nutrition, food distribution, education and shelter help improve the standard of living for women, their families and communities. Women's organizations can also be catalysts for change in the political arena (*see Chapter 4*).