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MATERNAL AND CHILD HEALTH IN DEVELOPING COUNTRIES[1]

Mothers Care More, But Fathers Decide: Educating Parents about Child Health in Uganda[1]

By Martina Björkman Nyqvist and Seema Jayachandran[2]

Research on intrahousehold decision making often finds that fathers have more decision-making power than mothers, but mothers put more weight on children's well-being. One policy response has been to try to shift decision-making power toward mothers, for example by making mothers the recipient of transfers aimed at improving children's welfare (Lundberg, Pollak, and Wales 1997).

However, changing decision making in the family is not always feasible or advisable. In such cases, the divergent preferences and decision making of parents suggest a trade-off when targeting policies to improve children's well-being. On the one hand, fathers have more power to change household behavior in ways that help children. On the other hand, mothers might have a stronger desire to do so. This trade-off might be especially stark in developing countries where women have especially low bargaining power (Jayachandran 2015).

We study this trade-off in the context of classes that teach parents low-cost ways to improve child health. Our setting is Uganda. Many simple, inexpensive behaviors that promote child health such as boiling drinking water, exclusively breastfeeding newborns, spacing births, and using antimalarial bed nets have low take-up, and increasing their adoption could reduce child malnutrition and mortality (Bhatta et al. 2013). We compare village-level parenting classes for mothers, which were held over the course of a year and encouraged these health-promoting behaviors, to similar classes for fathers. For the reasons discussed above, it is ambiguous whether targeting the classes to mothers or fathers will be more effective.

In addition to contributing to the literature on intrahousehold decision making, this paper is one of the first to rigorously study whether mothers' and fathers' knowledge have different impacts on child health.

I. Study Design

The study took place in the southwest region of Uganda between 2012 and 2014. The interventions we examine are village-level health and nutrition classes that provided parents of young children with knowledge to improve their children's health. In addition to the two interventions discussed in this article—women's health and nutrition classes (WHN) and men's health and nutrition classes (MHN)—the study included a third arm that paired women's health and nutrition classes with communication skills and empowerment training. Björkman Nyqvist and Jayachandran (2017) report the impacts of all three treatments and examine a larger set of outcomes, including infant mortality, child anthropometrics, and maternal anthropometrics.

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