

A FOCUS ON GENDER

Collected Papers on Gender Using DHS Data

SUMMARY OF FINDINGS

This report presents a collection of six working papers on the dynamics of gender in developing countries. The papers, commissioned by the MEASURE DHS project, were prepared by researchers recognized for their work in the areas of demography, reproductive health, and gender. The analyses presented are based on data from the Demographic and Health Surveys (DHS) project. Funding was provided by the U.S. Agency for International Development (USAID).

Background

When the first phase of the MEASURE DHS project started in 1997, efforts were made to integrate gender into all aspects of the project, including in the content of DHS survey instruments. Advisory groups of gender experts provided input and recommendations for gender-related changes and additions to the DHS women's and men's core questionnaires, as well as the formulation of new or revised gender-related modules. The advisory groups particularly advocated including new questions on women's participation in household decisionmaking and on gender roles. In addition, new standardized questionnaire modules were formulated to provide information on women's status, domestic violence, and female genital cutting.

The inclusion of the new gender questions in the DHS was guided by a common understanding of what gender is, how it relates to sex, and how sex and gender affect population, health, and nutrition (PHN). Four sets of gender-related questions were introduced into the women's questionnaire in 1999—questions on women's participation in household decisionmaking, questions on gender-related hurdles in accessing health care, and two sets of questions on women's acceptance of gender-role norms that justify men's control over women.

Given the large amount of new DHS gender-related data that the additional questions generated, USAID decided to fund research that would explore the new data within the context of demographic and reproductive health outcomes.

Overview of Papers

A common theme of several of the papers is the struggle to define women's empowerment and/or autonomy and then to adequately measure it. Five of the working papers in this volume focus on the new gender questions in the core questionnaire, particularly the questions on household decisionmaking and women's autonomy and empowerment and their relationship to different PHN outcomes of interest.

The last paper examines whether PHN outcomes of interest vary by women's experience of domestic violence. The PHN outcomes analyzed include child health, nutrition, mortality, women's nutrition, maternal care and reproductive health, as well as condom use and risk of sexually transmitted infection.

In the first paper in this collection, “Two Concepts of Female Empowerment: Some Leads From DHS Data on Women’s Status and Reproductive Health,” Basu and Koolwal explore indicators in an effort to determine those that are a true reflection of women’s empowerment. In addition, they attempt to determine whether women’s empowerment is related to health outcomes. Data from the 1998-1999 Indian National Family Survey (NFHS-2) is used to examine the ‘altruistic’ versus ‘selfish’ notions of female autonomy, their implications for reproductive health, and their larger socioeconomic and cultural contexts. The paper finds that selfish behaviors and attributes correlate more closely with women’s improved food consumption and reproductive health than with child health outcomes.

The next paper, “Women’s Decisionmaking and Child Health: Familial and Social Hierarchies,” by Desai and Johnson, tries to identify the pathways by which women’s empowerment may benefit child health and survival. More specifically, the paper examines the impact of women’s ability to make independent decisions on children’s health outcomes—particularly vaccination status, nutritional status, and child mortality. The study finds that children benefit from women’s empowerment, but they benefit more when living in areas in which a large number of women are empowered. The gender context is consistently important for child health outcomes, and in most countries, is more important than individual empowerment. The authors also suggest that women’s empowerment may be more critical to ensuring day-to-day care than for accessing emergency and other health care for the child. The relationship between women’s empowerment and child health varies by region, suggesting that the relevance and role of women’s empowerment may be somewhat dependent on the historical and cultural gender systems prevailing in that setting.

“Village in the City: Autonomy and Maternal Health-seeking among Slum Populations of Mumbai,” by Matthews et al. examines the role that direct measures of women’s autonomy plays in women’s timely use of maternal health services in different populations in Mumbai. The nature of the autonomy/caresseeking relationship between slum and non-slum areas of Mumbai is compared to see how this differs from the situation in rural areas. Women in Mumbai slums are found to have higher autonomy and more timely use of maternal care services compared with women in rural Maharashtra. These women, who are often recent migrants from rural areas, also have higher autonomy and better access to timely maternal care than women in urban areas of Maharashtra outside of Mumbai. The role that women’s autonomy plays in women’s use of and access to maternal health care varies by whether women have meaningful health care choices or not. Women’s autonomy becomes more important where women’s health care choices are not as constrained, as in urban areas.

The Hindin paper, “Women’s Autonomy, Women’s Status and Nutrition in Zimbabwe, Zambia, and Malawi,” examines the possible relationship between women’s status and autonomy with their nutritional status. The relationship between food security and HIV is also briefly explored. The general conclusion is that women who have less autonomy are at a greater risk of having compromised nutritional status, which in turn can lead to a greater risk of food insecurity for themselves and their family due to loss of productive capacity. The policy implication is clear: empowering women in food constrained societies, particularly in countries greatly affected by HIV, is likely to benefit not only women and their families, but also helps to diminish food insecurity for everyone.

“Condom Use in Uganda and Zimbabwe: Exploring the Influence of Gendered Access to Resources and Couple-level Dynamics,” by Mumtaz, Slaymaker, and Salway examines the ways in which gendered inequalities in access to resources and gendered patterns of interaction between partners are related to the adoption of protective behavior, specifically condom use. The authors also explore the role of women’s and men’s employment, educational level, and exposure to sources of information and HIV-related health knowledge on condom use, both within and outside of marriage. This paper does not provide consistent support for the hypothesis that condom use is related to greater autonomy of women, although access to resources, particularly in the form of knowledge, is related to condom use.”

The last paper in this collection, “Women at the Nexus of Poverty and Violence: How Unique Is Their Disadvantage?” by Kishor and Johnson, uses data from Cambodia, Haiti, and the Dominican Republic to examine whether and how poor women who have experienced domestic violence differ from other women in terms of their characteristics and the occurrence of selected health outcomes (ever having a non-live birth, having a sexually-transmitted infection, having an unwanted birth, and contraceptive discontinuation). This paper finds that women at the nexus of poverty and violence are not unique; with the poor women, they share the characteristics that accompany poverty, and with non-poor women who have experienced violence, they share the characteristics associated with violence. This paper underscores the need to take the negative effects of domestic violence on women's health seriously, while demonstrating that negative health effects associated with having experienced domestic violence are not restricted only to the economically disadvantaged, but cut across all women, poor and wealthy.

This volume of papers uncovers some of the ways in which gender issues, mostly in the household, but also in communities, affect different demographic and health outcomes. The ability of women to control various aspects of their own lives and the lives of their children remains important in achieving improvement in a large number of demographic and health outcomes, especially when women are living in empowered communities.