

Research Brief

Linkages between Women's Empowerment, Children's Diet and Nutrition under Rapid Urbanization in Bangladesh

Research Questions

- I. What are the maternal factors that affect children's nutritional status, diets and diet diversity in urban areas of Bangladesh?
- II. To what extent does women's empowerment¹ translate into better diets and nutrition for children and what is the pathway?
- III. How does women's involvement in reproductive and productive work affect maternal and child nutrition in urban areas?

Answers from the Research

I. (a). Mothers' socio-economic status, educational qualification, nutritional knowledge, body mass index (BMI), receiving antenatal care (ANC), childcare support, status of empowerment, and sanitation status, were the important factors influencing child nutritional status. Children from families with relatively higher access to resources had higher probability of receiving better nutritional status. ANC visits were found to be significant protective factors against malnutrition in children, though there is great disparity in terms of receiving ANC.

(b) Working mothers breastfed less, and faced problems with complementary feeding, as they had to join back work after maternity leave, just as complementary feeding began.

(c) Most working mothers depended on female relatives to attend to their children or gave the responsibility to unprofessional domestic workers. Childcare support was found to be a crucial factor in improving child nutritional status. The study found positive correlations with family childcare and reduced likelihood (75%) of child wasting.

II. (a). It was found that women with higher level of education, delayed age at first marriage, employed, and better socioeconomic status, were more likely to be empowered than mothers who were poor, illiterate, had been married early or were just housewives. But 'workplace environment' may be a factor determining empowerment in a working mothers' life.

(b) Mothers having greater access to and control over expenditure were more likely to have less malnourished (stunted, wasted, or underweight) children. Economic freedom may enable mothers to decide about buying diverse foods from different food groups and seek health services.

(c). Pregnancy and lactating periods are most crucial times when mothers need cooperation and mental support from family members, without which they may feel depressed; this can impede their provision of optimum level of care for their children, preparing healthy and diversified diet, and feeding the baby in a 'responsive feeding' manner, in addition to providing a healthy environment. Mothers' empowerment status may reflect in better diets and nutrition of their children. Given the existing sociocultural norms that are not conducive to supporting mothers, it is important that husbands and household members are invited to attend the ANC visits for counselling, and understand the need for maternal support.

III. (a) 'Time' plays a critical role in mothers' lives. Homemaker mothers dedicated their time and effort to household activities such as caring for other family members, cooking, and many other tasks, along with childcare. Working mothers spent most of their time on productive work. In their families, buying more food with higher income may not necessarily translate into consumption of appropriate food and diets, due to mother's time constraints. Mothers from lower socioeconomic status spend relatively more time in the management of the household as they have inadequate mechanical gadgets to aid in household chores. Most self-employed mothers (mainly working from home with flexible work hours) balanced family life and work, but prioritized work-related tasks. Consequently, all mothers had little time for their children and for their own leisure and personal care, which worsened both mother and child's nutritional status and dietary diversity.

(b) More educated mothers are likely to use their time and resources more efficiently both at home and at work. A significant percentage of employed respondents who worked ≤ 8 hours were found to spend quality time with their children.

(c) There is no direct answer as to how women's involvement in reproductive and productive work affects maternal and child nutrition. The access to resources (quality childcare, food), work-life balance, health and nutrition knowledge and support from family and work place needs to be considered.

¹ Empowerment has been defined as the capability of having an enabling environment for a mother to think about herself, her children and for the family, which were expressed by 5 dimensions, namely: self-esteem; access to and control over resources; decision making in household matters; attitudes and behaviour of family members; and freedom of mobility.

Implications for Policy

a). A system of subsidized well managed day care facilities can improve child nutritional status, offer a little relief to mothers from time constraint, encourage them to seek employment, and be efficient at their workplace.

b). Access to antenatal care services should be made available to all mothers, with the inclusion of total parental counselling, mothers' mental health, and comprehensive knowledge on nutrition, in order to reduce the burden of child malnutrition.

c). Access to resources is a crucial issue among low-income families. Inclusion of low-income mothers in the social safety net programme (e. g., cash transfer, food transfer), can enable them to make strategic life choices by decreasing household poverty-related stress, in turn increasing positive parenting.

d). More mother and child targeting welfare programmes need to be introduced, emphasizing Women's Dietary Diversity and Child Dietary Diversity.

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