

Population Policies Reconsidered

Health, Empowerment, and Rights

Gita Sen
Adrienne Germain
Lincoln C. Chen

EDITORS



Harvard Center for Population and Development Studies
Department of Population and International Health
Harvard School of Public Health
Boston, Massachusetts



International Women's Health Coalition
IWHC
New York, New York

March 1994

Distributed by Harvard University Press

HARVARD SERIES ON POPULATION AND INTERNATIONAL HEALTH

Library of Congress Cataloging-In-Publication Data

Population policies reconsidered : health, empowerment, and rights/

Gita Sen, Adrienne Germain, Lincoln C. Chen, editors.

p. cm. -- (Harvard series on population and international health)

"March 1994"

Includes bibliographical references and index.

ISBN Number 0-674-69003-6 (pbk.) : \$14.95

1. Population Policy. I. Sen, Gita. II. Germain, Adrienne.

III. Chen, Lincoln C. IV. Series.

HB883.5.P65 1994

363.9--dc20

94-8443

CIP

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International Women's Health Coalition (IWHC)

24 East 21 Street

New York, NY 10010

(212) 979-8500

Harvard Center for Population and Development Studies

9 Bow Street

Cambridge, MA 02139

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The Meaning of Women's Empowerment: New Concepts from Action¹

Srilatha Batliwala

Since the mid-1980s, the term *empowerment* has become popular in the field of development, especially in reference to women. In grassroots programs and policy debates alike, *empowerment* has virtually replaced terms such as *welfare*, *upliftment*, *community participation*, and *poverty alleviation* to describe the goal of development and intervention. In spite of the prevalence of the term, however, many people are confused as to what the empowerment of women implies in social, economic, and political terms. How empowerment strategies differ from or relate to such earlier strategies as integrated rural development, women's development, community participation, conscientization, and awareness building is even less clear.

Nonetheless, many large-scale programs are being launched with the explicit objective of "empowering" the poor and "empowering" women. Empowerment is held to be a panacea for social ills: high population growth rates, environmental degradation, and the low status of women, among others.²

The attention given here to women's empowerment is based on the premise that it is an enabling condition for reproductive rights (Correa

and Petchesky, this volume). This chapter attempts an operational definition of women's empowerment, and delineates the components and stages of empowerment strategies, on the basis of insights gained through a study of grassroots programs in South Asia. Undoubtedly, the nature and priorities of the women's empowerment process in South Asian countries are shaped by the historical, political, social, and economic conditions specific to that region. Still, there are sufficient commonalities with other regions — such as an extended period of colonial rule; highly stratified, male-dominated social structures; widespread poverty and vulnerable economies; and fairly rigid gender- and class-based divisions of labor — to render the definition and analytic framework for empowerment presented in this essay more widely relevant.

The Concept of Empowerment

The concept of women's empowerment appears to be the outcome of several important critiques and debates generated by the women's movement throughout the world, and particularly by Third World feminists. Its source can be traced to the interaction between feminism and

the concept of “popular education” developed in Latin America in the 1970s (Walters 1991). The latter had its roots in Freire’s theory of “conscientization,” which totally ignored gender, but was also influenced by Gramscian thought, which stressed the need for participatory mechanisms in institutions and society in order to create a more equitable and nonexploitative system (Forgacs 1988; Freire 1973).

Gender subordination and the social construction of gender were a priori in feminist analysis and popular education. Feminist popular educators therefore evolved their own distinct approach, pushing beyond merely building awareness and toward organizing the poor to struggle actively for change. They defined their goals in the following terms:

...To unambiguously take the standpoint of women; [and]...demonstrate to women and men how gender is constructed socially,...and...can be changed...[to show] through the lived experience of the participants, how women and men are gendered through class, race, religion, culture, etc.;...to investigate collectively... how class, [caste], race and gender intersect...in order to deepen collective understanding about these relationships...

...To build collective and alternative visions for gender relations...and...deepen collective analysis of the context and the position of women...locally, nationally, regionally and globally,...To develop analytical tools...to evaluate the effects of certain development strategies for the promotion of women’s strategic interests... [and develop strategies] to bring about change in their personal and organizational lives...

...To help women develop the skills to assert themselves...and to challenge oppressive behavior...to build a network of women and men nationally, [and internationally]...[and] to help build demo-

cratic community and worker organizations and a strong civil society which can pressurize for change (Walters 1991).

Meanwhile, in the 1980s feminist critiques emerged of those development strategies and grassroots interventions that had failed to make significant progress toward improving the status of women. They attributed the failure mainly to the use of welfare, poverty alleviation, and managerial approaches, for example, that did not address the underlying structural factors that perpetuate the oppression and exploitation of poor women (Moser 1989). These approaches had made no distinction between the “condition” and the “position” of women (Young 1988). Young defined *condition* as the material state in which poor women live — low wages, poor nutrition, and lack of access to health care, education, and training. *Position* is the social and economic status of women as compared with that of men. Young argues that focusing on improving the daily conditions of women’s existence curtailed women’s awareness of, and readiness to act against, the less visible but powerful underlying structures of subordination and inequality.

Molyneux (1985) made a similar distinction between women’s “practical” and “strategic” interests. While women’s practical needs — food, health, water, fuel, child care, education, improved technology, and so forth — must be met, they cannot be an end in themselves. Organizing and mobilizing women to fulfill their long-term strategic interests is essential. This requires

...analysis of women’s subordination and...the formulation of an alternative, more satisfactory set of arrangements to those which exist...such as the abolition of the sexual division of labor, the alleviation of the burden of domestic labor and child care, the removal of institutionalized forms of discrimination, the establishment of political equality, freedom of choice over childbearing and...measures against male violence and control over women (Molyneux 1985).

It is from these roots that the notion of empowerment grew, and it came to be most clearly articulated in 1985 by DAWN³ as the “empowerment approach” (Sen and Grown 1985). Empowerment, in this view, required transformation of structures of subordination through radical changes in law, property rights, and other institutions that reinforce and perpetuate male domination.

By the beginning of the 1990s, women’s empowerment had come to replace most earlier terms in development jargon. Unfortunately, as it has become a buzzword, the sharpness of the perspective that gave rise to it has been diluted. Consequently, its implications for macro- and micro-level strategies need clarification. The key question is: How do different approaches to women’s “condition,” or practical needs, affect the possibility or nature of changes in women’s “position,” or strategic interests?

This question is most pertinent to the whole issue of women’s reproductive rights. Many of the existing approaches to contraception and women’s reproductive health, for example, focus entirely on improved technologies and delivery systems for birth control, safe delivery, prenatal and postnatal care, and termination of fertility. But none of these addresses the more fundamental questions of discrimination against girls and women in access to food and health care; male dominance in sexual relations; women’s lack of control over their sexuality; the gender division of labor that renders women little more than beasts of burden in many cultures; or the denial by many societies of women’s right to determine the number of children they want. These issues are all linked to women’s “position,” and are not necessarily affected by reduced birthrates or improvements in women’s physical health. This is one of the dichotomies that an empowerment process must seek to address.

What is Empowerment?

The most conspicuous feature of the term *empowerment* is that it contains the word *power*, which, to sidestep philosophical debate, may be

broadly defined as control over material assets, intellectual resources, and ideology. The material assets over which control can be exercised may be physical, human, or financial, such as land, water, forests, people’s bodies and labor, money, and access to money. Intellectual resources include knowledge, information, and ideas. Control over ideology signifies the ability to generate, propagate, sustain, and institutionalize specific sets of beliefs, values, attitudes, and behavior — virtually determining how people perceive and function within given socioeconomic and political environments.⁴

Power thus accrues to those who control or are able to influence the distribution of material resources, knowledge, and the ideology that governs social relations in both public and private life. The extent of power held by particular individuals or groups corresponds to the number of kinds of resources they can control, and the extent to which they can shape prevailing ideologies, whether social, religious, or political. This control, in turn, confers the power of decisionmaking.

In South Asia, women in general, and poor women in particular, are relatively powerless, with little or no control over resources and little decisionmaking power. Often, even the limited resources at their disposal — such as a little land, a nearby forest, and their own bodies, labor, and skills — are not within their control, and the decisions made by others affect their lives every day.

This does not mean that women are, or have always been, totally powerless; for centuries they have tried to exercise their power within the family (Nelson 1974; Stacey and Price 1981). They also have taken control of the resources to which society has allowed them access, and even seized control of resources when they could — the Chipko movement in northern India and the Green Belt movement in Kenya, for example (Misra 1978; Rodda 1991). They have always attempted, from their traditional position as workers, mothers, and wives, not only to influence their immediate environment, but also to expand their space. However, the prevailing patriarchal ideology, which promotes the values of submis-

sion, sacrifice, obedience, and silent suffering, often undermines even these attempts by women to assert themselves or demand some share of resources (Hawkesworth 1990; Schuler and Kadirgamar-Rajasingham 1992).

The process of challenging existing power relations, and of gaining greater control over the sources of power, may be termed *empowerment*. This broad definition is refined by feminist scholars and activists within the context of their own regions. For instance:

The term empowerment refers to a range of activities from individual self-assertion to collective resistance, protest and mobilization that challenge basic power relations. For individuals and groups where class, caste, ethnicity and gender determine their access to resources and power, their empowerment begins when they not only recognize the systemic forces that oppress them, but act to change existing power relationships. Empowerment, therefore, is a process aimed at changing the nature and direction of systemic forces which marginalize women and other disadvantaged sections in a given context (Sharma 1991–1992).

Empowerment is thus both a process and the result of that process. Empowerment is manifested as a redistribution of power, whether between nations, classes, castes, races, genders, or individuals. The goals of women's empowerment are to challenge patriarchal ideology (male domination and women's subordination); to transform the structures and institutions that reinforce and perpetuate gender discrimination and social inequality (the family, caste, class, religion, educational processes and institutions, the media, health practices and systems, laws and civil codes, political processes, development models, and government institutions); and to enable poor women to gain access to, and control of, both material and informational resources. The process of empowerment must thus address all relevant structures and sources of power:

Since the causes of women's inferior status and unequal gender relations are deeply rooted in history, religion, culture, in the psychology of the self, in laws and legal systems, and in political institutions and social attitudes, if the status and material conditions of women's lives is to change at all, the solutions must penetrate just as deeply (Schuler and Kadirgamar-Rajasingham 1992).

Theories that identify any one system or structure as the source of power — for instance, the assertion that economic structures are the basis of powerlessness and inequality — imply that improvement in one dimension would result in a redistribution of power. However, activists working in situations where women are economically strong know that equal status does not necessarily result. If anything, ample evidence exists that strengthening women's economic status, though positive in many ways, does not always reduce their other burdens or eradicate other forms of oppression; in fact, it has often led to intensifying pressures (Brydon and Chant 1989; Gupte and Borkar 1987; Sen and Grown 1985). Similarly, it is evident that improvements in physical status and access to basic resources, like water, fuel, fodder, health care, and education, do not automatically lead to fundamental changes in women's position. If that were so, middle-class women, with higher education, well-paid jobs, and adequate nourishment and health care, would not continue to be victims of wife beating or bride burning.

There is widespread confusion and some degree of anxiety about whether women's empowerment leads to the disempowerment of men. It is obvious that poor men are almost as powerless as poor women in terms of access to and control over resources. This is exactly why most poor men tend to support women's empowerment processes that enable women to bring much-needed resources into their families and communities, or that challenge power structures that have oppressed and exploited the poor of both genders.

Resistance, however, occurs when women compete with men for power in the public sphere, or when they question the power, rights, and privileges of men within the family — in other words, when women challenge patriarchal family relations (Batliwala 1994). This is, in fact, a test of how far the empowerment process has reached into women's lives; as one activist put it, "the family is the last frontier of change in gender relations.... You know [empowerment] has occurred when it crosses the threshold of the home" (Kannabiran 1993).

The process of women's empowerment must challenge patriarchal relations, and thus inevitably leads to changes in men's traditional control over women, particularly over the women of their households. Men in communities where such changes have already occurred no longer have control over women's bodies, sexuality, or mobility; they cannot abdicate responsibility for housework and child care, nor physically abuse or violate women with impunity; they cannot (as is the case in South Asia at present) abandon or divorce their wives without providing maintenance, or commit bigamy or polygamy, or make unilateral decisions that affect the whole family. Clearly, then, women's empowerment does mean the loss of the privileged position that patriarchy allotted to men.

A point often missed, however, is that women's empowerment also liberates and empowers men, both in material and in psychological terms. First, women greatly strengthen the impact of political movements dominated by men — not just by their numbers, but by providing new energy, insights, leadership, and strategies. Second, as we saw earlier, the struggles of women's groups for access to material resources and knowledge directly benefit the men and children of their families and their communities, by opening the door to new ideas and a better quality of life. But most important are the psychological gains for men when women become equal partners. Men are freed from the roles of oppressor and exploiter, and from gender stereotyping, which limits the potential for self-expression and personal devel-

opment in men as much as in women. Furthermore, experiences worldwide show that men discover an emotional satisfaction in sharing responsibility and decisionmaking; they find that they have lost not merely traditional privileges, but also traditional burdens. As one South Asian NGO spokeswoman expressed it:

Women's empowerment should lead to the liberation of men from false value systems and ideologies of oppression. It should lead to a situation where each one can become a whole being, regardless of gender, and use their fullest potential to construct a more humane society for all (Akhtar 1992).

The Process of Empowerment

In order to challenge their subordination, *women must first recognize the ideology that legitimizes male domination and understand how it perpetuates their oppression.* This recognition requires reversal of the values and attitudes, indeed the entire worldview, that most women have internalized since earliest childhood. Women have been led to participate in their own oppression through a complex web of religious sanctions, social and cultural taboos and superstitions, hierarchies among women in the family (see Adams and Castle in this volume), behavioral training, seclusion, veiling, curtailment of physical mobility, discrimination in food and other family resources, and control of their sexuality (including concepts like the "good" and "bad" woman). Most poor women have never been allowed to think for themselves or to make their own choices except in unusual circumstances, when a male decision maker has been absent or has abdicated his role. Because questioning is not allowed, the majority of women grow up believing that this is the just and "natural" order.

Hence, the demand for change does not usually begin spontaneously from the condition of subjugation. Rather, empowerment must be externally induced, by forces working with an altered consciousness and an awareness that the

existing social order is *unjust* and *unnatural*. They seek to change other women's consciousness: altering their self-image and their beliefs about their rights and capabilities; creating awareness of how gender discrimination, like other socioeconomic and political factors, is one of the forces acting on them; **challenging the sense of inferiority that has been imprinted on them since birth; and recognizing the true value of their labor and contributions to the family, society, and economy.** Women must be convinced of their innate right to equality, dignity, and justice.

The external agents of change necessary for empowerment may take many forms. The anti-arrack⁵ agitation of 1992–1993 in Nellore District of Andhra Pradesh State in southern India, for instance, in which thousands of women participated, was triggered by a lesson in an adult literacy primer depicting the plight of a landless woman whose husband drank away his meager wages at the local liquor shop. The agitation has created a major political and economic crisis for the state government, which earns huge revenues through licensing of liquor outlets and excise duties on liquor (see Box 1; also, Anveshi 1993; Joseph 1993).

A key role of the external activist lies in giving women access to a new body of ideas and information that not only changes their consciousness and self-image, but also encourages action. This means a dynamic educational process. Historically, the poor in much of South Asia, and especially poor women, were beyond the pale of formal education, and so developed learning systems of their own. Valuable oral and practical traditions evolved to transfer empirical knowledge and livelihood skills from generation to generation: about agriculture, plant and animal life, forest lore, weaving, dying, building craft, fishing, handicrafts, folk medicine, and a myriad of other subjects. This body of traditional knowledge and skills was, however, developed within specific ideological and social frameworks. Such knowledge and practices are often suffused with taboos, superstitions, and biases against women. For example, menstruating women are prohib-

ited from touching books, and women and men of certain castes are forbidden to touch religious books.

Through empowerment, women gain access to new worlds of knowledge and can begin to make new, informed choices in both their personal and their public lives. However, such radical changes are not sustainable if limited to a few individual women, because traditional power structures will seek to isolate and ostracize them. Society is forced to change only when large numbers of women are mobilized to press for change. The empowerment process must organize women into collectives, breaking out from individual isolation and creating a united forum through which women can challenge their subordination. With the support of the collective and the activist agent, women can re-examine their lives critically, recognize the structures and sources of power and subordination, discover their strengths, and initiate action.

The process of empowerment is thus a spiral, changing consciousness, identifying areas to target for change, planning strategies, acting for change, and analyzing action and outcomes, which leads in turn to higher levels of consciousness and more finely honed and better executed strategies. The empowerment spiral affects everyone involved: the individual, the activist agent, the collective, and the community. Thus, empowerment cannot be a top-down or one-way process.

Armed with a new consciousness and growing collective strength, women begin to assert their right to control resources (including their own bodies) and to participate equally in decisions within the family, community, and village. Their priorities may often be surprising, even baffling, to the outsider. In the aftermath of the 1991 Bangladesh cyclone, one of the first demands made by women in a badly affected area was the rebuilding of the schoolhouse and the providing of schoolbooks to their children; this was in stark contrast to the demands of the local men, who talked only about houses, seeds, poultry, and loans (Akhtar 1992). In another project in southern India, one of the first issues taken up by the

Women's Mobilizing: Anti-Liquor Agitation by Indian Women

"Even a cow must be fed if you want milk. Otherwise it will kick you. We have kicked! We will do anything to stop saara [country liquor] sales here" (Villager, Totla Cheruvupalli, Andhra Pradesh).

The anti-liquor movement that began in the southern Indian state of Andhra Pradesh in 1992 is unusual among popular uprisings. Initiated and led entirely by poor rural women in a few villages of one district (Nellore), the movement spread rapidly throughout the state. It has no centralized leadership or base in any political party, but is led entirely by groups of women in each village. It has no unified strategy; rather, women use whatever tactics they find most appropriate. The movement has been enormously successful, even overcoming the state government's interest in revenues from taxes on arrack (a crude liquor).

The movement was triggered by the Akshara Deepam (Light of Literacy) campaign, launched by the government and several volunteer organizations in Nellore District. The campaign not only brought women literacy programs, but also raised their consciousness about their status and potential to act. One of the chapters in the literacy primer described the plight of a poor woman whose husband drank away his wages at the local liquor shop. Ignited by this story, which mirrored their own reality all too well, the women readers asked: How is it that liquor supplies arrive in a village at least twice a day, but there are always shortages of food in the government-controlled ration shops, kerosene for lighting, drinking water, medicines at the health center, learning materials for schoolchildren, and myriad other basic essentials?

A decade earlier, the party in power in the state launched the Varuna Vahini (Liquor Flood) policy, through which the state's liquor excise revenues increased from 1.5 billion rupees in 1981–82 to 6.4 billion rupees in 1991–1992. The state government's development outlay for 1991–1992 was 17 billion rupees. Many local employers and landlords pay part of men's wages in coupons that can be used at the local liquor shop, further boosting liquor sales — and ensuring that in most poor households, men's earnings fatten the liquor lobby and state government, while their families

struggle for daily food and survival. Regular harassment and physical abuse by drunken men drives some women to suicide.

The anti-liquor movement began with a few women picketing liquor shops and forcing their closure. News spread through the village grapevine and the media, and soon the whole of Nellore District, then the entire state of Andhra Pradesh, was taken up in the cause. Women used a wide variety of tactics with substantial symbolic import: In one village, for example, the women cooked the daily meal, took it wrapped in leaves to the liquor shop, and demanded that the owner eat all their offerings. "You have been taking the food from our bellies all these years, so here, eat! Eat until it kills you, the way you have been killing us!" The terrified proprietor closed shop and ran, and has not reopened since.

With less arrack being consumed, there is more money for food and other essentials, less physical and emotional abuse of women, and far less violence in general. For the most part, men have reacted surprisingly passively to the whole movement, perhaps because women directed their outrage and attacks at the liquor suppliers, rather than at their men.

The greatest victory of the movement is that no politician or party has been able to derail it, nor has the state government been able to suppress it. It cannot, after all, be characterized as antigovernment or seditious, since it is upholding one of the directive principles of the Indian constitution. However, the state is trying to repress the movement in more devious ways. Officials have floated a rumor that if liquor sales are not resumed, the price of rice will be increased. Attempts are also afoot to sabotage the literacy program that gave rise to the movement. Further, since legal sales have been effectively stopped, liquor contractors and local officials are promoting underground sales by smuggling liquor into villages in milk cans and vegetable baskets.

Though women in the anti-liquor movement have not directly challenged the state, they have managed to weaken it by attacking the nexus between the state and the liquor lobby. Poor women have mobilized and struck a blow for themselves and their families.

Source: Joseph 1993.

emerging Mahila Sangha (women's collective) of one village was the demand for a separate *smashana* (cremation ground); being scheduled castes, they said, they were not allowed to use the upper-caste area. In both cases, external activists were surprised by the women's priorities, which were quite different from those issues the activists considered most pressing.

Traditionally, women have made choices — if, indeed, they can be called choices — only within tight social constraints. For example, a woman can pay a dowry and marry off her daughter, or run the risk that the daughter will remain unmarried and be a burden to the family; a woman can bear many children, especially sons, to prove her fertility, or face rejection by her husband and in-laws. Because of the acute poverty and overwhelming work burden of poor women, most activists face a recurring dilemma: Should they respond to women's immediate problems by setting up services that will meet their practical needs and alleviate their condition? Or should they take the longer route of raising consciousness about the underlying structural factors that cause the problems, and organize women to demand resources and services from the state? Or should they enable women to organize and manage their own services with resources from the state and themselves?

A New Understanding of Power

Empowerment should also generate new notions of power. **Present-day notions of power have evolved in hierarchical, male-dominated societies and are based on divisive, destructive, and oppressive values.** The point is not for women to take power and use it in the same exploitative and corrupt way. Rather, women's empowerment processes must evolve a new understanding of power, and experiment with ways of democratizing and sharing power — building new mechanisms for collective responsibility, decisionmaking, and accountability.

Similarly, once women have gained control over resources, they should not use them in the same shortsighted and ecologically destructive

manner as male-dominated capitalist societies. Women's empowerment will have to lead women — and the “new men” — to address global concerns and issues, including the environment; war, violence, and militarism; ethnic, linguistic, religious, or racial fanaticism; and population.

Such radical transformations in society obviously cannot be achieved through the struggles of village or neighborhood women's collectives. Just as individual challenges can be easily crushed, so can the struggles of small, local collectives of women be negated by far more powerful and entrenched socioeconomic and political forces. In the final analysis, to transform society, women's empowerment must become a political force, that is, an organized mass movement that challenges and transforms existing power structures. Empowerment should ultimately lead to the formation of mass organizations of poor women, at the regional, national, and international levels. Only then can the poor women of the world hope to bring about the fulfillment of their practical and strategic needs, and change both the “condition” and the “position” of women. They can form strategic alliances with other organizations of the poor — such as trade unions, and farmers and tenant farmers groups — and thus involve men in the change process as well. Most important, these federations must remain wholly autonomous and maintain a suprapolitical stance to prevent the co-optation and dilution of the empowerment process by pervasive patriarchal forces. This does not mean that women leaders who emerge through grassroots empowerment cannot participate in political processes like elections; on the contrary, they can, and have done so. However, they should run as candidates of existing parties, not as representatives of autonomous women's federations. This way, the latter can play a vigilant role and call to account its own members if they betray women's aspirations and needs in their performance of other roles.⁶

In a study of selected South Asian NGOs (nongovernmental organizations) engaged in women's empowerment, I was able to gather and review project reports and other published and

unpublished material, discuss the empowerment question with project leaders and field workers, and visit with field organizers. Three major approaches to women's empowerment were identifiable: integrated development programs, economic development, and consciousness-raising and organizing among women. These are not mutually exclusive categories, but they help to distinguish among the differing interpretations of the causes of women's powerlessness and, hence, among the different interventions thought to lead to empowerment.

The integrated development approach ascribes women's powerlessness to their greater poverty and lower access to health care, education, and survival resources. Strategies are focused on providing services and enhancing economic status; some NGOs also emphasize awareness building. This approach improves women's condition mainly by helping them meet their survival and livelihood needs.

The economic development approach places women's economic vulnerability at the center of their powerlessness, and posits that economic empowerment has a positive impact on other aspects of women's existence. Its strategies are built around strengthening women's position as workers and income earners by mobilizing, organizing or unionizing, and providing access to support services. Though this approach undoubtedly improves women's economic position *and* condition, it is not clear that this change necessarily empowers them in other dimensions of their lives.

The consciousness-raising and organizing approach is based on a more complex understanding of gender relations and women's status. This method ascribes powerlessness to the ideology and practice of patriarchy and socioeconomic inequality in *all* the systems and structures of society. **Strategies focus more on organizing women to recognize and challenge both gender- and class-based discrimination in all aspects of their lives, in both the public and the private spheres.** Women are mobilized to struggle for greater access to resources, rather than passively

provided with schemes and services. This approach is successful in enabling women to address their position and strategic needs, but may not be as effective in meeting immediate needs. A more detailed analysis of the goals, strategies, and dilemmas of each of these approaches is contained in Box 2 (on next page).

Lessons for a Women's Empowerment Strategy

No one magic formula or fail-safe design exists for empowerment. Nonetheless, experience clearly shows that empowerment strategies must intervene at the **level** of women's "condition" while also transforming their "position," thus simultaneously addressing both practical and strategic needs. Within the conceptual framework developed in the first part of this chapter, several elements appear essential. They are designed to challenge patriarchal ideology, and to enable poor women to gain greater access to and control over both material and informational resources. Although these elements are set out below in a particular sequence, they may be reversed or interchanged, or several may be undertaken concurrently, depending on the context.

An organization concerned with bringing about women's empowerment must begin by locating the geopolitical region (urban or rural) in which it wants to work, and identifying the poorest and most oppressed women in that area. Activists then have to be selected and trained. Intensive preparatory training is critical; it must impart to activists an awareness of the structures and sources of power, especially gender, and it must equip them with skills needed to mobilize, while learning from, the women whose consciousness they plan to raise. In general, female activists are preferable, since they are in a better position to initiate the empowerment process with other women, notwithstanding differences in class, caste, or educational background.

In the field, the activists encourage women to set aside a separate time and space for themselves — as disempowered women rather than as passive recipients of welfare or beneficiaries of programs

Empowerment: Three Approaches

Three experimental approaches to empowering women have been undertaken in South Asia: integrated development, economic empowerment, and consciousness-raising. While these approaches differ from each other in concept, most organizations working on the ground take a mix of approaches. Common to all three is the importance placed on group formation to build solidarity among women.

The *integrated development* approach views women's development as key to the advancement of family and community. It therefore provides a package of interventions to alleviate poverty, meet basic survival needs, reduce gender discrimination, and help women gain self-esteem. This approach proceeds either by forming women's collectives that engage in development activities and tackle social problems such as dowry, child marriage, and male alcoholism (Proshika in Bangladesh; RDRS in Rajasthan, India), or by employing an "entry point" strategy, using a specific activity, such as a literacy class or health program, to mobilize women into groups (Gonoshtya Kendra in Bangladesh, United Mission to Nepal, Redd Barna in Nepal).

The *economic empowerment* approach attributes women's subordination to lack of economic power. It focuses on improving women's control over material resources and strengthening women's economic security. Groups are formed using two methods: organizing women around savings and credit, income generation, or skill training activities (Grameen Bank in

Bangladesh, Program of Credit for Rural Women in Nepal); or by occupation or location (SEWA in India, Proshika). These groups may work in a range of areas, including savings and credit, training and skills development, new technologies or marketing, as well as provide such ancillary supports as child care, health services, literacy programs, and legal education and aid.

The *consciousness raising* approach asserts that women's empowerment requires awareness of the complex factors causing women's subordination. This approach organizes women into collectives that tackle the sources of subordination (ASTHA, Deccan Development Society, Mahila Samakhya, WOP in India; Nijera Kori in Bangladesh). Education is central and is defined as a process of learning that leads to a new consciousness, self-worth, societal and gender analysis, and access to skills and information. In this approach, the groups themselves determine their priorities. Women's knowledge of their own bodies and ability to control reproduction are also considered vital. The long-term goal is for the women's groups to be independent of the initiating NGO. This approach uses no particular service "entry point" and attempts to be open-ended and non-directive. It gives considerable emphasis to fielding "change agents," who are trained to catalyze women's thinking without determining the directions in which a particular group may go.

— collectively to question their situation and develop critical thinking. These forums should enable women to evolve from an aggregate of individuals into a cohesive collective, wherein they can look at themselves and their environment in new ways, develop a positive self-image, recognize their strengths, and explode sexist mis-

conceptions. The activists also help women collectively to claim access to new information and knowledge, and to begin to develop a critical understanding of the ideology of gender, the systems and institutions through which it is perpetuated and reinforced, and the structures of power governing their lives. This is the process

that expands women's awareness beyond their "condition" to their "position."

With a growing consciousness and collective strength, women's groups prioritize the problems they would like to tackle. They begin to confront oppressive practices and situations both inside and outside the home, and gradually to alter their own attitudes and behavior; this often includes changing their treatment of their girl children and asserting their reproductive and sexual rights. In the course of both individual and collective struggles for change, women also build their skills of collective decisionmaking, action, and accountability and they may forge new strategies and methods, such as forming alliances with other groups of exploited and oppressed people, or involving sympathetic men of their own communities. With the help of training and counsel provided by the NGO or activists working with them, they also acquire real skills — vocational and managerial know-how, literacy and arithmetic competence, basic data collection techniques for conducting their own surveys — that enhance their autonomy and power.

These women's collectives then begin to seek access to resources and public services independently, demanding accountability from service providers, lobbying for changes in laws and programs that are inaccessible or inappropriate, and negotiating with public institutions such as banks and government departments. Collectively they may also set up and manage alternative services and programs, such as their own child care centers, savings banks, or schools. Finally, village- or neighborhood-level women's collectives may form associations at the local, regional, national, and global levels, through which poor women can more effectively challenge higher-level power structures and further empower themselves for the well-being of society as a whole.

Conclusion

Grassroots experiments in empowerment have made considerable headway since the mid-1980s, but it is clear — at least in South Asia — that they have a long way to go. One obvious reason is the

absence of a democratic environment. An empowerment process of the kind outlined here is impossible without democratic space for dissent, struggle, and change. Theocratic, military, or other kinds of authoritarian states, based on ideologies of dominance and gender subordination, simply will not allow radical women's empowerment movements to survive. Perhaps for this reason, many approaches to empowerment in South Asia tend to avoid overtly political activities; activists provide women with opportunities and services, and encourage a certain level of awareness, but avoid more serious challenges to the dominant ideology or power structures.

A second, more pervasive, obstacle is a fragmented understanding of the concept and process of empowerment itself, with an accompanying lack of clarity about the nature of power, patriarchy, and gender. Male domination and gender discrimination tend to be oversimplified, equated with conspicuously oppressive practices like child marriage, dowry demands, wife beating, bigamy and polygamy, and denial of women's rights to equal food, employment, education, or physical mobility. The resultant approach focuses on women's practical rather than strategic needs. The organizing and consciousness-raising approach has come somewhat closer to a holistic strategy of empowerment, but still needs to solve many methodological problems before the complexities of the social construction of gender — and the ways in which family, class, caste, religion, and other factors perpetuating women's subordination — can be changed.

Notes

- 1 This chapter is based on the author's study of empowerment programs in three South Asian countries, entitled "Women's Empowerment in South Asia: Concepts and Practices" (forthcoming), sponsored by the Freedom from Hunger Campaign and Asia South Pacific Bureau of Adult Education).
- 2 This has come through clearly in my interactions in South Asia with nongovernmental organizations (NGOs), international aid agency representatives, academics, women's activists, government bureaucrats, and others.

- 3 Development Alternatives with Women for a New Era, a South-driven network of feminist scholars and women's groups, formed in 1984 in Bangalore, India.
- 4 The promotion of religious obscurantism in India, with its accompanying redefinition of Hinduism, is a case in point. We in the subcontinent are experiencing the revival and spread of a whole ideology, which culminated in the destruction of the Babri Mosque on December 6, 1992.
- 5 Arrack is a form of country liquor.
- 6 In India, members of a peasant and landless women's federation in southern Maharashtra, and of an urban slum women's federation (with chapters in 10 major cities) have successfully contested and won elections to municipal and local government bodies with different party platforms. The federations thereafter exercised the right to monitor their performance vis-à-vis the agenda for women's advancement, thus continually pressuring the concerned political parties to take up such issues.

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Women's Burdens: Easing the Structural Constraints

Sonalde Desai

Increasing women's education, improving their income-earning opportunities, and breaking down sociocultural barriers to their health-seeking behavior are necessary but not sufficient means to achieve better health for individuals and families. These individual-level changes are unlikely to lead to desired gains without concomitant improvements in women's physical and social environment that enable women to function more effectively in their multiple roles. Needed is an enabling physical and social environment, including improved infrastructure for basic needs (water, sanitation, and fuel) and women's empowerment in familial relationships.

Health policies and programs emphasize the role of women as health providers in the family and community, while "women in development" policies encourage women to expand their economic activities. Both approaches require increased time commitments from women who are already overburdened. Neither alone takes into account or helps to change inequalities in gender responsibilities for child care and household maintenance, nor does either improve basic infrastructural constraints. Three major responsibilities that fall on women — collecting water, gathering

fuel, and parenting — are reviewed here as examples of enabling conditions that are essential to the empowerment of women and achievement of health for women as well as their families.

Overburdening Mothers

Social science and public health research has revealed the importance of mothers' education and employment for child health and survival. Among the maternal factors influencing children's health, considerable attention has been devoted to characteristics such as education, employment, and maternal position within the household (see Mahmud and Johnston in this volume). An extensive literature on women's education suggests that educated mothers are more likely than less-educated women to adopt safe hygienic practices, thereby reducing children's exposure to gastrointestinal diseases (Caldwell et al. 1990). Additionally, children of educated mothers are more likely than those of less-educated women to receive appropriate and timely medical treatment. Consequently, improvement of female education is one of the primary health recommendations of the 1993 *World Development Report* (World Bank 1993).

The interaction between child health and maternal employment is more complex and less clear. Some have found that employment outside the home reduces time spent in child care or, where the child accompanies the mother, may expose the child to health risks (Basu and Basu 1991). Research on intrahousehold resource allocation has concluded that maternal employment increases a mother's bargaining power within the household and thus results in improvement in child health by increasing resources devoted to children (Acharya and Bennett 1983; Mencher 1988; Thomas 1992).

Drawing on such findings, policy makers have focused on mothers as agents of change. As Bruce and Dwyer have noted (1988), "the invisible women of the economic theorist become the all-powerful mothers of the health and welfare advocates." Primary health care programs that promote community participation rely predominantly on women (Leslie, Lycette, and Buvinic 1988), and

many child health programs require intensive time involvement by mothers. Although women already work very long hours, and typically longer hours per day than men (see Table 1), such policies often assume that women's "natural" ability and willingness to undertake more work are limitless (Kabeer 1992). While health policies rely on women's willingness to undertake more work, other social forces have also made increasing inroads into women's time. Policies and programs to incorporate women into development income-generating activities, like health programs, require substantial time and effort by women, often for marginal improvement in income (Buvinic 1983; Heyzer 1992). Further, they tend to ignore the broader context of women's social relations and living conditions (Goetz 1991). (See Box 1.)

Many, if not most, of the women who are the clientele of these policies must spend a substantial portion of each day in domestic activities necessary for family survival. Fuel and water collection

BOX 1

Why Holistic Approaches Are Needed

Lillian Nkuzo, a community health worker in South Africa describes her work:

In order to tell you about the Women's Health Project, I should first describe the conditions in Cala. Women in this area live under very oppressive conditions. They are responsible for their children and families, as men generally work away from their homes for a long time. They plant crops in the fields, collect water and fuel such as firewood or cow dung, employ men who can shear the sheep, and then sell the wool (although they have to keep the money until their husbands come home on holiday). They only get money from their husbands once a month, and sometimes nothing comes. Lack of water is the main disadvantage in the area, because sometimes the women have to walk six kilometers to and from the water supply, and can carry only 20 liters of water, which does not provide enough for the family for a day.

Poverty is overwhelming in the whole area. Women buy food from shops on credit every month, as the land is no longer productive because of the drought.

Some people live far from the available health centers, and there is no transport available to assist them even during an emergency, because there are no roads. This situation is really upsetting when a woman is in labor and suffering great pain. She has to be taken to a health center on foot for distances as long as 20 to 30 kilometers, to where transport is available. This commonly results in the death of the newborn, or even the mother. It is awful when accidents occur, and because people do not know about first aid, people sometimes bleed to death. I always advise women to attend first aid and home nursing courses so that they can deal with such incidents.

Source: Klugman 1993.

T A B L E 1

Results from Time-Use Studies in Developing Countries

Country	Study	Home Production Time		Market Production Time		Total Work Time		Female/Male Ratio
		Males	Females	Males	Females	Males	Females	
Asia								
Bangladesh (rural)	Caldwell et al. 1980	0.34	6.20	7.31	4.17	7.65	10.37	1.35
Bangladesh (urban)	Caldwell et al. 1980	0.71	5.40	4.20	1.77	4.91	7.17	1.46
Bangladesh (rural)	Cain et al. 1979	1.29	6.68	7.04	1.61	8.33	8.29	0.99
Nepal (rural)	Nag et al. 1978	2.10	4.76	8.06	7.42	10.16	12.18	1.20
Nepal (rural)	Acharya and Bennett 1982	1.74	4.67	6.33	6.15	8.07	10.82	1.59
Philippines								
Laguna (rural)	King and Evanson 1983	1.30	7.42	6.85	2.51	8.15	9.93	1.22
Laguna (rural)	Popkin 1983	1.03	7.20	7.30	5.20	8.33	12.40	1.49
Laguna (rural)	Folbre 1983	0.49	7.50	8.38	0.89	8.87	8.39	0.95
Indonesia								
Java	Hart 1980	0.80	5.20	7.90	5.90	8.70	11.1	1.28
Java	Nag et al. 1980	0.60	4.72	7.80	5.88	8.40	10.6	1.26
Africa								
Botswana (rural)	Mueller 1984	1.02	3.94	3.68	2.06	4.70	6.00	1.28
Tanzania (rural)	Kamuzora 1980	1.32 ⁺	3.89 ⁺	10.75	9.98	12.07	13.87	1.15
Central African Republic (rural)	FAO 1983	0.22 ⁺	3.64 ⁺	5.28	4.30	5.50	7.94	1.44
Ivory Coast (rural)	FAO 1983	0.75 ⁺	5.02 ⁺	3.18	1.78	3.93	6.80	1.73
Burkina Faso (rural)	McSweeney and Freedman 1980	0.28	5.46	7.27	4.31	7.55	9.50	1.26
South America								
Peru (rural)	Johnson 1975	0.96	4.50	4.01	3.62	4.97	8.12	1.63

* Average hours per day. + Excludes child care time.

Source: Calculated from Leslie, Lycette, and Buvinic 1988.

are among the most common and best documented. For example, a study conducted in the hills of Uttar Pradesh in India revealed that women spend as much as five hours per day searching for firewood. Studies in the Sahel show women spending between three and four hours per day walking up to 10 kilometers to collect firewood. (For a review of some of these studies, see Agarwal 1986.) In semiarid parts of southern India, time budget studies show that women spend nearly four hours per day fetching water for family consumption and washing utensils and clothes (Desai and Jain 1992).

Analysts all too often assume that changes in individual behavior can overcome the impact of unfavorable changes of public policy — for example, the removal of public subsidies for food grains. It is sometimes argued that when faced with higher food prices and declining incomes, poor households can shift their consumption habits to maintain their levels of nutrition (Behrman 1988). This type of analysis fails to recognize that some of these changes (such as substitution of millet for rice) may impose considerable time demands on women, not only to cook the food, but also to collect the firewood required for longer cooking time.

As mothers, grandmothers, and sisters, women shoulder almost all responsibilities for child care, regardless of their involvement in economically productive work and household maintenance. In rural southern India, women who are not engaged in outside economic activities spend about seven and a half hours per day in domestic activities, and women who spend seven or more hours per day in market work continue to spend nearly seven hours per day in domestic activities, excluding child care (Desai and Jain 1992). As a result, relatively little time is available to these women for child care. In fact, studies show that some rural women spend no more than one hour per day in direct child care (Ware 1984). This has serious implications for child nutrition and care during illness. Children under two require a considerable amount of food, but can consume relatively little at a single time. Ideally, they

should be fed many times a day, and depending upon the diet, each feeding takes about 20 minutes. Given the domestic and economic demands on women, mothers may not be able to devote this time to feeding children, and as a result, children may be malnourished *even when adequate food is available* (see Box 2).

The multiple demands on women's time also affect their access to health care and their ability to follow prescribed treatments. Oral rehydration therapy is particularly demanding of women's time because it requires constant feeding of very small amounts of solution over a long period. A study conducted in Honduras, for example, documented that in some situations, mothers administer very little of the solution to children (Kendell, Foote, and Martorell 1984). A related problem is that the solution may not meet mothers' felt needs because it does not actually stop diarrhea (Bolton et al. 1989).

Domestic activities, in conjunction with economic activities and child care, force women and girls to reduce time in rest, leisure, and education (Jain and Chand 1982). Research shows that domestic duties routinely interfere with girls' school enrollment (Lloyd and Gage-Brandon 1992) and that high activity levels, combined with low nutritional intake, place women at considerable health risk (Batliwala 1985).

Gender Relations and Paternal Responsibility

We have already noted the generally unequal burden of domestic maintenance and child care responsibilities allocated to women as compared with men. We know of no significant programs to encourage greater male involvement. In fact, a policy focus on mothers' contributions could, if anything, reinforce existing gender inequalities and may even encourage men to abdicate their paternal responsibilities.¹ For a variety of complex reasons, an increasing number of families in both the developed and the developing worlds rely solely on women; this is particularly evident in Latin America and southern Africa. The pathways through which households end up relying

Taking Care of Our Children: The Experiences of SEWA Union

SEWA (Self Employed Women's Association) is a membership-based trade union in India with 50,000 poor self-employed women as paying members. Founded in 1972, SEWA has worked to empower women by addressing the multiple roles of a woman's life, including union organization, credit, artisan and home-based production, milk production, land development and water harvesting, and health services. SEWA focuses in particular on problems and priorities identified by the women themselves.

One SEWA effort is a village-based program to meet the child care needs of working women. Poor women need the security that comes with full employment and regular income. However, their time is often constrained by their role as caretaker, especially for children under age three. Despite the fact that many factories are required by law to provide a crèche on their premises, most do not; in most villages, government child care programs are rarely available. To address this need, SEWA,

in conjunction with 3,000 of its members, developed Shaishav (meaning childhood in Gujarati), a village-based crèche program. The objectives of this program are to provide comprehensive child care services (health, nutrition, and child development activities) for infants and children to age three, to enable workers to work and earn in the fields and tobacco factories, and to support workers in their struggle for full employment.

There are many important benefits of the crèche services: women can go to work more relaxed, knowing their children are being properly cared for; and monthly family income increases because women no longer have to forfeit their wages. The benefits for the children include improved health and nutrition, assistance in obtaining immunizations, better hygiene, and more schooling of older siblings as they are freed from taking care of their younger siblings.

Source: Chatterjee, M. and J. Macwan 1992.

primarily on women's economic contributions are diverse. The causes include divorce in the United States (Sweet and Bumpass 1990); single parenthood in developed countries, Latin America, and some southern African countries, such as Botswana (Lloyd and Desai 1992; United Nations 1990); polygamy or paternal migration in Sub-Saharan Africa (Lloyd 1993); and widowhood in South Asia (Dreze 1990). Table 2 (on next page) illustrates the likelihood that children in selected developing countries will live with their mother only or away from their mother. Children in Asia and North Africa spend only a small proportion of their time living in mother-only families, but the proportion in Sub-Saharan Africa and Latin America is much higher — for

example, in Botswana and Colombia, 26 percent and 13 percent, respectively. These national averages mask significant differences between regions and across social classes.

By and large, families supported primarily by women are poorer than families supported by both men and women, because they have fewer wage earners, they are subject to discrimination in the labor market and in inheritance patterns, and they may not receive economic support from the fathers (Goldscheider and Waite 1991; Mencher and Okongwu 1993; Weitzman 1985). As a result, children in female-supported households experience poorer health than others both in the United States (Mauldon 1990) and in developing countries (Buvinic et al. 1992; Desai 1992b).

Private Responsibility versus Public Infrastructure

In light of the factors discussed above, it is clear that policies to encourage and strengthen individual health behavior must be comple-

mented by policies that create enabling conditions under which responsible individual action can be undertaken — namely, appropriate infrastructure (for instance, water and sanitation), access to basic needs (such as food and fuel),

T A B L E 2

Proportion of Time Potentially Spent Living Apart from Mother or Living with Mother Only by Country through Age 15

Country	Away from Mother	With Mother Only	Total
Sub-Saharan Africa			
Botswana	.28	.26	.54
Burundi	.06	.08	.14
Ghana	.18	.08	.26
Kenya	.07	.10	.17
Liberia	.29	.10	.39
Mali	.12	.02	.14
Senegal	.16	.04	.20
Zimbabwe	.15	.08	.23
Average			.26
Asia and N. Africa			
Indonesia	.04	.04	.08
Morocco	.03	.04	.07
Sri Lanka	.03	.05	.08
Thailand	.07	.05	.12
Tunisia	.01	.02	.03
Average			.08
Latin America and Caribbean			
Brazil	.04	.09	.13
Colombia	.06	.13	.19
Dominican Republic	.13	.14	.27
Ecuador	.04	.07	.11
Peru	.04	.09	.13
Trinidad and Tobago	.06	.17	.23
Average			.18

Source: Lloyd and Desai 1992.

supportive institutions (for example, changes in gender relations), and accessible and affordable social services. Elimination of diarrheal diseases in children requires more than promotion of oral rehydration therapy through mothers' nurturing work. It requires, equally, provision of clean drinking water and hygienic sanitation to prevent infection, investments in parents' skills (such as education, especially of girls and women), and shared parental responsibility for the care of children. Similarly, childhood malnutrition should be addressed, not simply through growth monitoring and food supplementation performed by mothers, but also through broader policies, such as food subsidies for the poor, improved economic livelihoods, more equitable distribution of parental responsibilities, and investments in parental skills.

Nonetheless, oral rehydration therapy has frequently been favored over improvements in water and sanitation, and targeted nutritional supplementation has been advocated over more generalized food subsidies (United Nations 1990). A search of the POPLINE bibliographic data base revealed, for example, that of the 1,985 entries on diarrhea, 38 percent mention oral rehydration therapy and 22 percent mention education, but only 5 percent mention water supply, 8 percent mention sanitation, and a mere 2 percent mention income. A similar emphasis on individual behavior rather than on an enabling environment was revealed in bibliographic searches on child survival and health. Thus, the focus seems to be on the individual characteristics of the diseased, as well as individual responses to disease, rather than the social conditions that lead to disease (Kent 1991).

It has long been known that disease prevention, particularly prevention of gastrointestinal diseases, is linked to the quantity as well as quality of water supply and to good sanitation (Briscoe 1984, 1987; Mosley and Chen 1984). In fact, the World Bank estimates that the effect of providing access to safe water and adequate sanitation to all who currently lack it would result in two million fewer deaths from diarrhea each year among

children under five years of age; 200 million fewer episodes of diarrhea annually; 300 million fewer cases of roundworm infection; 150 million fewer cases of schistosomiasis; and two million fewer cases of guinea worm infection (World Bank 1992). Similarly, the World Health Organization has estimated that improved availability and quality of water would lead to a 16 to 37 percent improvement in morbidity from diarrhea; and improved disposal of excreta would reduce morbidity by 22 percent (Esrey, Feachem, and Hughes 1985). The decade beginning in 1980 was designated as the International Drinking Water and Sanitation Decade. In 1990, partly because of the economic crises of the 1980s and a move toward privatization, nearly 855 million people were still without access to safe drinking water. **Nearly 1.7 billion people worldwide do not have access to sanitation services (World Bank 1992).**

Public policies can also reduce, rather than improve, poor people's access to fuel. In India, for example, privatization of common property resources in some areas drastically restricts access to forest lands (Guha 1983; 1985). **Lack of access to cooking fuel also jeopardizes health by reducing the ability of poor families to regularly boil their drinking water, by compromising the full cooking of food, and by reducing the frequency of cooking.** Studies in Bangladesh and the Sahel, for example, have also documented a decline in the number of times food is prepared per day, which may increase the risk of bacterial contamination of food in the absence of access to refrigeration (Agarwal 1986). In the Sahel, two possible dietary effects of fuelwood shortage have been noted: the diet of millet is rarely supplemented by meat, partly because large amounts of firewood are required for cooking meat, and many families seem to be shifting from millet to rice because rice takes a shorter time to cook (Hoskins 1982).

Public Policy

Public health research and practice too often have failed to confront the conflictive aspects of health — namely, the redistribution of power and resources in society required to meet basic needs

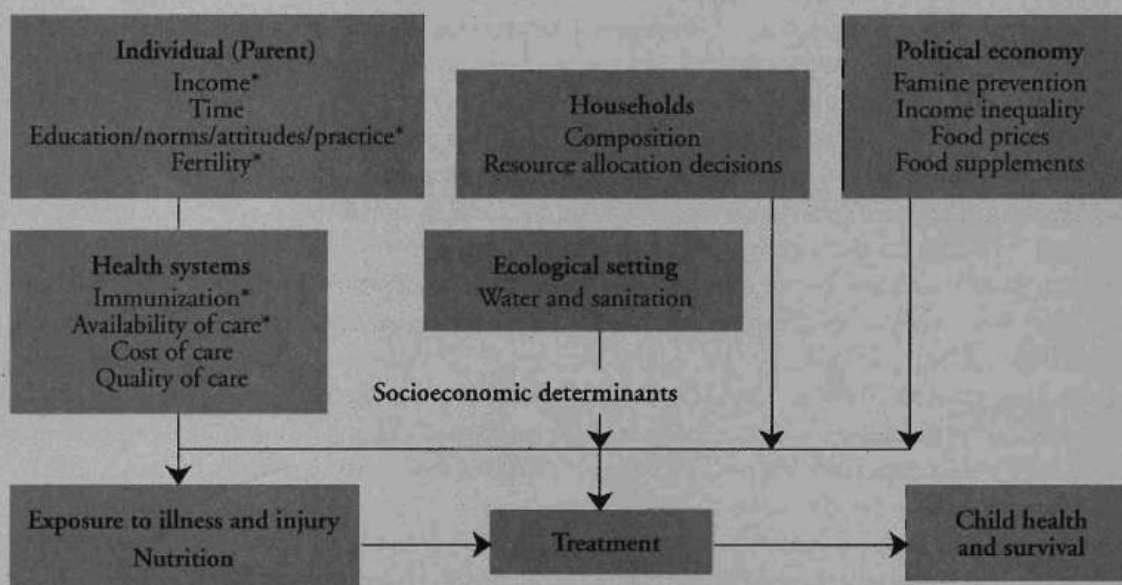
for all (Chen 1991). Figure 1 compares factors known to enhance health and survival with health policies recommended by international agencies.

Government priorities regarding infrastructural investment are guided by a variety of factors, not the least of which is gender bias due to the absence of women, particularly rural women, at every level of the decision-making process. Failure to invest in water technology provides a classic example of gender bias. Closer proximity to protected water sources, improved water-carrying methods, and running water in the home are high priorities for most poor women. But national and field-level project managers and planners, as well as the decision makers in many international agencies, are men who may not perceive or value the importance of improved household access to water. Even within the community such bias exists. A Kenyan study documented that, although access to water was a high priority among rural women, it was typically considered a low priority by the village leaders, all of whom were men (Elmendorf 1982).

Another source of bias is reliance on narrowly defined economic cost-benefit analyses by the international donor community and governments. For example, some economic analyses have suggested that it may be more cost-effective to provide chemotherapy for tuberculosis than to attempt universal immunization, and that BCG vaccine is cost-effective only when the risk of infection is extremely high (World Bank 1993).² Another example are debates about the relative efficacy of investments in water and sanitation projects compared with investments in oral rehydration therapy for the control of diarrheal diseases. Financial calculations show that whereas water and sanitation provision involve substantial investment, oral rehydration therapy can be provided at a fraction of the cost. As a result, donor agencies typically have given priority to the latter over the former (Okun 1987). Such analyses fail to recognize that oral rehydration therapy is simply an immediate response to an acute problem — diarrhea — whereas water and sanitation invest-

FIGURE 1

A Model of Child Health and Survival



Source: Abstracted from Mosley and Chen 1984.

* Stressed by UNICEF and by the World Bank 1993.

ments are essential to prevent diarrheal disease to start with.

Nonetheless, the 1993 *World Development Report* (World Bank 1993) advises against public investments in water and sanitation projects based solely on "cost-effective" considerations. It argues that households should pay the costs of water and sanitation services because of productivity and amenity benefits. Under these conditions, substantial health gains are seen as an added bonus achieved at zero cost. Government investments in water and sanitation projects are discouraged on the grounds that "such subsidies compromise the demand-driven approach to services (that is, provision of services that people want and are willing to pay for); lack of accountability and inefficiency are inevitable consequences" (World Bank 1993:93).

This reliance on individual households to pay for improved water supply ignores both gender and class biases in the "willingness to pay" criterion. Household-level decisions about whether to pay for improved water supply may be made by the male household head, while the greatest burden of water collection is typically borne by women and young children. Thus, privatizing the costs of water and sanitation systems and arguing that individual families can decide whether they want to pay might exacerbate, not alleviate, the gender imbalance of burdens within the household.

Additionally, some studies have documented a strong class bias in existing water and sanitation systems (World Bank 1992). At present, most systems are biased in favor of urban consumers and, within this sector, in favor of the more affluent. For example, in Lima, poor people pay as much as \$3 for a cubic meter of contaminated water collected by bucket from a private vendor, while the middle class pay \$0.30 per cubic meter for treated water provided through taps in their house by the publicly subsidized water company. The 1992 *World Development Report* (World Bank 1992) cites this as an example of a bloated public service utility company, and recommends

reduction in public subsidies. It does not ask why, in spite of their willingness to pay \$3 per cubic meter for water, the poor remain without an improved source of water and whether this removal of public subsidies would improve their situation. Complete privatization and market competition is rarely possible with respect to utilities, even in industrial countries. Privatization may lead to a reliance on private monopolies that may exacerbate existing inequalities in access to water and sanitation. Finally, there may be disjunction between private and public good: if a household chooses not to invest in sanitation services, the effects will be experienced by the wider community through environmental contamination.

It may be impossible to achieve high-quality water and sanitation systems for all in many countries. The costs of water supply and sanitation services vary by technology, population density, the hydrological and geological environment, and design standards; costs can range from \$15 to \$200 per person per year. Design standards of highest quality may not be necessary, however. For example, it may be difficult to provide waterborne sewage systems for all households but it may be possible to develop alternatives such as pour-flush latrines.

Conclusion

It is apparent that efforts to improve child health through the time, skills, and labor of mothers are insufficient. Without concomitant investments in water and sanitation systems, groundwater supply, and the institutions that govern common property resources, as well as the gender division of labor, instrumental approaches not only may increase the costs to women but, in so doing, may reduce the likelihood of success. This brief discussion of infrastructure investments and economic policies that jeopardize basic needs underscores the need to move beyond short-term interventions to long-term development processes that enable women and men to care for their own health and that of their children.

Notes

- 1 Some studies from the United States have concluded that increased female labor force participation and income may be associated with higher divorce rates and male withdrawal from family commitments (Furstenberg 1988; Farley 1988). Similar research has not yet been done in diverse socioeconomic contexts.
- 2 Estimates of the efficacy of BCG vaccine in preventing tuberculosis vary from zero to 80 percent (Fine 1988), and there is no consensus on what leads to high efficacy. But there is widespread consensus that BCG is efficacious — as high as 80–95 percent — in reducing the incidence of such serious forms of tuberculosis as miliary tuberculosis and tuberculous meningitis (National Research Council 1993; Schwoebel, Hubert, and Grosset 1992).

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Gender Relations and Household Dynamics

Alayne Adams and Sarah Castle

Empowering women to make reproductive decisions requires understanding the web of intrahousehold relations within which women are caught. While recent research and policy have recognized the role of gender relations in decisionmaking, and their impact on household welfare, much of this analysis remains overly general. Lacking is a systematic assessment of power relations both between and within genders, and their influence on reproductive behavior and outcomes. Also overlooked are ways in which these relations change over the life cycle, and how they constrain or enable different kinds of reproductive decisions. Finally, by focusing excessively on fertility, research and policy have tended to neglect other reproductive decisions central to the health of women and children.

In this chapter we examine reproductive decisionmaking in the light of women's social and economic power, their prestige, their access to material and nonmaterial resources, and their control over these resources both within and beyond the household in rural West Africa. These dimensions of status are analyzed not only in terms of how women differ from men, but also in terms of how they differ from each other in the household, as well as in society at large. Recognizing that "...West African family structure typically places reproductive decisionmaking in the

hands of the husband and the economic burden mainly on the shoulders of the wife" (Caldwell and Caldwell 1987:421), we suggest that the capacity of an individual woman to gain and apply knowledge relevant to reproduction is strongly related to her social and economic power at any particular point in the life cycle.

Although fertility patterns and household forms vary widely in West Africa, and although these patterns depart sharply from classic Eurasian models — characterized by spousal coresidence, maternal childrearing, and some degree of cooperative decisionmaking (Lloyd 1993) — we hold that there are fundamental similarities in the importance of power and control within and beyond the household and in their influence on women's reproductive decisions and outcomes.

Recent Demographic and Health Surveys (Agouké, Assogba, and Anipah 1988; Demographic and Health Survey (DHS) 1988; Ndiaye, Sarr, and Ayad 1987; Traoré, Konate, and Stanton 1987) in West Africa indicate that large proportions of married women have no education, few use modern contraceptives, and many are in polygynous unions. Low median age at marriage and high total fertility rates are also apparent in these countries, with the notable exception of Ghana.¹ However, as Mason (1984) has argued, these conventional indicators of women's status are unidimen-

sional, ignoring the many sources of women's status and the multiplicity of roles that women play simultaneously and throughout the life cycle. Thus, **our discussion will focus instead on the nature of women's status as it pertains to their power, prestige, access to and control over resources within and beyond the household.** While these variables are less easily measured, they reveal the dynamic constraints on women's reproductive decisions over the life cycle and provide insight on how fertility declines may be facilitated.

We begin with a discussion of some of the existing explanations of the social, cultural, and economic determinants of reproduction in West Africa. After clarifying and refining the concept of the household, we consider the influence of power relations, between and within genders, on the roles assumed by women, and their implications for women's autonomy and control over reproduction. **Turning to social and economic relations beyond the household, we suggest how women's access to extrahousehold networks both contributes to and is a consequence of their status in the domestic domain.** We conclude by focusing on the changing context and character of women's reproductive decisions over the life cycle.

Refining the Concept of the Household

The absence of a significant fertility decline in West Africa has been attributed to sociocultural and economic forces that preclude a change in the direction of intergenerational wealth flows, an intensification of child-rearing styles, or an increase in female status within the household and the community (Caldwell 1977; Caldwell and Caldwell 1987).² One important sociocultural force that sustains and rewards high fertility is the system of patrilineal descent that predominates in West African society. Indeed, given high rates of infant and child mortality in the region, high fertility has frequently been interpreted as an adaptive strategy to perpetuate the lineage.³

High fertility is also essential to subsistence farming and household survival in rural areas where a shortage of labor (not land) is a serious constraint to production. Having many offspring,

both biological and fostered, facilitates increased production and diversification of income. Offspring are also valued for their future obligation to provide economic and social security to their parents in old age.

Men and women in West Africa thus have strong motivation to maximize their fertility, and they do so through early and universal female marriage; polygynous unions, which ensure the supply of husbands; pressure on widows of reproductive age to remarry; and widespread antipathy toward or ambivalence about fertility control, especially among men (Lesthaeghe 1989).⁴ These behaviors and attitudes, along with women's reproductive decisions and outcomes, are mediated through relationships inside and outside of households.

The household, however, is a problematic unit of analysis. Demographers collecting and using survey or census data generally employ definitions centered on the provision of food from a common granary, the use of a common hearth or cooking pot, or the enumeration of all persons who look to the same household head (United Nations 1980). Cross-sectional analyses of this kind have resulted in the widespread misconception that households are clearly bounded entities with an age- and gender-based hierarchical structure. Overlooked are complex intrahousehold relationships and functions, and important networks of support and obligation that extend beyond household boundaries.

Anthropologists, on the other hand, prefer the term "domestic domain," which relates not only to the preparation of food, but also to processes such as the socialization of children, the transference of property, and the maintenance and reproduction of household values and influence (Bender 1967; Goody 1976). Anthropological inquiry tends to focus on the classification of kinship and household size and profile (whether a stem, joint, or multiple family) in relation to production activities. While useful, this approach does not illuminate what goes on *within* households, and especially how social, economic, and power relationships influence reproductive behavior.

Proponents of the “new household economics” also tend to overlook important disparities among social, economic, and power relations central to the analysis of reproductive decisions and outcomes. They assume instead that all household members are united by a common desire to pool resources and maximize collective benefits (Becker 1976). Alternative models of household economic behavior have been advanced to better capture the variations in individuals’ means and motives by conceptualizing theories of bargaining or “cooperative conflict” (Sen 1985, 1990). These theories recognize inequalities between individuals in the same household in terms of their access to economic resources and power, and thus document intrahousehold and extra-household economic transactions in a more realistic way. However, their primary focus on economic activity underestimates other important motives influencing individual and household behavior, including reproductive decisionmaking. Responding to monetary-based theories of economic activity, Bruce (1989) emphasizes how intrahousehold transactions and negotiations often involve currencies other than cash — such as labor, time, and information. Even this analysis pays little attention to differentiation within genders.

In this chapter, we integrate and refine demographic, anthropological, and economic conceptions of the household, viewing the household as a dynamic, functional system in which relations between and within genders define the context of decisionmaking. Households are characterized by internal social structures that are constantly changing because of migration, divorce, mortality, and fission. Moreover, they have porous external boundaries, and are influenced by a wide system of networks through which important transfers of information and resources occur.

Women’s Roles within and beyond the Household⁵

Oppong and Abu (1987) elaborate the multiple roles of women as mothers, wives, domes-

tics, kin, workers, community participants, and individuals, and propose that women’s health and reproductive decisions be viewed in terms of the relative satisfaction and resources accruing via each of these roles as they compete, complement, or change over the life cycle. However, the researchers do not recognize the impact of relations between and within genders on women’s roles, and therefore overlook the influence these relations have on the power, prestige, and resources women can summon when making reproductive decisions. We first show how the roles described above are structured by “between-gender” relations (power relations involving men and women) and “within-gender” relations (specifically, power relations occurring among women). We then discuss how additional power is accrued from relations beyond the household.

Between-Gender Relations

In West Africa, marriage is not simply a contract between two individuals, but a definitive transfer of rights from one lineage to another. With the payment of brideprice, rights to sexual access, female reproduction, and labor (agricultural and domestic) are passed from the natal to the marital household. Even after the death of the husband, the institution of levirate, whereby a widow is inherited by her late husband’s brother, frequently obliges a woman to stay within the marital lineage. Further entrenching the individual and lineage power of men over women is the widespread practice of polygyny (Goody 1976).

Within the marital household, gender relations are defined by segregation of roles between husband and wives, and between men and women more generally. Practices of early arranged marriages and polygyny, the influence and coresidence of kin, and the frequent separation of spouses due to migration discourage conjugal intimacy and the development of a strong husband-wife bond (Oppong and Abu 1987). In these patriarchal societies, men have ultimate authority over material resources in the household, such as land, and over the labor of women and junior household

members. Women, having no direct access to land or male labor, must request these resources from their husbands or from other males in the household to whom they are obligated. Indeed, under systems of land tenure widespread in patrilineal societies in West Africa, the fields that a woman works are returned to the control of the marital household on her death or divorce.

Despite the apparent subordination of a woman's social and political power to her husband and his family, she maintains considerable economic independence. Separation of men's and women's financial budgets in West Africa is well documented and appears to persist even among the urban and highly educated (Abu 1983). This separation of spousal budgets helps to perpetuate polygyny by relieving men of financial responsibility for their wives (Abu 1983; Desai 1991). Women's financial independence from men can foster greater autonomy in reproductive matters relating to the health and nutrition of children, but not necessarily in fertility decisions. Men may be indifferent about or hostile to limiting family size, particularly if they bear little economic responsibility for their wives and offspring.

Between-gender relations thus have considerable influence on the biological outcomes of fertility. Through the exchange of bridewealth, men gain absolute rights to intercourse with their wives, have control over children born of such unions, and command their wives' labor to benefit the marital family. Among Fulani communities in rural Mali, bridewealth is sometimes paid after the birth of the couple's first child — in other words, after the woman's fertility has been proved (Castle 1992). Even in the case of divorce, women are valued as wives insofar as they are able to produce and reproduce (see Box 1). As a result of this social and economic emphasis on fecundity, women's self-esteem and perceived self-worth or self-efficacy are substantially determined by their reproductive performance. Whereas the benefits of high fertility accrue to both genders, reproductive failure, infertility, and subfecundity are frequently matters of shame and reproach borne by women alone.

BOX 1

Calculating the Value of a Woman

Hawa Salmana is a 25-year-old Fulani woman who lives in Mali. Like her husband, she has been divorced twice. She is renowned within her marital family for her feisty and forceful behavior. Before her third marriage, she had borne two children. Hawa has a very lucrative business selling kola nuts within the village. After her second divorce, her value was enhanced by her economic prowess and her demonstrated reproductive capabilities. As a result, she was bid for competitively by a number of suitors. Even though traditional bridewealth transactions for divorced women consist of a single monetary payment of 5,000 CFA (\$15), her husband offered her family 30,000 CFA (\$90) and gave Hawa an additional 5,000 CFA worth of clothes to secure her hand in marriage.

Source: Castle 1992.

Although the level and timing of childbearing can be said to result largely from the social control of men over women both in the household and in the wider community, as we argue next, these "fixed" outcomes can be sidestepped by actions and information associated with relations among women. These relations are, nonetheless, structured largely by the prevailing system of patriarchy that exists in West Africa.

Within-Gender Relations

In view of the separation of men's and women's time, financial budgets, and spheres of influence, it is important to examine how rural women differ from each other with respect to social, economic, and intellectual resources for reproductive decisionmaking. In relations with men, inequalities of power and influence are mainly due to differences in control over material resources, such as ownership of and access to land, labor, and capital. Differences among women relate mainly

to inequalities in access to or control over nonmaterial resources, such as time, information, and labor within the domestic domain. Social and political relations among women have a significant impact on reproductive preference and performance, because they govern both access to services and use of information for child health and nutrition, pregnancy, and fertility regulation (Castle 1992). In addition, within-gender power relations influence women's parenting, marriage patterns, and use of time.

In West Africa, parenting patterns may be determined by both biological and social factors (Castle 1992; Isiugo-Abanihe 1985; Page 1989). Indeed, in the case of Sierra Leone, "methods of family formation are predominantly post-natal and socially managed and therefore the customary 'cost-benefit' calculus of biological fertility has little meaning in daily life" (Bledsoe 1990). Social strategies such as child fostering reduce the immediate time and economic costs of high fertility to biological parents and thereby remove an important inducement to fertility reduction. Among the Malian Fulani, the transfer of children is rigorously controlled by the female social hierarchy. Older women who have completed their childbearing and who require company or labor have unquestionable rights to claim the children of young female relatives who are obligated to them. The latter are required to give up their biological offspring to be fostered by senior, more socially powerful women, regardless of whether they wish to do so (Castle 1993).

Table 1 presents DHS data on the proportion of children living away from their biological mothers in three West African countries. It is important to note, however, that evidence from a study of Fulani and Dogon communities in rural Mali indicates that conventional survey methodologies, such as those employed by the DHS, may substantially underestimate the proportions of children under five living away from their biological mothers (Castle 1993). While a cross-sectional survey of 334 mothers using a "DHS approach" estimated that 5 percent of children under five live under nonmaternal care, results from a longitudinal study of the same population indicate that nearly one-third of weaned children under five live away from their biological mothers.

Another feature of the West African household that has implications for gender relations between women is the institution of polygyny. As Goody (1976: 51-52) states, "domestic organization is...more complex and domestic relationships more diffuse when many households consist of a plurality of wife/mothers, at least for a part of their cycle of development." With the addition of a co-wife, roles and relations in the household change. The sharing of household chores allows women greater freedom to pursue independent economic activity (Adams 1992). Polygyny may also benefit the reproductive health of women and the health and nutrition of children by facilitating prolonged post-partum sexual abstinence.⁶ Cooperation in the polygynous household is of-

T A B L E 1

Percentage of Children Living Away from Their Biological Mother, by Age

Country	Total	Age		
		0-4	5-9	10-14
Ghana	15.2	4.2	18.2	29.4
Mali	10.5	3.6	13.5	17.8
Senegal	13.6	5.7	16.3	24.0

Source: Lloyd and Desai 1991.

ten counterbalanced by conflict as jealousy develops between co-wives over the attentions of their husband. In some cases, women play out these rivalries within the domain of reproduction, using children as political pawns to further their objectives within the household economy. For example, Bledsoe (1993) describes how, in Sierra Leone, conflicts among co-wives over the educational prospects of their respective children have led to accusations of witchcraft, or to senior women's assigning arduous chores to the children of more junior co-wives. In the same setting, co-wives were noted to decrease their duration of breast-feeding to hasten their return to fecundability, in hopes of "outdoing" rival wives in terms of the number of offspring they produced for their husband (Bledsoe 1987).

Finally, the degree of a woman's autonomy in the household can influence her reproductive decisions and behavior. When a woman's labor is controlled by other family members, she may be constrained by a lack of time or autonomy from fulfilling personal reproductive goals. By contrast, if she is free to engage in individual economic activity, she can gain access to considerable economic and social resources that facilitate her acquisition and use of information to control her fertility and the health of her children. Evidence suggests that, independent of the effects of education and socioeconomic status, as women gain autonomy within and outside the household, they are more likely to innovate or take risks (Miles Doan and Bisharat 1990) — for example, to adopt modern contraceptive methods and seek health care for themselves and their children (Dyson and Moore 1983). Figure 1 traces the female life cycle in West Africa, highlighting the relative balance of individual versus household production, and the degree of social and economic power women wield in the domestic and external environments.

Women's Relationships beyond the Household

In West Africa, roles and relationships beyond the marital household are conditioned by a

woman's stage in her reproductive life. Particular importance is given to menarche, first birth, and menopause. At the same time, women gain considerable knowledge, information, and control from interactions in the external world, which in turn affect reproductive decisions taken within the household. Social and economic roles and relations beyond the household may involve other households, as well as the community and market economy.

Role in Other Households

Research in other cultural settings has indicated that a woman's relationships with members of her natal family are important to her sense of security and psychological well-being (Jeffery, Jeffery, and Lyon 1989; Zeitlin, Ghassemi, and Mansour 1990). While studies in Asia have considered marriage distance and its relationship to women's status (Dyson and Moore 1983; Fricke, Axinn, and Thornton 1992), little work has been done on this subject in Africa, nor have the consequences for reproductive decisionmaking been considered. In Mali, where marriage constitutes a work relationship between a woman and her husband's relatives, women are often returned to their natal families when they cannot carry out household duties because of childbirth, child care, or ill health. For example, all Fulani women return to their mother's house in the seventh month of their first pregnancy and remain there for up to a year afterward. Men may also send married women back to their natal families as a coping strategy during periods of stress, risk, and food insecurity.⁷ Removed from the influence of their husbands and other senior household members, and supported by natal kin, women may enjoy greater autonomy. It should be noted, however, that the balance between extrahousehold support and commitment, and intrahousehold obligations must be carefully negotiated. If these boundaries are overstepped, tragic consequences for women's reproductive health and well-being may result (see Box 2 on page 168).

Role in the Community

Given the nature of gender relations in most West African societies, women's involvement and leadership in the community are largely confined to the female sphere. Nevertheless, women's relations with the broader community may enhance

their knowledge about reproductive matters, including fertility and its control, and give them confidence to apply it. For example, among the Ibo of Nigeria and the Akan of Ghana, women entering marriage must appear before a council of older women who explain to them the rules that

FIGURE 1

Women's Life Cycle in West Africa

AGE	STAGE	DESCRIPTION
0-2	Infancy	Universal breast-feeding of infants is associated with intensive maternal care.
2-6	Young childhood*	The care of young children is assumed by older siblings through the weaning period (about age 2). During this stage, the risk of a child's dying is greater than in infancy.
6-9	Childhood	Young girls begin to be socialized to the household labor economy.
9-13	Pre-adolescence	Pre-adolescent girls assume increased responsibility as productive members of their fathers' families (fetching firewood and water, providing child care).
13-17	Puberty	With the onset of menses, arrangements for marriage are finalized.
16-18+	Marriage 1st birth 2nd birth ▼ to 6-7th birth	On average, the total fertility rate is 6-7 live births per woman. Sahelian childhood mortality (0-5) is 200-250/1000. Therefore, a woman on average can expect to lose 2-3 children during her reproductive career. During this stage, a woman's reproductive and productive duties to her marital family outweigh autonomous activities for personal social and financial gain.
32-40	1st child marries	If a daughter-in-law joins the household, the woman is released from domestic duties allowing for greater involvement in commercial and agricultural activity for personal gain. If her daughter marries into another household, she loses an important source of domestic assistance
45+	Menopause	This stage is marked by increased community and familial sociopolitical power by virtue of a woman's postmenopausal status. She also gains considerable public stature and respect as a diagnostician and healer.
50+	Widowhood	With the death of her husband, the sociopolitical power gained as a mother-in-law is largely lost. The widespread practice of levirate means that widows are inherited by their husband's younger brother, and remain in the marital family. However, in some cases, she may live separately and rely on nearby daughters (and not daughters-in-law) for subsistence.
55-60+	Death	

* Research indicates no sex differentials in anthropometric status, feeding practices or mortality risks in West Africa (Garenne et al. 1987; Gbenyo and Locoh 1989). This reflects the perceived importance of female's productive and reproductive roles to household viability, and their contribution to the welfare of male members.

Conflicting Loyalties: Marital Obligations and Natal Affiliations in West Africa

Dikko Allay is a Fulani woman aged 43 who lives with her husband, his parents, and her five surviving children in Mali. In December 1991, she underwent her 10th delivery — a stillborn boy. A few days after the birth, she developed a severe postpartum infection and needed to be hospitalized. Her marital family refused to organize the necessary transport and cash because Dikko had broken customary restrictions on interactions with her natal family.

Dikko loved her biological sister and brother, and to express her affection, she had paid for her sister's dowry (*ginna*). She had also given her sister valuable gold earrings, which according to patrilineal tradition, should have gone to the elder of Dikko's two daughters. In addition, she had given her brother one of two cows which in theory should have gone to one of her three sons. Her husband was furious at her display of disloyalty to his family and children, and told her that she could not expect any help or support from him.

Dikko's natal family also appeared unwilling to help. Her mother said Dikko's husband was responsible for looking after his wife. Dikko's sister volunteered to go with her to the dispensary, but their mother would not let her. Finally, because Dikko would have died, the researcher, together with Dikko's brother and sister, took her on a donkey cart seven kilometers to a hospital. The researcher paid for the treatment, and the brother and sister remained by Dikko's bedside for 10 days and nursed her back to health. During Dikko's stay in the hospital, neither her mother nor any member of her marital family came to visit. Although her doctor told her to refrain from intercourse, she said that she could not refuse her husband sex, which she believed would be a Quranic sin. She returned home after an injection of Depo Provera to protect her from pregnancy for three months.

Source: Castle 1992.

govern their sexual and reproductive lives (Mair 1953). For the most part, entry into the wider community is biologically determined; the onset of menarche signals initiation into age-set affiliations, while the onset of menopause endows women with widely respected social and political power.

Role in the Economy

Owing to the segregation of spousal budgets, most West African women participate in some form of market commerce. However, the gains from participating in the external economy are not simply financial. Skills used in interactions in the marketplace — including bargaining, management, the manipulation of individuals and goods, forward planning, and investment — may be useful in the domestic domain as well. Given

the low levels of formal female education in West Africa, such skills are likely to have important consequences for reproductive decisions. In particular, these skills enhance a woman's bargaining power in sexual relations and decisionmaking relating to the health and well-being of her children.

Reproductive Decisions over the Life Cycle

Women's motivation and capacity to use knowledge about sexuality and reproduction are influenced by their age and stage in their marital and reproductive careers. For example, in the Gambia, Bledsoe et al. (1993), found that women choose contraceptives according to three main criteria, the balance among which varies over the life cycle. The first consideration is the degree of confidentiality that particular contraceptives af-

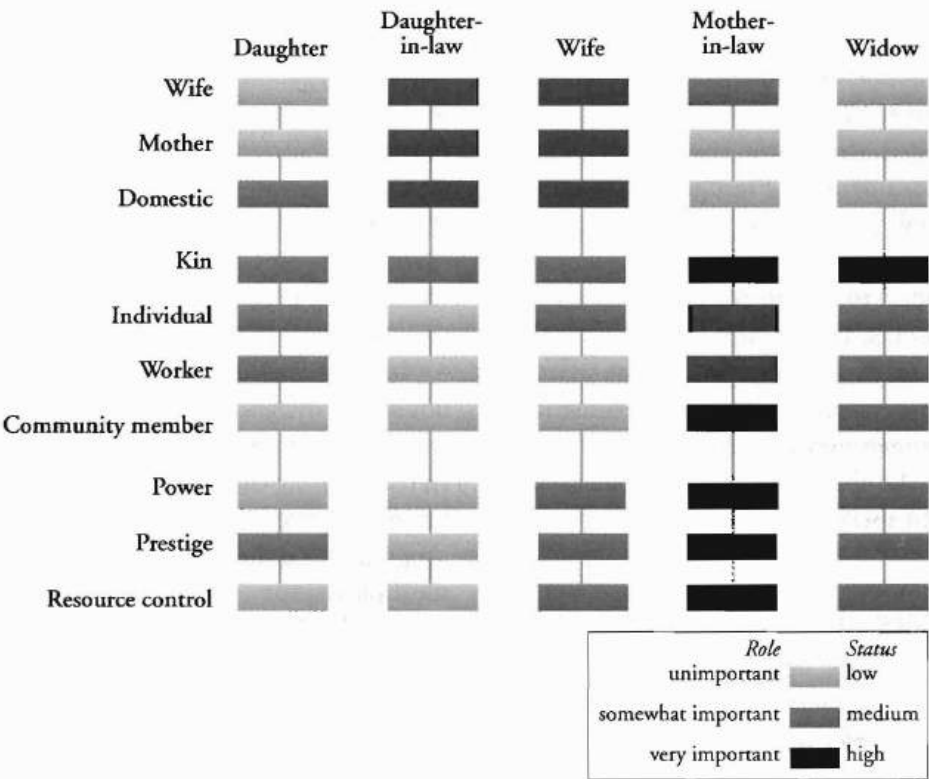
ford; the second relates to the speed with which fecundity resumes after contraceptive use terminates; the third concerns the likelihood of impaired fertility in the long term.

Life cycle changes sometimes can result in conflicts of interest regarding a woman's current and future reproductive needs and goals. For example, despite Malian women's frequently verbalized preference for boys, research suggests that they benefit immensely from daughters' help with child care, food preparation, and assistance with household tasks (Castle 1992). Thus, although patriarchal and patrilineal systems of marriage and inheritance make women dependent on sons for old age security, daughters often provide greater advantage in the short run. The fostering of young girls as domestic labor, therefore, reflects women's multiple needs and the variety of strategies they pursue to maximize both short- and long-term security.

As Figure 2 describes, women's multiple roles as mothers, wives, domestics, kin, workers, community participants, and individuals vary at different stages of the life cycle, and dictate in large part the degree of interhousehold and intra-household activity, influence, and movement that women enjoy. For example, an unmarried daughter has fairly loose ties to the domestic environment because she has yet to assume the roles of wife and mother. Her domestic responsibilities are performed out of respect for her natal kin, not because she has a social obligation to female in-laws. She is therefore able to move freely beyond the household and to fulfill roles as kin, individual and worker. She has, however, little power, prestige, or control over resources. Daughters-in-law, by contrast, carry out domestic and reproductive duties expected of them by their husbands' mothers and perform such activities within, rather than beyond, the household. These young

FIGURE 2

Women's Roles throughout the Life Cycle in West Africa



women begin childbearing early to win prestige and approval from their husband and his family, and use the roles of wife and mother to gain status in the eyes of the individuals to whom they are obligated. In the case of the daughter-in-law, therefore, intergender and intragender relations determine the context within which reproductive decisions are made. By contrast, married women who are not subject to the authority of a mother-in-law or co-wife have more power, prestige, and resource control within the household. While they are still subject to the patriarchal authority of their husbands and other male kin, their increased status may result in greater individual autonomy in reproductive matters.

Women whose daughters and daughters-in-law have begun their own reproductive careers are permitted to gain prestige and autonomy through economic activity rather than through childbearing. Indeed, in many West African societies it is considered shameful to continue bearing children after becoming a grandmother. Instead, the availability of children as domestic labor, together with older women's prestige by virtue of their senior status in the household or their position as mother-in-law, frees them for independent activity as kin, individual, worker, and community member. While their biological role as mother is ended, their social control over reproduction is considerable. Prestige and resources gained through independent economic activity, and their social power vis-à-vis younger women, may be wielded to obtain foster children from other households. In the same way, their senior status gives them considerable say in matters concerning pregnancy, child care, and nutrition. Widowed women may have some economic autonomy, but the absence of a male partner compromises their social power.

Conclusion

There are indications that the traditional reproductive regimes described here are changing as a result of external economic and social forces. For example, it is argued that the prolonged faltering of national economies since the

1980s due to structural adjustment, rising costs of imports, declining commodity prices, and increasing food insecurity is contributing to a change in the perceived costs of children (Lesthaeghe 1989). This is especially apparent in countries like Ghana and Nigeria, where increased school fees and high unemployment challenge the social and economic bases of high fertility. Further destabilizing traditional fertility and marriage patterns are changes with respect to land tenure and lineage control, and increases in social stratification due to differential wealth, education, and wages, as well as to migration and urbanization (Lesthaeghe 1989).⁸

Studies among urban educated and migrant populations have indicated change in the midst of continuity. While there is evidence of increased individualism, marital disruption, and a dwindling of the rights and duties of the conjugal family in some spheres of activity (Oppong 1982), the household and lineage remain central to social and economic life. Rather than being abandoned, traditional household structures and relationships are sometimes syncretically adapted and redefined. For example, the preference for modern nuclear units has in many cases led to relegation of polygynous wives to *deuxième bureaux*, or second households, and not to the rejection of polygyny (Fainzang and Journet 1988). As Bruce (1989) contends, economic pressures and social change such as the rise in male migration and marriage disruption are "spinning the family as traditionally defined down to its core — mothers and children."

In this chapter we have argued that intra-household dynamics are a critical determinant of women's reproductive decisions and outcomes. In reappraising the concept and definition of the household, we urge that analysis, policies, and programs heed the many competing interests and multiple economies found within and beyond its boundaries. In particular, it is important to consider the complex power relations between and within genders in the household as they are forged and negotiated via bargaining over material and nonmaterial resources.

Consideration of women's reproductive decision-making within the household has two broad policy implications. First, given that the economic and time costs of high fertility do not necessarily fall on biological parents, demand for family planning services may be limited in societies where fixed demographic outcomes such as "completed family size" can be manipulated socially by institutions such as fosterage. **The value of children as productive members of the household economy from an early age and their obligation to provide old age security to their parents also discourage men and women from limiting offspring.** In this context, coordinated policies and programs to provide social and livelihood security, education, and improved agricultural and domestic technologies may help facilitate change in reproductive expectations and outcomes (see Desai in this volume).

Second, it is imperative that population policies be sensitive to the particular needs and constraints of women at the various stages of their reproductive careers. Not only do reproductive needs and constraints vary over women's life cycle, so too does the complex of power relations within and beyond the household that influence their reproductive options and behavior. These relations determine women's control over resources needed to access reproductive health services and information, and, ultimately, over reproductive outcomes. Broadly based policies and programs are required to strengthen younger women's economic and social power within and beyond the household, and enhance their access to and command over both material and nonmaterial resources.

Notes

1 Ghana has many anomalous characteristics. High levels of education across all age groups, a later age at marriage, and a greater prevalence of contraceptive users (despite small total numbers) in older age groups point to the uniqueness of Ghana vis-à-vis the rest of West Africa. This may well be related to the fact that the Akan and Ashanti, who constitute nearly half the population in Ghana, are matrilineal and thus practice different systems of residence and inheritance than the patrilineal societies found in the rest of the region (Phillips 1953).

- 2 Analyses of DHS data indicate the start of a fertility transition in Botswana, Kenya, and Zimbabwe; except in Senegal, this trend is absent in West Africa (Agouké, Assogba, and Anipah 1988; DHS 1988; Ndiaye, Sarr, and Ayad 1987; Traoré, Konate, and Stanton 1987). In Senegal, a later age at marriage has been associated with a small decline in fertility, whereas in Botswana, Kenya, and Zimbabwe, increased contraceptive use has resulted in larger and more sustained fertility declines.
- 3 Evidence suggests, however, that more important than absolute numbers of surviving children is the degree of social control that senior household members wield over them. A survey in the Seno-Mango region of Mali requested Fulani and Dogon women to describe numerically what they considered "a lot" of children. When asked what disadvantages were associated with the number of children they cited, all referred to a lack of social control over many offspring, who might, for example, abandon them to seek employment. Rather than problems with sheer numbers of children, it was the children's potential lack of obedience or loyalty that was perceived as difficult (Castle 1992). Similarly, in a survey of Bambara agriculturists in central Mali, only two of 148 respondents associated household food insecurity with too many mouths to feed (Adams 1992).
- 4 Balancing these norms and practices are compensatory fertility-controlling practices, which include pressures against premarital fertility, widespread postpartum female sexual abstinence, and a common resort to permanent female abstinence once women become grandmothers (Caldwell 1977). It should be noted, however, that many of these "fixed" cultural practices are side-stepped or negotiated. For example, in Sierra Leone, a prolonged prohibition on intercourse during breastfeeding is overturned by the use of tinned milk, which culturally sanctions an earlier return to sexual relations (Bledsoe 1987).
- 5 The following discussion of power relations within the household focuses largely on households in which both genders are present and women are not household heads. While there is a growing literature on female-headed households (Bruce 1989; Bruce and Lloyd 1992), relatively little work has been done on the power relations within them. For policy purposes, the growing incidence of female-headed households and their reproductive health needs merits increased attention.
- 6 Polygyny, however, can also facilitate transmission of reproductive tract infections among the co-wives.
- 7 In a longitudinal study in central Mali, one Dogon woman who had 18-month-old twins and an additional child under five was returned to her natal village by her mother-in-law because she was too occupied with child care to carry out household duties (Castle 1992). Similarly, among the Bambara, household food insecurity often precipitates the temporary migration of women to their natal villages during the dry season, which relieves

their husbands' families of the burden of feeding them (Adams 1992).

- 8 According to the World Bank (1992), on average, about 30 percent of the total population in West Africa live in major urban centers; the proportion varies from only 9 percent in Burkina Faso to 40 percent in Côte d'Ivoire. Among the fast-growing population of urban migrants are increasing numbers of young unmarried women, who are often expected to support extended family members in rural areas.

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