Impact of Women Empowerment on Nutritional Outcomes in Kenya

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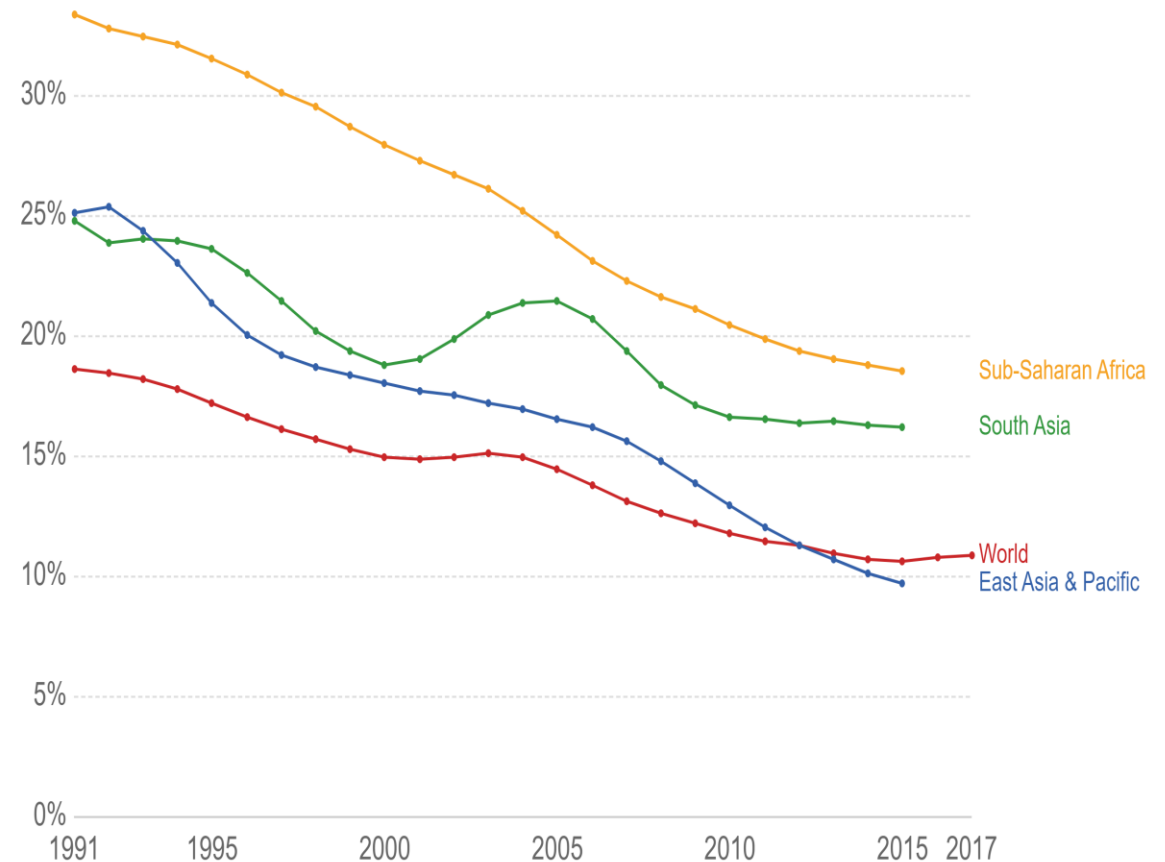and Technology, Nairobi Kenya

Outline of presentation

- **Background and Motivation**

- **Research questions**

- **Methodology**

- **Results**

- **Key messages**

Background and motivation

- **Undernourishment and malnutrition remains widely present globally**

- **But which countries are home to the malnutrition?**

- **Evidence shows that despite progress high levels remain SSA, Kenya inclusive**

30%

25%

20%

15%

10%

5%

0%

1991   1995   2000   2005   2010   2015 2017

Sub-Saharan Africa

South Asia

World

East Asia & Pacific

Source: UN Food and Agriculture Organization (FAO)   OurWorldInData.org/hunger-and-undernourishment/ • CC BY
Note: Developed countries are not included in the regional estimates since the prevalence is below 5%.

Efforts to combat malnutrition in Kenya

- In Kenya numerous policies seek to address malnutrition, however a number of them largely productionist;

- Despite the importance of the women empowerment pathway, its not clear which domains have an influence on nutrition

- We contribute to literature, by assessing the impact of various women empowerment domains on nutrition

Policy context on Women Empowerment in Kenya

- **The policy on Free Primary (2003) and Secondary Education (FDSE) in 2008**

- **Gender for Development Policy 2000 & The ministerial policy on Gender and Development (2011)**

- **National Land Policy 2009; Land Acts 2013 and The Bill of Rights in CoK 2010**

- **Prohibition of Female Genital Mutilation Act 2009**

Policies sought to improve access to opportunities and resources, women agency, self worth and esteem and reduction of violence on women
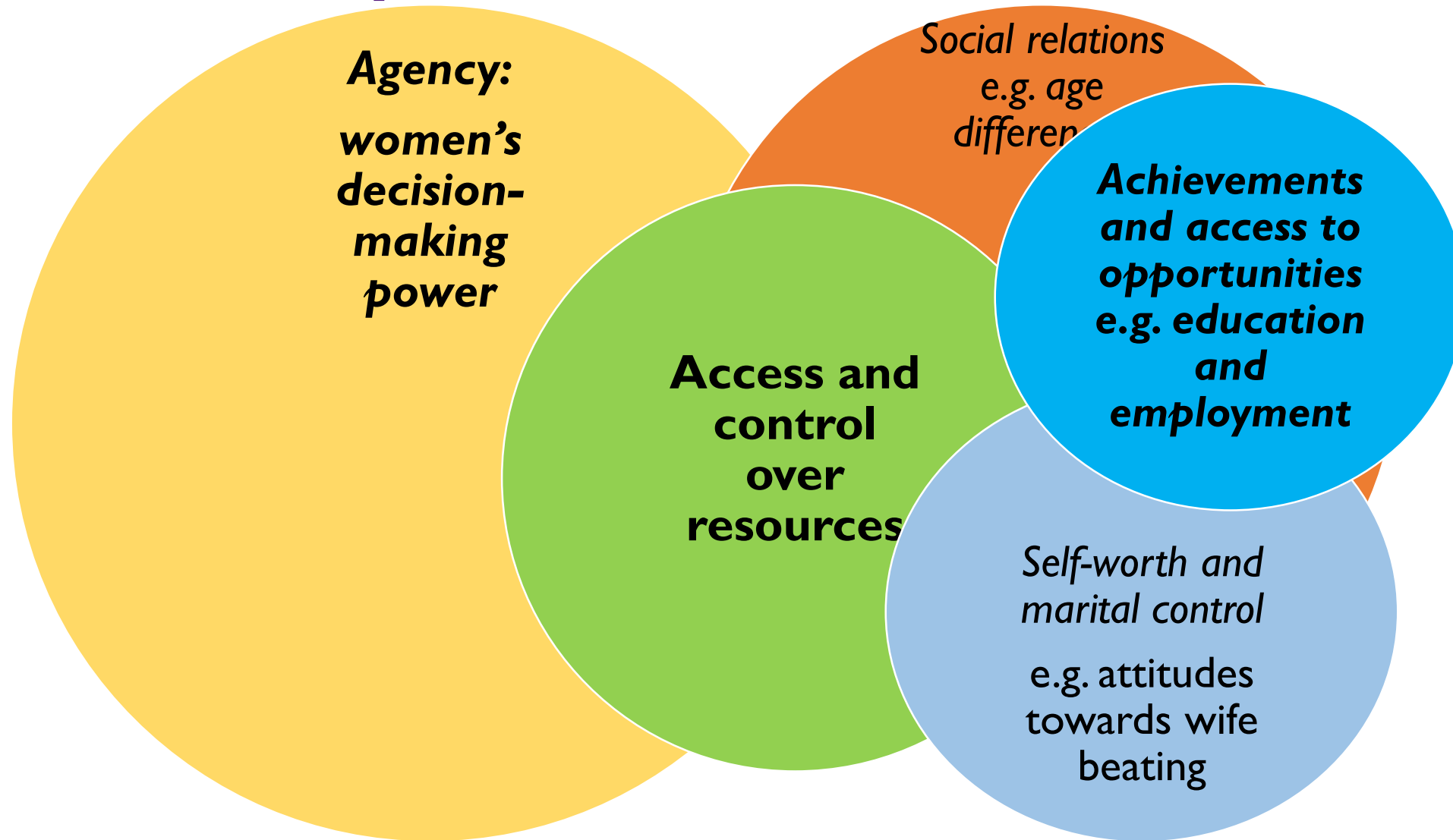
Three (3)research questions

1 a)What are the changes in women empowerment in Kenya over the period 2003 – 2014?

2 a)Have child nutritional outcomes improved over the same period?

3 a)What dimensions of women empowerment have impact on nutrition in Kenya?

- **Analysis employed a pooled data set from the KDHS 2003, 2008-09 and 2014**

Women empowerment indicators

Agency: women's decision-making power

Social relations e.g. age differen[...]

Achievements and access to opportunities e.g. education and employment

Access and control over resources

Self-worth and marital control e.g. attitudes towards wife beating

Nutritional outcomes: (i)Household diversity analysis (ii) Anthropometric measures

Analytical models

$$DD_i = \alpha_0 + \beta_i W_i + \delta_i H + \mu$$

- Where; DD_i is vector of DD indicators, W_i is a vector of WE variables, H is a vector of control variables

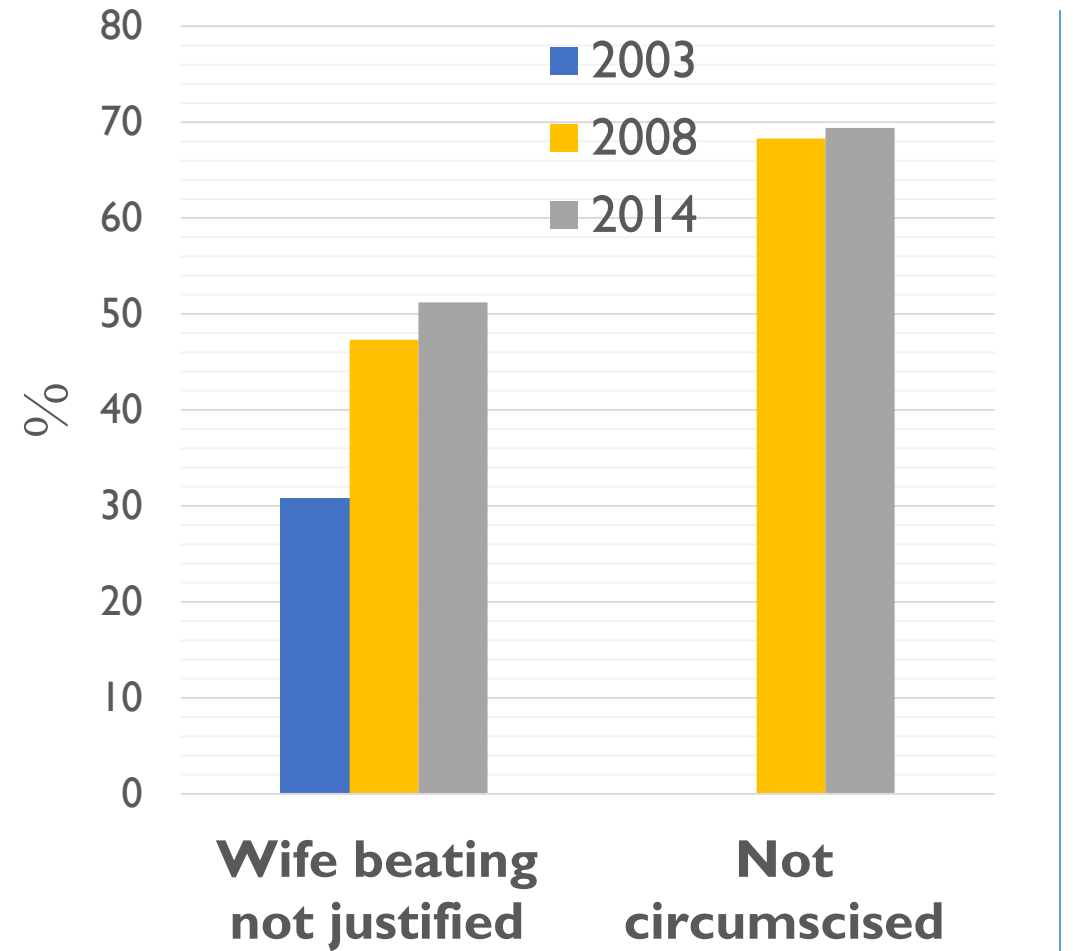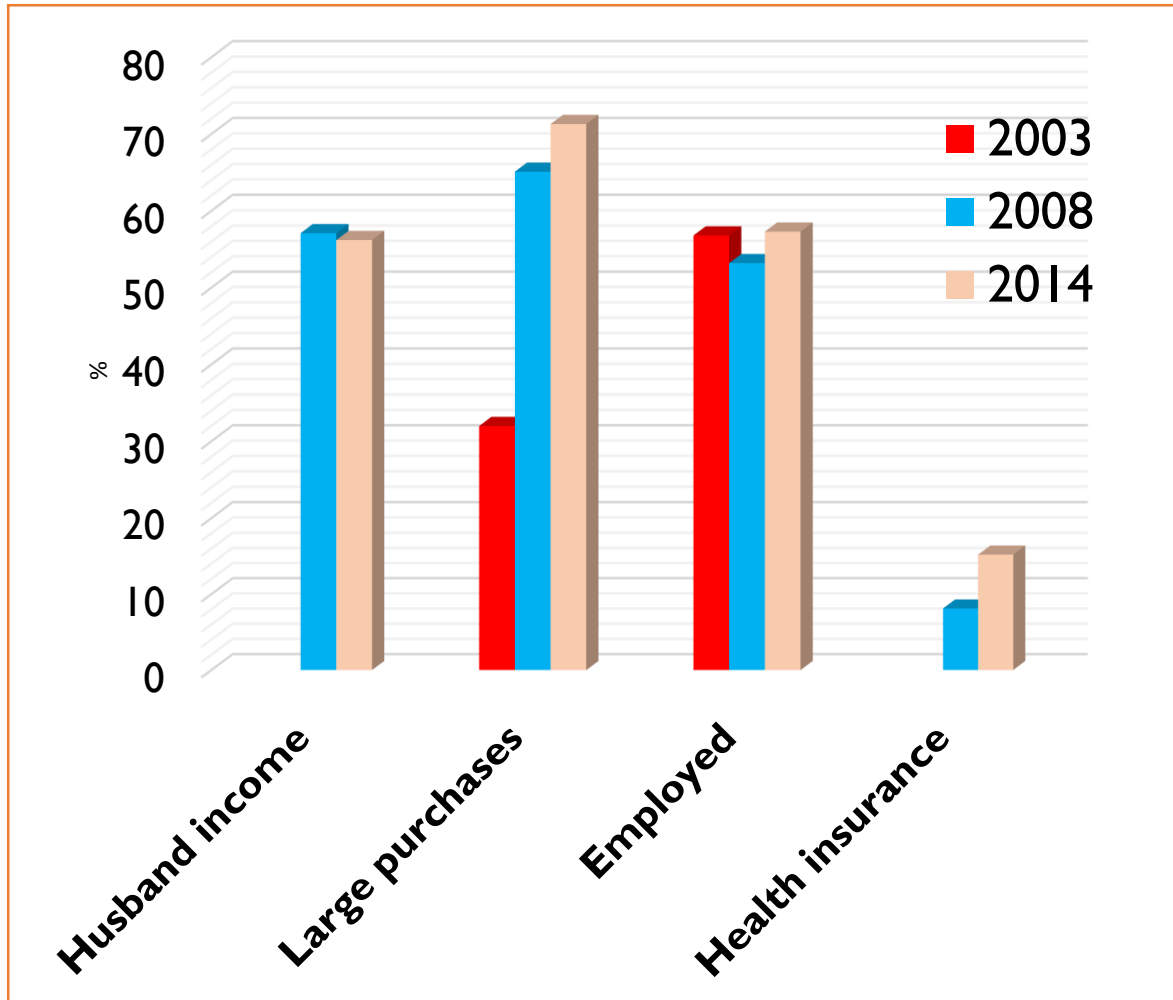- 2SRI is adopted to address potential endogeneity following (Wooldridge, 2011).

$$CN_i = \alpha_0 + \lambda_i T + \beta_i W_i + \pi_i DID + \delta_i HH + \mu$$

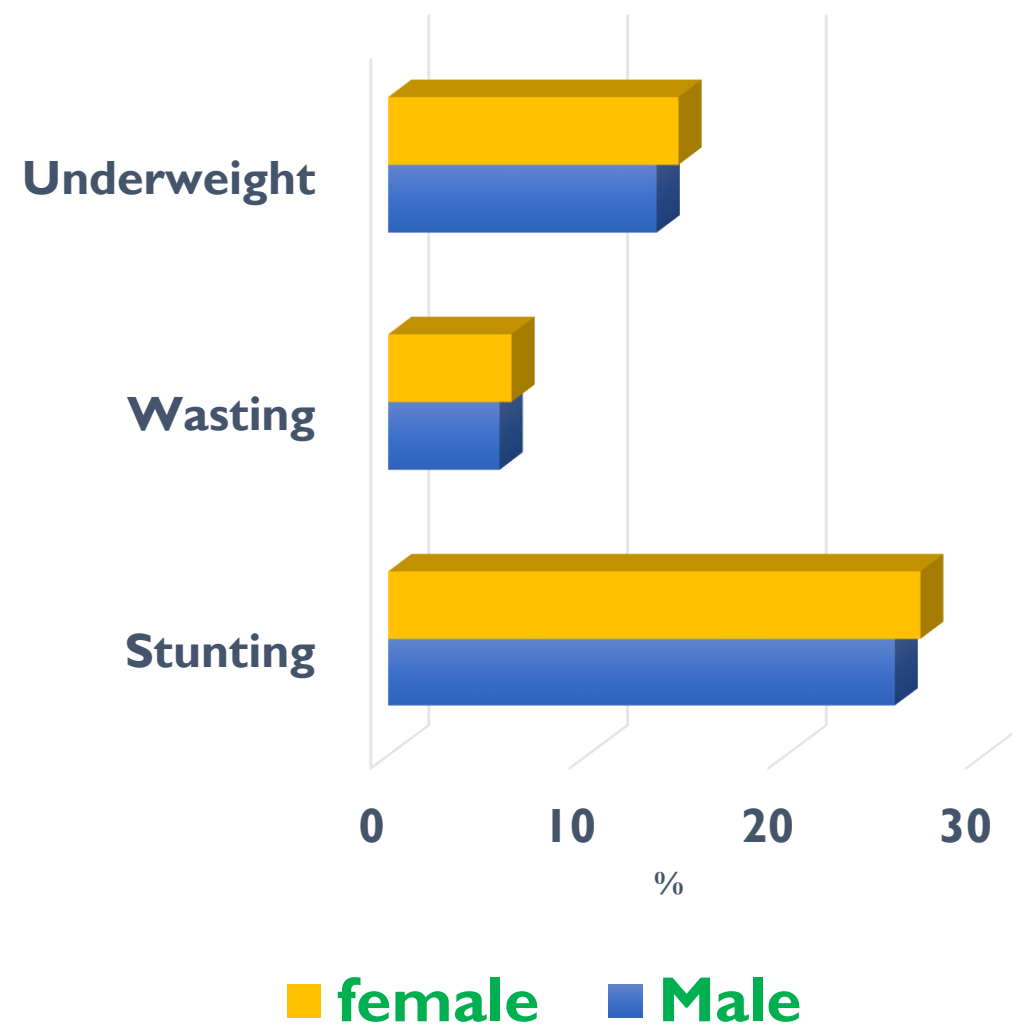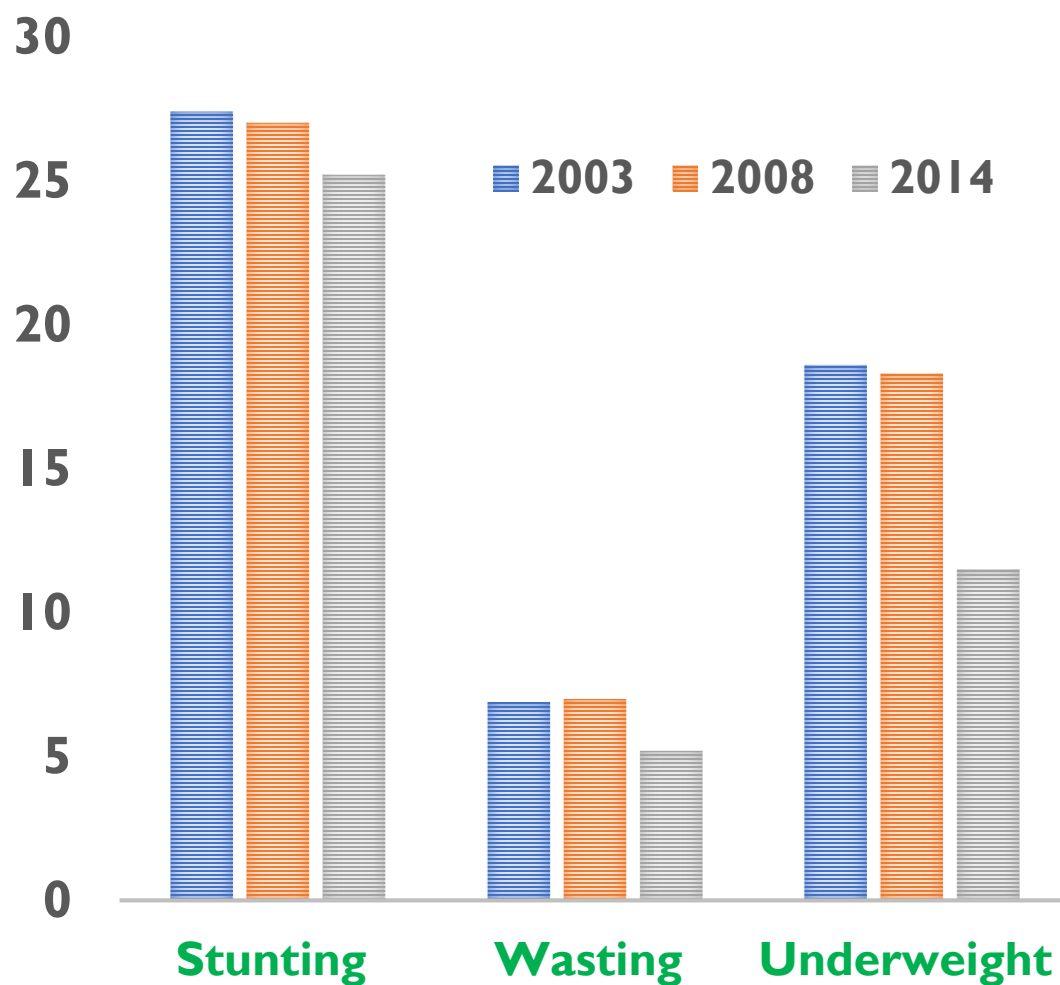- Where T is a year dummy representing period when WE policy was implemented and DID is a vector of (DID) variables

DID$= (CN_{post}^{treatment} - CN_{pre}^{treatment}) - (CN_{post}^{control} - CN_{pre}^{control})$
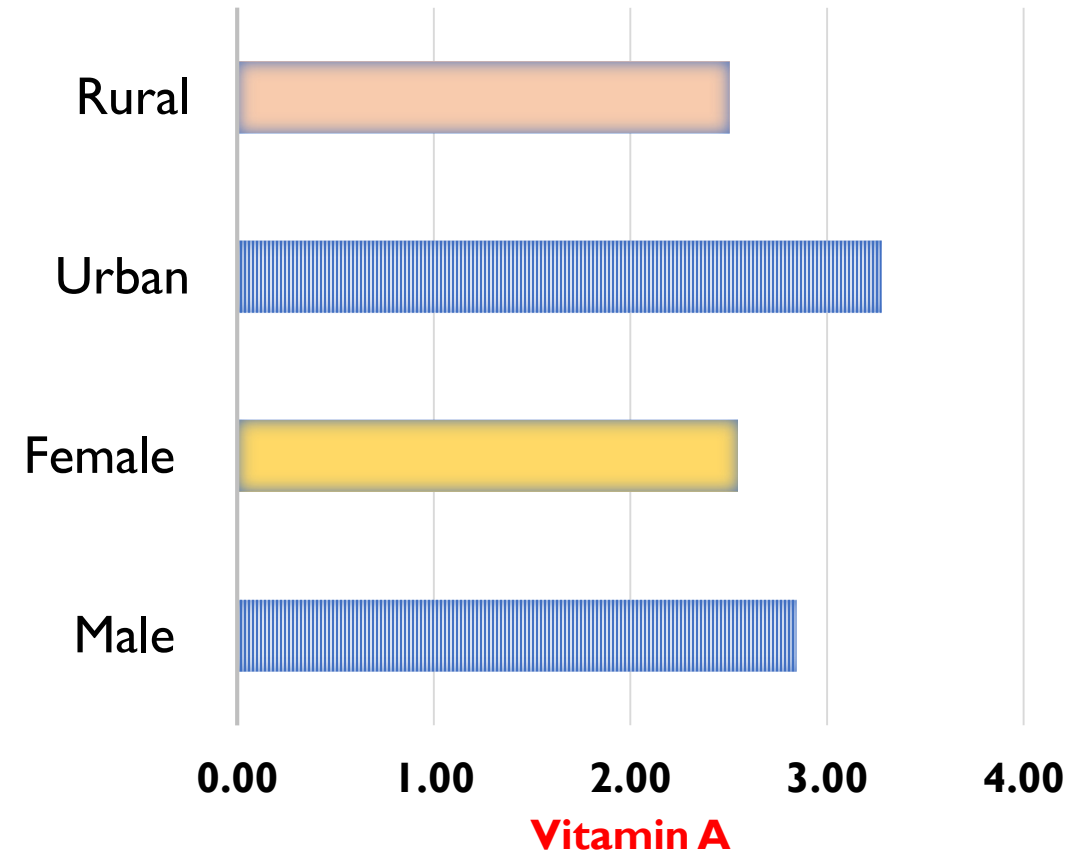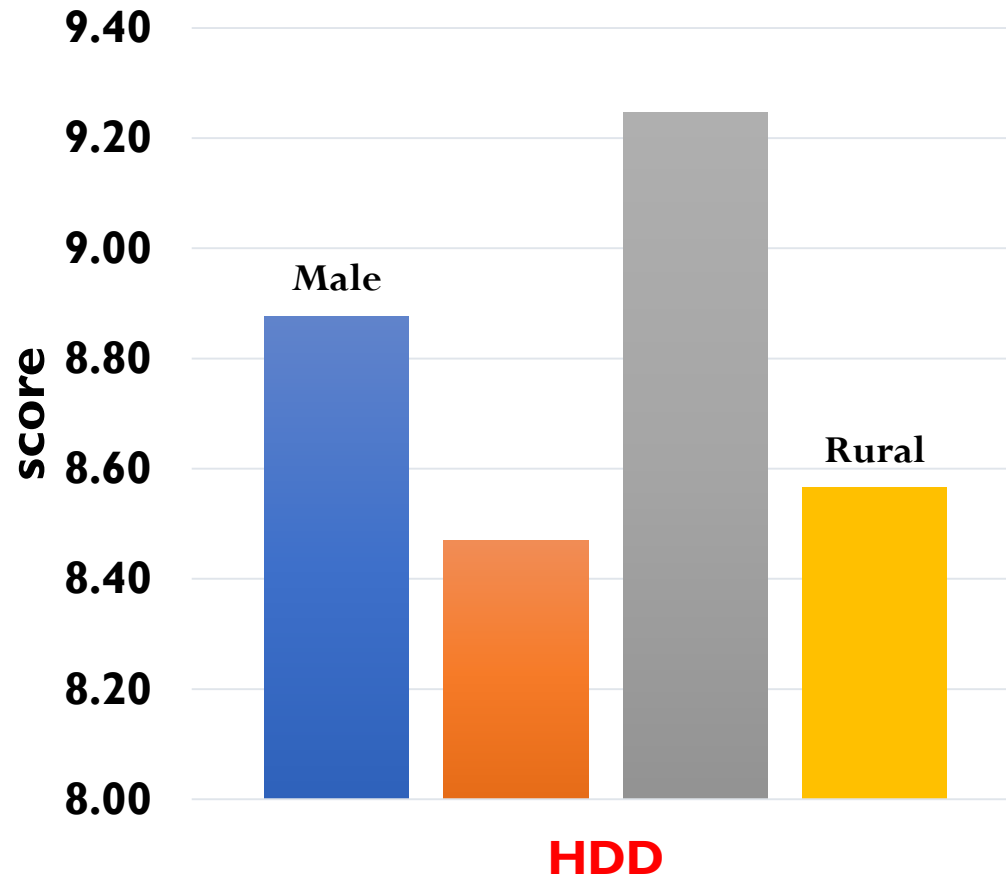
Changes in WE: 2003-2014

Changes in nutritional outcomes (2003-2014)

DD diversity by household category

- **Limited diversity & more worse for female headed and rural households**

Effect of WE on DD

Variables	Poisson (HDD)	2SRI Vitamin A
Partner's income	**0.135****	**0.035*****
Large buying	**-0.127***	**-0.035****
Access to newspaper	**0.153*****	**0.042*****
Mobile phone	**0.394*****	**0.090*****
Listens to radio	**0.190*****	**0.043*****
Watch TV	**0.157*****	**0.017***
Water time (minute)	**-0.002*****	**-0.001*****
Firewood type	**-0.109**	**-0.023**
Owns land	**0.226*****	**-0.021**
Owns agricultural land	**0.150****	**0.112*****
Owns house	**-0.085**	**0.015**
Owns fridge	**0.658*****	**0.170*****
Health Insurance	**0.102**	**0.064*****

Effect of WE on DD cont.....

Variables	Poisson (HDD)	2 SRI Vitamin A
No education		-0.187***
Primary education	0.342***	-0.069***
Secondary education	0.564***	0.001
Higher education	0.582***	
Unemployed	0.126	0.014
Professional	0.137	-0.033
Agricultural		-0.027*
Casual labour	0.121	
Wife beating not justified	0.035	0.006
Marital control	0.08	0.041***
Age of woman (years)	-0.014***	-0.001
Age at first sex	0.001	0.000***
Children under 5	0.120***	0.028***
Age difference (years)	0.001	0.00
Household size	0.018	0.004
Not circumcised	0.102	0.114***

THERE ARE MANY MYTHS ABOUT FGM...

"If FGM is performed by a health-care professional, there is no risk of harm." **FALSE**

FGM is a harmful practice and may lead to physical, mental and sexual health complications regardless of who performs it.

World Health Organization

Results; Impact of WE on child nutrition

Dependent variable	HAZ	WHZ	WAZ
Empowerment indicator/ reference period	Coefficient p-value	Coefficient p-value	Coefficient p-value
Primary education (2008)	0.0233 (-0.712)	0.0155 (-0.777)	-0.0045 (-0.935)
Secondary Education (2014)	0.1118* (0.066)	-0.0535 (-0.309)	0.1303** (0.013)
Not circumcised (2014)	0.0641 (-0.434)	0.2135*** (0.003)	0.157** (0.030)
Wife beating not justified (2014)	0.015 (-0.807)	-0.0206 (-0.701)	-0.0108 (-0.842)
Woman is working (2014)	0.1048* (0.088)	0.0035 (-0.947)	0.0375 (-0.489)

Key findings and messages

- Some positive improvement noted on nutrition, but progress towards targets is too slow

- Circumcision has a negative influence on nutrition – due to its association with other outcomes such as reduced self-esteem and access to education & reduced child birth complications

- Policies that support progression in education, access to employment opportunities and self worth for women appear to have positive impact on nutrition.

Acknowledgements