



Female decision making on food and health: Does household headship typology matter?

RATIONALE

The influence of the head of household on household's well-being has been extensively explored in academic literature. Previous studies have often used the sex of the household head (SexH) as a determinant of household decision-making and its effects on household food production, meal decision, and health [1,2]. This approach, however, fails to fully consider the cultural and social dynamics, thus the contextual factors present within different household headship typologies that may influence the decision making of women in different settings.

To gain a better understanding of these dynamics, it is important to examine the reasons behind a woman's involvement, or lack thereof, and the barriers to her decision making. This study examines how a woman's decision-making pertaining to crop production, meal preparation, and health may be influenced by the type of household (i.e., headship structure) she lives in.

METHODS

This was a qualitative research effort conducted in a total of 3 peri-urban and rural communities in the Eastern region of Ghana. Study respondents were predominantly engaged in farming as their primary livelihood.

KEY FINDINGS

- The sex of a household head can have an impact on decision making with respect to crop production, meal preparation, and health decisions within the household, ultimately affecting the overall nutritional status and health of its members.
- Policy makers and those responsible for implementing health and nutrition interventions must consider the social dynamics within households, as well as selecting appropriate indicators and measures to assess the impact of their programs.

FOCUS GROUP QUOTES

“God created man with a power and the power of a woman cannot be compared to the power of a man”. (Female participant, FGD1, Mensah Dawa community)

“It is true that [the woman] is the head of the household and in charge of the food, and she must grow crops to get food for the household to eat. If she is living with her uncles, she must ask them [for] a portion of the land to grow crops... she has to tell them, otherwise they will say she doesn't respect them.” (Female participant, FGD1, Mensah Dawa community)

“The man will not give ‘chop money’ (i.e., housekeeping allowance) again. He will go in for a different woman...someone who will cook what he wants”. (Male participant, FGD2, Mensah Dawa community)

“I think [the woman] doesn't have any problem because they don't give her pocket money. She can prepare whatever she likes for them. [The woman] has no problem and she is not at fault”. (Female participant, FGD1, Mensah Dawa community)

“This has happened before. If you are in the same house with your man and you want to visit the hospital you have to tell him. When you don't tell the man, it means you have bad intentions toward him” (Male participant, FGD4, Sekesua community)

“Maybe she is going in for an abortion, that is why she did not inform the man.” (Male participant, FGD5, Yonguase community)

Focus group discussions (FGDs) were conducted in groups of eight (8) people or less to examine household decision making on food production, meal preparation and health under three main scenarios.

- A. A woman living with a MALE HEAD who LIVES WITHIN the household
- B. A woman living with her children whose MALE PARTNER DOES NOT live within the household
- C. A household with a WOMAN AS THE HEAD with ADULT MALES (18 y. and above) present.

FINDINGS

Crop production

With respect to crop production, the males in the household (whether they were the head or not) were seen to be the decision makers regardless of type of household. Participants asserted that decisions about the use of land for food production was a uniquely male right.

In a male-headed household, irrespective of whether they lived together or apart, a woman who doesn't seek permission from her partner or husband and grows a crop on her farm was seen as disrespectful, un-submissive and seeking to be independent.. In a female-led household however, the female is expected to inform the male adults in the house before growing any crops on her farm.

Meal choice

With respect to meal choices, there were divergent views on who makes the final decision on what to cook based on the type of household. In a male-headed household one group of participants believed that a woman who is a caretaker of a home should be allowed to decide what to cook. Another group of the participants felt that women who do not seek permission from the man before deciding what to cook inadvertently pushed the man into the arms of another woman and stand the chance of not receiving any housekeeping allowance.

This was evident even in the scenario where the male household head did not live in the same house with the woman and children. He was still expected to be consulted first because he provides money for the upkeep of the family and visits from time to time. However, perceptions about meal choice in the female-headed household were generally more fluid. Irrespective of the presence of male adults in the household, the female in a female-led household was perceived to have the authority to decide what to cook because as the head, she likely provided the money for the meal.

Health

Similar to household decision-making about food, the gender of the head of household had implications for the woman's health-seeking behavior. When a woman lived in the same household with her male partner, she was expected to seek his permission before going to the health center. It was considered disrespectful for a woman to decide to visit the health center without informing the male household head. To some of the males, an empowered woman does what she likes without informing the man. She must, however, be ready to bear the consequences of her actions. Others did not consider it a matter of disrespect but were worried about the safety of the woman if she went to the health center without informing the man.

Even when the male household head lived outside the home, he was still expected to be consulted by the woman before she went to a health center. If a woman failed to do so, this behaviour was sometimes interpreted as an excuse to go in for an abortion.

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The expectation to be consulted applied for female household heads but with some significant differences. From a place of concern, the woman is not expected to seek permission from the male adults in her household, but instead to inform them about her intentions so they can follow up in case something goes wrong. The woman's autonomy on decision-making was therefore dependent on whether there were adult males at home, whether they lived together or apart as well as who made the payments.

CONCLUSIONS

- Irrespective of the household headship typology a woman finds herself in, she is expected to consult a present adult male on decision concerning her intentions to farm and which type of crops to engage in.
- The authority accorded to females to make independent decisions about food choices and health was dependent on them providing money for the upkeep of the household.
- Females who did not provide financially for the household and still made independent decisions about meal choices were categorized as disrespectful and un-submissive. In these scenarios, a woman's knowledge of nutrition played no major role in her right to decide what to cook.
- When a woman paid her own bills, it was seen as acceptable for her to go to a health center without seeking permission. Still, men encouraged woman to inform them of here intended activities for safety reasons.

Given men's significant role in household decision making in traditional communities', deliberate attempts need to be made to increase their education of household nutrition and health matters. Overall, understanding the influencers of household decision-making on health and nutrition can help policymakers design more effective and targeted programs to improve the health and well-being of households.

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