

POLICY CONVERSATIONS

Women's Employment and Child Health



Based on the peer reviewed publication Brauner-Otto et al. 2019 in Social Science & Medicine.

Source: Jones, Adam. 13 April 2014. "Women and Children and Fields - Outside Lumbini - Terai - Nepal." Online image. Flickr. 22 January 2025. https://www.flickr.com/photos/adam_jones/13845588534

Increasing female participation in paid labour and child malnutrition

The increase in female participation in the paid labor market is one of the most pronounced transitions that has occurred since the mid-1900s and is increasingly a global phenomenon. While this may improve women's income and bargaining power, it may also increase their stress and decrease the time they have to spend with children (Duflo, 2003; Morrill 2011). Data from the Chitwan Valley Family Study (CVFS) in Nepal suggest that both factors are at play. Stakeholders concerned with improving child health outcomes should work to ensure

- women are paid enough to warrant their time away from their children and
- that working women have the necessary support to exclusively breastfeed for the first six months of the child's life.

Type and timing: when does paid work happen and what kind of work is it

There is huge variation in the type of work women are engaging in, and the consequences of this work for their children likely varies by these characteristics. For example, hard physical labor clearly places greater demands on pregnant and lactating mothers, perhaps leading to worse child health outcomes compared with working in a shop or a health clinic. Increases in female education also mean that women are gaining access to skilled occupations at growing rates. The ability to balance paid work and family responsibilities such as watching small children or breastfeeding may also vary by job type.

The timing of women's work matters. Many child health outcomes typically take some time to develop and some are more vulnerable during certain periods. For example, height is more likely to be influenced in the first 1000 days, while wasting is more directly a measure of acute undernutrition (Black et al., 2013).

Data

This study combines multiple datasets from the CVFS, but the key measures of child health and maternal employment come from the Female Labor Force Participation and Child Outcomes Study (FLFPCO), conducted in 2016 which gathered health data on the 961 children 3-60 months old living in sample households and their 871 mothers.



Source: Brauner-Otto, Sarah. Nov 2006. "CVFS Interviewer, respondent, and children." Personal photo collection.

Mothers' work for pay is associated with worse child health

Child health is often assessed with physical measurements as shown here. The ratio of height to length for age, or stunting, assesses chronic undernutrition while mid-upper arm circumference is used to assess acute malnutrition or wasting.

Overall, we find that mothers' employment is negatively related to child health. Across measures of health outcomes, children whose mothers ever engaged in paid labor had worse health than those whose mothers did not engage in any paid labor (**Figure 1**).

Figure 1. Relationship between mother working for pay and child health, any job.

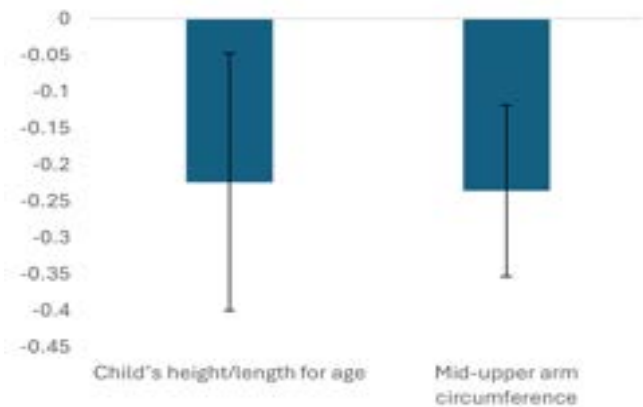


Figure shows effect estimates with 95% confidence intervals. Results are from multilevel mixed-effects logistic regression models with random neighborhood effects. All models also contain a constant and controls.

Figure 2. Relationship between mother ever working for pay and child health, by type of work.

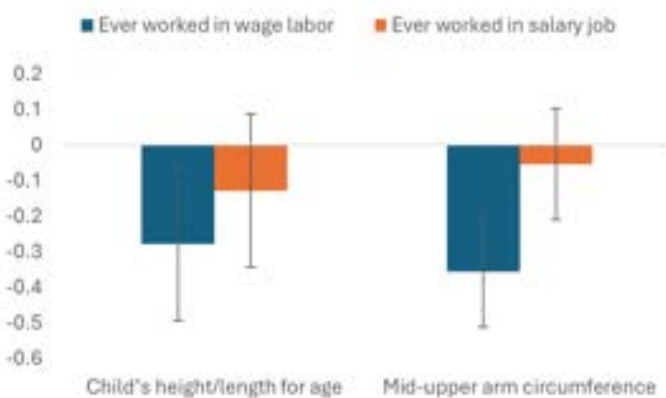


Figure shows effect estimates with 95% confidence intervals. Results are from multilevel mixed-effects logistic regression models with random neighborhood effects. All models also contain a constant and controls. Standard error bars reveal that the estimated effect of salaried employment is not statistically significantly different from zero.

However, measures of work that do not account for the type of work or when this work occurred misrepresent the relationship between mother's paid work and child health. When we look at the type of the work mothers are engaged in, we see that wage labor is negatively associated with child health but not salary jobs (**Figure 2**).

Furthermore, current work status was rarely associated with child health. Work earlier in the mother's and child's life course or measures that captured a wider time frame (e.g., before the child was born) were more often negatively associated with child health (Figure 3).

Looking only at measures of current work, we miss seeing evidence of the strong, negative relationship between maternal labor and child health. This relationship does not necessarily extend to salaried labor.

Figure 3. Relationship between mother working for pay and child being stunted (2SD below WHO mean of height/length ratio).



Effect estimates shown can be interpreted as the likelihood of a child being stunted (with 95% confidence intervals). Results are from multilevel mixed-effects logistic regression models with random neighborhood effects. All models also contain a constant and controls. Standard error bars reveal that the estimated effect of currently working is not statistically significantly different from zero.

Earnings and breastfeeding as potential mechanisms

Our models with earnings further demonstrate the importance of considering the specific type of labor women do. We find evidence of a positive income effect—higher earnings were associated with better health outcomes. But this effect is likely limited to women working in salary jobs or those owning business. This is because the amount of earnings necessary to offset the negative employment effect shown above is far greater than women can reasonably expect to earn from wage employment (**over 700 times the actual mean wage**).

Children with working mothers were less likely to have been exclusively breastfed for at least 6 months. This suggests the negative health consequences from women's employment may be a result of nutritional deficiencies due to inadequate substitutes for breastmilk or, if the disruption in breastfeeding is accompanied by non-maternal care during work hours, low-quality care substitutes.

Policy implications

- Women's work is increasing, but the type of work women performs and the amount they earn is important for understanding how this labor impacts their families.
- Children can only benefit from their mothers' employment when mothers have adequate support to continue caring for children, including through breastfeeding.

Nepal should invest in policies and programs that enable women to obtain high-quality and well-paying jobs as well as promoting and supporting breastfeeding among new mothers such as breastfeeding facilities at work.

Note: CVFS data are freely available for public use from ICPSR (<https://www.icpsr.umich.edu/icpsrweb/DSDR/studies/4538>)

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