Gender Inequality and Child Stunting: Intersections between Household Headship and Multiple Deprivations across 43 Low- and Middle-income Countries

Ghada Saad¹, Hala Ghattas², Jocelyn DeJong³, Aluisio Barros⁴

¹Center for Research on Population and Health, Faculty of Health Sciences, American University of Beirut, Beirut, Lebanon ²Department of Health Promotion, Education and Behavior, University of South Carolina, Columbia, SC, USA ³Department of Epidemiology and Population Health, Faculty of Health Sciences, American University of Beirut, Lebanon ⁴International Center for Equity in Health, Universidade Federal de Pelotas, Pelotas, Pelotas, Brazil



This research challenges the assumption that children in female-headed households (FHHs) have poorer health than those in male-headed households (MHHs). Findings suggest that household headship is not a significant determinant of child stunting, and FHHs aren't strong indicators of stunting risk, particularly when considering household multidimensional deprivation and the presence of other adults.

BACKGROUND

 The health of children in female-headed households (FHHs) is commonly assumed to be less optimal than the health of their counterparts in male-headed households (MHHs).

RESULTS

ALL CHILDREN SAMPLE – Table 3

Unstratified model:

- Household headship had a statistically non-significant relationship with child stunting
- Recent literature emphasizes the heterogeneity of FHHs and that health of children within these households may not necessarily be worse off than children within MHHs.
- Research on the impact of household structure, specifically headship, on child stunting is limited and the findings are inconsistent.
- Studies exploring the intersection between household headship and household deprivation on child stunting were non-existent.
- In this study, we aimed to assess the association between household headship and child stunting and to examine whether household multidimensional deprivation modifies this association (the research follows a conceptual framework in Figure 1.

Figure 1: Conceptual model of the association between household headship and child stunting



 SDS deprivation was a significant factor in the model yet the interaction terms of SDS and headship were statistically non-significant

Stratified models:

There was no significant association between headship and stunting

Table 3: Adjusted multilevel models for the association between household headship and child stunting for all children in the surveys. Data source: 43 DHS, 2010-2019.

	FINAI	- MODE dat	L - Unst taset	ratified	SDS	FINAL Strat deprive	MODEI ified to d Hous	eholds	Non-Sl	FINAL Strat DS depri	MODEI ified to ived Ho	DEL to Households		
Fixed Effects	OR	95%	% CI	p value	OR	95%	6 CI	p value	OR	95%	% CI	p value		
Exposure of Interest														
Household headship														
МНН	1			0.634	1			0.113	1			0.424		
FHH_H	1.03	0.97	1.09		1.06	0.97	1.15		1.03	0.96	1.10			
FHH_W	1.01	0.97	1.04		1.08	0.99	1.18		0.97	0.93	1.02			
FHH_M	0.97	0.88	1.08		0.93	0.77	1.12		0.99	0.88	1.11			
FHH_WM	0.99	0.96	1.03		1.00	0.91	1.10		1.00	0.97	1.04			
FHH_C_only	1.01	0.97	1.05		1.02	0.96	1.07		1.01	0.96	1.06			

CHILDREN OF THE HEAD SAMPLE – Table 4

Unstratified model:

- Household headship had a statistically significant relationship with child stunting
- FHHs with other women and FHHs with other women and men were protective against child stunting compared to MHHs

Country level		Sub-national level	
	Country	level	

METHODS

- **DESIGN:** Cross-sectional study using large nationally representative household surveys, global in scope
- **DATA SOURCE:** Latest DHS survey since 2010 for each country with a survey that included anthropometric data 43 low- and middle-income countries
- **SAMPLES:** <u>All children sample</u> 434,644 under-five children & <u>children of the head</u> <u>sample</u> 290,130 children under five years old
- **OUTCOME:** Child stunting height-for-age score less than two standard deviations below the reference median
- **EXPOSURE:** Household headship 6 categories adapted from Saad et al FHH16 typology [1] **(Table 1**)
- **ANALYSIS:** Multilevel logistic regression analyses using two samples: All children and a subgroup sample of children of the heads. For each sample, models were run, considering all potential confounds:
 - Unstratified model socioeconomic deprivation status (SDS) is considered as an effect modifier in the model. Table 2 describes the SDS index dimensions, indicators and weights.
 - Stratified models SDS deprived households vs. non-SDS deprived households

 Table 1: Household headship variable made up of 1 MH category and 5 FHH types

SDS deprivation and interaction terms were significant

Stratified models:

- Among deprived households No significant association
- Among non-SDS deprived households Children of women heads in households with other women and in households with other women and men were less likely to be stunted than those in MHHs

Table 4: Adjusted multilevel models for the association between household headship and child stunting only for children of the household heads. Data source: 43 DHS, 2010-2019.

	FINAL	. MODE dat	L - Unst taset	ratified	SDS	FINAL Strat deprive	MODEL ified to d House	eholds	Non-SI	FINAL Strat DS depri	MODE ified to ived Ho	DDEL d to d Households		
Fixed Effects	OR	95% Cl p v		p value	OR	95%	95% Cl p valu		OR	95% CI		p value		
Exposure of Interest														
Household headship														
MHH	1			<0.0001	1			0.568	1			<0.0001		
FHH_H	1.02	0.93	1.13		1.09	0.98	1.23		1.03	0.95	1.11			
FHH_W	0.88	0.79	0.98		1.03	0.89	1.19		0.89	0.81	0.99			
FHH_M	1.00	0.89	1.13	-	0.99	0.78	1.26		1.01	0.89	1.14	-		
FHH_WM	0.67	0.55	0.81		1.07	0.81	1.42		0.68	0.56	0.83			
FHH_C_only	1.00	0.97	1.04	-	1.02	0.94	1.10		1.01	0.97	1.05	_		

CONCLUSIONS

Headship influences child stunting in certain circumstances: a- When focusing on children of the household heads and b- When the household is not multidimensionally deprived
Children of women heads in households with other women and with other women and men were protective against stunting than those in MHHs
Household headship was not as important a determinant of child stunting as hypothesized

Headship Category	Description
MHH	Male-headed household
FHH_H	Female-headed household with husband present
FHH_W	Female-headed household with other adult women present
FHH_M	Female-headed household with other adult men present (not husband)
FHH_WM	Female-headed household with other adult women and men present
FHH_child_only	Female-headed household with children only present

Table 2: Construction of the SDS, used as an effect modifier [2]

Dimensions of Disadvantage	Indicator	Deprived if	Weight
Education	Years of schooling	No eligible household member has completed at least six years of schooling. ^a	1/4
	School attendance	Any school-aged child is not attending school up to the age at which they would complete class 8. ^b	1/4
Living Standards	Cooking fuel	A household cooks using solid fuel, such as dung, agricultural crop, shrubs, wood, charcoal, or coal	1/12
	Sanitation	The household has unimproved or no sanitation facility or it is improved but shared with other households. ^c	1/12
	Drinking water	The household's source of drinking water is not safe or safe drinking water is a 30-min or longer walk from home, roundtrip. ^d	1/12
	Electricity	The household has no electricity . ^e	1/12
	Housing	The household has inadequate housing materials in any of the three components: floor, roof, or walls . ^f	1/12
	Assets	The household does not own more than one of these assets : radio, TV, telephone, computer, animal cart, bicycle, motorbike, or refrigerator, and does not own a car or truck	1/12

• FHH is not a good intervention marker for identifying higher risk of stunting

REFERENCES

[1] Saad GE, Ghattas H, Wendt A, Hellwig F, DeJong J, Boerma T, et al. Paving the way to understanding female-headed households: Variation in household composition across 103 low- and middle-income countries. J Glob Health 2022;12:04038-04038. DOI: 10.7189/jogh.12.04038.

[2] Dirksen J. et al (2022). Exploring the potential for a new measure of socioeconomic deprivation status to monitor health inequalities. International Journal for Equity in Health, 21:56

ADDITIONAL INFORMATION Ghada Saad (gs29@aub.edu.lb) Funding: IDRC Canada





