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How is Wealth Transfer related to Child Mortality?

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Introduction

"Women's Role in Maintaining Households: Family Welfare and Sexual Inequality in Ghana" (Lloyd and Gage-Brandon, 1993) and "Effects of Maternal Education, Women's Roles, and Child Care on Child Mortality" (Frenzen and Hogan, 1982) examine the causes of child mortality in developing countries. The findings of a later analysis noted in the latter article that wealth transfer was not associated with infant mortality; however, an initial analysis found that the belief in intergenerational wealth transfers from children to parents was one of the influences on infant mortality. That is the belief in intergenerational wealth was identified as favoring wealth transfers towards children rather than adults only if parents intended to live with their children in old age; parents expected to be independent or only partly dependent upon their children in old age; and parents believed that both boys and girls should live with parents at least 15 years old before their first job. The former article emphasizes on women's roles and points out that women's education plays an important role in determining the level of child mortality. However, this does not mean that children would die because their mothers did not go to school, but because these children are more likely to receive insufficient or inappropriate food, and to be taken to medical services too late when they are ill. However, this article also argues that women's economic activities have a negative impact on child care. Two causes are specified for this negative impact: abandonment of breastfeeding, and quality of care of caregiver where the mother accesses to another person to care for the child.

Some studies argue that when women can earn their money, that means that women increase the overall family income; hence their own access to resources, and

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then allowing them to contribute to the budget for food and other household necessities (Lloyd and Gage-Brandon, 1993; Desai and Jain, 1994; Thomas, 1992). As a result, an increase in women's control over resources is associated with better health outcomes for children in terms of nutrition intake and other advantages.

Thus, the author believes that women's status is likely to play a pivotal role to an advantage for children through the intergenerational wealth transfer because women in labor markets replace family production; mass education changes attitudes about the family; and child-centered nuclear families emerge as independent emotional and economic units. The flow of wealth in the post-transitional societies is downward from parents to children. On the other hand, expected transfer of wealth from children to parents in pre-transitional societies with low women's status will continue to encourage a high demand for children. Therefore, the competition of many children in the family brings about the lack of quality child care from parents, such as insufficiency of nutrition, early dropping out of school to enter the labor force.

The author examines two countries in Southeast Asia: Thailand and the Philippines. For analysis, the data from two sources of statistical yearbooks: *Statistical Handbook on Poverty in The Developing World, and 2000 World Population Data Sheet* are used. Due to being a macro-level analysis, it was not able to obtain information about individual belief in wealth transfer, so here the wealth transfer for a macro level is approximated by the total fertility rate (TFR), the percentage of children not reaching grade 5. Caldwell's wealth flows theory of fertility transition emphasizes the value of children, which is derived from two sources: 1) protection of family property, and 2) a source of support and material wealth (Caldwell, 1981). The pre-transitional society is concerned with maintaining the situational advantage (reflected in support and material wealth) by maximizing the number of children and driving children into labor market, because children can be labor in familial modes of production. That means that children tend to be net producers rather than consumers of wealth. Therefore, the flow of wealth in the pre-transitional society is upward from children to parents. Consequently, the wealth transfer for a macro level is likely to be related to the total fertility rate (TFR) of women and schooling of children.

Analysis

The table summarizes some demographic and economic effects, the measurements of belief in wealth flows, and infant mortality rates for Thailand and the Philippines. Infant mortality rates (IMR) of both countries are strikingly different: the Philippines' IMR is 0.6 times higher than Thailand's. In addition, the Filipino children's health (refer to the percentage of malnutrition of children age 1-5, and the percentage of underweight children under 5) is worse than Thai counterpart. Women's status and roles do not suggest that women's illiteracy in the Philippines is likely to be the obstacle related to the IMR and child health, because the Philippines' female illiteracy rate is lower than Thailand's. On the other hand, lower proportion of women's economic activities is likely to be an obstacle related to high IMR and child health in the Philippines. By extension, women's access to the cash economy contributes importantly to the economic standing of households in which children are being reared. The adjusted consumption levels of household members is highest in those households in which women have a primary work role either as co-head with their husband, or as primary head of their own household.

Economic activities of females are likely to be more related to infant mortality and child health than those of males in both countries. Although the proportion of economic activities among Thai males is higher than that of economic activities among the Filipino males, it is not a significant difference (86% and 82%, respectively). Clearly, an increase in women's employment provides women with autonomy to allocate resources to the family, not only for maintaining a desired standard of living, but also for investing in their children, in terms of education and food (Sittitrai et. al, 1990). Thus, better outcomes for children result from the increase in family income and women's control of resources in household.

The table suggests that women's economic activities are likely to be related to the wealth transfers. A lower rate women's economic activities in the Philippines is likely to encourage higher TFR, probably because most of the families where women

are not involved in paid employment are poor, so they expect that many children can return more benefits to parents when children grow to labor age. Thus, it is no surprise to find that the lower level of women's economic activities in the Philippines is likely to increase the percentage of children not reaching grade 5, whereas the higher level in Thai women is likely to decrease the percentage of children not reaching grade 5.

However, comparing the two countries we do not find that a high level of women's education in the Philippines is likely to decrease the TFR or the proportion of children reaching grade five or the proportion of malnutrition among the Filipino children. In other words, women's education is not likely to be significantly associated with the wealth transfers among the population in the two countries.

Considering the relationship between the wealth transfers and infant mortality rate, the wealth transfers from children to parents related to high infant mortality rate, high malnutrition and high underweight among children under 5 is greater in the Philippines than in Thailand. This confirms Caldwell's argument that parental beliefs about intergenerational wealth flows affected their willingness to provide adequate food, clothing, and medical care for their infant children (Caldwell, 1981).

With respect to government intervention and policy, there are no difference between two countries. It is likely to mean that government interventions and policies of the two countries do not affect infant mortality either through intergenerational wealth transfers or not.

Conclusion and discussion

Applying wealth flows theory to child mortality and health motivated the author to consider the effect of wealth flows on child mortality, not on fertility as is usually done. The wealth flows would probably be emphasized on child mortality in order to serve as a linkage between women's status and child mortality. Change in

attitude toward wealth flows reversed to favor children might also serve to preserve children's advantages instead of their disadvantage.

Data provided in the table below demonstrate the relationship between women's status and infant mortality via the wealth-flow attitude of parents. After controlling government interventions and policies of the Philippines and Thailand, the higher women's status, particularly women's economic participation is likely to increase infant survival. Women's education is not likely to be related to infant mortality among the population in the two countries. The relationship between women's economic participation and infant mortality is likely to be linked by the belief in wealth transfers. That means that parents' economic ability provides adequate infant care if parents' attitude about intergenerational transfers of wealth to favor children rather than parents. Decrease in infant and child mortality result from greater allocations of food, and other resources from parents.

Through performing the above analysis, the wealth flows theory should be offered as one of the alternatives on the cause of child mortality.

Determinants of infant mortality in Thailand and the Philippines 1995-2000

Determinants	The Philippines	Thailand
Infant mortality (IMR) in 1999	**35**	**22**
% of malnutrition of children (age 1-5) in 1995	**28**	**11**
% of underweight children under five in 1995 Women's status and roles	**30**	**26**
Female illiteracy rate in 1995	5.7	8.4
Female/male economic activities in 1995	48/82	74/86
Proxies of believe about Wealth flows		
Total Fertility Rate (TFR) in 1999	3.7	1.9
% of children not reaching grade 5 in 1995	33	12
Government intervention/policy		
Physician per population in 1994	0.1	0.2
Hospital beds per 1,000 population in 1990	1.39	1.63
Population with access to sanitation in 1985	57	47
Population with access to sanitation in 1995	NA	70
Foreign Aid per capita in1995 (US $)	12.3	13.9

Note: NA = No information.

Sources: Population Reference Bureau, 2000. World Population Data Sheet. Washington, D.C.
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