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# Parental Bargaining and Rural-Urban Child Health Differential in Tanzania

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Child malnutrition is an important indicator of poor child health status and is strongly associated with high mortality risk. Childhood malnutrition is also associated with poor health outcomes, educational performance and labour market outcome in later life. Therefore, poor health at childhood is one of the mechanisms for explaining inter-generational transmission of education, economic status and overall human capital formation and underscore why child health condition can be regarded as an important factor for future production and hence economic growth and development. Investment in child health is likely to pay o_ both to the individual in the form of higher future earnings, to the household in the form of overall household income and well-being and to the entire economy by reducing poverty inequality and strengthening economic growth. This explains why child health outcome in developing countries has been one of the concerns of most development agencies in the past decades.

Although most developing countries have seen an improvement in overall child health, it is firmly established that urban children on average have better health outcomes than their rural counterparts in many of these countries. Urban-rural disparities are expected to be more pronounced in developing countries, since household socioeconomic status differs between rural and urban communities. In addition, the health care systems in many developing countries are entirely different for urban and rural populations. A number of studies have found household socioeconomic and demographic factors to be associated with child health outcomes. Only a few of these studies have redressed the paucity of information on the causes of the rural-urban gap in child health. These studies have focused on the role of household socioeconomic and demographic factors as well as community factors to observed rural-urban gap in child health. While there is evidence of relative bargaining within couples in explaining household outcomes such as fertility, labour supply, the use of health care and child survival, little is known about its role on child nutrition, particularly the rural-urban gap in child health.

This paper investigates the contribution of parental bargaining to the rural-urban gap in child nutrition in Tanzania, a country where most communities are basically patriarchal in nature with a significant disparity in rural-urban child health. We argue that parents care about the health of their children, but their actions may affect child health inputs which in turn affect child health. In our empirical analysis, we account for the potential sample selection bias in order to provide an actual interpretation of the contribution of parental bargaining to the rural-urban gap in child nutrition. Sample selection bias is a potential problem with decomposing the rural-urban gap in child nutrition and has been ignored in the literature. We use the 2010 Tanzania Demographic and Health Survey data for children aged zero to fifty-nine months. We employ the Heckman two-step sample selection procedure in an attempt to correct for the possible sample selection bias.

Many key development outcomes depend on women's participation in the economy and their ability to negotiate favorably in the allocation of resources within the household. In the context of child health, differences in the relative power of couples within the household among other factors might explain the disproportionate share of child nutrition and mortality across regions. Relative to men, women are noted for devoting a larger portion of their time and income to the child's overall health condition. This largely depends on the extent to which they can participate in the allocation of resources within the household. Women are typically the socially and economically disadvantaged group in terms of education, employment, inheritance, credit and control over household resources. In addition, culture and more specifically gendered institutions in many developing societies overrule and limit women's bargaining power. The low level of parental bargaining in poor relative to rich communities is detrimental for child health and development and may further compounds the health problems of the disadvantage children already suffering from the lower socioeconomic status of their household.

A variety of parental bargaining attributes are used to examine the relationship between parental bargaining and the probability of child stunting. The results suggest that parental cooperation in decision making, maternal discretion over household resources and low incidence of domestic violence are positively associated with child nutrition. The effects are significant mostly in rural but not in urban communities. The magnitude of the coefficients of parental bargaining are less sensitive to the inclusion maternal, child and household characteristics. We find that increasing parental cooperation or female participation in household decision making, increasing female discretion over household resources and a declined rate of domestic violence in rural communities can help reduce the rural-urban gap in child nutrition. Differences in parental bargaining account for 5 percent of the rural-urban gap in child nutrition. Correcting for sample selection bias reduces the contribution to 4 percent.

This offers an attractive policy option particularly when compared to the difficult alternative of the redistribution of wealth between rural and urban households. The findings suggest that policies that empower rural women are essential in reducing the rural-urban child health differentials. Arguably, policies need not be limited to correcting community deficiencies and household endowment, but how to empower women as empowering women increase their participation in household decision making process.