Asset Outcomes for Women and Children
A Research Review

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Asset Outcomes for Women and Children

This paper reviews findings from several studies on asset outcomes for women and children in developing countries. In recent years, the number of studies on asset outcomes for women and children has increased in developed countries; however, there is still a dearth of similar studies in developing countries. Findings from the review reveal that asset outcomes for women in developing countries include increased bargaining power in the household; increased use of reproductive health services; increased expenditure on children’s education, health, and nutrition; and increased household well-being. Asset outcomes for children include educational success and better health.

More research on asset effects for women and children will build knowledge for progressive asset-building initiatives that will provide impetus for policies that enhance household well-being in developing countries. Only a few studies in the review employ rigorous research methods. Longitudinal studies with randomized bigger sample sizes are needed to make cause-effect claims.

**Key words:** assets, asset outcomes, asset effects, women, children, developing countries

In recent years, the number of studies on asset outcomes for women and children has increased in developed countries; however, there is still a dearth of similar studies in developing countries. Research on the outcomes of assets for women and children can help build our body of knowledge on their well-being and also inform us about the “ripple effects” of women’s asset ownership on their families and communities.

Asset holding has been recognized to have beneficial outcomes for women and children. In this paper, we present findings of the few studies that have been done in the developing countries—what we know about asset holding for these constituents, what we do not know, directions for future research to address the gaps, and implications for program and policy.

**Asset Effects on Women**

Over the last decade there has been growing awareness and policy attention on women’s property rights but the progress made so far seems to be on access and not ownership (International Center for Research on Women, 2005). Emerging research examines how women’s asset ownership impacts the household. A number of initial findings focus on asset effects, including increased use of modern reproductive health services, increased empowerment and status, and improved general household well-being. The impact of asset holding on children’s educational success and health well-being has also been explored.
Impact on Use of Modern Reproductive Health Services

Reproductive health service use is an important issue for developing countries, worldwide. For women in particular, reproductive health service use decreases maternal mortality, decreases in early neonatal mortality and still born babies, assists in spacing the birth of their next child and reduces the possibility of contracting sexually transmitted diseases (World Health Organization, 1997). A number of studies have been done to determine the effect of women’s wealth (asset and income) on their decision to use reproductive health services. Table 1 gives a summary of women’s use of healthcare facilities for prenatal and delivery care, and contraceptive practices, and shows the relationship between use of these services and economic status (Beegle, Frankenberg & Thomas, 2001; Gage, 1995; Schuler & Hashemi, 1994, & Hogan, Berhanu, & Hailemariam, 1999).

In a study done among Indonesian women by Beegle and colleagues (2001), asset ownership was a powerful predictor for women’s decision to use modern reproductive health services. The study further suggests that a woman’s power in decision-making within the household is linked to the value of her assets in relation to her husband’s (Beegle, Frankenberg, & Thomas, 2001).

In 1991, Schuler & Hashemi conducted a survey to determine the impact of credit programs among its participants on the use of contraceptives in rural Bangladesh. They had two randomly selected groups of Grameen Bank and Bangladesh Rural Access to Credit (BRAC) members, and a third sample of a comparison group consisting of women who would be eligible to join the credit programs (Schuler, & Hashemi, 1994). Eighteen months later they conducted a follow-up survey with the same respondents. One of the hypotheses for the study was that participation in credit programs or residence in communities where those programs existed increases the likelihood that a woman will use contraceptives (Schuler, & Hashemi, 1994). The results showed that 50% of 1,305 married women younger than age 50 who were Grameen bank members were using contraceptives compared to only 40% of the control group (Schuler, & Hashemi, 1994). In 1992, which was the second wave of data collection for the study, the percentage of women using contraceptives rose to 59% (a 9% increase) for Grameen Bank members but only rose to 43% (a 3% increase) for non-members (Schuler, & Hashemi, 1994).

Another study that confirms the relationship between asset ownership and contraceptive use for women is a study that was done using data from the Togo Demographic and Health Survey (DHS). In this study Gage (1995) confirms that women’s economic power widens their contraceptive options. In this study, a total of 3,360 women aged 15 -49 were interviewed, out of which 2,454 were married (Gage, 1995). The findings indicate that Togolese women who participate in rotating credit or savings scheme were two times more likely to ever use modern contraceptive than those who do not (Gage, 1995).

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1World Health Organization (1997) defines reproductive health as “a state of physical, mental, and social well-being in all matters relating to the reproductive system at all stages of life. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so. Men and women should be informed about and have access to safe, effective, affordable, and acceptable methods of family planning of their choice, and the right to appropriate health-care services that enable women to safely go through pregnancy and childbirth.”
Impact on Women’s Bargaining Power in Marriage

So far studies have shown that asset ownership provides women with more bargaining power and decision-making within their households (Friedman-Sanchez, 2006). Women use their wealth to negotiate and bargain their freedom. Friedman-Sanchez (2006) conducted a study with Colombian cut-flower workers in 1999 and 2000. He collected data from 488 men and women through in-depth interviews, surveys, and simple observations. The findings from this study found that property ownership increases women’s intra-household bargaining power (Friedman-Sanchez, 2006).

Using data taken from an ongoing longitudinal survey of the Indonesian Family Life Survey (IFLS) with 7,500 households from 1993-94 and 1997-98, Beegle, Frankenberg, & Thomas, (2001) measured power using economic resources ownership of husbands and wives. Evidence from this research suggests that Indonesian women’s power in household decision-making is strongly linked to the value of her assets compared to those of her husband (Beegle, Frankenberg, & Thomas, 2001).

Moreover, property ownership provides women with fall-back options and powerful leverage in household negotiations (Friedman-Sanchez, 2006). Friedman-Sanchez (2006) noted that although there are other factors such as social capital and self-esteem that contributed to women’s bargaining power, women who earned high wages had the strongest bargaining positions, followed by those who owned property.

Impact on Women’s Empowerment and Status

Schuler and Hashemi (1994) found that programs which allow women to generate their own income have a positive effect on women’s status and level of empowerment. Programs that help to build women’s assets increase women’s economic role within their families, consequently strengthening their status (Schuler & Hashemi 1994). Schuler and Hashemi (1994), conducted surveys with 1,305 women in rural Bangladesh who used credit provided by Grameen Bank and BRAC as capital to establish micro-enterprises to generate income of their own. Schuler and Hashemi (1994) also did in-depth interviews to document change processes both in women’s roles and status as a result of their income-generating power. They concluded that participation in credit programs empower women by strengthening their economic roles in their families and also their autonomy. Their findings suggest that programs that help women to generate their income advance their empowerment (Schuler & Hashemi, 1994). These programs have also shown impact on non-members living in the same villages through increased physical mobility and women’s involvement in other types of economic activities (Schuler & Hashemi, 1994).

In many developing countries women’s employment is considered to be an important factor in advancing women’s status (Hogan, Berhanu, & Hailemariam, 1999). Women who earn cash income have greater control over household decision-making and are more aware of the world outside their home. Hogan, Berhanu, & Hailemariam (1999) used data from the 1990 National Family and Fertility Survey of Ethiopia and the 1997 Southern Region of Ethiopia Community and Family Survey (CFS). A total of 8,757 women were surveyed and interviewed. Their findings indicate that promotion of women’s economic activities assist in improving women’s status as well as family’s economic situations.
Impact on Household Wellbeing

Studies indicate a positive relationship between women asset holding and household well-being. Quisumbing and Briere (2000) did a study on women’s asset and intrahousehold allocation in rural Bangladesh. They conducted a four-round survey in 47 villages. Each survey collected detailed information from families, including income earning activities of individual family members and expenditures on various food and health, among other variables. The findings from this study show that women’s assets have a positive and significant effect on children’s well-being by increasing the share of income allocated to clothing and education (Quisumbing & Briere, 2000). The study also found that, although the value of asset brought to marriage by women is of a lesser value than those brought by the husband, women still contribute more to the children’s clothing and education than their husbands (Quisumbing & Briere, 2000). Quisumbing and Briere concluded that resources under the control of women are often allocated to children’s welfare.

Doss (2006) conducted a study in Ghana to examine the effect of women’s assets on household expenditure. The hypothesis for her study was that “asset ownership affects individual bargaining power and therefore is an important factor in household decisions.” This hypothesis was tested by examining the impact of women’s asset holding on household expenditure. The study used data from the 1991/1992 and 1998/1999 Ghana Living Standards Survey (GLSS) (Doss, 2006). This was a nationally representative large-scale survey that had detailed information on income and expenditure. The results indicate that, for urban households, three categories of household expenditure are significantly affected by women’s asset holding: housing, durable goods, and education (Doss, 2006). For rural households, it was found that food, education, housing and household durable goods are positively related to women’s asset holding (Doss, 2006). It is interesting to note that alcohol, tobacco, and recreation expenses are negatively related to women’s asset holding in both urban and rural households (Doss, 2006). Doss (2006) also found that, although a small percentage of women own land, perhaps the most important asset for Ghanaian households, women’s share of farmland increased the share of allocation on food and education.

Assets Effects on Children

Children’s wellbeing in the household is dependent on many factors. Socio-economic status of parents and guardians has been identified as a factor that plays a significant role in the well-being of children in households. One notable socio-economic factor that influences a child’s development is ownership of assets by parents, particularly the mother. As Friedemann-Sanchez (2006) rightly observed, women are traditionally responsible for the care of children. Thus, a woman’s socio-economic status can manifest in the kind of care available to her children. Compared to men, women spend most of the earnings they control on household needs, particularly on children (Commission for Africa Report, 2005). Studies on how the socio-economic status of the house particularly impacts children’s educational success and health (Williams, 2004; Ssewamala, In press) are discussed in the following section.

The Impact on Children’s Educational Success

Although there are very few studies that directly focus on the influence of wealth on child development, the support of the claim that wealth impacts a child’s educational success is quite compelling. Studies that have been done in developed countries show this relationship. For example,
Williams (2004) did a study using data from the Panel Study of Income Dynamics (PSID), which is a nationally representative longitudinal survey of U.S. individuals and families. Williams’ main research question was to find out how the assets that parents own impact their children’s education. Using a t-test, she investigated whether there is a significant difference across 3 dependent variables in child outcomes between households that are asset poor and those that are not. In her findings, dichotomous indicators of two specific asset holdings, cash accounts and stocks, seem to predict higher academic achievement scores well. In addition, she found that asset ownership has different effects across racial groups. Another example shows that homeownership influences the likelihood of children staying in school. Green and White carried out a study to identify this relationship. They used three different data sets and two models – probit and selection models. In the study, the homeownership variable was found to be positive with a t test of 3.25 (Green and White, 1999). Overall, the study found evidence from the data to suggest that homeownership has an important effect on the probability of children staying in school until age 17.

Another study done in developed countries showed that single mothers’ assets impact their educational expectations and the academic achievement of their children. Sherraden and Zhan’s study (2003) revealed that the likelihood of high school graduation is positively impacted by assets (homeownership and savings). In other words, there is the likelihood that parents with assets invest the proceeds from their assets in their children’s education. Using a regression model, Sherraden and Zhan (2003) assessed the relationship between child educational achievement and mother’s assets. With a significant level of 0.0001, the model explained about 11% of the variance in children’s academic performance. The result revealed that there is a positive association between a mother’s home ownership and her child’s academic performance.

Turning to the few studies done in the developing countries, Ssewamala et al (2007) showed how AIDS–orphaned adolescents can benefit from a family economic intervention. The sample for his study consisted of 96 AIDS-orphaned adolescents from seven comparable primary schools in the Rakai district of southern Uganda. At a confidence interval of 95%, the experimental adolescents reported a significant increase in educational plans (88% to 96%), while youth in the comparison condition showed a decrease (93% to 83%) (Ssewamala et al, 2007). Their experimental group’s expectations for the future improved and their desire to stay in school increased (Ssewamala et al, 2007). This result is consistent with asset theory which predicts that, provided with economic means, an adolescent may think and behave differently.

Some additional evidence shows that the actual process of acquiring assets also influences the household. Kajimo-Shakantu and Evans (2007) conducted research to explore the possibility of integrating women-centered savings schemes into formal financial systems. Though the purpose of the research was not to find the effects of assets on households, the discussion of the findings showed how the process of acquiring assets contributed to the social development of the household. Through dialogue, training workshops, and discussions, women who formed savings groups built and improved their capacity and skills, which increased their participation in development issues for the household (Kajimo-Shakantu and Evans, 2007).

The Impact on Children’s Health

Any normal family is concerned about their children’s health. However, taking care of children’s health is impacted by various factors that families experience, including the amount of resources
available to the family. Using data from the Indonesian Family Life Survey (IFLS), Thomas, Contreras, and Frankeberg (2002) conducted a test of three models to assess the impact of household resources on children’s health. This study’s results suggest that a child’s health is influenced by the relative asset positions of parents.

One other important contributor to child health is nutrition. Although the relationship between general health and assets has been investigated and findings suggest positive effects of parents asset ownership on children’s health, a study conducted by Guitirrez (2002) found no correlation between nutrition and asset ownership. In his study, Guitirrez (2002) analyzed the effect of land tenure on nutritional indicators for children, and found no significant difference in the probability that a child will be malnourished if the parents did or did not own assets (land). This study was done using the Bolivian National Demographic and Health Survey of 2003. The sample in the study was 17,654 and analysis was done using a probit model, and a health production function that depends on food consumption, non-food health inputs, individual characteristics, household characteristics, and community characteristics. However, although the results showed that there was no significant relationship between land ownership and the probabilities of child stunting, the descriptive statistics revealed interesting facts about how other factors such as environmental, geographic, and ethnographic characteristics play significant roles in a child’s nutritional status. The study revealed that in the highlands, children of laborers had a 7.3% lower probability of being underweight in relation to their peers whose parents were landowners, whereas in the lowlands, children of laborers had 11.5% higher probability of being underweight.

Also, in a similar study Filmer empirically investigated the relationship between household poverty and the incidence and treatment of fever among children in Sub-Saharan Africa (Filmer, 2002). The study used data from household Demographic and Health Surveys collected in 22 Sub-Saharan African countries in the 1990s. The study used both bivariate and multivariate approaches to investigate the link between poverty and fever. Although the results revealed a positive but weak association between reported fever and poverty, a significant association between treatment-seeking behaviors and poverty was found. This means that, even though parent’s financial standing didn’t necessarily play a role in whether a child contracted an illness or not, the family’s financial status determined what kind of treatment they sought for their child. The results of the study strikingly revealed that wealthier households are substantially more likely to seek treatment or advice in the modern sector in response to an episode of fever. However, this observation varied slightly from region to region. For instance, in Western and Central Africa, 25% of fever cases involving children from the richest quintile resulted in a trip to a government hospital, in comparison to only 5.2% among the poorest quintile.

In a related empirical study, Armstrong et. al (2003) confirmed that care-seeking behavior is worse in poorer than in relatively rich families. Armstrong et. al’s baseline survey in Tanzania with a representative sample of 2246 households in 115 rural clusters in four rural districts showed that the rate of hospital admissions in the lowest socioeconomic status quintile was almost half that of the highest (2003). This finding does not suggest that children from poor families do not fall sick. Rather, parents of poor children are unable to afford orthodox treatment and thus they resort to other forms of treatment. Although there is no association between sickness and ownership of resources (assets), available literature confirms that the latter influences how a child is cared for in times of illness.
Discussion

The findings from the studies presented in this paper generally suggest some associations between asset ownership and different outcomes for women and children. The studies used a range of methodologies, some of which may not provide conclusive results. However, the efforts to investigate these associations are a step in the right direction. To provide more convincing evidence for developing countries, more studies that investigate asset effects on women and children are needed.

So far there is evidence of asset effects for women, which include bargaining power, health-seeking behavior, and expenditure patterns that support children’s well-being. These outcomes are based on very small assets that women own. One of the barriers to studying women’s asset ownership effects may be that women do not own substantial assets. Women in many developing nations face barriers to acquiring assets due to patriarchal processes of asset ownership. Some factors that limit women's ability to accumulate wealth in these societies include the state, family, and community, as well as the market (Deere & Doss, 2006). A number of studies discussed in this paper show that even in societies where women own assets, the assets are of much lesser value than those owned by the men. For example, in Ghana, women rarely own farmland which is basically the most important asset families own. In Kenya, only 5% of registered landholders nationally are women (Doss & Deere, 2006). Household surveys in Latin America show that women own smaller pieces of land than men (Doss & Deere, 2006). For instance, women owned only 11% of farms larger than 50 hectare in Brazil, 12.7% of all farms in Peru, 15.5% in Nicaragua, and 27% in Paraguay. In rural Bangladesh, although women bring some assets to marriage, they are always of a lesser value than their husbands’ (Quisimbing & Briere, 2000). These inequalities in asset ownership may pose problems in investigating asset effects for women as national data sets that are readily available may not have adequate sample sizes of women who own substantial assets for conducting research that would provide more information on these effects.

In addition, “women-owned assets” may not have the same asset effects as the ones that are owned by men, due to the lower returns on these assets. As Beegle, Frankenberg, and Thomas (2001) note, women’s asset ownership may not carry power unless women can sell their assets. In some cases women who report ownership refer to very insignificant assets, as discussed earlier. If the case is that “the bigger the asset the more impact on the outcomes,” then women would not register these outcomes because of the value of the assets they own. More studies conducted to investigate the asset threshold at which these outcomes may be evident are needed. However, evidence from the studies reported in this paper show some evidence of asset effects for women associated with asset ownership, which include implications for the well-being of the women themselves and those who are in their care.

More research needs to be done to build more knowledge on asset effects for children. A lot can be gathered from discussions taking place in developing countries concerning asset effects for children. Although there is no documented evidence on these relationships that is based on rigorous research, leads have emerged that researchers would do well to follow. For example, in his discussion of how the Akans of Ghana take care of their orphans, Arycetey (2004) reveals that people who have inherited assets (land and houses) from the deceased are expected to pay school fees and medical bills for the orphans left behind by the dead. The money for the fees come from returns on the
assets inherited (Aryeetey, 2004). The amount of assets inherited often impacts the kind of education received by the orphaned children as well as the health treatment sought for them in times of illness.

As indicated earlier, a study by Ssewamala et al (2007) studied HIV prevention attitudes among adolescents by testing the effect of an economic intervention on the risk of HIV among AIDS-orphaned adolescents. Though the study did not reveal a direct link between HIV prevention attitudes and economic interventions, the results showed that economic interventions improve educational planning, which, in turn, impacts positive health behaviors including attitudes toward engaging in behaviors that increase HIV risk.

Implications for Policy, Program and Product Development

In this paper, we have reviewed and summarized research findings on the effects of assets on women and children in developing countries. An inclusive asset-building policy demonstration that targets women and children, and seeks to enhance their well-being would be a step in the right direction.

From this review, it is clear that more research needs to be done to investigate the effects of assets on women and children. More longitudinal studies that address causal relationships with variation of asset accumulation pathways would be ideal. These pathways would include savings programs that are targeted towards women and children over a period of time with variation of whether government and/or other donors are providing incentives, whether the children are contributing towards the accounts, and levels of community involvement. These findings will offer more convincing evidence for the need for targeted programs and policies for women and children.

These policies, however, need to be coordinated with and be complemented by other policy activities that will address legal issues to protect the assets of women and children. The product of such a policy is therefore best placed in the mainstream economy with financial institutions that are regulated by the law. That way, savings would be protected and recipients would have ready access to their savings. In a similar vein, asset ownership protection should also be revisited through legal systems that would otherwise not protect women’s ownership.

Research on asset effects for women and children will build knowledge for progressive asset-building initiatives that will provide impetus for policies that enhance household well-being. Large-scale longitudinal and random assignment of women and children to asset building programs and controls will be central to building this knowledge on asset effects for women and children and their well-being.
References


Table 1: Asset Outcomes for Women

<table>
<thead>
<tr>
<th>Study</th>
<th>Purpose</th>
<th>Description</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beegle, Frankenberg, &amp; Thomas, (2001).</td>
<td>To examine how Indonesian women’s power relative to that of their husbands, affects use of prenatal and delivery care.</td>
<td>Data is taken from the Indonesia Family Life Survey (IFLS) with 7500 households. Power is measured using economic resource ownership of husbands and wives.</td>
<td>A woman’s control over economic resources affects the couple’s health reproductive decision making.</td>
</tr>
<tr>
<td>Boungou-Bazika (2007)</td>
<td>To assess the impact of a youth income generating program on HIV risk in Ewo, Congo.</td>
<td>Focus groups with 372 youth involved in an income generating program.</td>
<td>Youth participating in income-generating activities have a reduced susceptibility to HIV due to revenue, autonomy, and new skills.</td>
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<tr>
<td>Deere &amp; Doss (2006)</td>
<td>To explore whether female land rights lead to higher rural household incomes in landowning households in Paraguay and Peru.</td>
<td>The study controls for household and farm characteristics and regional factors to investigate effects of female land rights on net income, farm income, and off-farm income.</td>
<td>Female land rights are positively associated with off-farm income in both countries.</td>
</tr>
<tr>
<td>Doss, (2006)</td>
<td>To examine how the share of assets owned by women in households affects expenditure patterns.</td>
<td>The study uses data from Ghana Living Standards Surveys to examine asset ownership including business assets, savings, and farmland for women and how assets are related to nine budget categories over two time periods.</td>
<td>Women’s share of assets is related to household budget shares in both time periods.</td>
</tr>
<tr>
<td>Fafchamps &amp; Quisumbing (2002)</td>
<td>To examine how control, management, and ownership of assets during marriage affects the disposition of assets upon divorce.</td>
<td>Household surveys on consumption expenditures, wealth, income, and health of 1500 households in 15 villages in rural Ethiopia.</td>
<td>The level of control and management of assets within marriage affects the assets that women leave the marriage with upon divorce.</td>
</tr>
<tr>
<td>Friedemann-Sanchez (2006)</td>
<td>To examine ways in which land, home ownership, wage income, and social capital impact property acquisition and intrahousehold bargaining of women.</td>
<td>Individual interviews, focus groups, and surveys with male and female workers at flower grower associations.</td>
<td>Women with more property have more bargaining power.</td>
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<tr>
<td>Gage (1995)</td>
<td>To examine the influence of women’s wealth on contraceptive behavior in sub-Saharan Africa.</td>
<td>Data from Togo Demographic and Health Survey (1988) of 3360 women aged 15-49, of which 2454 are married.</td>
<td>Togolese women who earn their own income or participate in a rotating credit or saving scheme are two times more likely to ever use modern contraceptives than women who do not.</td>
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<tr>
<td>Hogan, Berhanu, &amp; Hailemariam (1999)</td>
<td>To examine how women’s status and household organization affect contraceptive knowledge and communication.</td>
<td>National Family and Fertility survey (NFFS) from 1990 &amp; 1997, analyzes contraceptive knowledge, use, and need for family planning services.</td>
<td>Women who are educated and earn cash income in Southern Ethiopia are more likely to be contraceptive users if they participated with their husbands in the family decision-making process.</td>
</tr>
<tr>
<td>Kajimo-Shankantu &amp; Evans (2007)</td>
<td>To examine the possibility of integrating women-centered savings programs into formal finance systems in order for women to take out housing loans.</td>
<td>Semi-structured interviews of women participating in two savings programs.</td>
<td>Women are capable of saving for and repaying housing loans through savings systems, but the formal banking sector did not have a business model to target this population segment.</td>
</tr>
<tr>
<td>Katz &amp; Chamorro (2002)</td>
<td>To examine determinants of the total amount of land owned by women in Honduras and Nicaragua, and effects of land ownership.</td>
<td>Variables include women’s age, education, and headship, land ownership, and household expenditures.</td>
<td>Ownership of land by females is associated with small, but positive and significant increases on expenditure of food and child education attainment.</td>
</tr>
<tr>
<td>Kishor &amp; Johnson (2006)</td>
<td>To examine linkages between domestic violence and reproductive health outcomes with a particular focus on ‘poor’ women.</td>
<td>Demographic and Health Survey (DHS) data from Cambodia, the Dominican Republic, and Haiti compare women from various poverty and violence categories and their reproductive health outcomes.</td>
<td>Wealth is not related to domestic violence and reproductive health outcomes. Both poor and wealthy women are susceptible to violence.</td>
</tr>
<tr>
<td>Panda &amp; Agarwal (2005)</td>
<td>To examine correlates of physical and psychological violence.</td>
<td>Women’s ownership of land or house and long term and current violence of 502 ever-married women ages 15-49.</td>
<td>Women with immovable property (land or house) face a significantly lower risk of marital violence than property-less women.</td>
</tr>
<tr>
<td>Quisumbing &amp; Briere (2000)</td>
<td>To examine how differences in bargaining power by husband and wife affect the distribution of consumption and expenditures in Bangladesh.</td>
<td>Measurement of bargaining power includes current assets and assets brought to the marriage by husbands and wives.</td>
<td>Wife’s assets have a positive and significant relationship with the share of expenditures on children’s clothing and education.</td>
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### Table 2: Asset Outcomes for Women and Children

<table>
<thead>
<tr>
<th>Study</th>
<th>Purpose</th>
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<tbody>
<tr>
<td>Schuler &amp; Hashemi (1994)</td>
<td>To examine how women’s status affects fertility in rural Bangladesh.</td>
<td>Surveys of 1305 women participating in Grameen Bank and Bangladesh Rural Advancement Committee (BRAC) credit programs.</td>
<td>Women’s participation in BRAC and Grameen Bank credit programs is positively associated with levels of empowerment.</td>
</tr>
<tr>
<td>Sinha, Ranson, Chatterjee, Acharya, &amp; Mills (2005)</td>
<td>To examine barriers to access of community-based insurance (CBI) scheme benefits among poor women and their families in Gujarat, India.</td>
<td>Focus groups of women in the Self-Employed Women’s Association (SEWA) in the CBI program.</td>
<td>Women face multiple barriers when accessing CBI benefits including: hospitalization, submitting insurance claims, inadequacies of transportation, health care infrastructure, and financial poverty.</td>
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### Table 2: Asset Outcomes for Children

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<td>Armstrong Schellenberg, Victora, Mushi, de Savigny, Schellenberg, Msinda &amp; Bryce (2003)</td>
<td>To examine how socioeconomic inequities affect healthcare seeking behavior.</td>
<td>Data taken from 2006 women with children under age 5, including care seeking behavior (for a substantial number of illnesses) and socioeconomic levels.</td>
<td>Healthcare-seeking behavior is worse in the poorest families, within a rural society that might be assumed to be uniformly poor.</td>
</tr>
<tr>
<td>Filmer (2002)</td>
<td>To examine the relationship between household poverty and the incidence and treatment of fever as an indicator of malaria among children in Sub-Saharan Africa.</td>
<td>Data is from the Demographic and Health Surveys for mothers with children under the age of three years.</td>
<td>There is a positive but weak relationship between poverty and reported fever.</td>
</tr>
<tr>
<td>Green &amp; White (1997)</td>
<td>To examine whether homeownership benefits children of homeowners.</td>
<td>Using several longitudinal data sets, tests whether daughters of homeowners are more likely to have children as teenagers than daughters of renters.</td>
<td>The relationship of owning a home on teenage parenthood is negative and statistically significant, particularly for low-income households.</td>
</tr>
<tr>
<td>Gutierrez (2002)</td>
<td>To investigate whether children of land owners have better nutritional status than children of landless workers.</td>
<td>Bolivian Demographics and Health Survey 2003 (ENDSA), 1331 children of women in rural areas, whose main income generating activity is agriculture.</td>
<td>There is no significant difference in stunting (measure of nutrition) between children of land owners and those of landless workers.</td>
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<tr>
<td>Thomas, Contreras, &amp; Frankenberg, (2002)</td>
<td>To examine whether assets brought to marriage by husband and wife have a differential impact on child health in Indonesia.</td>
<td>From the Indonesia Family Life Survey (IFLS), 7500 households.</td>
<td>Child health is positively associated with the relative asset positions of parents at the time they were married.</td>
</tr>
<tr>
<td>Williams (2004)</td>
<td>To examine the influence of wealth relative to income across several child development outcomes.</td>
<td>Relationship of household wealth in 1994 on child well being in academic achievement and socio-emotional behavior.</td>
<td>Controlling for wealth and other variables, wealth is a statistically significant predictor of child well being outcomes, and differently for African-Americans compared to whites.</td>
</tr>
<tr>
<td>Woelk &amp; Chikuse (2000)</td>
<td>To investigate whether children of land owners have better nutritional status than children of landless workers.</td>
<td>Data is from 1331 children of women in rural areas, whose main income generating activity is agriculture.</td>
<td>There is no significant difference in children stunting (measure of nutrition) between children of land owners and those of landless workers.</td>
</tr>
<tr>
<td>Zhan &amp; Sherraden (2003)</td>
<td>To examine mothers assets (homeownership and savings) impact on their expectations and children’s educational achievement.</td>
<td>Female headed households sample from the National Survey of Families and Household (NSFH).</td>
<td>Controlling for income, single mother’s assets are positively related to their expectations for educational achievement of children, and children’s actual educational achievement.</td>
</tr>
</tbody>
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