Mother's Employment and Infant and Child Mortality in India

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Abstract

Despite its many advantages, the employment of women in economic activity in India has been associated with increased mortality for infants and young children. Simultaneously, narrower gender differentials in child mortality among employed women have been noted. This report examines whether these conclusions are upheld at the level of the typical Indian mother.

Using data from the 1992-93 National Family Health Survey, the effect on child survival of mother's employment status is evaluated for all children. Separate analyses of male and female survival evaluate the gender-differentiated impact of mother's employment. The effect of employment is also evaluated separately by whether employment is at home, outside the home without cash earnings, or outside the home with cash earnings.

The bivariate comparison of infant-(lqo) and child-mortality (4q1) rates for the period 0-4 years before the survey according to mothers' employment status reveals that mothers who are employed have a 10 percent higher infant-mortality rate and a 36 percent higher child-mortality rate than mothers who are not employed. Male mortality increases more than female mortality if mothers work.

These results are largely upheld in the multivariate analysis of births that took place 0 to 4 years before the survey. Logistic regressions are run separately for survival from 0 to 11 months and from 12 to 47 months. Controlling for relevant biodemographic, socioeconomic, and individual background characteristics, the odds of dying at ages 12-47 months are significantly higher when mothers are employed. The odds of dying at ages 0-11 months are higher only if the mother is employed at home or outside the home for cash. The odds of dying do not
differ by mother's employment status for female infants, but are 12 percent higher for males if the mother is employed than if she is not. During childhood, the odds of dying increase for male and female children if the mother works. For boys the increase is greatest if the mother works outside the home for cash and for girls if the mother works at home.

Thus, employment of women outside the home for cash, perhaps the most empowering form of employment, does not lower the risk of mortality for girls and increases the risk for boys. Further, employment of mothers in urban areas has more detrimental effects on infant and child survival than employment in rural areas. Also, employment of mothers has its most negative effect on survival at ages 12-47 months of daughters at higher birth orders with same-sex siblings, a group that is considered most at-risk. The report concludes that mother's employment is associated with higher infant and child mortality. Gender differentials narrow with mother's employment largely because of higher increases in male than in female mortality. There is little evidence to suggest that survival of girls is enhanced when mothers work. These conclusions do not imply that mother's employment should be discouraged, instead, they emphasize the need for viable child-care alternatives for women who work and for a renegotiation of gender roles and gender relations.