



EMPOWERING WOMEN TO ACHIEVE FOOD SECURITY SAFETY NETS

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INTRODUCTION

Impoverishment is characterized by social differences—gender, generational, and ethnic, among others—that structure people's access to economic and social assets. Gender inequalities are embedded within households and among kin, in the labor market and informal economic relations, and across community and wider networks. Recent investments to strengthen women's position within these social units and empower women as decisionmakers have reduced inequality and improved wellbeing. They are addressing women's needs for education, health care and nutrition training, credit, and employment. Even with increasing returns to these investments, some women require "safety nets"—private and public forms of social insurance—in response to shocks including drought, sudden illness or death of a family wage earner, job loss, political conflict, or dramatic currency devaluation. Buffers are also needed to reduce vulnerability during persistent crises in agricultural production, declines in landholding, pervasive or seasonal unemployment, or old age. Women find it harder than men to weather these changes since they have less access to employment in alternative labor markets or to credit and support networks outside the family and community.

Where formal employment and private safety nets such as pension funds and disability and life insurance are scarce, poor people rely on monetary or in-kind support from relatives or other informal social networks. Family members or neighbors may provide food or labor to households with an ill breadwinner, or migrant workers may support elderly parents or widowed mothers. Private safety nets are particularly important for women, who bear a greater burden of economic shocks or have limited access to assistance from employers, trade unions, or the state. Ruptures in once-established patterns of family and community solidarity, created or exacerbated by mobility, migration, and destitution, have reduced women's access to private sources of security. Urban women who are employed informally and lack social insurance often have fewer and more fragile social ties than rural women, and thus face special difficulties.

SAFETY NET PROGRAMS

Safety net programs help individuals, families, and communities respond to shocks, and assist people suffering from chronic incapacities to secure livelihoods. Supported by governments, donor agencies, and nongovernmental and community-based organizations, these programs provide either short-term relief and crisis mitigation or ongoing assistance to achieve a redistributive goal. Programs can be broadly categorized as cash transfers, in-kind transfers, commodity subsidies, and credit-based livelihood schemes. Cash transfer programs

include pension schemes, child maintenance grants, family allowances, disability grants, and public works programs. In-kind transfers include school feeding programs, community kitchens, and food-for-work programs, while subsidies reduce the price of commodities disproportionately consumed by or only available to the poor. Microcredit provides cash for consumption or investment.

Most safety net programs are designed to support poor families; some take account of intrahousehold differences. The latter is important because strong evidence shows that enhancing women's control of resources directly contributes to improvements in household and child welfare. This finding led to the design of transfer programs that directly or indirectly target women. Mexico (Box 1), South Africa (Box 2), and India (Box 3) provide examples of safety net programs with design features to put more resources under women's control.

Safety net programs use several mechanisms to target the poor and screen out those who are better off. Targeting has important efficiency and equity advantages by directing resources toward the poorest households, often headed by

Box 1: PROGRESA in Mexico

Mexico's Programa de Educación, Salud y Alimentación (PROGRESA) reaches over 2.6 million rural households and links cash benefits and nutritional supplements to mandatory participation in health and education programs. Several design features directly target women: mothers are designated as the official beneficiary and receive the cash transfers. The entire family—but primarily pregnant and lactating mothers and children under five years—is required to follow a schedule of clinic visits, and women attend monthly health education lectures. Children must achieve an 80 percent rate of school attendance, with program financial incentives slightly higher for girls' attendance. PROGRESA demonstrates a positive impact on child and adult health, and has increased household food expenditure. It also has a small but significant impact on intrahousehold decisionmaking, increasing women's control over their additional income. While concerns are sometimes raised that public safety net programs could reduce pre-existing private transfers among families, research on PROGRESA shows that participation results in no change in the levels of private transfers.



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BOX 2: SOUTH AFRICA'S PENSION SYSTEM

South Africa has a non-contributory, means-tested pension system for the elderly. Because poorer elderly people often live in large, three-generation households and pension income is shared, the funds reach more people than the elderly alone: in 1995 nearly one-third of the poorest South Africans lived in households receiving pensions. The pension scheme performs well in targeting the poor and reaching remote rural areas. It also favors women since they draw pensions at an earlier age, and live longer than men. Elderly people say that pensions contribute to household security: they are reliable, help cope with seasonality pressures, and facilitate investment in productive activities. Pensions received by women have been shown to improve the health and nutrition of children, especially girls, though pensions received by men do not show the same results.

BOX 3: PUBLIC WORKS IN INDIA

One of India's best-known public works programs is the Maharashtra Employment Guarantee Scheme (MEGS). In the 1980s MEGS created an average of 160 million person-days of work per year for men and women and is unusual in its offer of guaranteed year round employment opportunities. It builds roads, irrigation infrastructure, and wells and promotes soil conservation and afforestation. MEGS has produced significant income gains at a low cost and reduced vulnerability associated with the seasonality of agricultural work. Concentrating large numbers of workers in one place under similar conditions has contributed to breaking down social differences among castes, and the participation of large numbers of women workers has increased their confidence and economic power. MEGS facilitates the participation of women by locating within five kilometers of a village and by requiring the provision of day-care. In rural Maharashtra it is known as a "women's program" and in the 1980s estimates of the proportion of women in MEGS varied from approximately 51 to 64 percent. A study of two villages shows that women were less likely to participate than men, but among women the program was effectively targeted to young, less-educated household heads.

above the poverty line can mean that women within these households have inadequate access to income and food. These risks point to the importance of careful attention to gender difference in designing safety net programs.

These programs, if designed well, contribute to long-term development processes. One approach is to design transfer programs with incentives to invest in health and education. Another approach offers income generation programs with work requirements: labor-intensive public works that build productive infrastructure (such as roads, markets, and irrigation) and provide skills to increase access to the labor market, and credit-based self-employment programs. However, work requirements can unintentionally increase women's time burden or exclude women where family status and patriarchal norms limit their participation in public activities or certain jobs. In Bangladesh and South Africa, women initially faced barriers to working on road-building and construction projects, but their persistence eventually led to increased participation. The explosion of women engaged in informal work also has posed the need for innovative forms of social insurance. In India over 90 percent of women workers are in the informal sector, and the Self Employed Women's Association (SEWA) developed a members' insurance scheme offering hospitalization, maternity, and life and asset insurance components. It is financed through contributions from members, government, and interest on a donor grant.

Other program obligations provide additional benefits for women. Attending meetings and organizing collectively enables women to increase their social networks, and to gain skills to access new resources and improve their position in the labor market. Some require going to health and nutrition lectures that increase women's knowledge base and improve a family's health. Programs that require keeping girls in school have short- and long-term consequences for women's and family welfare. Evidence from Egypt and Mozambique reveals that increases in the educational level of mothers lead to overall reductions in poverty.

Greater sensitivity to the gendered effects of poverty and the needs of both women and men can reduce gender differences in access to and control over resources, and ultimately increase the welfare of women and children. If designed with a view toward improving women's education, skills and health, safety net programs can combine short-term poverty reduction with the longer-term development of women's capabilities. ■

For further reading see Michelle Adato et al. "The Impact of PROGRESA on Women's Status and Intrahousehold Relations" (IFPRI, 2000); L. Ardington and F. Lund, "Pensions and Development: Social Security as Complementary to Programmes of Reconstruction and Development," *Development Southern Africa* 12 (No. 4, 1995); S. M. Dev, "India's (Maharashtra) Employment Guarantee Scheme: Lessons from Long Experience," in J. von Braun, ed., *Employment for Poverty Reduction and Food Security* (IFPRI, 1995); and K. Subbarao, et al., *Safety Net Programs and Poverty Reduction: Lessons from Cross-Country Experience* (World Bank, 1997).

women. However, targeting households can underestimate the importance of intrahousehold inequality. For example, resources given to a household may fall under the control of male family members, and excluding households that fall just

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