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Extended family networks  
and household well-being:  
evidence from Malawi



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# Extended family networks and household well-being: evidence from Malawi

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## Key points

- Extended family networks play an important role in shaping household outcomes in rural Malawi.
- We find evidence showing that households with large extended families are not well protected following adverse crop losses, indicating that extended families may not always succeed in protecting household well-being. Thus, there is a role for policy interventions that alleviate such effects.
- Moreover, extended families should be taken into account when designing effective policies and interventions. Evidence from one of our studies indicates that paternal grandmothers undermine the effects on child health of an infant health promotion intervention.

## Introduction

Extended families and kin are recognised to be an important institution in developing countries. Relatives shape individuals' beliefs and preferences, and are an important source of information and resources, especially in settings with limited formal markets and weak governments: Households may receive gifts and transfers from relatives when they experience an adverse event; grandmothers and aunts may provide information on child nutrition and care, while other relatives may provide money to fund a child's education.

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Given their important influence, it is crucial for policy purposes to understand their effects on household well-being, and the mechanisms through which these are realised. If extended families are beneficial for some outcomes, then government interventions targeting these outcomes could crowd them out with little change to household well-being. Conversely, if extended families have negative consequences on well-being, then there is a case for the government and other actors to intervene. Extended families may also affect the way in which policies and interventions work. For example, mothers-in-law may prevent their daughters-in-law from leaving the home alone, thereby undermining their participation in health programmes. Understanding how extended families influence behaviour and outcomes is thus also crucial for the design of effective policies.

In this note, we summarise evidence from two projects that demonstrate these points. The setting is rural Malawi – a poor, agricultural context, similar to many parts of sub-Saharan Africa. We first provide evidence indicating that extended families are important in this context, before demonstrating that it is vital to understand their effects on household well-being, and that there is a role for government intervention. Finally, we summarise work undertaken by EDePo that shows the need to incorporate the extended family in order to design effective policies and interventions.

### **Extended families are important, especially in developing countries, such as Malawi**

Rural areas of developing countries are characterised by poor infrastructure (including that for health and education), poor government services, and limited availability of markets such as credit and insurance. Social ties – particularly extended family and kin – instead play a key role as a source of information and resources.

This description provides a good representation of the setting we study – rural Malawi. Malawi is one of the poorest countries in sub-Saharan Africa, with around 75% of its population living on less than \$1.25 a day. Mchinji, in the Central region of Malawi, is a primarily rural district with a population of around 455,000. The main economic activity is rain-fed subsistence agriculture. Maize, groundnuts and

tobacco constitute the most important crops. Formal credit and insurance markets are practically non-existent.

Instead, social ties, particularly the extended family, are a vital source of information and resources. In data collected from a sample of over 3,000 households in Mchinji, around one-third of households reported having *given* money, help or goods (which we label 'informal transfer') in the year preceding the survey, and around 44% reported *receiving* an informal transfer. Moreover, of transfers made and received by households, around 75% were to or from relatives. Similar patterns are seen when we examine data on who individuals talk to about various topics. On issues such as pregnancy and nutrition of a child, for example, women are much more likely to talk with family (30% for pregnancy and ~25.5% for nutrition) than a health visitor (~6.5% for pregnancy and nutrition). Thus, extended families are an important source of information and resources in this setting, and thus have an important influence in shaping household well-being.

### **It is important to understand the effects of extended families on household well-being**

Given the documented importance of extended families in developing country settings, it is important to understand their effects on household well-being, along with how this occurs, in order to shed light on whether policy intervention is needed. For example, if the extended family is particularly effective in some domain, such as transmitting information about jobs, then scarce government resources need not be devoted to alleviating this constraint. Conversely, if the extended family has negative influences on some outcomes, then there is a role for government to play in designing policies and interventions to address these issues.

Take the example of the role of extended family in helping households cope with the consequences of adverse events. In the case of rural Malawi, research in anthropology and sociology indicates that the extended family plays a crucial role in this domain. This is a consequence of the local context: there are no or few formal insurance and credit products available, which themselves are a result of a lack of mechanisms allowing for the enforcement of small contracts between poor households and credit and insurance firms (e.g. well-functioning small claims tribunals), costly monitoring of poor households, and poor infrastructure, which

increases the costs to firms of reaching those in rural areas. The extended family is able to overcome these limitations, and thus plays a key role in this aspect.

This role of the extended family in helping households cope with adverse events is also encoded in historical, well-documented norms among the Chewa, the main ethnic group in the sample we study. These norms assign an important role to the wife's brothers in ensuring the well-being of her household: the eldest brother is responsible for ensuring access for her family to production resources, health care, and other things important for household welfare. As a result, children will consult with their maternal uncles as they are responsible for arranging marriages, ensuring the children have access to adequate land and other productive resources, as well as health care.

However, as EDePo research<sup>2</sup> reveals, the larger the extended family, the less help the household can expect in coping with crop losses, an important source of risk for households in our predominantly agricultural setting: 24% of households in our sample experienced a crop loss over a two-year period. These losses are non-negligible. Among those who experienced a crop loss, the amount lost was, on average, equivalent to 125% of average monthly household consumption.

Specifically, our study considers how the number of brothers of the wife affects how well protected household consumption is from idiosyncratic crop-loss events.

From an economic perspective, two forces are at play in shaping the relationship between how well protected household consumption is to crop losses and the number of brothers of the wife. On the one hand, having more brothers reduces the possibility that all experience a crop loss at the same time as the wife's household, and so some brothers should be better able to help the wife's household. On the other hand, having many brothers raises the chances that some will decide not to help her household, and instead form a smaller subgroup within which they insure one another. The possibility of forming such a subgroup reduces the amount that the wife can ask her brothers for, leading to her household being less well protected. Thus, overall, this relationship is ambiguous.

Data analysis indicates that larger groups of brothers provide less insurance: households where the wife has many brothers experience a drop in consumption

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<sup>2</sup> E. Fitzsimmons, B. Malde and M. Vera- Hernández, 'Group size, coalitional deviations and informal risk sharing', Institute for Fiscal Studies (IFS) mimeo, 2015.

following an adverse crop loss. By contrast, households where the wife has many sisters display no such pattern, indicating that this relationship is not an artefact of the fact that households where the wife has many brothers are poorer, and have poor extended family networks. The findings indicate that informal arrangements involving the wife's brothers are not always effective in helping households cope with adverse events.

Thus, extended families may not always protect household well-being, contrary to what is implied by existing social norms. This finding suggests that there is a role for governments and other actors to implement mechanisms and policies that counteract these effects.

### **It is crucial to understand the role of extended families when designing policies**

When extended families are unable to protect household well-being, or even worsen it, there is a case for government or other actors to intervene. However, it is imperative to take into consideration the extended family, and how it affects household well-being, to design effective policies and interventions. This is demonstrated by the findings of another study undertaken by EDePo investigating how the effects of an infant feeding counselling programme varied with the availability of different members of the mother's extended family.

Parents rely on information and advice provided by extended family members when taking decisions concerning the health of their children. In Malawi, as in many parts of sub-Saharan Africa, health-care services are relatively scarce, with few qualified staff available in rural areas: for example, there were only 0.3 nurses and midwives for every 1,000 people in 2010 (compared to 10.1 per 1,000 people for the UK),<sup>3</sup> with a significant proportion of these in urban areas. Social networks and female relatives, such as a child's grandmothers, great-aunts and aunts, form the key source of information and advice on childcare and feeding practices. The information they transmit is usually based on tradition, rather than modern medical practice (because the relatives have themselves received the information from their own older female relatives), leading to the persistence of misperceptions across generations. The presence of extended family members

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<sup>3</sup> Source: World Bank Open Data.

may therefore affect the effectiveness of interventions aimed at changing childcare practices. They could increase the success of an intervention, through, for example, diffusing information on its availability; or undermine it by, for example, dissuading family members from participating or following through on the intervention recommendations.

To assess how extended families influence the effectiveness of health interventions, we exploit a cluster randomised control trial in Mchinji District to analyse whether the success of a home visiting intervention, which provided pregnant women and new mothers with information on how best to feed their infant, was affected by whether certain members of the extended family are alive. Looking at child height, which is considered to be a good indicator for long-term health, we find that exposure to the intervention increased it significantly. However, this effect size is offset if the paternal grandmother is still alive. This could be due to a disagreement between the beliefs of grandmothers and the messages delivered by the intervention. Maternal grandmothers do not have any effect on intervention impact, but appear to be associated with a reduction in child height in the absence of the intervention. Overall, the results point to a highly influential role for grandmothers on child health in this region, and suggest that success of the intervention could be increased if it sought to integrate senior women rather than focusing exclusively on mothers.

### **Concluding remarks**

This note has considered the role of extended family networks in shaping household well-being in rural Malawi, a context with poor infrastructure and few formal markets. In the context of coping with the consequences of adverse events, extended family networks are not always effective in protecting household well-being, indicating that there is a role for government intervention. Moreover, extended families should be taken into consideration when designing policies and interventions, as demonstrated by the findings on child health: paternal grandmothers undermined the functioning of an infant feeding counselling intervention, demonstrating the need to incorporate grandmothers in interventions aiming to affect child health.