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# Gender and Development: Empowering Women in Finance and Fertility

Nava Ashraf

Harvard Business School and J-PAL

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# Domains of Empowerment

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## □ Finance

- Access to Credit and Savings Products
  - Greater power in household Financial Decision Making

## □ Fertility

- Ability to meet her desires for number and spacing of children and adoption of new contraceptive technologies`
  - Quantifying the role of Social Norms and Intra-household dynamics

## □ Agriculture

- Adoption of new agricultural technologies & inputs



# A Word on Methods: Field Experiments & RCTs

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- Need to evaluate a program, particularly from a gender approach
- But in evaluation, there is always the fundamental problem of identification
  - Randomized Control Trials (RCTs) allow for causal inference through randomization into treatment and large sample sizes
- Can use Field RCTs to identify and measure traditionally ignored psychological and social factors—and to get inside the household.
- Can combine with qualitative work through the duration of the study to identify mechanisms

# Empowering Women:

## MicroFinance

("Female Empowerment: Further Evidence from a Commitment Savings Product in the Philippines (Ashraf, Karlan, & Yin, 2007)

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- Main focus of empowering women through microfinance has been on microcredit, but savings could be equally important
- Our study provides a savings product where the funds in the account were "committed" to a predetermined goal.
- A woman who opened this account:
  - Had exclusive property rights over the account
  - Decided on the goal herself
  - Was the only one who could take out the money when the goal was reached



# Results

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- The product caused an 80% increase in savings over a randomly assigned control group
- The product caused an increase in household decision making power for married women
  - both in the women's own reporting of how household decisions were made and
  - in the household's purchases of goods typically used by women.
- Effect on decision making power is strongest for married women who had below-median household decision making power prior to the intervention.
- Households in which a woman was offered the commitment product were more likely to buy durables typically used by women within the household.



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# Empowering Women in Fertility Choices

THE BABY GAVE YOU NINE MONTHS' NOTICE.  
WHERE'RE THE NAPKINS, SHAWLS  
AND EVERYTHING?

THERE'S NOTHING AT ALL, SISTER.  
IN FACT WE'VE PROBLEMS IN FEEDING  
AND DRESSING THE OTHER TEN  
CHILDREN AT HOME.



TAKE OFF YOUR SHIRT SO THAT WE CAN  
WRAP IN THE  
BABY

OKAY SISTER



YOU MEN'RE TO BLAME  
BECAUSE YOU ALWAYS  
DISCOURAGE YOUR  
WIVES TO USE ANY  
OF THE MANY FAMILY  
PLANNING METHODES!

NEVER AGAIN  
DARLING  
FAMILY PLANNING  
MAKES SENSE!



# Household Bargaining and Excess Fertility: Context (Ashraf, Field and Lee, 2010)

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- Peri-urban low- and middle-income neighborhoods in Lusaka, Zambia
- High total fertility (TFR=4.6), high maternal mortality (.73%)
- Contraceptive methods available in public clinics, private clinics, pharmacies
- In practice, rationed by wait times, stockouts
- Official policy that husband consent is not required to obtain contraceptives; not in rural areas
- Many husbands unaware of birth control use (21%)
- 68% of births are unwanted, 55% of women at risk of unintended pregnancy not using modern contraception

# Chipata Clinic Waiting Room

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# Experimental Design

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- Field experiment (randomized study) with public health clinic in urban Zambia
  - 1147 women recruited from catchment area of clinic
- Offered women a voucher that granted access to:
  - Appointment with dedicated family planning nurse at a government clinic
  - Guaranteed access to two forms of long-term contraception previously unavailable (one stocked out for years, one never made widely available)
  - No cost, no waiting time
- Individual level randomization
  - Randomized whether woman given voucher in presence of husband or alone
  - Purpose: Introduce random variation in degree of asymmetric information – i.e. wife's ability to hide contraceptive choice

# Voucher

## Free, Instant Access to Depo Provera or Jadelle



Name .....

NRC# .....

Date .....

sponsored by



Ministry of Health

*see inside for details*

If you bring this voucher with your NRC card to Nurse Grace Daka at Chipata Clinic between xx and xx hours Monday through Saturday, we guarantee that you will receive:

- very quick, first-class personalized family planning services from Grace Daka, your own dedicated family planning nurse only for the lucky women in this study
- one implant of Jadelle or one years' worth of Depo Provera if the nurse deems it medically appropriate
- a wait time of no more than 30 minutes; we will give you a free gift if you wait longer than 30 minutes
- a free, surprise gift for you, the woman of the house, if you are one of the first 50 women to see Grace Daka with this voucher



# Results

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- Presence of husband reduced use of voucher by 10 percentage points (from 53%), and increased adoption of longer term contraceptives by 9%.
- Implies that greater opportunity to hide increased take-up of family planning services by 23% (also supported by qualitative results from full follow up survey)
- Strongly significant with and without controls
- After two years, 60% reduction in excess fertility, just from who is presented with the information.
- Concentrated among couples where husbands want more children than their wives do.
- Understanding this “preference gap” is key

# Understanding the Preference Gap: Objectives

(Ashraf, Field, and Voena, in progress)

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- Many reasons for the gap we see especially in sub-Saharan Africa, in preferences for children
  - Men get higher utility, have longer reproductive span, have lower costs of childbearing and childrearing
  - Focus on reasons we can identify cleanly identify and change
- Do men and women have systematically different information about costs?
  - Economic costs of raising children
  - Health risks of childbirth: maternal mortality and morbidity
    - Policy programs promoting education about this are almost always focused on women
- Can precise, accurate information, provided to individuals in charge of the decision making, align the gap?

# Mixed Methods: Focus Groups

## Reveal Further Differences

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- Men react with surprise, shock (and even horror!) when they hear how dangerous pregnancy and delivery can be for their wives. They say it is information they did not know before
- Women have an intuitive understanding of the risks, even if they do not know the technical details
  - They use words like “Your body is tired after the baby” to explain why child spacing is good and “An older woman is too weak, her bones aren’t strong enough” to explain why older women are at higher risk
  - They know each time they carry a child, they are putting themselves in harm’s way: *“Even if nothing happened with the previous babies, you can’t always be lucky twice.”*
- Women feel their husbands do not have a clear understanding of the problems they face
  - *“We can explain to our husbands what’s going on with complications, and that we’re scared, but they won’t understand because they don’t experience the same things”*
  - *“I think that women need to look out for their own health, because if I die in labor ward, my husband can’t die with me”*

# Widespread Cultural Belief that Maternal Mortality Due to Infidelity

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- In response to the question “To the best of your knowledge, what are the causes of maternal mortality and complications in women at childbirth?”
  - *“If the woman was unfaithful to her husband during pregnancy”*
  - *“Having extra-marital affairs causes women to die at childbirth”*
  - *“If a man is unfaithful to a woman during pregnancy, she can die”*
  - *“Being unfaithful to your spouse”*



# Study Design

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- 2000 households in poor urban area outside Lusaka, Zambia
  - Baseline survey on preferences over fertility, attitudes toward family planning, and knowledge about maternal health
  - Two types of men's community meetings
    - Control: family planning information only
    - Treatment: family planning information + maternal mortality information
  - Follow-up period: men given voucher for wives to access free family planning
- Does helping men internalize the cost of childbearing to their wives increase their demand for contraceptives?
- In the pilot of this intervention, the wives of men who attended the treatment meeting sought contraception at the clinic at a rate of **5 to 1** over the wives of men who attended the control meeting

# Conservation farming and intra-household decisions in Zambia

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- ❑ Conservation farming technologies are important for long run soil fertility, water conservation, and seed production
  - ❑ Short run benefits may be small
  - ❑ May reallocate labor within the household or over time
- ❑ Why is adoption of conservation farming relatively low in developing countries?
- ❑ What strategies can be used to increase take up?
- ❑ What forms of conservation farming are complementary? How can peer and network effects be leveraged to increase uptake?

# Bargaining within the household

- ❑ Some technologies may change the balance of power within the household
  - ❑ Typically between husband and wife
- ❑ Technologies that benefit the household overall may not be adopted if the wife gains bargaining power
  - ❑ One explanation for low adoption of certain conservation farming inputs





# Targeting input vouchers

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- ❑ Address intra-household inefficiencies and low take up rates through targeted input vouchers
- ❑ Traditionally a challenge to ensure that subsidies reach the “right” recipients
  
- ❑ Mobile technologies may offer a solutions
  - ❑ Ties the subsidy to the recipient, offers low cost delivery and tracking
  
- ❑ Preliminary study idea: Examine intra-household dynamics and test targeting using e-vouchers



# Conclusion

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- Using field experiments, combined with qualitative methods, can help us both understand gender differential adoption patterns and impact of programs
- Through this process, we can deepen our understanding of what happens inside the household- how inputs truly get turned into outputs.