A Woman’s World 2012

A research response to the high rates of maternal mortality, excess fertility, HIV/AIDS, and school drop-out faced by women in developing countries.

The challenges women face in attaining health, education, and economic well-being are difficult around the world, and particularly palpable in sub-Saharan Africa, where women endure high maternal mortality rates (640/100,000), high HIV rates (58% of adults living with HIV are women), and the ratio of girls to boys enrolled in secondary school is the lowest of all world regions (World Bank, 2009). In order to solve these problems, it is not only more investment that is needed, but also smarter investment in innovations that can improve women’s lives. Professor Nava Ashraf’s research agenda employs gold standard scientific methods to design and evaluate innovative programs that transform opportunities facing women. Her experiments are carried out in Zambia, where she employs rigorous quantitative methods of randomized controlled trials with deep qualitative methods, to design creative interventions that produce solid evidence of program efficacy. Through the local research organization she helped found over the past seven years of work, Innovations for Poverty Action (IPA) Zambia, Prof. Ashraf aims to create evidence that is generalizable to policy-makers and funders worldwide who are responsible for scaling up the most effective programs and interventions that make the world a fair, healthy, and just place in which all women can thrive.

WHY ZAMBIA?

• Government is committed to evidence-based policymaking.
• Challenging cultural context for young women and girls, in which speaking out to adults or men is unacceptable, limiting the ability for women and girls to serve as agents of change.
• High maternal mortality rate (470/100,000).
• Unique opportunity for reproductive health interventions in early teen years, as only 15.9% of women reported first act of sexual intercourse as age 15 and 60.4%, reported age 18.
• Girls’ dropout rates are three times as high as their male counterparts’ in the fifth grade.

Source: Zambia DHS 2007
“Negotiating a Better Future: Measuring the Impact of Teaching Girls Negotiation Skills on Health and Educational Outcomes”
N. Ashraf and K. McGinn (Harvard Business School) and C. Low (Columbia University)

School data for Zambia shows a dramatic decline in female enrollment beginning in early teen years, starting prior to school fee increases and at a rate three times higher than boys’ dropouts.

When young girls struggle to stay in school, they may end up relying on male partners for resources and having to offer sex in return. Such relationships are prevalent across sub-Saharan Africa, leaving young girls highly vulnerable to HIV infection and unwanted pregnancy, as evidenced by the two-to-one ratio of HIV rates among young women versus their male counterparts.

What if there was a way to train Zambian girls in the communication skills needed to negotiate health and education decisions with power figures in their lives?

Our intervention poses the question of whether and how negotiation skills – skills that allow a girl to reshape her own understanding of a conflict and her communications with others, without changing outside factors - can result in more favorable allocations of resources.

Information is Power,
But not if you are Powerless...

“Women may face barriers [to HIV/AIDS education, testing and treatment] due to their lack of access to and control over resources, child-care responsibilities, restricted mobility and limited decision-making power.”

- World Health Organization, 2009

WHO also names negotiation skills for women and expanded efforts to keep girls in school as critical tools for reducing HIV rates among women in Sub-Saharan Africa. Therefore, testing the impact of negotiation training (see curriculum outline below) with Zambian girls will allow us to see how girls can take better advantage of information already provided to them in current school curricula on HIV/AIDS, health, and education.

Innovative Design for Girls’ Empowerment

• We uniquely and specifically test components of youth empowerment programs: social capital, information, and communication skills (each tested separately)
• We experiment in a realistic school setting, learning directly from intended beneficiaries (young Zambian women), in an extremely cost effective and replicable manner
• We test the value of shifting the balance of power toward youth in creating optimal inter-generational allocations and promoting youth health and education.

For more information, please contact Kristin Johnson, Research Manager (kjohnson@hbs.edu)
How does the engagement of men in family planning influence reproductive health?

- Maternal mortality and morbidity rates increase when women are unable to space their births, or when they give birth at too young or old an age.
  - In 2011, the WHO estimated nearly 350,000 needless maternal deaths occur every year, orphaning millions of children and disrupting economic and social infrastructure of most affected communities.
  - Another 10.5 million women endure long-lasting illness and injury from unsafe pregnancies and deliveries.
  - In Zambia there are 729 maternal deaths per 100,000 live births, one of the highest rates in the world.
- High levels of excess fertility worldwide - 50% of pregnancies unplanned or unwanted – suggest there are barriers to family planning, like clinic waiting lines, contraceptives stock-outs, usage fees, or misinformation.
- In 2010, Ashraf, Field, and Lee found that, despite free access to family planning services, women in Lusaka, Zambia were less likely to seek services if their husbands were present when the services were offered, implying that unmet need for contraception may reflect underlying differences between male and female fertility preferences.
- Male involvement programs are a growing trend in reproductive health, however they could do more harm than good if they do not properly engage men.
- Our ongoing research (see box to the right) seeks to improve reproductive health, and prevent needless maternal deaths, through the effective engagement of husbands in family planning.

Core Messages from Maternal Mortality Education Session Curriculum:
(1) Having many children increases the risk of complications in childbirth; (2) Births too close together or when the woman is still young can result in a strained, dangerous pregnancy.

“Maternal Mortality Risk and Male Fertility Preferences”
N. Ashraf (Harvard Business School), E. Field (Duke University) A. Voena (Harvard Kennedy School)

Do male and female fertility preferences differ because women more palpably fear dying in childbirth, and men fail to internalize the risk? Researchers test whether providing information on the risk of maternal mortality will increase male acceptance of family planning and enable healthy male involvement in fertility decisions by randomizing 2,000 households of eligible married couples into treatment and control groups in which either the husband or wife of each household will attend an educational community workshop. Both groups receive information on available modern contraceptives, clarification on misconceptions, and encouragement towards family planning counseling, and the treatment group additionally receives a curriculum on the risk of maternal mortality in Zambia, including medical causes, risk increases associated with low birth spacing, large family size, and giving birth at too young or old an age, and how professional care throughout pregnancy can reduce these risks. After the workshops finish, vouchers for free family planning services are distributed to all participants. The study will compare rates of voucher take-up, contraceptive use, change in attitudes and, ultimately, fertility and maternal health across groups, drawing conclusions about the impact of maternal mortality education on family planning use and fertility outcomes.
“Household Bargaining and Excess Fertility”

In a field experiment with Chipata Clinic in Lusaka, Zambia, researchers provided 1,994 married women who had given birth in the last two years with vouchers for free family planning counseling at the local government clinic, guaranteeing a wait time of less than one hour and access to the modern contraceptive method of their choice.

Women were randomized to receive this information either alone, or as a ‘couples’ treatment, with their husbands present at the counseling session.

- The couples treatment were 9 percentage points (18%) less likely to use the voucher to obtain an appointment at a family planning clinic.
- Women in the couples treatment were 12 percentage points less likely to use the voucher if their husband reported wanting more children than them.
- Women in the private treatment experienced a 60% reduction in unwanted births.

Take up of particular modern contraceptive methods may be sensitive to the amount of control women can exercise relative to their husbands in the use of these methods, and demonstrate that strategies shifting relative control of contraceptive methods from men to women could significantly increase contraceptive use and reduce average fertility in some contexts.

Strong Foundations, Sustainable Results

Strong Institutional Support

- Pls across projects bring strong support from Harvard Business School, Harvard Medical School, The London School of Economics, Columbia University, Duke University, and Tufts University.

Cooperative Relationships with Local Government

- Research team has been working collaboratively with the Zambian Government since 2006.
- Formal partnerships with Ministry of Health and Ministry of Education are continually developed and maintained.

Professor Nava Ashraf

Professor Nava Ashraf is an Associate Professor at Harvard Business School, a co-Founder of Innovations for Poverty Action – Zambia, and an affiliated Professor of the Abdul Latif Jameel Poverty Action Lab (J-PAL). She is a behavioral economist whose field experiments across the world examine puzzles of human behavior related the role of prices and, self control and commitment mechanisms, and intra-household dynamics on individuals’ health behaviors and outcomes. Professor Ashraf’s work has been published in the American Economic Review and the Quarterly Journal of Economics, and she had built her research agenda in Zambia over the past seven years of field experiments in-country.

Interested in this research? Please contact Research Manager Kristin Johnson (kjohnson@hbs.edu)