



Behavioral Economics of Reproductive Health Initiative

THE CHALLENGE Despite the increasingly widespread availability of reproductive health and family planning services, the ability to control reproductive outcomes represents a fundamental challenge for women worldwide. A disproportionate burden of unwanted pregnancy, mortality risk, and sexually transmitted infection is borne by adolescent and poor women.

Why Behavioral Economics?

While these disparities can be partially mitigated by medical technologies, fertility decisions are also constrained by complex social, behavioral, and economic forces. Behavioral constraints, such as time preferences or self-control, and social barriers, such as intra-household bargaining and community norms, often impede decision making about reproductive health. Behavioral economics can help us design programs to overcome these barriers.



Photo by Sarah Baird, Adolescents participating in the conditional cash transfer program, Malawi.

BARRIERS

Market Constraints

- Finance
- Access to information
- Access to health services
- Access to family planning technology

Behavioral Constraints

- Inconsistent time and risk preferences
- Misconceptions or traditional beliefs
- Incorrect prediction of future preferences
- Lack of aspirations
- Social pressure
- Bargaining power inequality
- Overextended cognitive capacity

OUTCOMES

- Number and timing of pregnancies
- Maternal morbidity and mortality
- Take up of reproductive health services
- Sexual debut and behavior
- Educational attainment
- Women's employment and earnings

Our Solution

The Behavioral Economics of Reproductive health Initiative (BERI) **rigorously tests the effectiveness** of novel interventions that leverage behavioral economics to affect reproductive health outcomes in Africa and South Asia. By identifying **barriers to adoption** that persist even once market constraints have been relaxed, we can design and test interventions to eliminate the final obstacle between women and their desired reproductive health outcomes. BERI provides competitive **catalytic grants** to leading researchers in the fields of economics and public health to spark innovation and inject fresh ideas into reproductive health. Ultimately, the results from our research will be translated into **actionable evidence** and proactively disseminated to leading decision-makers and implementers in the reproductive health field.

BERI was launched in 2013 with seed funding from the Hewlett Foundation and is seeking additional partners to cultivate new ideas and support innovative research. For additional information please contact e.turner@berkeley.edu.



Photo from PSI Malawi

Randomized Impact Evaluation

CEGA and BERI researchers use rigorous evaluation techniques—primarily randomized controlled trials (RCTs)—to identify the impact of development interventions on welfare. We have also pioneered novel approaches for evaluating complex programs when randomization is not feasible. This enables decision-makers to focus scarce resources on programs that maximize impact.

Collaboration

BERI partners with leading practitioners in the field of reproductive health to identify the most urgent behavioral issues impeding reproductive health outcomes. We match practitioners with investigators interested in similar research questions or regions, so investigators can leverage practitioners' projects and local presence to implement evaluations.

Ongoing Experiments

Do cash transfers to young girls affect empowerment and aspirations in adolescence? BERI is supporting the qualitative component of an ongoing RCT offering Malawian girls either a small cash grant paid unconditionally, or a grant conditioned on school attendance. Short term results included improved school attendance and performance, delayed marriage and pregnancy, decreased sexual partnerships with older men, and decreased the prevalence of HIV and herpes. As the study population become adolescent women, we will conduct in-depth qualitative interviews and focus groups, integrating results with the rigorous quantitative data. The study will determine if the cash transfers led to changes in self-esteem and aspirations, empowering the women to make different decisions about their future.

MALAWI | Craig McIntosh, UCSD

Does increasing awareness through community-based interventions stimulate demand for contraceptives? This pilot, in partnership with Population Services International (PSI), will explore channels for educating women and correcting misconceptions about long acting reversible contraceptives (LARC) outside of traditional clinical services. Specifically, hairdressers in treatment areas will be trained to discuss LARC with their clients and refer those interested to local clinics. Because how a message is framed can influence behavior, a subset of hairdressers will frame the information on LARC to emphasize loss aversion. Outcomes—LARC uptake and new clients visiting the clinics for family planning—will be compared between clinics in treatment and non-treatment areas to determine if the intervention increased demand.

ZIMBABWE | Nancy Padian, UC Berkeley

Does maternal mortality risk awareness affect men's fertility demand? This RCT tests whether a maternal mortality curriculum designed to break down cultural myths about pregnancy can increase contraceptive uptake. Couples will attend community workshops, where they learn about contraceptives and receive vouchers for family planning. Those in the treatment group receive the additional curriculum on maternal mortality. Measured outcomes include knowledge, superstitious beliefs, intra-household dynamics, contraceptive use, and health outcomes.

ZAMBIA | Nava Ashraf, Harvard

Can life skills training improve self-control and self-efficacy among young women? This project tests whether linking family planning to career success can improve job market and fertility outcomes for young women. Recent high school graduates are randomized to evaluate the effects of "hard-skills" and "soft-skills" focused entrepreneurship training courses; half of the students in each group will also receive a reproductive health module which utilizes cognitive behavioral therapy. The targeted "soft skills"—including decision making, assertiveness, and communication—are hypothesized to improve women's control over fertility.

UGANDA | Paul Gertler & Dana Carney, UC Berkeley