About BERI

The Behavioral Economics in Reproductive health Initiative (BERI) was launched by the Center for Effective Global Action (CEGA) and the Hewlett Foundation in 2013. BERI addresses a persistent challenge in reproductive health: individuals are often unable to achieve their desired reproductive outcomes, even when affordable health and family planning services are available. For example, households may fail to adopt a promising health technology because of perceived risk, procrastination, or lack of information about benefits. Similarly, young women with career aspirations may drop out of the labor force early, because of market inefficiencies that undermine their profitable employment. In response to these challenges, we are drawing insights from labor and behavioral economics - including concepts like risk preferences, time inconsistency, self-control, projection bias, and the role of social networks for job seekers - to design better health, employment, and school programs. The initiative supports a network of academic researchers working closely with NGO and government partners throughout the world.

BERI’s Launch Workshop

On June 5, 2013, BERI held a launch workshop in Washington, DC, convening leading providers of reproductive health services with academic researchers. The aim was to identify critical questions about reproductive behavior, decision-making and health outcomes in sub-Saharan Africa.

The meeting, attended by organizations that provide health, education, and other social services in developing countries, will help to set the research agenda for behavioral economists working on reproductive health. It also will facilitate the formation of new researcher-practitioner partnerships which will promote novel solutions to challenges in reproductive health and family planning.

Recent Field Experiments in Reproductive Health

To introduce meeting participants to the BERI research methodology, Harvard Business School Professor Nava Ashraf presented three recent field studies in Zambia. One study tests the effectiveness of a simple social incentive for hairdressers to increase female condom sales in beauty salons. Another study, bringing a behavioral economics lens to women’s health, is using the salience of information about maternal mortality to help align men’s and women’s family size preferences. These and other experiments, conducted in partnership with PSI Zambia and the Zambia Ministry of Health, serve as a strong example of how partnerships between policy-makers, program managers, and academics can generate actionable evidence that improves results on the ground.

Selected Research Outcomes from Zambia

• Non-financial incentives (social comparison) are effective in driving female condom sales by hairdressers.
• Use of contraceptive technology is higher among women who receive vouchers in private, compared with women who receive vouchers in front of their male partners.
• When men are educated (via community meetings) about the risks of maternal mortality, their wives are more likely to redeem coupons for family planning consultations (pilot results).

References:

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In the second half of the launch, CEGA Executive Director Temina Madon led a discussion of human biases, preferences, and beliefs that can distort people’s decision-making, leading to sub-optimal outcomes. These distortions—which can affect financial, employment, even political decisions—have been observed in both lab settings and the field. Taken together, they provide a useful framework for understanding why individuals make poor choices, across a range of settings.

Equipped with a shared understanding of behavioral economics theory, the meeting’s participants began to map challenges in the field—such as destructive social norms, or adolescent risk-taking—to known behavioral distortions. This brainstorming yielded exciting research questions at the intersection of reproductive health and behavioral economics.

**BERI Outcomes of Interest**

- Behavioral: risk-preference, intra-household bargaining, technology adoption, family size preference
- Health: maternal morbidity, pregnancy, spacing
- Supply, access to, or take up of services
- Economic: labor, earnings, savings
- Education: School attendance, testing

**Potential Channels for Impact**

- Patient behavior: time preference, self-control
- Provider behavior: Incentives alignment
- Social networks: norms, intra-household bargaining
- Employment: Incentives, recruitment
- Finance: Opportunity, time, and capital costs
- Information: Benefits of health practices


**Emerging Behavioral Questions from the Field**

Several BERI workshop participants, representing organizations at the fore of reproductive health and family planning services, are already using randomized controlled trials to evaluate the impact of their interventions. However, among this group there was strong enthusiasm to marry randomized evaluation with insights from behavioral economics. This would enable the design and testing of new interventions that target cognitive biases among health care providers and consumers. Common themes of interest included interventions to improve health provider attitudes, increase male engagement in family planning, neutralize harmful social norms, and enhance understanding of risk-taking along the arc of adolescence.

BERI will use the input provided at this meeting to align our research priorities with the needs of health practitioners and policy-makers. In addition, we will use the insights from the launch to generate a living website and white paper highlighting what is known (and what is unknown) about reproductive decision-making. In the coming months, BERI will host a follow-up conference linking behavioral economists with development practitioners, to foster new research ideas and knowledge exchange.

**Partners in Reproductive Health**