

How Economic Empowerment Reduces Women's Reproductive Health Vulnerability: Evidence from Northern Tanzania

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Problem Statement

- Still high maternal mortality.
- Access to health care limited.
- Women lack control own body.
- Effect empowerment on health care use not fully clear.
- Existing studies suffer from endogeneity biases.

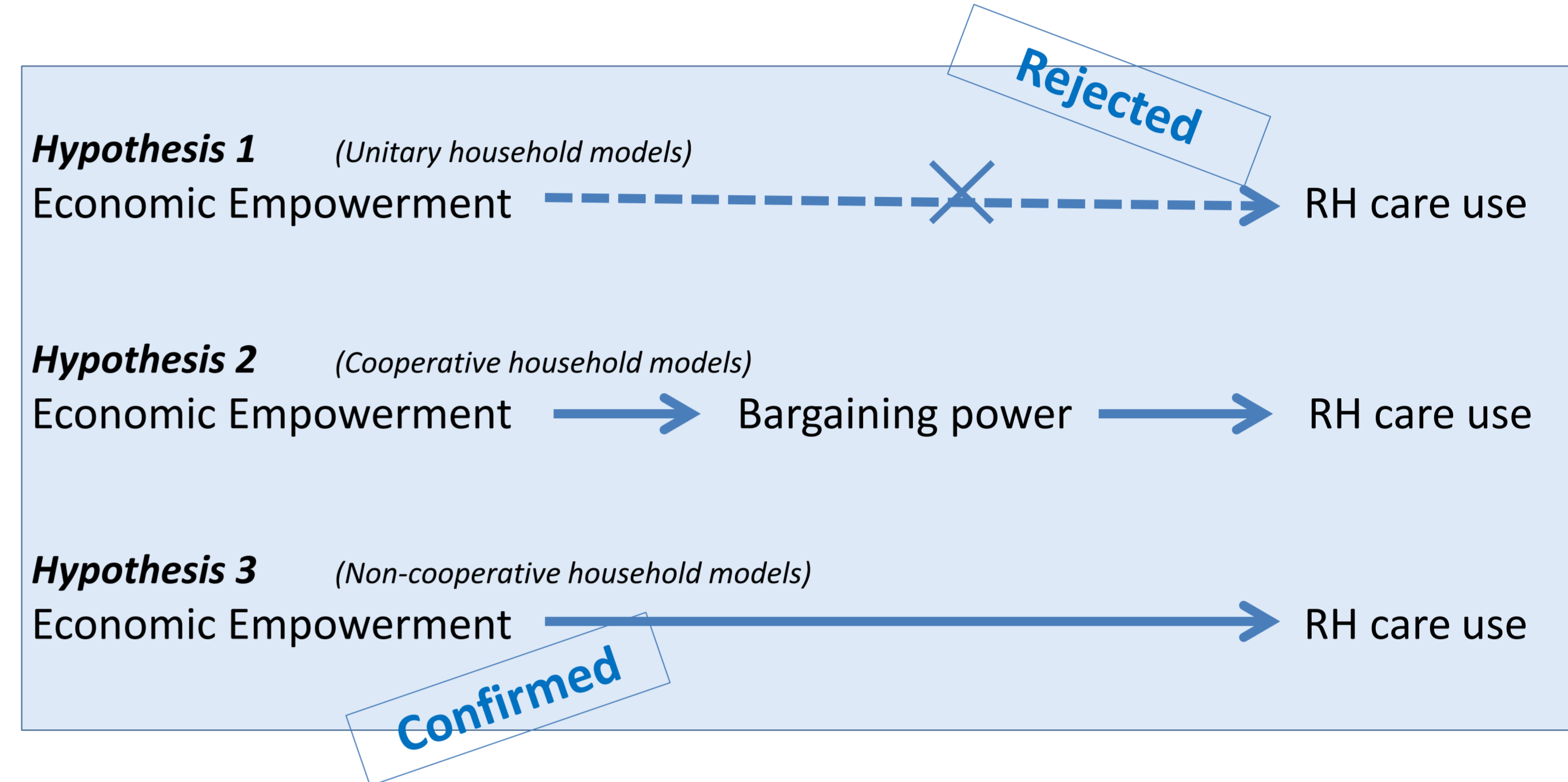
Research Question

What is the effect of economic empowerment on reproductive health care use?

Focus 3 phases RH cycle

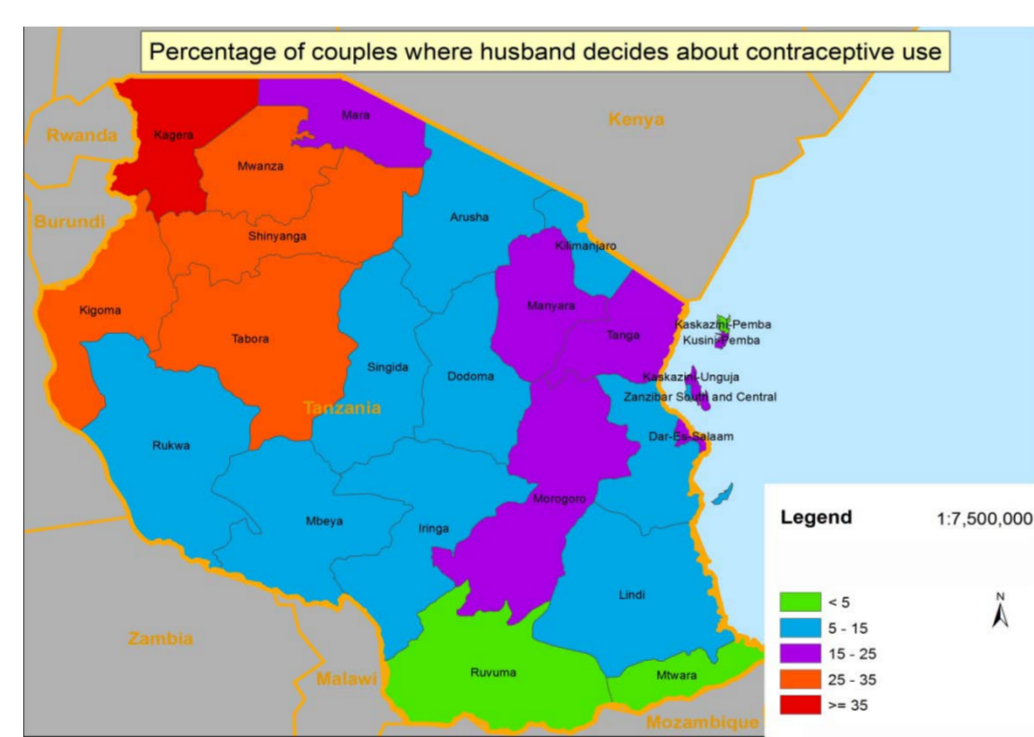
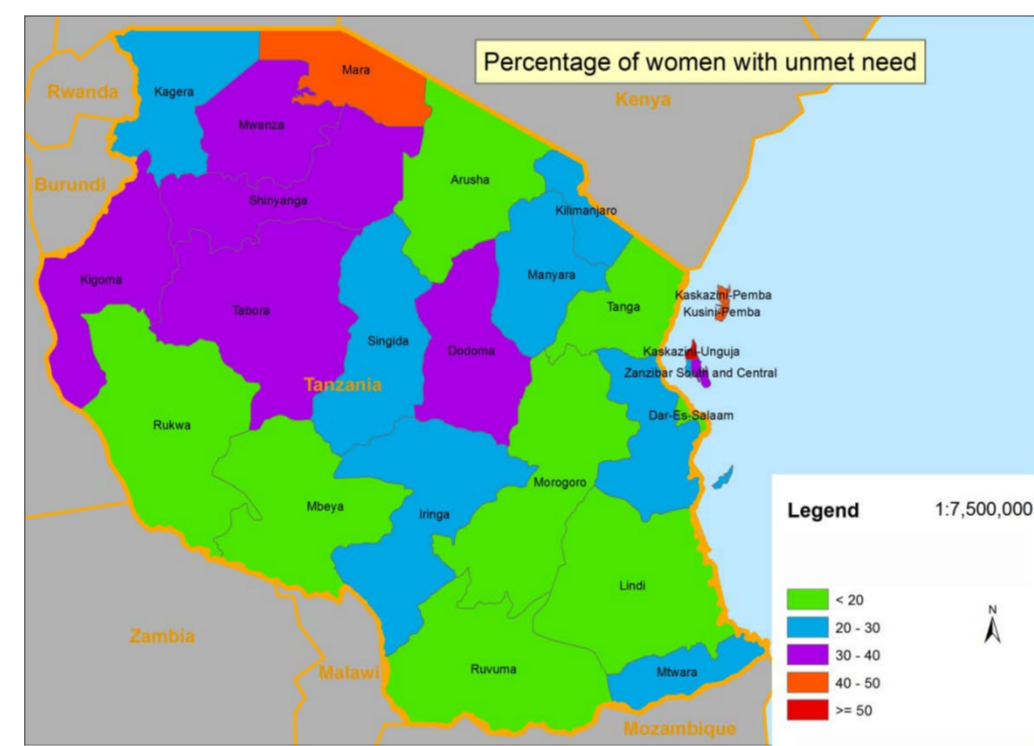
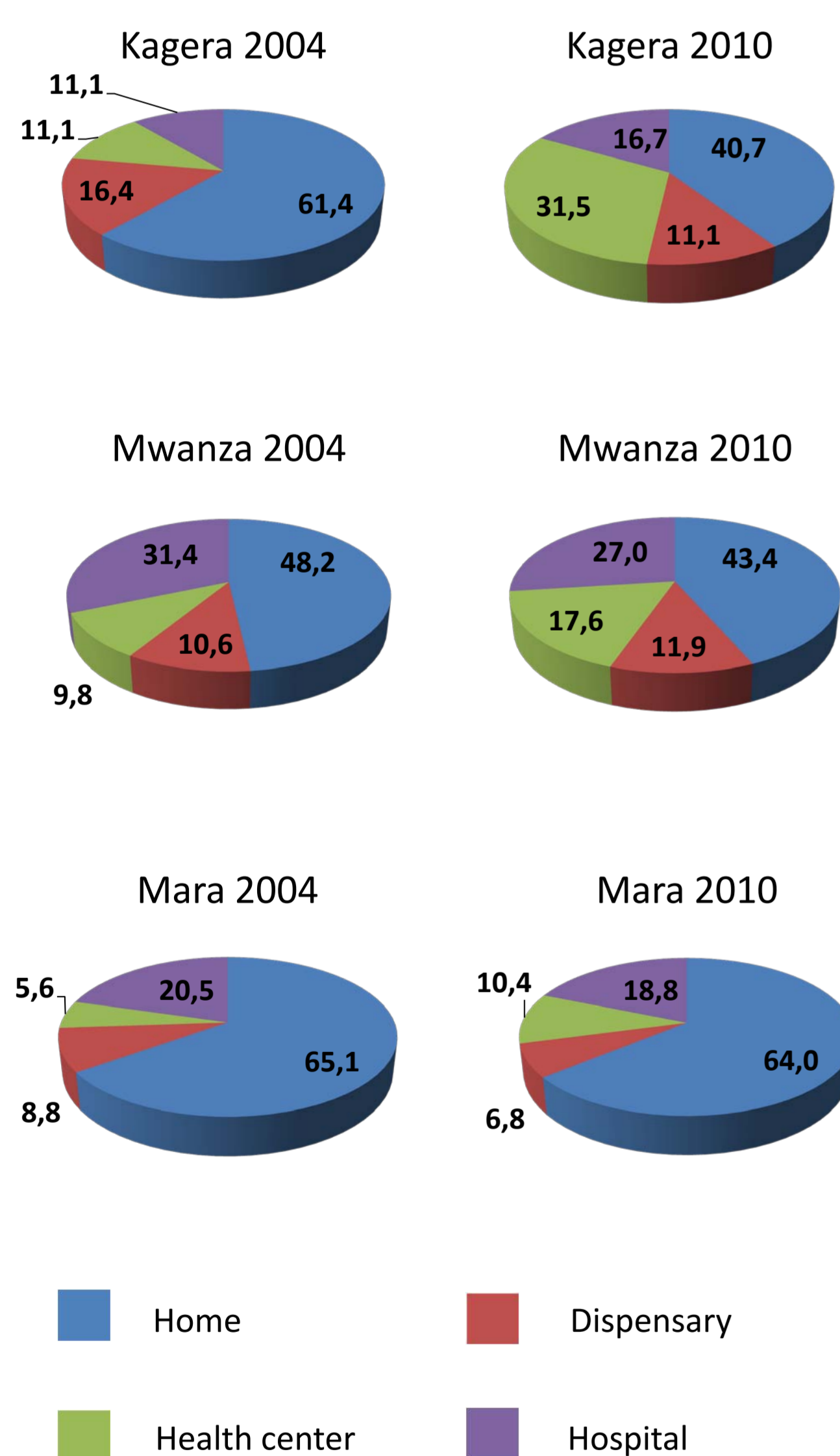
1. Before pregnancy (contraceptive use)
2. During pregnancy (antenatal care)
3. At child delivery (place of delivery)

Hypotheses

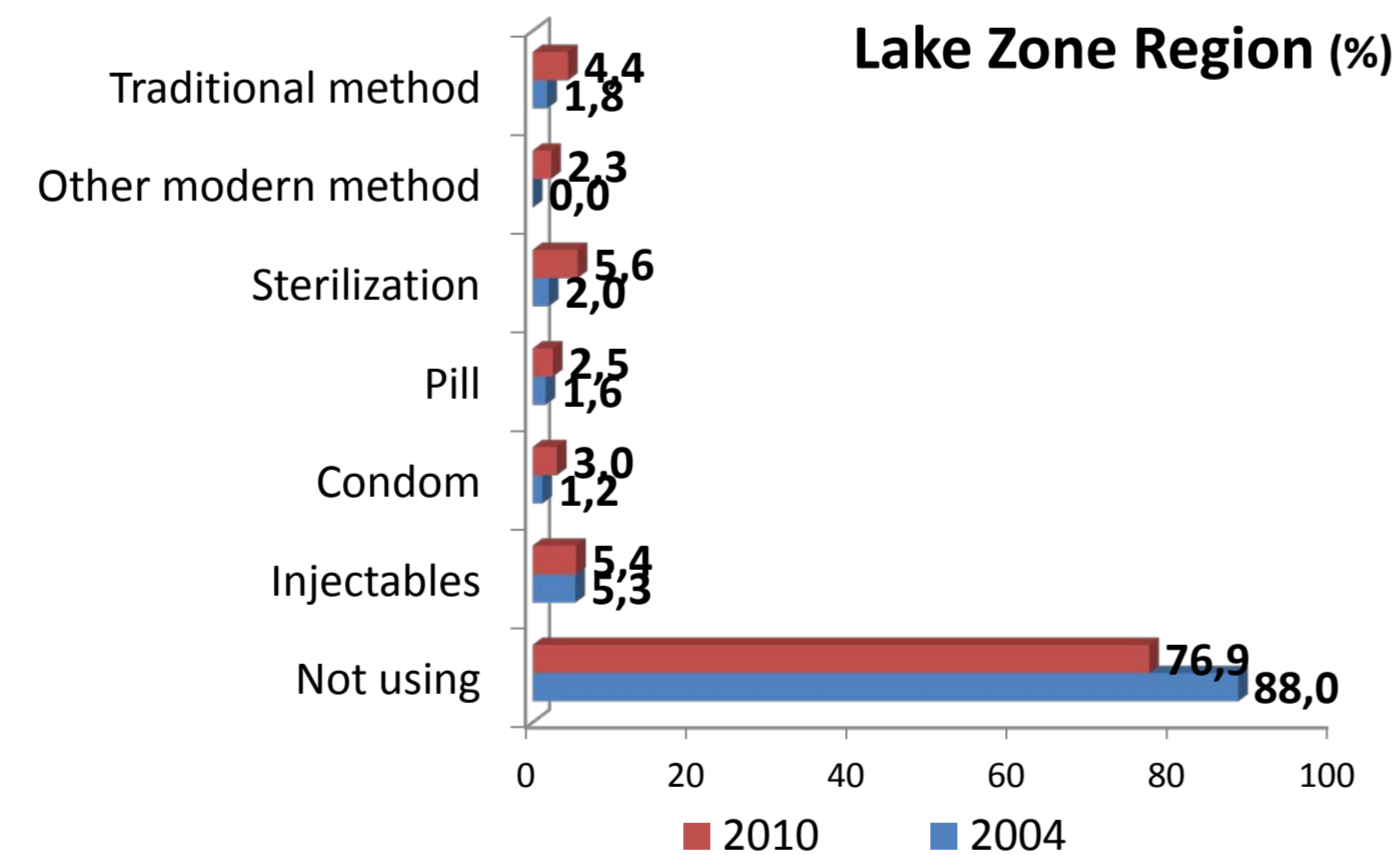


Results

Place of Delivery in the Lake Zone Region (%)



Contraceptive Use in the Lake Zone Region (%)



- Positive effects (see Table 1).
- All three phases of RH cycle.
- Hypothesis 3 is confirmed (direct effect).
- Robust for possible selection bias.

Policy implications

Any policy that increases women's access to income generating activities has the potential to effectively lower women's reproductive health vulnerability.

Table 1: Main findings

RH care	Effect	Direct effect robust?	Robust Heckman model?	Robust with IPW?
Contraceptive use	11.9 %	Yes	No	Yes
Antenatal care	0.756	Yes	Yes	Yes
Delivery health facility (versus home delivery)	34.5 %	Yes	Yes	Yes
Hospital delivery (versus home delivery/dispensary/health center)	22.9 %	Yes	No	Yes

Data & Methods

Sample	501 married women interviewed in 2004 and 2010	
Dependent variables	Contraceptive use	0 = not currently using 1 = current use (modern/traditional)
	Antenatal care	Number of visits during last pregnancy
	Place of delivery	1 = Home delivery 2 = Delivery at dispensary or health centre 3 = Delivery at hospital
Independent variables	Economic empowerment	0 = No financial contribution to household 1 = Woman makes financial contribution to household
	Bargaining power	Domestic decision-making index (4 items) Control over money index (4 items)

