



# **The Intersections of Women's Economic and Reproductive Empowerment**

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# Organization

- Introduction
- Overview: economic benefits of investing in family planning
- Evidence from 2020 special issue of *Feminist Economics* on Reproductive Health, Care, and Employment
  - Micro level
    - Ethiopia
    - Turkey
  - Meso level
    - Reproductive health policy and social protection
  - Macro level
    - Fertility and LFP across generations
- More Macro-level evidence: restrictive abortion laws
- Closing remarks

# Introduction

- Objective: examine women and work in a variety of contexts to see how childbearing and access to reproductive healthcare affect the decision to work and the quality of work that women have access to.
- Relationship between employment and fertility is likely to be endogenous; also need to examine how women's employment opportunities impact their fertility decisions.
- Focus on low- and middle-income countries
- Conceptual underpinnings apply at three different levels: micro, meso, and macro
  - Micro: decisions about contraceptive use and employment
  - Meso: social norms, labor market policies, informal sector employment
  - Macro: relationship between fertility, women's labor force participation, and economic growth

## Economic benefits of investing in family planning

- Improves women's health
  - Higher maternal age at first birth, lower fertility, longer birth intervals
  - Important for women and for the economy (health costs, productivity)
  - Attributes of family planning programs (distribution, education, counseling)
- Improves women's education and labor market status
  - Increased educational attainment, higher labor force participation rates, and increased lifetime earnings
  - "Power of the Pill"
  - Similar findings for abortion legalization

## Economic benefits of investing in family planning

- Improves children's health and education
  - Lower fertility has positive effects on children's nutritional status, BMI, development, and survival chances
  - Greater resources per child linked to health and education
  - Indirect effects through women's empowerment
  - Knowing that daughters will have contraceptive access matters for parental investments in girls
  - Abortion legalization linked to positive child outcomes for the future: child development, lower poverty, college graduation, labor market achievements

## Evidence from FE Special Issue: Micro Level (Ethiopia)

- John et al. (2020) estimate causal impact of quality of contraceptive use on a woman's ability to work, receive payment for work, and contribution to family income
- Quality of contraceptive use: measured by duration of use and type of method used
- Women who reported more consistent use had significantly higher odds of working as well as receiving cash payment
- Illustrate the critical role contraceptive use plays in enabling women to work and receive payment for their work
- One of few studies to address endogeneity between contraceptive use and quality of employment:
  - Used retrospective contraceptive use history and panel data

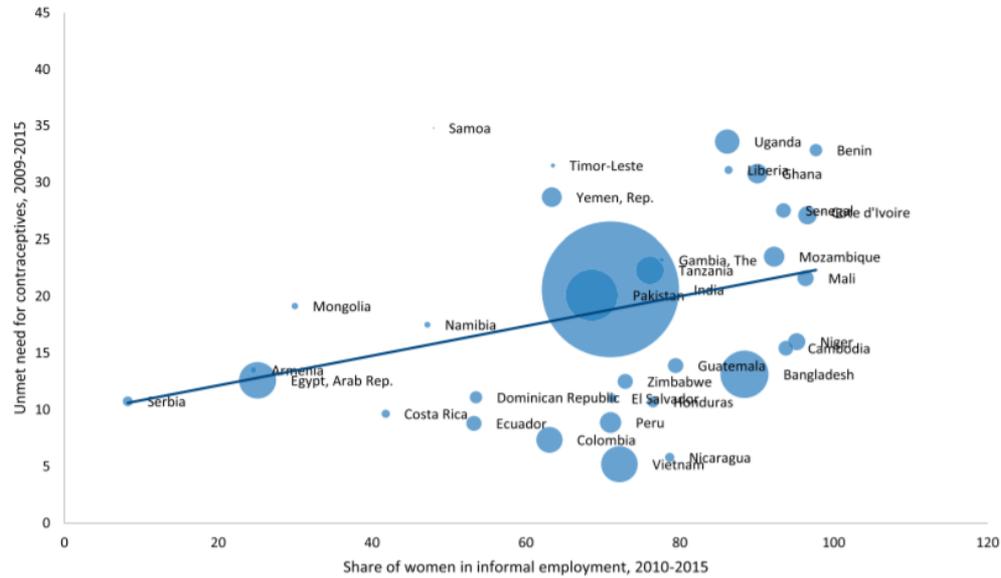
## Evidence from FE Special Issue: Micro Level (Turkey)

- Pekkurnaz (2020) examines link between women's employment and contraceptive use in the reverse direction: how does employment status affect contraceptive choice?
- Main finding: employed women more likely to choose a modern contraceptive method over a traditional one compared to non-employed women
- Particularly true for women in non-agricultural sector with more secure jobs, more stable incomes, & greater access to social security and formal childcare

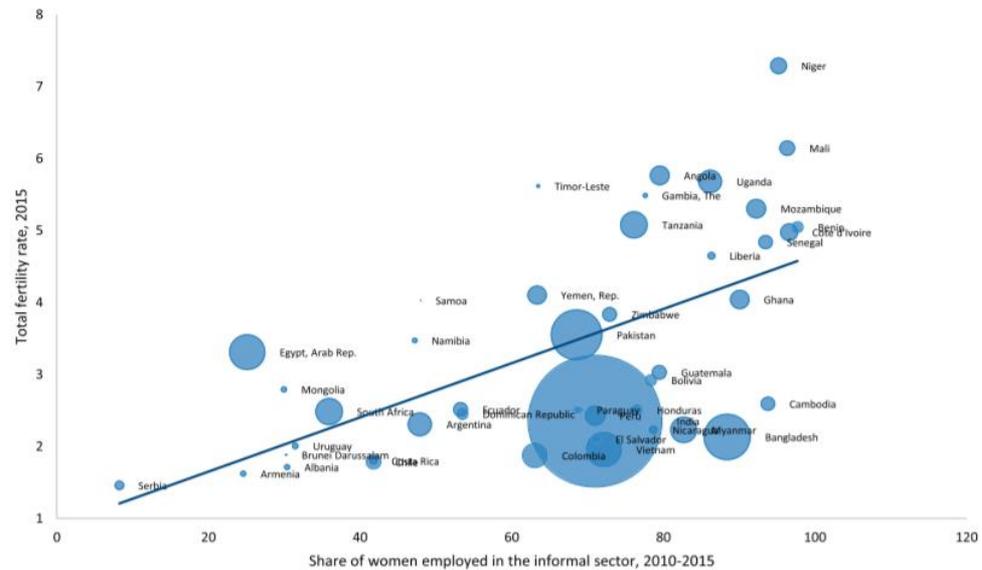
## Evidence from FE Special Issue: Meso Level

- Key question: How does evolution of reproductive health services, social protection and labor market institutions impact the type and quality of women's employment?
- Gammage et al. (2020) use data for 45 LMIC's and find that a clear, positive relationship between average unmet need for family planning and the percent of women in informal employment. (similar finding for fertility rates)
- Countries with the sharpest fertility transitions did not necessarily have more employment and better labor market outcomes for women
- Investment in health care, education, labor market institutions, and social protection critical in ensuring better labor market outcomes for women
- Illuminates central role for coordinated policy to address reproductive health needs and to strengthen labor market institutions and social protection

## Women in informal employment v. unmet need for contraceptives



## Women in informal employment vs. total fertility rate



## Evidence from FE Special Issue: Meso Level

- Evidence in Pande et al. (2020) for India echoes this conclusion.
- Mixed methods analysis results: just as women's fertility rates declined, their educational attainment and employment rates during their peak productive and reproductive ages rose.
- These outcomes facilitated by the state's public investment in infrastructure and schools
- Despite fertility decline and econ opportunities outside the home, women continued to focus their time on motherhood, with a shift from childbearing to childrearing.

## Evidence from FE Special Issue: Macro Level

- Jiang et al. (2020) use Current Population Survey data to study how source country gender norms influence labor supply and fertility of married women across immigrant generations in U.S.
- Find immigrants' and descendants' labor supply and fertility associated with F/M labor force participation ratio and total fertility rate in source country
- Association declines across generations, indicating that traditional gender norms are mutable and do change
- Women's employment plays critical role in forging new gender norms and reflects evolution of old norms

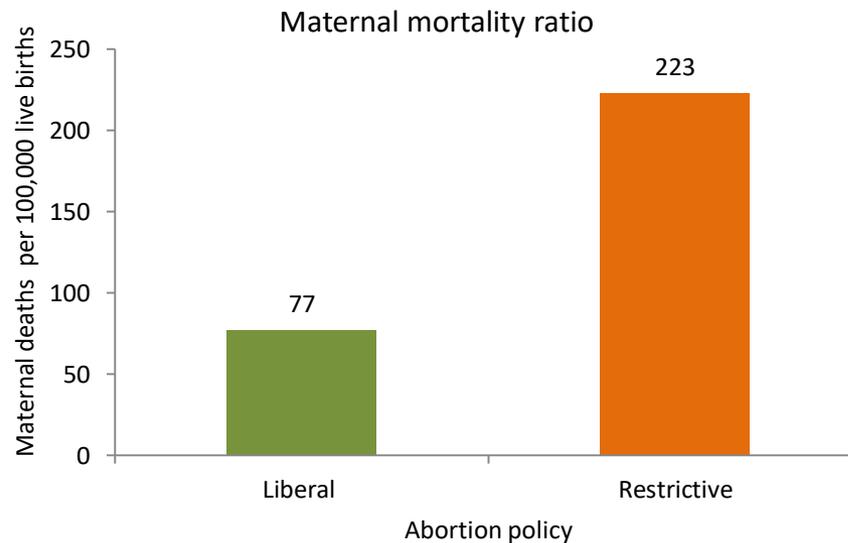
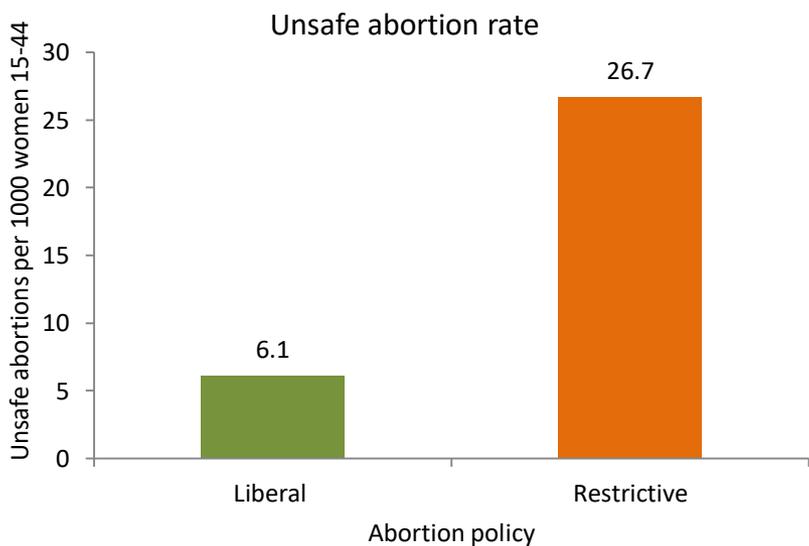
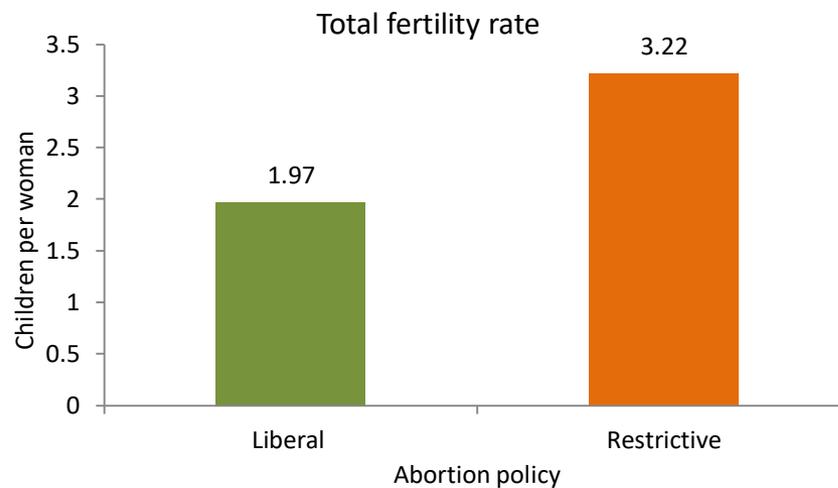
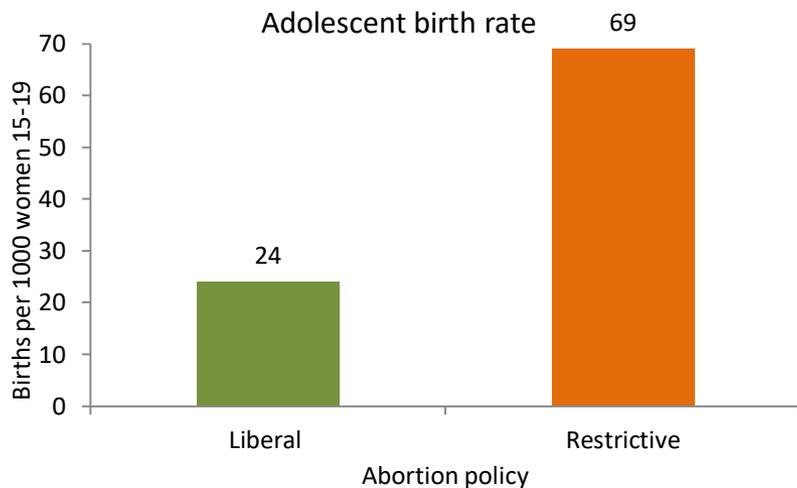
## Evidence from Rodgers (2018): Macro Level

- Logistic regression analysis using DHS for 51 low and middle-income countries
- U.S. Global Gag Rule associated with very large increase in abortion rates in Latin America & the Caribbean.
  - Women in countries that were highly exposed to the global gag rule had more than three times the odds of having an abortion after the global gag rule was reinstated in 2001 compared to women in less exposed countries and before the reinstatement of the policy.
- This effect is even larger than for Sub-Saharan Africa
  - Women in highly exposed countries had about twice the odds of having an abortion after the 2001 reinstatement of the policy compared to women in less exposed countries and before the policy was reinstated.

## Evidence from Rodgers (2018): Macro Level

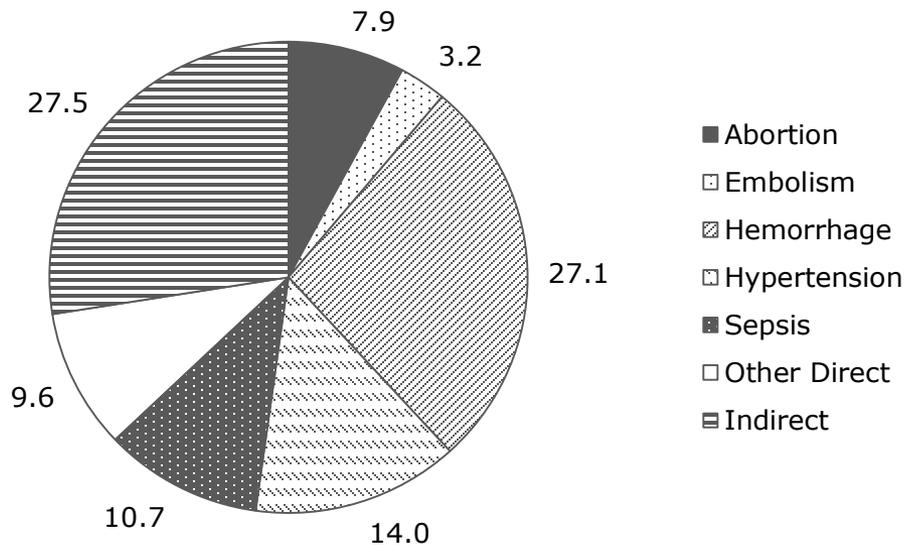
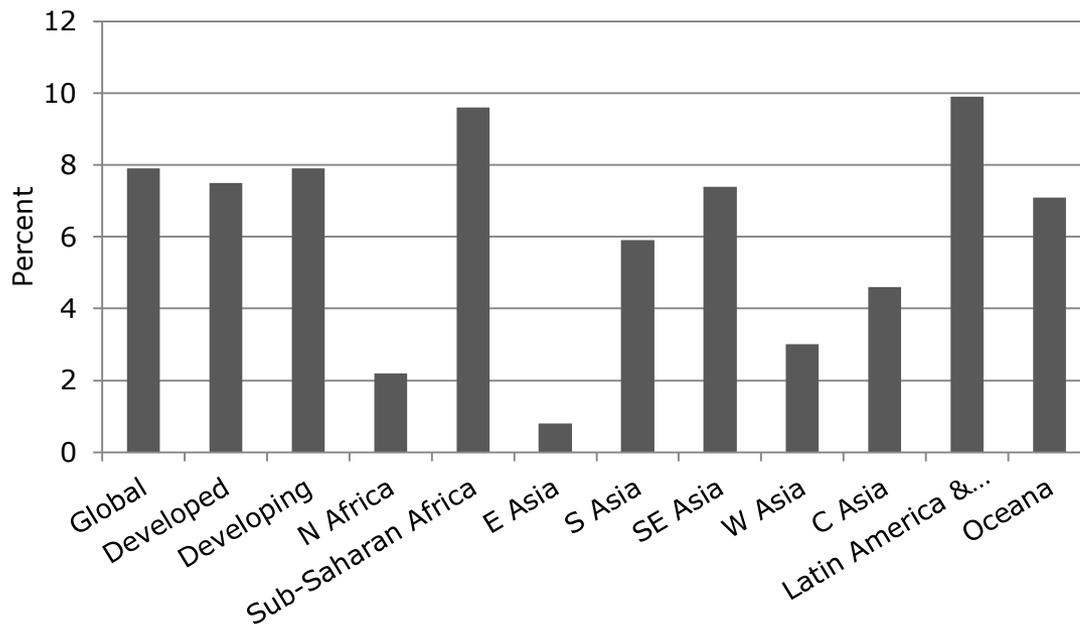
- Abortion rates rose in both these regions despite their very restrictive legal regimes around abortion.
- The GGR (renamed in 2017 as “Protecting Life in Global Health Assistance”) does not protect life.
  - A more constructive and cost-effective approach for U.S. family planning assistance: Integrate family planning and safe abortion into full range of reproductive health services
- Across countries, more restrictive national abortion laws associated with higher total fertility rates, unsafe abortion, maternal mortality, and adolescent birth rates.

# Indicators of Reproductive Health by Abortion Policy Regimes



Source: Constructed from data in UNDESA (2014)

## Percent of Maternal Mortality Caused by Unsafe Abortion, by Region



## Causes of Maternal Mortality: Global Average

Source: Rodgers (2018) using data in Say et al. (2014)

## Closing remarks

- Benefits from investing in women's reproductive health, especially access to contraception and safe abortion, yields large benefits for women, children, and entire societies.
- Imperative for US policy to support full range of reproductive health services, rather than marginalize women and their reproductive health with ideologically-based funding restrictions.
- Call for improved data collection; challenges of endogeneity between fertility and women's employment outcomes (and between reproductive empowerment and economic empowerment).