Do reproductive health enhancing community-based interventions improve poverty?

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Institutions

- Institute for Fiscal Studies (London)
- Kamuzu Central Hospital
- University College London
  - Institute of Child Health
  - Department of Economics
- University of Malawi (Chancellor College)
  - Department of Economics
- University of Pennsylvania
  - Department of Economics
  - Department of Sociology
Community interventions

- Community based interventions are useful in settings where formal health services are weak.
- The proximity of these interventions to the communities makes likely that they are able to change social norms and bad practices that have been passed from generations to generations. Hence, they are good candidates to improve reproductive health.
- Makwanpur project in Nepal have shown very large improvements in reproductive health (Osrin, et al 2004. The Lancet)
MaiMwana Project

- We will investigate the MaiMwana project (Costello, Kazembe, Mwansambo, Osrin)
- Mchinji, Malawi
- Started in March 2005
- 4 groups of 12 villages (clusters) each:
  - Women meet in groups with a trained facilitator to discuss issues of reproductive health. These groups follow the same scheme as the Makwanpur project
  - Breastfeeding councilor visits mothers
  - Both women’s groups & breastfeeding councilor
  - Nothing happens (control group) until 2009
- Cluster allocation is random
Our Objective

• Study the effect of the MaiMwana project on:

  – poverty (consumption and female labour supply)

  – human capital accumulation (education of children, nutrition of young children)

  – sharing of information related to reproductive health within the village
Channels

• Poverty and human capital can improve because:
  – The intervention improves health which has effects on the outcomes variables above
  – Accountability of health services and school might improve as villagers empowerment might increase due to the intervention
  – The intervention might empower women especially, who might favour children nutrition/schooling
  – The intervention reduces asymmetric information among villagers or serves as an institution that enforces implicit contracts. This can:
    • Increase mutual insurance mechanisms (credit) within the village
    • Increase joint production among villagers
  – Women might share non-health related information
• All the above could improve nutrition and human capital accumulation
Data collection

- Set to continue for 2 more years

- Interviews take place 1 and 6 months after birth

- Approximately, 10000 women
Data collection

- female labour supply
- household consumption
- child labour, schooling
- nutritional status of young children
- Information sharing:
  - Breastfeeding, reproductive health
  - Schooling, job opportunities
- Participation in collective production/credit institutions
- shocks suffered by households, transfers, debts