



Can Access to Contraception Deliver for Women’s Economic Empowerment? What We Know – and What We Must Learn

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By adopting the Sustainable Development Goals, the world signaled its commitment to “achieve gender equality and empower all women and girls” by 2030. Among its targets, SDG 5 specifically calls to “ensure universal access to sexual and reproductive health and reproductive rights” (5.6), and, separately, to “ensure women’s full and effective participation and equal opportunities for leadership... in political, economic, and public life” (5.5).ⁱ Both topics have risen high on the international agenda, recently elevated by the Family Planning 2020 partnership; the G20’s W20 engagement group for gender inclusiveness and women’s economic empowerment;ⁱⁱ and the UN’s High Level Panel on Women’s Economic Empowerment.ⁱⁱⁱ

Theory and some empirical evidence suggest the two goals – reproductive rights for women and women’s economic empowerment – are connected: reproductive rights should strengthen women’s economic power. But our understanding of the magnitude of the possible connection and the nature of any causal link (vs. coevolution or reverse causation) in different times and places is limited. In this note we summarize what we know up to now and what more we could learn about that connection, and set out the data requirements and methodological challenges that face researchers and policymakers who want to better understand the relationship.

Our starting point is the following: A specific aspect of “reproductive rights”, namely convenient, cheap and socially acceptable availability of modern contraception, empowers women by eliminating uncertainty about the timing of pregnancy and thus increasing their control over their own lives. This control empowers girls and young women to make more informed, strategic decisions about their future labor market participation and sector of work; to make rational investments in their own human capital by going to school and staying in school longer; and to seek out and capitalize on economic and social opportunities, such as starting a business or purchasing upgraded agricultural equipment.

Importantly, at least part of these theorized effects derives from knowledge about and *access* to family planning, not necessarily its use. For example, before they need birth control or start using it, some girls forego early work or marriage to remain in school. Girls and their families view this as preparation for a life in which such an investment in education can lead to more productive economic participation. As Birdsall and Chester suggested in a 1987 article, “low fertility... is not sufficient or even necessary for improving the status of women. Rather, it is women’s knowledge that they can, if they wish, control the timing of their childbearing (and society’s understanding that women can do so) that enlarges women’s economic choices and enhances their status.”^{iv} In the developing world, where one-third of girls are married before the age of 18, often as a result of parents’ desire to avoid pregnancy outside of marriage and increase the likelihood of

financial stability for their daughters,^v knowledge of and access to contraception may also allow parents to consider a wider range of options for their daughters, including delaying marriage and childbearing.

In the United States, a high income country, research shows that greater access to contraception had rapid and significant implications for women's economic and social equality. During the late 1960s and early 1970s, many young women first gained legal and socially acceptable access to the pill. Through that access, they were able to envision and pursue a less constrained future, one where they could prevent pregnancy, invest in their education, find the right partner, build a career, and, perhaps most importantly, plan for the lives they wanted. Given that it now made economic sense for smart, motivated young women to invest in a career path, their enrollment in law and medical school skyrocketed.^{vi} More women entered the labor force;^{vii} once they did, the pill helped them stay in their jobs for long and predictable enough intervals to climb the career ladder. As women invested more in their education, chose higher paid career paths, and leaned in to the labor force, the wage gap between men and women narrowed substantially.^{viii}

In low- and middle-income countries, the evidence base is far more limited; few methodologically rigorous studies have investigated whether the sequence described above for the US is mirrored in less wealthy settings, let alone whether a causal link can be drawn from generalized awareness of the ability to time births to women's economic empowerment. The scarcity of evidence reflects the methodological challenges. A woman's ability to plan the timing of her pregnancies might increase her economic empowerment. But two problems exist. First, defining the variable we have characterized as generalized awareness of the ability to time births – and the ability to do so conveniently and at little cost – is not straightforward. At the country level, sufficiently widespread access and social acceptability of modern contraception might serve as an adequate if imperfect proxy. Second, data for that variable, however defined, would ideally be available across countries and over time, enabling exploration of the extent to which there is a causal, sequential relationship.¹

There are a few good studies in which authors exploited variation in the timing and intensity of family planning rollout to investigate these links, looking at knock-on effects decades later. In Colombia, Miller (2010) produces evidence that the introduction of family planning programs in the late 1960s led adolescent girls to stay in school longer and, years later, to take more jobs within the formal labor market.^{ix} Likewise, findings from Angeles et al. (2005) in Indonesia suggest an association between increased access to family planning and young women's opportunities to complete additional schooling, postpone marriage, and ultimately build smaller families with better educated husbands.^x Yet while suggestive, such studies are few in number and specific to the settings in which they were conducted; there is insufficient evidence to generalize about these relationships more broadly.

Given that most of our evidence on the “power of the pill” comes from wealthy countries like the United States, we are trying to build a better evidence base for low- and middle-income countries, where context, culture, and opportunity vary substantially. In so doing, there are many important questions to consider:

- How do we define substantial, convenient access to contraception within a society? Where cultural, legal, and financial barriers impede women's uptake of contraception, or where decisions about

¹ Due to the nature of the research question, few natural experiments can be exploited using statistical techniques. However, a limited number exist and have served as the basis for empirical analysis, for example state-level variation in the timing of legal access in the US (Goldin and Katz [2002], Bailey [2006], and Bailey et al. [2012]); and differences in the timing with which a Colombian family planning program rolled out to different geographic areas (Miller [2010]).

healthcare and contraceptive use are partially or fully controlled by their partners and/or families, local availability alone may not offer women a meaningful choice over their fertility decisions. And without measures to increase social acceptability, it may be insufficient to change their life prospects.

- What are the mechanisms through which access to contraception affects women's life choices? Is it use of contraception? Is *knowledge* or *access* enough? Or is it general societal diffusion – that is, a sufficiently widespread incidence of contraceptive use by a reference group or within a country overall – that ultimately changes girls' and women's expectations, and their families' expectations for them?
- Does the type of modern contraception that is widely available matter? We posit that methods must allow women to choose the timing and spacing of births in order to meaningfully expand their economic opportunities and life prospects – so access to sterilization would be largely irrelevant. Among the set of methods that enable control over the timing of births, do girls and young women react differently to the availability of long-acting contraception – with relatively high fixed costs of uptake and discontinuation but low marginal costs of ongoing use – versus short-term methods? What are the implications for family planning programs and their relative emphasis on contraception methods?
- Are there dynamic effects of increased access to contraception over multiple generations? Without explicitly understanding sexuality or the mechanics of contraception, how do young girls react and respond to the changing behavior and childbearing patterns of their mothers and other female role models? Does this change their expectations for their own lives? (good)
- Does economic context change the scope for contraception to increase economic opportunity? What differences are seen in the impact of generalized awareness of ability to time births in periods of healthy growth vs. downturns, when comparing urban/commercial and rural/agrarian communities, where rural-urban migration is high or not, and concentrated among women (as in Latin America in past decades, or men (as in much of Africa)? Can women reap the economic and empowerment benefits of knowledge and access to contraception even where overall economic opportunity is low?

These questions are central to the lives of all women and girls, and to the growth of whole economies,^{xi} yet they remain beyond our understanding—and this limits the ability of the global health and development community to carry out evidence-based advocacy. To fully deliver on the economic empowerment agenda, we also need to deliver on this research agenda. WE think the potential for serious research on these questions exists; we urge economists, demographers and other social scientists to take up the call.

ⁱ <https://sustainabledevelopment.un.org/sdg5>

ⁱⁱ <http://w20turkey.org/w20-final-declaration-w20-communicue/>

ⁱⁱⁱ <http://www.unwomen.org/en/news/stories/2016/3/press-release-highlevel-panel-on-wee-holds-inaugural-meeting>

^{iv} Birdsall N, Chester LA (1987). Contraception and the status of women: what is the link? *Family Planning Perspectives* 19(1): 14-18.

^v UNFPA (2012). *Marrying too young: end child marriage*. New York: UNFPA.

^{vi} Goldin C, Katz LF (2002). The power of the pill: oral contraceptives and women's career and marriage decisions. *Journal of Political Economy* 110(4): 730-770.

^{vii} Bailey MJ (2006). More power to the pill: The impact of contraceptive freedom on women's life cycle labor supply. *The Quarterly Journal of Economics* 121(1): 289-320.

^{viii} Bailey MJ, Hershbein B, Miller RM (2012). The opt-in revolution? Contraception and the gender gap in wages.

^{ix} Miller G (2010). Contraception as development? New evidence from family planning in Colombia. *The Economic Journal* 120(545): 709-736.

^x Angeles G, Guilkey DK, Mroz TA (2005). The effects of education and family planning programs on fertility in Indonesia. *Economic Development and Cultural Change* 54: 165-201.

^{xi} For the theory and evidence on the bidirectional relationship between women's economic and social empowerment and overall economic development (and vice versa), see Duflo E (2012). Women empowerment and economic development. *Journal of Economic Literature* 50(4): 1051-1079; and Doepki M, Tertilt M, Voena A (2012). The economics and politics of women's rights. *Annual Review of Economics* 4(6): 1-34.