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Household Bargaining and Excess Fertility: An Experimental Study in Zambia

By NAVA ASHRAE, ERICA FIELD, AND JEAN LEE

We posit that household decision-making over fertility is characterized by smout largard since must contraception can only be perfectly observed by the woman. Using an experiment in Zambia that surial whether women were given access to contraceptives alone or with their husbands, we find that women given access with their husbands were 19 present less likely to usek family planning services, 25 percent less likely to use concealable contraception, and 27 persent more likely to give brith. However, women given access to contraception alone report a lower subjective well-being, suggesting a psychosocial cost of making contraceptives more concealable. (JEL C78, D12, D82, 131, J13, J16, O15)

The ability to control fertility through modern contraception is one of the most important technological developments of the twentieth century, with potentially broad-social and-economic consequences for women and society. Yet despite the fact that modern methods of birth control have been around for almost half a century, many countries still report substantial unmet need for contraceptives and high rates of unwanted births.] For instance, the ovenill rate of unmet need in sub-Saluran Africa was estimated to be 27 percent in 2006 (Westoff 2006). Although unwanted births are often treated as evidence of a supply constraint, the fact that high rates of unwanted births occur in settings in which birth control is readily and cheaply

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We posit that household decision-making over fertility is characterized by moral hazard since most contraception can only be perfectly observed by the woman. Using an experiment in Zambia that varied whether women were given access to contraceptives alone or with their husbands, we find that women given access with their husbands were 19 percent less likely to seek family planning services, 25 percent less likely to use concealable contraception, and



27 percent more likely to give birth. However, women given access to contraception alone report a lower subjective well-being, suggesting a psycho-social cost of making contraceptives more concealable.

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