

### Introduction

As part of the William and Flora Hewlett Foundation's initiative to enhance research and policy communication in population, reproductive health, and economic development, the Foundation has partnered with institutions in the United States, the United Kingdom, Norway, the Netherlands, France, and Africa to strengthen evidence on how population and reproductive health affect economic outcomes in low- and middle-income countries.

Between January 2006 and March 2013, PopPov partnerships have resulted in:

**56 research grants to teams with studies focused on 38 countries**

**50 dissertation awards to PhD candidates**

**127 publications, including journal articles, book chapters, and working papers**

**7 research conferences**

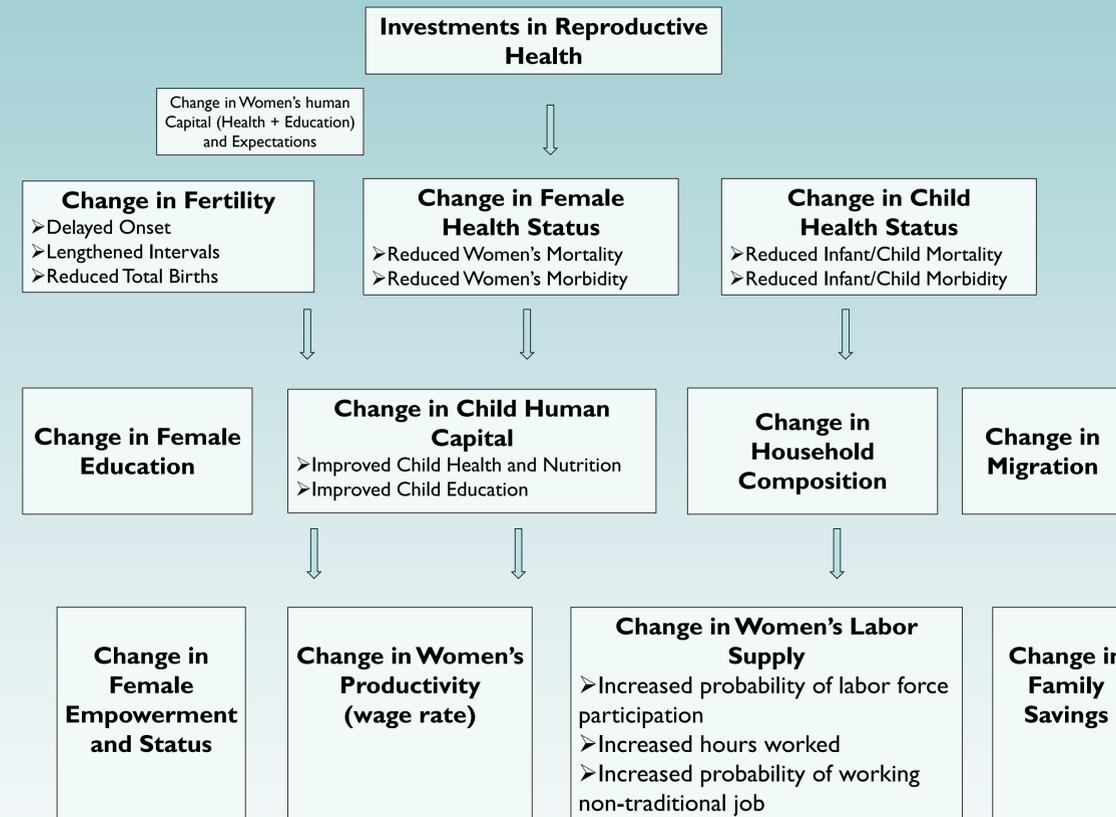
In an effort to inform medium-term policy issues, the Hewlett Foundation and its partners have supported a research agenda outlined by the Center for Global Development expert working group in 2005. The agenda prioritizes policy-relevant research, research on Sub-Saharan Africa, and methodological rigor in attempts to isolate causal linkages.

### Elements of a Research Agenda

The research agenda includes a broad set of questions for examining how population dynamics and reproductive health affect economic outcomes at the macro-level and at individual and household levels. Studies address narrower questions to identify effects within pathways of interest (see figure for micro-level relationships and see results for findings). For example:

- At the macro-level, how do policy variables influence the effect of population dynamics on economic growth and the incidence of poverty?
- At the micro-level, how do investments in reproductive health affect economic conditions at the household level or the well-being of individuals?
- With respect to health policies and programs, what are practical strategies for integrating reproductive health services into other related prevention, care, and treatment programs, such as those for STDs/STIs and HIV/AIDS?

### Overview of Hypothesized Basic Behavioral Relationships<sup>1</sup>



**The pathways through which reproductive health services may affect economic outcomes at the individual and household level are many and complex.**

Women and their partners make a variety of decisions about childbearing, employment, savings, and other choices. These are affected by the availability and accessibility of reproductive health (RH) services. Direct effects of RH services may be seen through changes in fertility and in improved health status of women and their families. Indirect effects of RH services may be seen further downstream: through changes in women's education, in their decisions to invest in their children's health and in the structure of the HH; with reduction in fertility and more control over childbearing as well as improved health of both women and their children, women's labor force participation and productivity may increase, affecting women's status in the household and community.

(1. Source: Center for Global Development expert working group report, 2005)

### Some Key Results

Studies highlighted below are examples that address some elements of the research agenda.

- Practical Strategies for RH interventions and STD/STI prevention
  - Several experimental studies have focused on school-based programs: looking at information delivery in HIV/AIDS prevention programs (Duflo et al. 2013); combining HIV prevention programs with other strategic life skills (Hallman 2011); and providing cash transfers to encourage schooling among girls and young women (Baird et al. 2011 and 2012). Results to date show:
    - Local contexts are important in the delivery of information programs within Cameroon (Duflo et al. 2013).
    - Cash transfers in Malawi may not only encourage school attendance and lower HIV and HSV-2 among those enrolled in school, but the additional income may have a direct effect on sexual behavior among school-aged girls even when they do not remain in school (Baird et al. 2011 and 2012).
    - Research in Tanzania also suggests that cash transfers may be a useful tool for prevention of STIs in non-school settings and in other countries. (De Walque, et al. 2012) .
- Investments in RH can improve economic well-being for households and individuals
  - Better prenatal care and delivery services result in improved health and economic outcomes for mother and child. The implementation of subsidized obstetric care can reduce the financial burden for many women. Results to date show:
    - In rural Indonesia, children whose mothers experienced increased access to midwives have significant increases in years of education and cognitive test scores (Cas 2011).
    - The costs associated with emergency obstetric care present an economic burden to women in Burkina Faso (Storeng, et al. 2010).
    - Lower fertility is associated with access to modern contraception and with increased labor force participation (Bloom, et al. 2009).
- RH policies lead to economic growth, improve well-being, and affect intervening factors
  - Using simulation techniques, natural experiments (the phasing in/out of programs or abrupt policy change or unanticipated crises), researchers provide insight into the impact of particular policy shifts:
    - Family planning policies that reduce fertility in a high-fertility country will significantly increase per capita income over 20 years (Ashraf, Weil, and Wilde 2013).
    - In Uganda there are net societal benefits from universal access to modern contraceptive methods (Babigumira et al. 2012).
    - Response to price changes for contraceptive supplies in Indonesia (brought about by an unanticipated financial crisis) suggests that in a mature contraceptive market, reduction of subsidies for such supplies would not adversely impact use (McKelvey, Thomas, & Frankenberg 2012).

Descriptions of research projects, briefs, and a searchable bibliography are available at [www.poppov.org](http://www.poppov.org) .