Women for Women? The Influence of Female Friends and Family on Women’s Empowerment in India

POLICY RESEARCH TALK
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Indian women are socially isolated and dependent on family members

- Lack freedom of movement
  - Not permitted to access places outside the home alone
  - ~60% not allowed to go alone to the market, the health facility, and places outside the village/community (DHS 2015-16)
  - Most often by the husband or the mother-in-law (Anukriti et al 2020)

- 58% practice purdah or ghunghat (IHDS 2011-12)

- Extremely low engagement with the labor market
  - 78% out of the labor force (ILO 2019)
  - In comparison, 26% of men are out of the labor force (ILO 2019)

- Low financial autonomy
  - Only 42% have money that they can decide how to use
  - 24% husbands do not trust wife with any money

- Limited scope for virtual social connections
  - Only 33% own a cell phone (Barboni et al 2018)
Indian women have sparse social networks

- Few social connections, especially outside the household
  - Uttar Pradesh (rural): average woman interacts with ~2 other people besides her husband and mother-in-law about issues that are important to her (Anukriti et al. 2020)
  - Orissa (rural): average mother has ~1 connection with whom she can talk about personal issues (Andrew et al. 2020)
  - Uttarakhand (rural): modal woman has 3 friends (Kandpal and Baylis 2019)
  - Southern Ghana: modal woman has 4 out-of-compound connections (Montgomery et al. 2001)
  - United States: average woman has 8 close friends (Gallup Poll 2004)

- Social interactions even more limited in case of relatively private and often stigmatized topics, such as family planning, reproductive health
- Only 20% are members of a group/collective (IHDS 2011-12)
Indian women have sparse social networks

- Social interactions controlled by family members (Anukriti et al. 2020; DHS 2015-16)
  - 27% husbands jealous if wife talks to other men or insist on always knowing wife’s location
  - 22% not permitted to meet female friends

- Women’s social networks primarily comprised of other women

- Young married women especially disadvantaged due to patrilocality and extended family structure (Anukriti et al. 2020)
  - Patrilocality refers to the practice of a married couple residing with or near the husband's parents.

- Similar constraints faced by women in many other LMICs

<table>
<thead>
<tr>
<th>% individuals</th>
<th>Asia-Pacific</th>
<th>Europe</th>
<th>Latin America-Caribbean</th>
<th>Middle East-North Africa</th>
<th>North America</th>
<th>Sub-Saharan Africa</th>
<th>World</th>
</tr>
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<tbody>
<tr>
<td>Extended</td>
<td>45%</td>
<td>26%</td>
<td>32%</td>
<td>27%</td>
<td>11%</td>
<td>35%</td>
<td>38%</td>
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Source: (Pew Research Center 2020)
Social networks a key ingredient in the process of economic development, especially with incomplete markets and missing institutions (Munshi 2014)

- Transmit information related to jobs, health, agriculture, technological innovations, rights (e.g., Beaman et al. 2021; Oster and Thornton 2012; Behrman et al. 2002; H.-P. Kohler et al. 2007)
- Source of credit and informal insurance (e.g., Munshi and Rosenzweig 2016; Fafchamps and Lund 2003; Townsend 1994)
- Influence migration patterns (e.g., Munshi 2020)
- Support entrepreneurship (e.g., Field et al. 2016)
- Enable collective action and political participation (e.g., Prillaman 2021; Sanyal 2000)
- Promote mental wellbeing and life satisfaction (e.g., Fowler and Christakis 2008)
- Influence intergenerational mobility (e.g., Munshi 2011)

Unlike men, women are unable to—directly and independently—take advantage of the numerous benefits provided by social networks to their members
Why is this problematic?

- Women’s social isolation and gendered nature of women’s networks → more challenging to reach women and to diffuse information or other policy interventions through women’s networks

- Husbands’ networks may not be a perfect substitute (e.g., Beaman and Dillon 2017)
  - For gendered information in gender-segregated societies, e.g., sexual and reproductive health; jobs available for women

- Dependence on family members may prevent women from exercising choices freely
  - Especially if preferences and incentives within the household are misaligned
  - e.g., women often want fewer children than husbands and mothers-in-law

- Limited network size exacerbates the potentially negative influence of family members on women’s wellbeing
Outline for today

A. How do family members influence women’s social networks?
B. What works to circumvent and expand limited networks and improve agency curtailed by family structures?
C. Policy implications
D. Emerging research directions and ongoing work
Study area: Rural Jaunpur, Uttar Pradesh

- 28 villages in Jaunpur district of Uttar Pradesh (UP)
- UP is India’s most populous state (~ 235 mn pop.)
  - Would-be world’s 5th most populated country by itself
- Low levels of female empowerment
- Highly patrilocality
- Extended families quite common
Study sample

- 671 married women aged 18-30 who had at least one child at baseline

- **Two survey rounds**: Baseline (Jul-Aug 2018) | Endline (Jul-Oct 2019) | 10-month-long intervention in between

- Asked each woman to name up to 5 individuals in Jaunpur, besides her husband and her mother-in-law, with whom she discusses:
  
  - Personal affairs related to issues such as children's illness, schooling, health, work, and financial support: **general peers**
  - Issues around family planning, fertility, reproductive health: **close peers**

**General Peers:** “I would like to ask about people in Jaunpur, different from your husband and mother-in-law whose opinions are important to you. They are the people with whom you discuss your personal affairs or private concerns, such as children’s illness, schooling, your health, work, financial support etc. Please list the names of such individuals: [after each name, prompt: anyone else?] If you have more than five people whom you would like to name, please tell me the most important five.”
Characteristics of women’s social networks

- Average # general peers in Jaunpur: ~2

- Even fewer close peers: average is ~1
  - 36% of women have no close peers in Jaunpur
  - 22% have no close peers anywhere

- 86% of close peers in Jaunpur are relatives

- Strong homophily by gender (100%), religion (100%), caste (94%), and marital status (90%)
A. How do family members influence women’s social networks?

_Curse of the Mummy-ji: The Influence of Mothers-in-Law on Women in India_
(with Catalina Herrera-Almanza, Mahesh Karra, Praveen Pathak)
_American Journal of Agricultural Economics_, 102 (4), Sep 2020
Influence of mothers-in-law and sisters-in-law

- At baseline, women who live with the mother-in-law have 20% fewer close peers in the village and 37% fewer close peers outside the household
  - Average #close peers for women who do not live with mother-in-law = 0.6

- No such restrictive influence of father-in-law

- Presence of a sister-in-law positively correlated with # close peers in village but NOT with # close peers outside household

→ Sisters-in-law expand the pool of individuals with whom a woman can discuss private matters within the household, but it does not result in more outside peers
  - Sisters-in-law may also be similarly affected by the dominant position of the mother-in-law
Women who live with mother-in-law have lower mobility

Co-residence with MIL decreases DIL’s ability to visit places outside the home alone

% women allowed to visit alone

- Friends/relatives: 22% (Does not live with MIL), 5% (Lives with MIL)
- Health facility: 26% (Does not live with MIL), 13% (Lives with MIL)
- Grocery store: 31% (Does not live with MIL), 15% (Lives with MIL)
- Outside village: 30% (Does not live with MIL), 22% (Lives with MIL)
When and why is mother-in-law restrictive?

- Mother-in-law fears that outside influence may cause her daughter-in-law's fertility outcomes and family planning use to deviate from her preferences.

- Mother-in-law’s restrictive influence on daughter-in-law’s close peers increases if:
  1. Their preferences on # children and # sons are discordant
     - In 82% (67%) cases, mother-in-law wants daughter-in-law to have more sons (children) than the daughter-in-law desires.
  2. Mother-in-law disapproves of family planning
     - Approx. half of the daughters-in-law believe that their mother-in-law disapproves of family planning.
  3. Daughter-in-law’s husband is a migrant
     - 86% of daughters-in-law are aligned with their husbands on ideal # children; only 27% aligned with mother-in-law.
Implications of sparse social networks for daughter-in-law

- High unmet need for family planning in this context
  - 50% did not want another child but only 19% were using a modern method of contraception

- Women who have fewer close outside peers are:
  - Less likely to have ever visited a family planning clinic
  - Less likely to use a modern method of contraception
  - Believe that fewer women in their village use family planning

- # Close outside peers is an important **mechanism** for mother-in-law’s influence

Co-residence with MIL → # Close outside peers → FP outcomes
B. What works to circumvent and expand limited networks and improve agency?

Women’s Autonomy, Social Networks, and Access to Family Planning: Experimental Evidence from India
(with Catalina Herrera-Almanza and Mahesh Karra), Sep 2021
Randomized experiment

- Designed an RCT to evaluate two interventions with the Jaunpur sample
- Objective: To improve married women’s access to family planning by:
  - Reducing women’s socio-economic dependence on husbands and mothers-in-law
  - Enabling women to more effectively leverage and expand their social networks
- Partnered with a local private family planning clinic
  - Chosen based on proximity, quality, reliable supply of contraceptives
We randomized our sample women into 3 groups:

1. **Own Voucher** group (N=165)
2. “Bring-a-friend” Voucher group (N=156)
3. Control group (N= 350)

- All groups received an information brochure on modern methods and the benefits of family planning
- 10-month-long intervention: Sept 2018-June 2019
- Attrition at endline: 6.8%

**BASELINE SAMPLE:**
671 eligible women from 28 villages in Jaunpur

**RANDOMIZATION**

- T0 (Control): 350 eligible women
- T1 (Solo): 156 eligible women
- T2 (BAF): 165 eligible women

671 women approached for follow-up
Own-Voucher Treatment

- Received a **voucher for subsidized family planning services at the partner clinic** (worth INR 2,000/ USD $30)
- One free family planning consultation at the clinic
- Transport reimbursement for up to 3 visits to the clinic (INR 40/ USD 0.6 per visit)
Bring-a-Friend (BAF) Voucher Treatment

**Own-use voucher package** (same as women in the Own-Voucher Group)

+ Same voucher package for individuals who accompanied a BAF woman to the clinic

- “Friends” received the voucher during their first visit to partner clinic
- Husband not eligible to receive the “friend” voucher
- BAF-women were allowed to bring anyone with them, but they were *encouraged to bring someone who could make use of the voucher*
- Free to bring mother-in-law, but voucher less likely to be useful for her
- Women could bring up to two peers during any given visit and bring different peers or the same peers on subsequent visits
What did we expect to happen?

- **Compare directly treated women with control women at endline**

- We expected vouchers to:
  1. Strengthen existing social networks or expand social networks
  2. Increase visits to family planning clinics
  3. Increase modern method use

- Vouchers may overcome multiple barriers
  - **Financial barriers**: especially relevant for poorer women
  - **Social barriers**:
    - Vouchers may empower women to bargain more effectively and overcome resistance from “discordant” family members
    - Vouchers might enable women to visit the clinic without husband or mother-in-law
    - Peer support -> overcome low confidence, stigma, safety concerns
Seeking company to visit partner clinic during intervention period

- BAF voucher sig. more effective than Own-use voucher in enabling women to seek company from sisters-in-law and female friends rather than husbands and mothers-in-law to visit partner clinic.

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### % women who sought company from ‘X’ to visit the partner clinic during intervention period

<table>
<thead>
<tr>
<th></th>
<th>Control</th>
<th>Own-use voucher</th>
<th>BAF voucher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asked someone</td>
<td>3</td>
<td>38.6</td>
<td>20.3</td>
</tr>
<tr>
<td>Asked husband/ MIL</td>
<td>2</td>
<td>6</td>
<td>5.2</td>
</tr>
<tr>
<td>Asked sister-in-law</td>
<td>0</td>
<td>5.3</td>
<td>18.6</td>
</tr>
<tr>
<td>Asked non-relative</td>
<td>0</td>
<td>3.1</td>
<td>10.3</td>
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</tbody>
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“Since September 2018, did you ask someone to accompany you to the ADC clinic?”

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Seeking company to visit partner clinic during intervention period

- Differential effect of BAF voucher over and above Own-use voucher is more pronounced for relatively less empowered women
  - Poorer household
  - Discordant fertility preferences with mother-in-law
  - Fear stigma* (25% of control group)

- Being able to offer a voucher to a female peer enabled BAF women to attempt to overcome social barriers, more so than just having an own-voucher

*“Would you be worried about what people in your community would say about you if they found out you wanted family planning services?”
How did women leverage their social networks?

- Ability to seek company from individuals other than husbands and mothers-in-law crucially depends on whether such individuals are part of a woman’s network in the first place.

- A treatment woman had 2 choices:
  1. Seek companionship from existing pool of peers
     - However, the network size of an average sample woman was quite small at baseline, and not all existing peers were perceived by women to have a demand for family planning.
  2. Form new connections

- Expect BAF voucher to be more effective in building new connections.
BAF voucher expanded women’s social networks

Outcome: Number of close outside peers at endline

- **All**: 0.36, 0.39, 0.34, 0.34, 0.24
- **Poorer**: 0.33, 0.36, 0.29, 0.24, 0.37
- **No baseline peer uses FP**: 0.56, 0.66, 0.55
- **MIL wants more grandchildren**: 0.36, 0.39, 0.37
- **Fear Stigma**: 0.46, 0.55

- **Control**
- **Own Voucher**
- **BAF voucher**

*** indicates statistical significance.
Both vouchers increased visits to clinic for FP services

- Effects driven by women who did not want another child and who had at least one son at baseline
- Both vouchers more effective for poorer women and those with discordance with MIL

On average, no difference between BAF and Own voucher in terms of effect on visits, except for women who fear stigma

Additional barriers need to be overcome when translating “asking” into “visiting” for BAF women.
Both vouchers increased use of modern contraception

Effects driven by **switch from traditional methods to modern methods**

- Using modern method at endline
  - Control: 12%
  - Own Voucher: 18%
  - BAF voucher: 18%

- Differential effects by fear of stigma
  - Fears stigma: 6% Control, 20.7% Own Voucher, 37.2% BAF voucher
  - Does not fear stigma: 14% Control, 18% Own Voucher, 14% BAF voucher

On average, no difference between BAF and Own voucher in terms of effect on visits, except for women who fear stigma.
C. Policy Implications
Lessons for policy and research

- Women’s decision-making ability within the household is typically assessed relative to the husband, e.g., in Demographic Health Surveys (DHS)
- Several ongoing programs engage husbands to improve women’s outcomes
  - e.g., World Bank’s SWEDD Project: Husband Schools, Future Husbands’ Clubs
- However, in several LMICs, extended households are common
- In patrilocal societies, women moves in with husband and his family upon marriage
- Polygamous households widespread in West Africa
- Policy impacts can vary by household structure (e.g., Heath et al 2020)

1. To fully understand intra-household interactions, we also need to examine the influence of household members other than the husband on women’s welfare
Lessons for policy and research

- The role of mother-in-law arguably more important than the husband in some domains, in some countries
  - Can lower the effectiveness of policies/ interventions targeted at the daughter-in-law, especially when preferences and incentives are misaligned
    - e.g., in Jaunpur sample, misalignment with mother-in-law > misalignment within couple
  - Can also be a positive influence, e.g., in childcare, female employment, health during pregnancy (Varghese and Roy 2019; Khanna and Pandey 2020)

2. Future interventions that aim to improve women’s outcomes could benefit from engaging mothers-in-law in addition to husbands
Jaunpur Social Network Study Field Team with Community Health Workers (ASHAs)
Jaunpur, 2019
Lessons for policy and research

- How can we expand women’s social networks to improve women’s welfare?
  - Women’s groups is a commonly used approach (e.g., Kumar et al 2019)

- Sisters-in-law
  - Interactions with sisters-in-law less likely to be sanctioned unlike interactions with non-relatives
  - Could serve as potential “allies” to counter the negative influence of mother-in-law
  - However, strategic interactions between sisters-in-law need to be considered, like in polygamous households (e.g., Rossi 2018)

3. Finding innovative ways to leverage **sisters-in-law and female friends** is a promising avenue for lowering women’s reliance on husbands and mothers-in-law
D. Emerging research directions & ongoing work
Ongoing research on mothers-in-law

- Prior literature on the influence of mothers-in-law has been largely based on data collected from the daughters-in-law’s perspective.
- Information about the mother-in-law is either collected by asking the daughter-in-law about her mother-in-law’s preferences or is not available at all.
- However, daughters-in-law’s perceptions about mother-in-law may not be accurate → inefficient outcomes.
  - e.g., 55% of daughters-in-law had never discussed FP/birth spacing with their mother-in-law.
- Ongoing work: **interview mothers-in-law in Jaunpur directly**
  - Whether the daughter-in-law’s perceptions about her mother-in-law’s beliefs are in fact accurate.
  - Measure the extent to which mother-in-law’s true preferences are concordant or discordant with her daughter-in-law’s preferences.
- Design interventions to improve communication; correct beliefs if they are inaccurate; empower daughter-in-law.
Ongoing research on women’s social networks

- Review paper with Thomas Gautier and Eeshani Kandpal (DECRG)
- Document gender differences in social networks in LMICs
- Do women’s networks differ fundamentally and substantially from men’s networks in terms of how they form and operate?
- Causes and consequences of gender differences?
- Factors that promote or constrain network formation and access to existing networks for women
- **Lack of systematic, comparable, cross-country data on women’s social networks**
- Easy to add a few simple questions to large-scale surveys (LSMS, FLS, DHS etc.)

4. **Systematic data collection on women’s social networks is important**
Thank You!