

Health and Gender: Global and Economic Perspectives

Supported by RCUK-CONFAP Newton Fund & ESRC (MiSoC) awards

23 and 24 September – Large Seminar Room, SSRC Building (ISER)

The University of Essex, Wivenhoe Park, Colchester, CO4 3SQ, T 01206 872957

Day 1- 23 September

10.15-10.30 **Welcome - Heather Laurie, Pro-VC Research (and coffee)**

Chair: Sonia Bhalotra

10.30-11:30 **Keynote: Marianne Bitler** (UC Davis)
Experimental Evidence on Distributional Effects of Head Start
Discussant- Marco Francesconi

11:30-11.50 *Tea break*

Chair: Matthias Parey

11:50-12:50 **Keynote: Gabriella Conti** (UCL)
Paper title tbc
Discussant- Damian Clarke

12:50-1:50 *Lunch*

Chair: Myra Mohanen

1:50-2:35 **Sonia Bhalotra** (Essex)
Does Universalization of Health Work? Evidence from health systems
restructuring and maternal health in Brazil
Discussant: Matthias Parey

2:35-2:50 **Paul Hunt** (Essex - Law and Human Rights)
Brazil's Family Health Program and Human Rights.

2:50-3:10 *tea break*

Chair: Marco Francesconi

3:10-3:55 **Damian Clarke** (Santiago, Chile)
Maternal Mortality and the Status of Women
Discussant: Marianne Bitler

3:55-4:40 **Libertad González** (UPF Barcelona)
The Effect of Abortion Legalization on Fertility, Marriage, and Long-term
Outcomes for Women
Discussant: Vellore Arthi

4:40-5:25 **James Fenske** (Warwick)
The Green Revolution and Child Mortality in India
Discussant- Alison Andrew

7:00 Dinner, Memoirs Restaurant (65 East Stockwell Street, Colchester)

Day 2- 24 September

Chair: Hanna Muhlrad

9:30- 10:15 **Vellore Arthi** (Essex)
Infant Nutrition and Children's Growth and Mortality: Evidence from
London's Foundling Hospital, 1892-1919
Discussant- Emilia Del Bono

10:15-10:35 *Tea break*

Chair: Alison Andrew

10:35-11:20 **Hanna Muhlrad** (Stockholm)
Fertility, Child Outcomes and Women's Labour Supply: Evidence from IVF
reform in Sweden
Discussant- Mircea Trandafir

11:20 -12:05 **Mircea Trandafir** (University of Southern Denmark)
Heterogeneous Effects of Medical Interventions on the Health of Low-Risk
Newborns
Discussant- Libertad González

12:05-1:05 *lunch*

Chair: Patrick Nolen

1:05-1:50 **Casper Hansen** (Copenhagen)
Preventing the White Death: Tuberculosis dispensaries
Discussant- Myra Mohanen

1:50 -2:35 **Alison Andrew** (IFS)
Demand-Side Financing and Perinatal Mortality: Evidence from India
Discussant: Casper Hansen

2:35-2:55 *tea break*

Chair: Duygu Odezemir

2:55-3:40 **Farah Said (Lahore School of Economics)**
Gender and Agency within the Household: Experimental Evidence from
Pakistan
Discussant: Patrick Nolen

3:40 **End-** opportunity for those who are staying back to go out together and
continue discussion- Sonia will organize on the day- Mersea Island if the
weather is good.

ABSTRACTS

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In Presentation Order:

Day 1- 23 September

Marianne P. Bitler (UC Davis and NBER), Hilary W. Hoynes (UC Berkeley), Thurston Domina, UNC*

Title: Experimental Evidence on Distributional Effects of Head Start

Abstract: This study provides the first comprehensive analysis of the distributional effects of Head Start, using the first national randomized experiment of the Head Start program (the Head Start Impact Study). We examine program effects on cognitive and non-cognitive outcomes and explore the heterogeneous effects of the program through 1st grade by estimating quantile treatment effects under endogeneity (IV-QTE) as well as various types of subgroup mean treatment effects and two-stage least squares treatment effects. We find that (the experimentally manipulated) Head Start attendance leads to large and statistically significant gains in cognitive achievement during the pre-school period and that the gains are largest at the bottom of the distribution.

Once the children enter elementary school, the cognitive gains fade out for the full population, but importantly, cognitive gains persist through 1st grade for some Spanish speakers. These results provide strong evidence in favor of a compensatory model of the educational process. Additionally, our findings of large effects at the bottom are consistent with an interpretation that the relatively large gains in the well-studied Perry Preschool Program are in part due to the low baseline skills in the Perry study population. We find no evidence that the counterfactual care setting plays a large role in explaining the differences between the HSIS and Perry findings.

Gabriella Conti (UCL)

Sonia Bhalotra (Essex), Rudi Rocha (UJRF Rio), Rodrigo Soares (Columbia)

Does Universalization of Health Work? Evidence from health systems restructuring and maternal health in Brazil

Abstract: We investigate a major restructuring of the health system in Brazil which was motivated to operationalize the universalization of access to public health services. There was a massive expansion of primary health facilities with GPs at the community level, alongside a decline in the density of hospital facilities per capita. Using administrative data on hospital admissions and vital statistics data on births and on age and cause-specific mortality, we identify substantial improvements in maternal and child health. Not only was access to basic reproductive health services enhanced but hospitalization for causes not readily resolved by primary care increased, and there was no compensating increase in chronic disease mortality.

Paul Hunt (Essex)

Brazil's Family Health Program and Human Rights

Abstract: This brief presentation sketches the legal and policy human rights context for some of the health system restructuring considered by Professor Sonia Bhalotra in the immediately preceding paper.

The term 'human rights' is often used to mean civil and political rights, such as freedom of expression and the prohibition against torture. However, human rights not only include civil and political rights, but also economic, social and cultural rights, such as the rights to education, shelter and health protection. While economic, social and cultural rights received little attention for many years, recently this has begun to change. Also, for many years the focus was the normative expression of human rights (or more accurately civil and political rights) i.e. suitable laws and treaties, and their enforcement before the courts. Recently, more attention has been devoted to the practical implementation - or operationalisation - of economic, social and cultural rights i.e. how to make them real for individuals, communities and populations, especially the most disadvantaged. This practical operationalisation of health-rights may lead to reform of health systems without recourse to human rights litigation before the courts.

This presentation explores the degree to which human rights laws, and explicitly human rights-shaped policies, were part of the context in which Brazil's Family Health Program was established and rolled-out up until 2004. Was the Family Health Program explicitly shaped by human rights? More work is needed on a consequential and complex question: can it be said that human rights contributed to any health gains arising from the Family Health Program?

Damian Clarke (Santiago, Chile) with Sonia Bhalotra, Joseph Gomes and Atheendar Venkataramani

Maternal Mortality and the Status of Women

This paper presents historical and contemporary evidence consistent with the view that the slow and uneven decline in maternal mortality (relative to other causes of death) stems from the limited voice of women in public policy making. The primary evidence is from event studies of introduction of suffrage in America and the passage of quotas for women in developing countries. We also examine historical roots of gender inequality including Protestant vs Catholic missions, the genderedness of linguistic structure and plough-driven agriculture.

Libertad González (Universitat Pompeu Fabra and IZA), Sergi Jiménez-Martín (Universitat Pompeu Fabra), Natalia Nollenberger (IE Business School-IE University), Judit Vall Castello (CRES, Universitat Pompeu Fabra and IZA)

The Effect of Abortion Legalization on Fertility, Marriage, and Long-term Outcomes for Women

We evaluate the short and long-term effects on women of the Spanish legalization of abortion in 1985. Using birth records and survey data, we find robust evidence that the legalization led to an immediate decrease in the number of births to women younger than 21. We also find evidence suggesting a decrease in early marriages. We then test whether the affected cohorts of women, who were able to postpone fertility and marriage as a result of the legalization of abortion, achieved higher educational attainment and better labor market outcomes in the long-term. Using data from the European Community

Household Panel and the Spanish Labor Force Survey, we find evidence that the affected cohorts were more likely to participate in the labor market and had higher incomes 10 to 15 years after the legal reform.

James Fenske (Warwick) and Namrata Kala

The Green Revolution and Child Mortality in India

This paper uses a difference in differences approach to show that agricultural productivity gains from the adoption of High Yielding Varieties (HYV) of seeds reduced infant mortality in India. Furthermore, we employ three different strategies to explore the mechanisms that link HYV adoption to infant mortality. First, we use heterogeneity in the impacts of HYV across sub-groups to show that it is children born to mothers whose characteristics generally correlate with higher child mortality, children born in rural areas, boys, children born in rice and wheat producing districts and children born in poorer households who benefit more from HYV adoption. Second, we use parental investments in child health outcomes to probe whether the effect of HYV adoption is mediated through the investment responses of parents. We found no obvious evidence for parental investments being associated with early life health or the health of children who survive in response to HYV adoption. Finally, we show evidence for mothers who have a lower baseline risk of child mortality self-selecting into child bearing in response to HYV adoption.

Day 2- 24 September

Vellore Arthi (Essex), Eric Schneider (LSE)

Infant Nutrition and Children's Growth and Mortality: Evidence from London's Foundling Hospital, 1892-1919

We use a new and restricted-use source of longitudinal data from London's Foundling Hospital (1892-1919) to test for the influence of infant health status and early-life circumstances on growth and mortality outcomes later in childhood. From this source, we create a new historical cohort study dataset—one which includes some of the most detailed individual-level information about children's nutrition, growth, morbidity, and general health of any source for its time. Importantly, ours is one of the oldest such cohort datasets available, and allows for the study of early-life health in the era before modern medical and public health services. Using this new cohort dataset, we test whether infants' diets before they entered the hospital influenced their mortality risk at ages 0-1 and 1-5, as well as their weight for age (relative to modern standards) upon entering the hospital. We find that children who were never breastfed had substantially higher mortality risk in infancy and lower weight-for-age Z-scores upon entering the hospital than children who were breastfed. However, the protective effect of breastfeeding declines as infants get older. These results confirm the importance of infant feeding in reducing infant mortality and improving child health, and suggest that while nutrition matters most early on, these initial deficits can be overcome through an improvement in access to nutrition and medical care of the like offered by the Foundling Hospital.

Hanna Muhlråd (Stockholm) with Sonia Bhalotra (Essex), Damian Clarke (Santiago), Marten Palme (Stockholm)

Fertility, Child Health and Women's Labour Supply: Evidence from IVF reform in Sweden

We use administrative data from Sweden to investigate birth outcomes and the mother's future earnings, drawing identification from a reform to IVF treatments, made possible on account of a recent medical innovation. We find a sharp reduction in the chances that IVF births are twins and, consistent with this, across-the-board improvements in the quality of births. We also discuss preliminary estimates of the extent to which having a singleton rather than a twin at first birth modifies women's labour market trajectories.

Mircea Trandafir (University of Southern Denmark), M Daysal.

Heterogeneous Effects of Medical Interventions on the Health of Low-Risk Newborns

We investigate the impact of early-life medical interventions on low-risk newborn health. A policy rule in The Netherlands creates large discontinuities in medical treatments at gestational week 37. Using a regression discontinuity design, we find no health benefits from additional treatments for average newborns. However, there is substantial heterogeneity in returns to treatments with significant health benefits for newborns in the lowest income quartile and no benefits in higher income quartiles. This seems due to increased maternal stress from referral to an obstetrician among higher-income mothers, heterogeneous effects of home births, and potential difficulties in risk screening among low-income women.

Casper Worm Hansen (University of Copenhagen)

Preventing the White Death: Tuberculosis Dispensaries

This paper estimates the effect of tuberculosis (TB) dispensaries, designed to prevent the spread of TB before the advent of modern medicine. Our DiD estimation reveals that the rollout of the TB dispensaries across Danish cities led to a 16 percent decline in the TB mortality rate, but no significant impacts on other diseases when performing placebo regressions. We next take advantage of the explicit targeting on TB by the dispensaries to setup a triple-differences model which exploits other diseases as controls and obtain a very similar magnitude of the effect. This evidence suggests the cost per saved life-year to be around \$76. Our overall conclusion indicates that public policy played an important and effective role for the decline in TB mortality. It also stresses that dispensaries are of policy relevance for developing countries today as a cheap measure to counter the externalities created by TB and modern drug resistant strains.

Alison Andrew, Institute for Fiscal Studies (IFS)

Demand-Side Financing and Perinatal Mortality: Evidence from India

Demand-side financing aims to improve health outcomes by increasing the use of health services. To assess the impact of such policies, we need to gauge the effects of the services they incentivise at their usual quality. This includes not only the average effect but how effects vary between groups who typically take them up services, those who don't, and those who are induced into doing so by demand-side financing. I focus on the case of perinatal mortality in India. Demand-side financing, in the form of Janani Suraksha Yojana (JSY), has become a key policy of the Indian government to improve birth outcomes. JSY incentivises women to give birth in health facilities with cash payments. However, we lack causal evidence on the effect of institutional birth on birth outcomes in settings where quality of many health facilities is low. I make use of recent developments in the treatment effect literature to identify various causal effects of institutional delivery on perinatal mortality. My identification strategy exploits the roll-out of JSY to provide exogenous variation in place of birth. I assess the heterogeneity of effects by characteristics of the birth and by type of institution.

Farah Said (Lahore School of Economics)

Gender and Agency within the Household: Experimental evidence from Pakistan

Theoretical and empirical work on intra-household decision making capture empowerment through bargaining weights given to individual preferences, and infer such weights from household consumption allocations. In this paper we test two key hypotheses underlying this work: first, that spousal influence is the same for all private consumption goods; and second, that women have pent up demand for pure agency. We use data from a survey and a novel laboratory experiment implemented with adult couples in Pakistan. We find that women's influence on household decisions is decreasing in the importance of the decision. We find no evidence that women have pent up demand for agency. Instead, women are less willing to pay for agency when facing an unknown man. We interpret this evidence as suggesting that women in our study population have internalized gender norms, and that these norms regulate interactions between genders most strongly outside of the household. We also find little evidence, within our experimental setting, that willingness to pay for agency is affected by the instrumental value of agency.

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