

Women's Social Networks

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Social networks are important

- Social networks are a key ingredient in the process of economic development, especially with incomplete markets and missing institutions ([Munshi 2014](#))
- In many LMICs, women have few social connections, especially outside the household
- Social interactions are even more limited in case of relatively private and often stigmatized topics, such as family planning, reproductive health
- Women's social networks primarily comprised of other women
- Unlike men, **women are unable to—directly and independently—take advantage of the numerous benefits provided by social networks** to their members

The case of Indian women

- Women 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](#))
- 58% practice *purdah* or *ghunghat* ([IHDS 2011-12](#))
- Extremely low engagement with the labor market
- Limited scope for virtual social connections
 - Only 33% own a cell phone ([Barboni et al 2018](#))
- Only 20% are members of a group/ collective ([IHDS 2011-12](#))
- 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

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

Study area: Rural Jaunpur, Uttar Pradesh

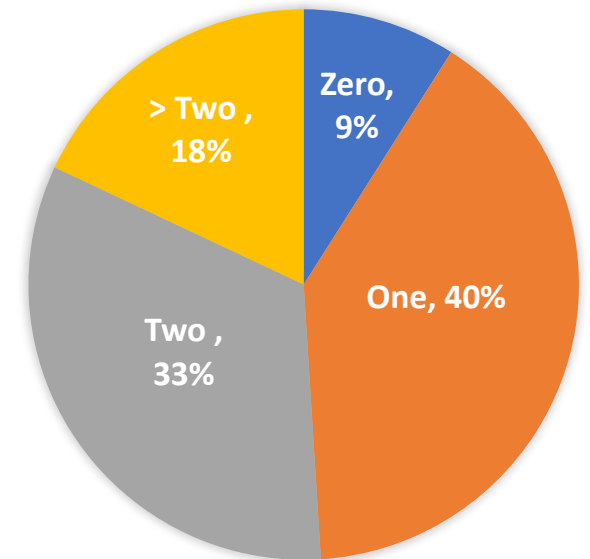
- 28 villages in Jaunpur ★ district of Uttar Pradesh (UP)
- UP is India's most populous state (~ 235 mn [pop.](#))
- Surveyed 671 married women aged 18-30 who had at least one child at baseline
 - Baseline (Jul-Aug 2018) | Endline (Jul-Oct 2019)
- Collected data on women's social interactions with individuals other than husbands and mothers-in-law
 - 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**



Women are socially isolated

- 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%)

GENERAL PEERS



Mothers-in-law restrict women's social connections

- 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
 - Co-residence with MIL decreases DIL's ability to visit places outside the home alone
- No such restrictive influence of **father-in-law** or **sisters-in-law**
- 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**
 2. Mother-in-law **disapproves** of family planning
 3. Daughter-in-law's husband is a **migrant**

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

What works to circumvent and expand limited networks and improve agency?

- 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
- 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)

Interventions

- Own voucher group

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

- BAF voucher group

- Own-use voucher package
- + Same voucher package for individuals who accompanied a BAF woman to the clinic**

- Vouchers valid for 10 months

Jaunpur Social Networks Study – Clinic Voucher

यह वाउचर ए. डी. सी. क्लिनिक के परिवार नियोजन सेवाओं से जुड़े सभी खर्चों का Rs. 2000 का वेहैन करेगा। यह वाउचर केवल परिवार नियोजन सेवाओं के लिए ही रिडीम किया जा सकता है। अधिक जानकारी के लिए, जे. एस. एन. एस. सेवाओं की शर्तों को पढ़ें। इस वाउचर की समाप्ति का तारीख: _____ / _____ / _____ (DD / MM / YY)

[INSERT CLIENT PHOTO HERE]

इस वाउचर को रिडीम करने के लिए, या यदि आपके कोई प्रश्न या चिंता है, तो कृपया सुश्री प्रतिभा तोमर या सुश्री सोनम भद्रिया को कॉल करें।

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MANAGER USE ONLY

DATE RECEIVED	AMOUNT SPENT	VOUCHER VALUE LEFT	MANAGER SIGNATURE
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What did we find?

- Both vouchers significantly **increased women's likelihood of visiting a clinic for FP services** overall as well as without their husbands or mothers-in-law
- But the **BAF voucher was significantly more effective than the Own voucher for women who faced greater opposition to FP use from their mothers-in-law at baseline**
- In fact, the Own voucher was ineffective in increasing clinic visits for women whose mothers-in-law were opposed to their FP use at baseline.
- Similarly, only the BAF voucher significantly **increased modern contraceptive use and decreased likelihood of pregnancy** during the intervention period, especially for women who faced social barriers to FP use at baseline.

What did we find?

- The **BAF voucher increased a woman's number of social connections** and significantly more so than the Own voucher group.
- In addition, the BAF voucher enhanced women's FP-related engagement with their close outside peers.
- Consistent with previous research showing that peer support can decrease stigma around health outcomes, we find that the BAF voucher reduced women's fear of stigma related to FP; the Own voucher had no such impact.

Lessons for policy and research

- **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.)
- How can we expand women's social networks to improve women's welfare?
 - Women's groups are a commonly used approach (e.g., [Kumar et al 2019](#))
 - Potential role of women in impacting other women's lives extends well beyond such groups
 - 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](#))