



## LEARNING BRIEF

# Intra-Household Bargaining and Decision-Making, Social Norms and Women's Empowerment: Evidence from a Global Investment in Gender Equality and Women's Empowerment

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### KEY FINDINGS

1. Highly contextual social norms dictate how, when, with whom and about what women make decisions.
2. Women's participation in decision-making correlates to higher prevalence of contraceptive use and smaller family size.
3. Financial inclusion services and products are most successful when their implementation is accompanied by investments that target norms around women's financial decision-making.

How we make decisions in a household, who makes those decisions and how we bargain over resources and opportunities affects the welfare and wellbeing of all members of a household (Strauss & Thomas 1995; Behrman 1997; Haddad, Hoddinott, & Alderman 1997). Understanding that households may not be comprised of individuals who share the same preferences and who

pool all their resources is the first step to understanding the root causes of gender inequality in many contexts (Sen 1999). Acknowledging that decision-making is also mediated by power and reflects gendered social norms about what people can be and do and the claims that they can make on resources, can enrich our understanding of these household dynamics.

What we know from research on household interactions and bargaining is that the status quo is not immutable; we can effect change. Intervening to support more gender-equal bargaining over household resources and opportunities can foster improved human and economic development outcomes, particularly for women and girls.

This learning cluster brief distills the findings from a number of projects funded by the Women and Girls at the Center for Development (WGCD) initiative through the Bill and Melinda Gates Foundation. The projects described here explore the gender dimensions of intra-household bargaining and decision-making or chart empowerment outcomes using changes in decision-making. The different inquiries explore the nature of decision-making and analyze how distinct interventions can improve women's agency and gender equality outcomes across domains, ranging from household food security to financial inclusion to family planning. To maximize peer learning across the WGCD projects and surface critical dimensions of intra-household bargaining, we posed two key questions:

- How does enhancing women's agency and access to resources together influence women's intra-household bargaining and decision-making?
- What are the strengths and limitations of different methodologies to measure women and girls' involvement in bargaining at the household level?

This brief summarizes the findings for three critical domains affecting household decision-making and empowerment: family planning; financial inclusion; and health and nutrition.

## FAMILY PLANNING

Historically, women have been the primary focus of family planning programs and research (Becker 1996; Watkins 1997). However, the HIV epidemic brought to the fore how gender relations and disparities influence sexual and reproductive health. This elucidated the need to focus on the social context of contraceptive use (Gupta 1993; Pulerwitz et al. 2000; Blanc 2001; Dworkin et al. 2012). These concerns were reflected in

international fora such as the International Conference on Population and Development (1994) and the Beijing Conference on Women (1995). Leaders in these meetings called for the inclusion of men in reproductive health programs and research (United Nations 1995). Subsequently, the role of power dynamics in sexual relationships and reproductive decision-making has become the subject of much theoretical and empirical research, with power conceptualized in a variety of ways (Riley 1997; Wingood & DiClemente 2000; Blanc 2001). However, the global consensus is power in sexual relationships is frequently unbalanced and women usually have less power than men. These gender-based inequities and disparities expose women to risk factors that adversely influence their sexual and reproductive health (Blanc 2001). For example, power may constrain a woman's ability to discuss, negotiate and access contraception. This could be due to the threat of partner violence and/or abandonment, as well as partner control over mobility and access to financial resources (Gage 1995; Bawah et al. 1999; Hindin 2000; Blanc 2001; Pulerwitz et al. 2012; Dodoo & Frost 2008; DeRose & Ezeh 2010; Stephenson, Bartel & Rubardt 2012; Do & Kurimoto 2012).

From a policy and programmatic perspective, the global response to these power imbalances has been interventions focusing on women and promoting women's empowerment (Higgins et al. 2010). However, the effectiveness of these empowerment interventions is increasingly being challenged, as 'male backlash' is documented in many contexts, often in the form of violence towards women (Schular & Hashemi 1994; Hashemi, Schuler, & Riley 1996). Consequently, there is growing recognition of the need to understand the variability in socio-cultural contexts and how it affects female and male vulnerabilities to sexual and reproductive health problems. As a result, there is growing interest in research to understand masculinity and men's response to women's increased power (Higgins et al. 2010; Dworkin et al. 2013).

One WGCD project led by the Center of Gender Equity and Health at the University of California, San Diego School of Medicine and Pathfinder International analyzed family planning decision-making and contraceptive use among married adolescent girls and

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**FIGURE 1. WGCD Projects Referenced in this Brief**

<b>PARTNER</b>	<b>COUNTRY</b>	<b>BRIEF DESCRIPTION</b>
<b>The BOMA Project</b> (REAP)	Kenya	2-year poverty graduation model to improve food security, livelihoods, shock preparedness & human capital
<b>CARE</b> (Digital Sub-wallets)	Uganda	Mobile savings platform that divides savings for specific purposes to help women better manage savings
<b>CARE</b> (LINK Up)	Tanzania, Kenya	Design financial products and business models to link informal savings groups with formal financial service providers
<b>Child in Need Institute</b>	India	Training young couples to act as role models to change gender norms and women's and girls' participation in contraception decisions
<b>Harvard University and others</b> (Smart Payment Schemes)	India	Providing personal (not household) bank accounts for direct deposit of women's wages to increase female labor force participation
<b>Helen Keller International</b>	Cambodia	Gender-transformative agriculture intervention, providing agricultural resources to women and leading sessions on gender issues for all household decision-makers
<b>Population Services International</b> (Room to Grow)	Niger	Reproductive health counseling, identifying gender-based barriers to family planning, and engaging religious leaders to overturn gender norms
<b>Tulane University</b> (Momentum)	Democratic Republic of Congo	Research to understand postpartum contraception norms among first-time mothers
<b>UCSD and Pathfinder International</b> (Reaching Married Adolescents)	Niger	Advocacy and outreach to expand access to and use of family planning services
<b>University of Ibadan</b>	Nigeria	Gender socialization training, financial literacy education and family planning counseling for couples to support equitable gender relationships and increase women's household decision-making power

More information on each of these projects can be found at [www.icrw.org/wgcdpartners](http://www.icrw.org/wgcdpartners).

their husbands in rural Niger, where child and early marriage is common and contraceptive prevalence is low, producing a high total fertility rate and adolescent fertility rate. This project explored decision-making dynamics between 1,042 dyads of men and women in union in rural Niger, where the girls ranged in age from 13 to 19. They ranked how much power men and women felt they had over the decision to use family planning in order to develop a relative decision-making power variable. The findings demonstrate that where decision-making power is unequal and men exert greater power over the decision to use family planning, women are less able to time and space their births and have higher fertility.

Another WGCD project with the International Center for Research on Women and the University of Ibadan in Nigeria looked at the role of spousal participation in household decision-making on contraceptive use among young couples in Ibadan, Nigeria. Decision-making was analyzed across a number of domains, including family planning and contraceptive use, with 865 couples. The researchers found that female decision-making influence on both household and reproductive decisions was highly correlated with a woman's reported contraceptive use. The researchers also found that there were high levels of discordance between men and women's perceptions of the other's

decision-making power and influence. Those couples that reported joint or female-led decision-making were, however, far more likely to report contraceptive use.

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A project with the Child in Need Institute (CINI) in Jharkhand, India sought to promote more equitable decision-making and foster the intention to use appropriate family planning methods for better maternal health outcomes. The project used a peer couple-to-couple approach based on this premise that involving husbands increases spousal intimacy, gender sensitivity and male involvement in family planning and pregnancy care. The project developed a number of interventions grounded in theories about social norms and gender equality in household dynamics. The first sought to identify and understand positive deviance, with the goal of understanding how households that deviate from existing norms and support greater gender equality and empowerment can model gender norm change. The second examined the propagation of gender equitable norms and attitudes through peer networks as a means to secure greater gender equality. The third explored how to create a safe and supportive environment for challenging gender inequality. Like similar inquiries in this cluster, CINI's baseline findings revealed that women who exhibit greater decision-making power are more likely to report use of family planning than women with low decision-making power.

Though both women and men reported joint decision-making, this was more common among men, indicating that perceptions of power and influence over the same decision-making process may vary between men and women. Analysis also indicated that while there may be joint engagement in the discussion about family planning and the use of contraception, men still tend to have greater sway over the final decision. The primary determinants of decision-making power among women were their knowledge of and positive attitudes towards family planning, prior and ongoing contact with health care personnel, and reported engagement with and access to peer networks. The findings underscored

that short-term interventions can be successful in securing attitudinal change and increasing knowledge and awareness, but there is a need for long-term

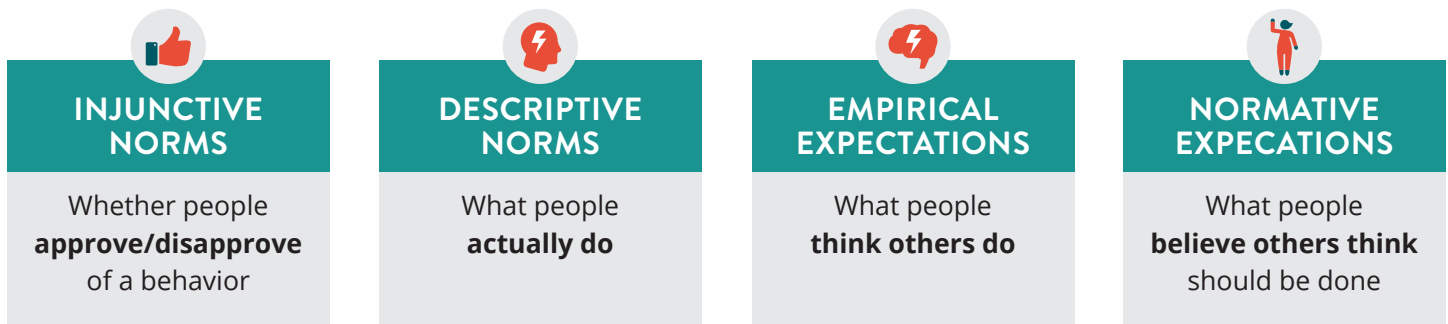
interventions that focus not only on knowledge and attitudes, but also on sustained behavioral change.

Joint decision-making and improved interpersonal communication between couples may encourage women to access and demand contraceptive services. There is a

need to work with influencers, like mothers-in-law and community leaders, to break entrenched norms around proving fertility within a year of marriage and completing family size at an early age.

The Momentum project, conducted by researchers at Tulane University and the Congolese Ministry of Health, examined decision-making about postpartum contraception among first-time mothers and their male partners in Kinshasa, Democratic Republic of the Congo. The Momentum project explored social norms and perceptions around contraceptive use. The social norms investigated ranged from injunctive and descriptive norms to perceived expectations about norms (Figure 2). The project also explored respondents' perceptions of influencers on family planning decisions.

The Momentum Project found that social norms govern family planning decision making and use. In the Democratic Republic of Congo, young women are disproportionately perceived as responsible for initiating family planning discussions with their male partners. Despite this apparent expectation about family planning, married women are not socially expected to make family planning decisions without their husband's approval. There are some exceptions, however, and descriptive norms clearly deviate from expectations. The researchers also found that there are many key influencers of unmarried first-time mothers' postpartum family planning decisions, including the mother's family and female significant others. The research also uncovered some negative and some positive social sanctions if young, unmarried women make family planning decisions and use family planning. Yet deviations from injunctive social norms were documented – indicating that social norms are being actively challenged and remade in this context.

**FIGURE 2. A Framework for Social Norms**

Through the Room to Grow project, Population Services International, the Organization to Advance Solutions in the Sahel and the High Commission of the Nigeriens Nourish Nigeriens agriculture initiative sought to improve gender equity, nutrition and access to family planning in Niger. Non-governmental organizations have supported over 3,000 community gardens across the country, which are tended daily by women. This provides an opportunity to address gender inequality in a safe and supportive space. The interventions targeting both women and men included reproductive health counseling, identifying gender-based barriers to family planning, and engaging religious leaders to help overturn deep-seated social norms.

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Intervention and control groups were assessed at baseline and at endline and data were analyzed using a difference-in-difference technique. Qualitative interviews were conducted to gain a deeper understanding of the respondents' knowledge of the concepts and expected change. The research assessed progress toward three primary goals: 1. Enhancing women's roles in household decision-making; 2. Increasing couples' use of modern family planning methods; and 3. Improving families' and children's nutrition and promoting greater dietary diversity.

Room to Grow's clearest successes were in family planning. Generally, men in Niger make the decisions

about family planning, and there is limited access to contraceptives and reproductive health care. The intervention aimed to shift decision-making patterns to increase couples' demand for contraception. Although knowledge of family planning methods was initially high in both control and intervention groups, use and intention to use contraception increased significantly in the treatment group. The project also improved knowledge about the benefits of family planning and birth spacing, including women's health and children's education. Men who took part in the intervention were, like their female partners, more likely to know about the advantages of family planning. Qualitative research showed that men were particularly driven by the economic benefits, indicating a potential

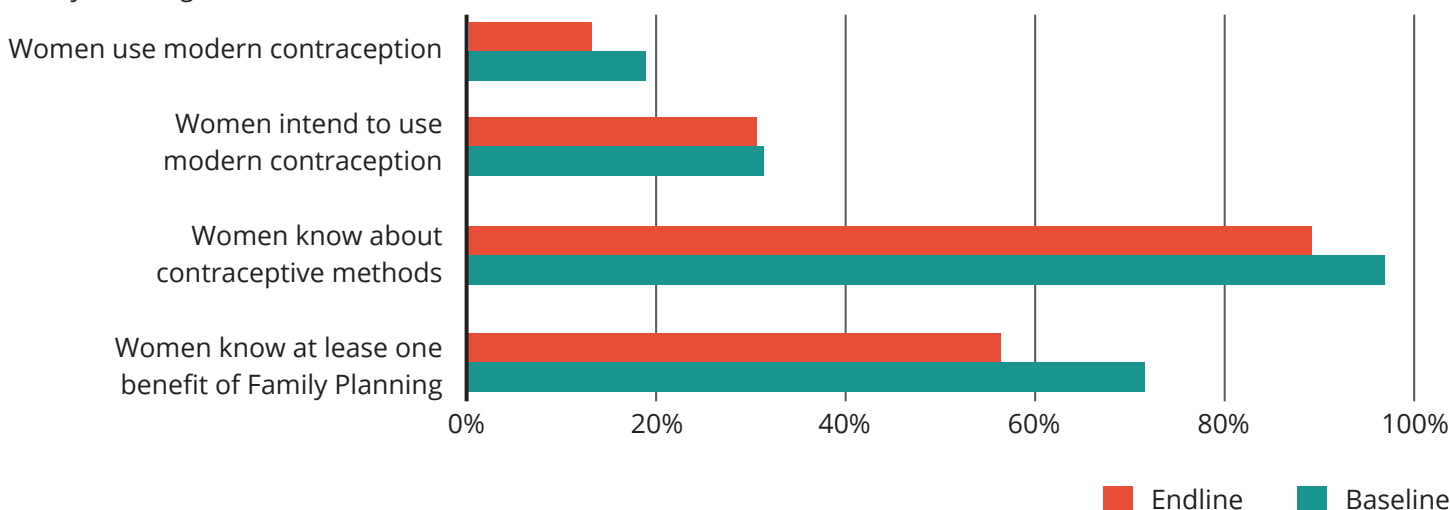
avenue for further engaging them.

Room to Grow also points to the relationship between gender equity and family planning and found that the intervention increased the proportion of women discussing contraception with their husbands,

which is directly correlated with increased use of contraception. There was a noted negative relationship between adherence to traditional roles and the use of contraception.

Room to Grow's findings paint one picture of how to best engage men, by revealing their key motivations to use family planning. Qualitative findings also stressed the importance of involving religious leaders in the programming. Participants reported that this helped increase the acceptability of family planning and normalize such conversations between spouses.

Findings from the WGCD community shed light on how

**FIGURE 3. Room to Grow Observed Changes Over Time***Family Planning Indicators*

decision-making patterns can be shifted to achieve meaningful family planning outcomes. The importance of building women's agency and capacity to participate in these decisions is clear – UCSD, the University of Ibadan and CINI each show that women's participation in these decisions has a positive impact on couples' contraceptive use. Yet findings from Momentum and Room to Grow reveal the complexities that underlie family planning social norms. Women in some contexts may be expected to initiate these conversations, but in others, it is deemed inappropriate. Efforts, like the Room to Grow project, to engage men in transforming these decision-making norms, were successful in several decision-making dimensions. The relative added impact of this engagement, however, is not yet fully understood. Further research is needed to confirm enduring change and the extent to which decision-making social norms have shifted.

### FINANCIAL INCLUSION

The relationship between household bargaining and access to and use of financial products and services, digital or otherwise, remains understudied. (Burjorjee et al. 2017). Access to and use of financial products and services likely depends on the bargaining and norms that prescribe what women can do and how much financial autonomy is acceptable. The same norms and bargaining processes may determine whether women can leave the house, access brick-and-mortar banks

or engage with non-family members in public spaces. Similarly, the ability to bargain over the use of earnings and savings may affect the choice of financial products and services.

The financial inclusion projects supported by WGCD were also intended to foster women's agency and ability to secure meaningful improvements in their own and their households' wellbeing. Financial inclusion and mobile money were resources and strategies intended to increase women's control over earnings and endow them with more power and leverage to deploy in household decision-making. Yet financial resources were not typically provided without other parallel investments in social norm change and support for household bargaining and communication (Arnold & Gammage 2019). to enable more effective bargaining or to engage men and other family members proactively in support of women's empowerment. WGCD projects explored the need for these other investments.

Several projects focused on mobile money and digital platforms to promote financial inclusion. These products and services have the potential, like their traditional counterparts, to affect relative bargaining power in the household. Among the potential benefits are reduced surveillance by others of the size and timing of mobile transfers and of the total balance in the electronic account (Aron 2017). These features

have the potential to protect savings from co-optation and appropriation by others. Indeed, as Aron (2017:31) notes, “Greater privacy may influence both inter-household allocations and intra-household allocations.” As the literature on intra-household bargaining shows, if the type of expenditure differs by gender, there could be substantial implications for intra-household welfare and wellbeing (Doss 2013; Haddad, Hoddinott & Alderman 1997).

The BOMA Rural Entrepreneur Access Project (REAP) project employed a two-year poverty graduation model to diversify household income and support food security and shock preparedness among pastoralist women in northern Kenya. REAP seeks to empower ultra-poor women living in the Arid and Semi-arid Lands of Africa, who represent the “last mile” of financial inclusion. REAP seeks to transform the situation of vulnerable women by providing them with the tools, training and the resources necessary to start and maintain small businesses, establish sustainable incomes and move out of poverty. The program offered business groups, savings groups, and mentorship which

included life skills training, such as women’s rights and family planning. For the savings group mobile enabled account, women received a phone and SIM card.

Household income grew and diversified significantly over the course of the program. These changes extended to household dynamics as well. Qualitative analysis in the form of in-depth interviews with female participants and focus group discussions with the husbands of participants revealed a shift in intrahousehold power structures and decision-making. This indicates that women’s dependence on male earnings had decreased and they were able to make more financial decisions on their own. The findings also highlight that over time women were incrementally more involved in financial discussions.

Researchers from Yale University, Harvard University, Duke University and the University of Southern California, in collaboration with Evidence for Policy Design India at the Institute for Financial Management and Research, investigated whether modifications to the Mahatma Gandhi National Rural Employment



Photo credit: Helen Keller International

Guarantee Scheme (MGNREGS), the world's largest workfare program, could improve program efficiency, reduce corruption, and increase rural women's employment, financial inclusion, and empowerment. Research involved two pilot projects, the first providing women with information on their bank account balances and receipt of government transfers through mobile phone voice alerts and the second giving administrators greater visibility into sources of MGNREGA payment delays and program dysfunction via real-time, interactive web-based dashboards. These relationships between project researchers and banking and governmental policy counterparts will enable the translation of research findings into meaningful policy change to economically empower rural women in India. An objective of the project is to generate new knowledge on how digital payment schemes for social programs can be optimally designed to enable the financial inclusion of low-income women, and how this, in turn, affects women's socio-economic well-being. The researchers took advantage of a large-scale randomized control trial, conducted in partnership with the Indian state of Madhya Pradesh, to explore variation in women's control over household resources received through MGNREGS and test the role of digital payments in increasing that control. At the time of the experiment, payments for the MGNREGS were deposited into a single household bank account, almost exclusively owned by men. As the researchers note, this model transfers a woman's earnings to her husband. The team tested a number of different modalities of potential financial inclusion, including opening bank accounts for women and linking their MGNREGS payments to these and adding a two-hour "financial information intervention" called "linked plus". The design intended to look at increasing a woman's control over her wages separately from the effect of increasing her access to a bank account (Field et al. 2019). The results from this study demonstrate the importance of parallel investments. After one year,

**Women who received the full gender-transformative intervention were more satisfied with their level of decision-making power around household finances than the comparison "gender-light" group.**

those who received the most intensive intervention—digitally-linked payments into their own bank accounts,

along with financial education—were more likely to participate in both public and private sector work. Impacts were particularly strong for those women who were more constrained by social and gender norms – those who were least attached to the labor market prior to the intervention and whose husbands believed they would face greater stigma if their wives pursued employment. Longer-term results, determined at a follow-up three years after the intervention, point to a liberalization of social norms: both women and men became more accepting of female labor force participation. These findings, including the fact that work increased both in the MGNREGS program and in the private sector, suggest that women's direct access to financial resources and training increased their ability to make decisions about their own employment.

In sub-Saharan Africa, CARE created two mobile enabled savings group products. The LINK Up Project in Kenya and Tanzania tested financial products and business models designed to link informal savings groups with formal financial service providers. The Digital Sub-Wallets Project in Uganda tailored a digital financial platform to meet women's unique financial needs and facilitated intra-household dialogue sessions to address gender norms. CARE's evaluation found that LINK Up groups with accounts realized higher returns. Women who opened group and individual accounts reported higher degrees of control over resources and increased ability to achieve financial goals. Group members had higher savings and groups with the highest proportions of women saved more, suggesting women were generating, gaining access to and exercising control over resources. Group cohesion was equally strong when compared to unlinked groups. In fact, women who had previously left the digitized groups returned because they placed increased trust in the digital mechanisms and transparency. Furthermore, women's decision-making over how to spend their savings increased. LINK Up demonstrated that having a group account was an effective vehicle for increasing women's overall trust in and confidence navigating the financial services sector.

The Digital Sub-wallets project used household gender dialogues to target gender norms and power dynamics and foster improved



communication around decision-making. CARE compared two groups, one that received the gender dialogues and one that did not. Men began to consult with their wives and make at least some decisions jointly with them. Focus group discussions revealed that men were still disproportionately setting the agenda by laying out the options for use of income and frequently had the final say in the event of any disagreement. Women were more likely to make decisions on the use of income from the sale of vegetables and livestock products, which they were more likely to have been engaged in producing or transforming. Women had the least contribution to decision-making on use of income from rice, a commercial crop primarily grown by men. Despite the incremental nature of changes in household bargaining and decision-making outcomes, the dialogues yielded some critical changes that benefitted women. Women who received the full gender-transformative intervention were more satisfied with their level of decision-making power around household finances than the comparison “gender-light” group.

Decision-making patterns are deeply entangled in financial inclusion and access to resources. As the BOMA Project and Harvard University found, giving

women control over household resources can shift household power dynamics and influence patterns of financial decision-making, allowing women to have more say over how money is spent. At the same time, successful financial inclusion programs will include parallel investments directly targeting norms that influence decision-making.

## HEALTH AND NUTRITION

The third decision-making domain addressed by the WGCD initiative was household health and nutrition. Helen Keller International Cambodia evaluated the impact of promoting gender equality on households’ food security and health. They recruited households spanning 180 rural communities in Kampong Cham Province to evaluate the impact of a gender-transformative addition to HKI’s proven Enhanced Homestead Food Production (EHFP) intervention. HKI targets the harmful gender norms that impact these households through its Nurturing Connections© (NC) curriculum, originally tested in Bangladesh and then adapted to the Cambodian context. This interactive, facilitated approach involves both men and women, and uses role playing, games and group demonstrations to foster dialogue and an understanding of power and inequality within households. The discussions are

intended to improve the nutrition and food security of targeted households by empowering women to participate in decisions around food production and allocation of household resources.

The evaluation of the intervention is ongoing, but preliminary analysis suggests that while both the EHFP and EHFP+NC intervention arms showed increased crop diversity and dietary diversity scores, the EHFP+NC arm had slightly increased dietary diversity, though this increase may not be significant. Results also suggest small, positive shifts toward increased decision-making. Further analysis is needed, however, to fully understand the added impact of the NC intervention.

In Niger, where Room to Grow used community gardens to engage women in discussions of family planning and gender dynamics, the team also evaluated the impact of the program on health and nutrition decisions. Although there was no significant change in participants' dietary diversity scores, 88 percent of reproductive age women who received the treatment reported an increase in the number of types of foods eaten. They also gained a better understanding of the importance of dietary diversity and of methods to achieve it. The qualitative analysis suggests that lack of resources and a scarcity of vegetables at the time of data collection might explain why the improvements in knowledge did not translate into behavior change.

Both Helen Keller and Room to Grow point to the relationship between couples' decision-making patterns and household well-being, suggesting that when women are involved in household spending decisions,

their children and families reap the benefits.

## RESOURCES AND AGENCY

How these projects influenced household bargaining and contributed to women's and girls' empowerment by enhancing their agency varies by design, domain of inquiry and context. Although numerous definitions exist for empowerment, one commonly accepted definition is that empowerment is an "expansion in one's ability to make strategic life choices in a context where this ability was previously denied to him/her" (Kabeer 2001).

Agency, as it is defined and measured in many of these projects, is related to power and the meaning, motivation and purpose that people bring to an activity. The expression of agency can include bargaining, negotiation, manipulation, resistance and protest in the face of autocratic behavior by others. In Kabeer's (1999) formulation of empowerment, both resources and agency are required to secure meaningful achievements or outcomes. Resources can be either material, social or human. Material resources include economic resources such as land, equipment and finance.

But we also know that access to resources reflects the rules, norms and practices that prevail in certain contexts, as well as the preferences of those who have authority. Access to resources often reflects the outcomes of household bargaining processes: whether a woman can work, earn or save money, mirrors deeply held social norms about what is deemed appropriate for a woman to be and do (Quisumbing 2015). At the



Photo credit: Room to Grow

same time, enabling a woman to have access to more resources, whether they are material, social or human, can enhance her ability to engage in decision-making and secure favorable outcomes for themselves and their families.

One of the key learnings from the various projects described above was that resources alone, without investment in expanding agency, improving communication, engaging men or intentionally addressing social norms to shift the gender balance of power, do not secure meaningful improvements in desired outcomes (Bandiera et al. 2018; Vaessen et al. 2014; Rowlands 1997). Thus, where programs seek to improve wellbeing, they must consider the norms that influence women's ability to make decisions and work to shift them.

## MEASUREMENT AND ANALYSIS OF BARGAINING

A constant challenge recurring in the literature on women's empowerment is how to measure agency in decision-making (Glennerster et al. 2018; Rickard & Johnsson 2019; Raj et al. 2017; Samman and Santos 2009; Donald et al. 2017). Many approaches documented in the literature are anchored in a vision of leverage and influence and ask to what extent men and women, or indeed other household members, have a say in decisions about household expenditures, savings, investment, employment, schooling, healthcare, marriage and women's mobility (Pitt et al. 2006; Doss 2013; Strauss & Thomas 1995). Sometimes outcomes are measured against preferences eliciting rankings and prioritization of outcomes from respondents (Schaner 2011). Other studies deploy behavioral economics through games and experiments (Fiala 2018; Almås et al. 2018; Schaner 2017).

UCSD is implementing a research project that intends to meet the need for better data and data collection tools on gender equity and empowerment. The Evidence-based Measures of Empowerment for Research on Gender Equality (EMERGE) project has created a toolbox of diverse, validated and reliable measures for gender equity and empowerment, including for household decision-making. EMERGE researchers questioned whether a focus on decision-making was sufficient to understand agency, since measures of decision-making have proven problematic. Decision-making control

may not be generalizable across domains of choice for the same person. There is no agreement if shared or unilateral decision-making accurately represents empowerment (EMERGE 2016).

We also have evidence that men and women view decision-making outcomes differently. In some cases, men may assume that any negotiation or bargaining has been concluded – whereas women may continue to negotiate, either directly or by proxies, such as other household members (Agarwal 1997).

In Cambodia, HKI used the Women's Empowerment in Agriculture Index (WEIA) to explore the impact of investments in gender equality and empowerment on key measures and outcomes of health and wellbeing. The WEIA measures five key domains production, access to and control over resources, income, leadership in the community and time use (Alkire et al. 2013).

As part of their analysis of the empowerment impacts, HKI conducted cognitive testing of the WEIA tool to explore how respondents understood and interpreted the questions. At baseline, program implementers had some concerns about respondents' understanding of certain parts of the questionnaire, specifically the decision-making and the self-efficacy modules. The concerns centered on the interpretation or meaning of "self-esteem," and the relevance of "life goals" to women respondents. HKI was also keen to explore what is "significant" change when measuring shifts in reported measures of self-esteem and decision-making. Using Willis's (2004) cognitive framework that explores comprehension, recall, judgement and response, HKI and ICRW found that the abstractness of some questions such as: "would you be able to participate in decision-making if you wanted to," confounded respondents. Participants had difficulty defining participation in decision-making. Rephrasing the question led to multiple interpretive differences. Questions about decisions related to consumption and selling outputs elicited robust responses because they were specific. Questions about self-efficacy and "individual goals" were less readily understood and resulted in a wide range of responses. Based on the cognitive testing, HKI revised their questionnaire to measure and define a limited number of agency and decision-making metrics.



Photo credit: Room to Grow

## CONCLUSIONS

The WGCD projects were successful at enhancing women's empowerment and decision-making power and improving their lives and livelihoods. Yet the findings illustrated here underscore that investing in resources alone is neither necessary nor sufficient to increase women's agency. Projects that address social norms and provide additional support to change intrahousehold bargaining and dynamics result in better outcomes for women and girls. These include reproductive and economic empowerment and health and wellbeing.

Exploring decision-making dynamics reveals household power inequalities between men and women and household members. Understanding how power is mediated and inequalities muted, or bargaining shifted from antagonistic to cooperative, is essential to support gender equality. The metrics and measurement of decision-making are challenging for researchers and program evaluators. Contextualizing the analysis and testing how questions about decision-making are understood and reveal power dynamics within households is critical. Further research is needed to explore and measure decision-making and agency. This will inform interventions to secure greater intrahousehold equality and empowerment. Analytics of behavioral games, and reported preferences, can help us understand negotiation and bargaining pathways. Analytics can shape programs and the design and delivery of interventions. This will lead to improved individual and household welfare and wellbeing, reduced poverty, and gender equality. These are key as governments and donors implement commitments to the SDGs and promote human-centered development.

The research efforts supported by the Bill and Melinda Gates Foundation through the WGCD initiative allowed development practitioners to improve the health and wellbeing of women and girls. They also remind us that gender transformative programming seeks to address power inequalities and foster meaningful change. This must be done in partnership with NGOs and community groups, and through mutual learning, with individuals and communities. Going to scale is an imperative for long term change, but it cannot be done without partnerships and evidence-driven programs.

## REFERENCES

- Agarwal, B. 1997. "Bargaining and Gender Relations Within and Beyond the Household," <http://emerge.ucsd.edu/>
- Alkire, S., R. Meinzen-Dick, A. Peterman, A. Quisumbing, G. Seymour, and A. Vaz. 2013. "The Women's Empowerment in Agriculture Index." *World Development* 52: 71–91.
- Almås, I., A. Armand, Attanasio, O. and Carneiro, P. 2018. "Measuring and Changing Control: Women's Empowerment and Targeted Transfers." *The Economic Journal* 128 (612): F609–39. <https://doi.org/10.1111/econj.12517>.
- Arnold, J. and Gammage, S. 2019. "Gender and Financial Inclusion: The Critical Role for Holistic Programming," *Development in Practice*, edited volume, New frontiers in gender and financial inclusion
- Aron, J. 2017. 'Leapfrogging': A Survey of the Nature and Economic Implications of Mobile Money. Institute for New Economic Thinking at the Oxford Martin School, University of Oxford, UK.
- Bandiera, O., Buehren, N., Burgess, R., Goldstein, M., Gulesci, S., Rasul, I., and Sulaiman, M. 2018. "Women's Empowerment in Action: Evidence from a Randomized Control Trial in Africa."
- Bawah, A., Akweongo, P., Simmons, R. and Phillips, J. 1999. Women's Fears and Men's Anxieties: The Impact of Family Planning on Gender Relations in Northern Ghana. *Studies in Family Planning*, 30(1), pp.54-66.
- Behrman, J. R. 1997. "Intrahousehold distribution and the family," In *Handbook of population and family economics*, ed. M. R. Rosenzweig and O. Stark. Amsterdam: North-Holland.
- Blanc, A., 2001. The effect of power in sexual relationships on sexual and reproductive health: an examination of the evidence. *Studies in Family Planning*, 32 (3), 189-213.
- Burjorjee, D. M., El-Zoghbi, M. and Meyers, L. 2017. Social norms change for women's financial inclusion. (Brief). Washington, Consultative Group to Assist the Poor.
- Cornwall A. 2016. Women's Empowerment: What Works? *Journal of International Development*, 28, 342-359 2016.
- Cox, C.M., Hindin, M.J., Otupiri, E., and Larsen-Reindorf, R. 2013. Understanding couples' relationship quality and contraceptive use in Kumasi, Ghana. *International Perspectives in Sexual and Reproductive Health*, 39 (4), 185e194.
- DeRose, L. F., and Ezech, A. C. 2010. Decision-making patterns and contraceptive use: evidence from Uganda. *Population Research and Policy Review*, 29(3), 423-439.
- Do, M. and Kurimoto, N. 2012. Women's Empowerment and Choice of Contraceptive Methods in Selected African Countries. *International Perspectives on Sexual and Reproductive Health*, 38(01), pp.023-033.
- Dodoo, F. N. A., and Frost, A. E. 2008. Gender in African population research: The fertility/reproductive health example. *Annual Review of Sociology*, 34, 431-452.
- Donald, A., Koolwal, G., Annan, J., Falb, K., and Goldstein, M. 2017. "Measuring Women's Agency." Policy Research Working Paper 8184. World Bank Group.
- Doss, C. 2013. "Intrahousehold bargaining and resource allocation in developing countries," *The World Bank Research Observer*, 28(1), 52-78.
- Dworkin, S., Colvin, C., Hatcher, A.M., and Peacock, D., 2012. Men's perceptions of women's rights and changing gender relations in South Africa lessons for working with men and boys in HIV and antiviolenace programs. *Gender and Society* 26 (1), 97e120.
- EMERGE (2016) "Emerge Learnings Report Findings from International Scoping Meetings on Quantitative Measurement of Gender Equality and Empowerment, November 2016" EMERGE UCSD.
- Fiala, N. 2018. "Business Is Tough, but Family Is Worse: Household Bargaining and Investment Decisions in Uganda." mimeo, Storrs CT: University of Connecticut.
- Field, E., Pande, R., Rigol, N., Schaner, S., and Moore, C. T. 2019. On Her Account: Can Strengthening Women's Financial Control Boost Female Labor Supply? Cowles Foundation Discussion Paper 2201. <https://cowles.yale.edu/sites/default/files/files/pub/d22/d2201.pdf>
- Gage, A. J. 1995. Women's socioeconomic position and contraceptive behavior in Togo. *Studies in Family Planning*, 264-277.
- Gupta, G. R., and Weiss, E. 1993. Women's Lives and Sex: Implications for AIDS Prevention. *Culture, Medicine*

and Psychiatry, 17, 399-412.

Glennester, R., Walsh, C., and Diaz-Martin L. 2018. "A Practical Guide to Measuring Women's and Girls' Empowerment in Impact Evaluations." JPAL.

Haddad, L., Hoddinott, J., and Alderman, H., eds. 1997. Intrahousehold resource allocation in developing countries: Models, methods, and policy. Baltimore, Md., U.S.A.: Johns Hopkins University Press for the International Food Policy Research Institute.

Higgins, J.A., Hoffman, S., and Dworkin, S.L., 2010. Rethinking gender, heterosexual men, and women's vulnerability to HIV/AIDS. *Am. J. Public Health* 100 (3), 435e442.

Hindin, M. J. 2000. Women's autonomy, women's status and fertility-related behavior in Zimbabwe. *Population Research and Policy Review*, 19(3), 255-282.

Holloway, K., Niazi, Z., and Rouse, R. 2017. Women's Economic Empowerment Through Financial Inclusion: A Review of Existing Evidence and Remaining Knowledge Gaps. *Innovations for Poverty Action*.

Kabeer, N. 2001. "Discussing women's empowerment – Theory and practice: Resources, agency, achievements: Reflections on the measurement of women's empowerment," *SIDA studies* (3): 2001.

Kabeer, N. 1999. "Resources, Agency and Achievements: Reflections on the Measurement of Women's Economic Empowerment," *Development and Change*, Volume 30: 435-464.

Klugman, J., Hanmer L., Hasan, T., McCleary-Sills, J., Santamaria, J. and Twigg, S. 2014 "Voice and agency," *World Bank*.

Link, C. 2011. Spousal Communication and Contraceptive Use in Rural Nepal: An Event History Analysis. *Studies in Family Planning*, 42(2), pp.83-92.

Pitt, M., Khandker, S. R., and Cartwright, J. 2006. "Empowering Women with Micro Finance: Evidence from Bangladesh." *Economic Development and Cultural Change* 54 (4): 791–831. <https://doi.org/10.1086/503580>.

Pulerwitz, J., Barker, G., & Verma, R. 2012. Changing gender norms for HIV and violence risk reduction. *The Handbook of Global Health Communication*, 469-487.

Quisumbing, A. 2015. "Power and Resources within the Household: Overview," pp 19-22, in A. Quisumbing (ed) *Household Decisions, Gender, and Development*, A

Synthesis of Recent Research, International Food Policy Research Institute, Washington DC.

Raj, A., McDougal, L., and Trivedi, A., 2017. EMERGE Project Report: Theoretical and Definitional Basis for Identification of Measures of Gender Equality and Empowerment. Center on Gender Equity and Health (GEH), University of California, San Diego School of Medicine. San Diego, CA.

Rickard, K. and Johnsson, A. 2019. Women's empowerment and savings groups: What do we know? (Learning Brief). The SEEP Network.

Rowlands, J. 1997. *Questioning Empowerment*, Oxford: Oxfam Publications.

Samman, E., and Santos, M.E. 2009. Agency and empowerment: A review of concepts, indicators and empirical evidence. *Oxf. Poverty & Hum. Dev. Initiative*, <http://www.ophi.org.uk/ophi-research-paper-10a/>

Schaner, S. 2011. "intrahousehold Preference Heterogeneity, Commitment, and Strategic Savings: Theory and evidence from Kenya," Mimeo

Schaner, S. 2017. "The Cost of Convenience? Transaction Costs, Bargaining Power, and Savings Account Use in Kenya." *Journal of Human Resources* 52 (4): 919–45. <https://doi.org/10.3368/jhr.52.4.0815-7350R1>.

Schuler, S. R., and Hashemi, S. M. 1994. Credit programs, women's empowerment, and contraceptive use in rural Bangladesh. *Studies in family planning*, 65-76.

Sen, A. 1999. *Development as Freedom*, New York: Anchor Books.

Stephenson, R., Bartel, D., and Rubardt, M. 2012. Constructs of power and equity and their association with contraceptive use among men and women in rural Ethiopia and Kenya. *Global Public Health*, 7(6), 618-634.

Strauss, J. A., and Thomas, D. 1995. Human resources: Empirical modeling of household and family decisions. In *Handbook of development economics*, ed. T. N. Srinivasan and J. Behrman. Amsterdam: North Holland.

United Nations. 1995. Program of action of the 1994 International Conference of Population and Development (Chapters I–VIII). *Population and Development Review*, 21, 187-213.

Vaessen, J., Rivas, A., Duvendack, M., Palmer Jones, R.,

Leeuw, F., van Gils, G., Lukach, R., et al. 2014. "The Effect of Microcredit on Women's Control over Household Spending in Developing Countries: A Systematic Review and Meta-Analysis." Campbell Systematic Reviews.

Willis, G.B. 2004. "Cognitive Interviewing A Tool for Improving Questionnaire Design, SAGE Publications, <https://us.sagepub.com/en-us/nam/cognitive-interviewing/book225856>

Wingood, G.M. and DiClemente, R.J. 2002. The theory of gender and power: a social structural theory for guiding public health interventions. In: DiClemente, R.J.

## THE WGCD LEARNING AGENDA

Facilitated by the International Center for Research on Women (ICRW) between 2016 and 2020, the WGCD Learning Agenda provided for mutual and peer-to-peer learning among the WGCD partners to inform the global development field of approaches that boost women's empowerment, improve adolescent agency and reduce gender inequalities in the household and in the labor market. The Learning Agenda leveraged partners' research to build the evidence and practice base emerging from this unique and cross-sectoral global investment by the Bill and Melinda Gates Foundation with the goal of understanding how to most effectively and intentionally address gender inequalities and empower women and girls.

The WGCD Learning Agenda consisted of three learning clusters - subsets of partners with complementary programs and research. The three clusters were:

1. Adolescents and Agency
2. Pathways to Income Generation
3. Intrahousehold Bargaining and Decision-making

ICRW brought together cluster members to synthesize their research and program data and jointly disseminate learnings for greater impact. Each cluster had a set of key learning questions crafted to fill gaps in gender data. The interactions supported and collective analysis undertaken improved project outcomes and leveraged greater learning for the field as well as for the participants.