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Bank Accounts and Reproductive and Maternal Health Services: What Does the Evidence Suggest?¹

Women's economic empowerment initiatives are gaining momentum as a means of improving women's economic autonomy. However, most of this work has focused on microfinance efforts, specifically microcredit and cash transfer programs. Financial inclusion, or the ability to reliably access financial products and services, is a key component of women's economic empowerment, but our understanding of its benefits to women beyond the direct economic opportunities afforded therein is limited.

OBJECTIVE: This brief summarizes research examining the associations between women's bank account ownership and reproductive and maternal health (RMH) service utilization in India.

METHODS: Using data from the National Family Health Survey (NFHS-4), a nationally representative household survey in India, collected from women 15-49 in 2015-16, we assessed what percent of women owned a bank account that they use themselves, and whether those who owned a bank account were more likely to report RMH services and indicators including:

- Current modern contraceptive use, spacing (e.g., pill, condom) and limiting (e.g., sterilization)
- Shorter birth interval (indicated by < 24 months between births)
- Antenatal care (ANC), indicated by receipt of 4 or more visits of ANC at last birth, and
- Institutional delivery.



DATA ANALYSES: We used logistic and multinomial regression models to assess the associations between bank account ownership and the above noted RMH outcomes, adjusting for sociodemographic covariates. These covariates included women's/mother's age, women's/mother's schooling, women's/mother's age at marriage, mother's parity, experience of child loss, women's/mother's work status, religion, wealth quintiles, urban-rural residence, and geographic region of residence. As the "women owning a bank account" may be selective on a whole set of characteristics that might influence our RMH outcomes, we accounted for this potential selectivity using propensity score matching in our analyses.

We also stratified analyses by 21 major states of India to understand geographic differences in observed associations.

¹This brief summarizes findings from the following research paper: Singh A, Kumar K, McDougal L, Silverman JG, Atmavilas Y, Gupta R, Raj A. Does owning a bank account improve reproductive and maternal health services utilization and behavior in India? Evidence from the National Family Health Survey 2015-16. *SSM Population Health*. 2019;7: 100396.

KEY FINDINGS: Approximately half of all women in India (53%) own and use a bank account.

Adjusted for sociodemographic covariates, women who own a bank account are:

- more likely to report modern spacing contraceptive use
- more likely to use modern limiting contraceptive use
- more likely to report 4+ ANC visits at last birth
- less likely to report shorter birth intervals (<24 months)

Bank account ownership was not associated with institutional delivery in the multivariate analysis.

KEY FINDINGS FOR STATES WITH LOW RMH CARE: National findings largely held true in states that are below the national average in RMH care utilization:

- Bank account ownership is positively associated with modern spacing contraceptive use in:
 - Jammu & Kashmir, Rajasthan, Uttar Pradesh, Madhya Pradesh and Bihar

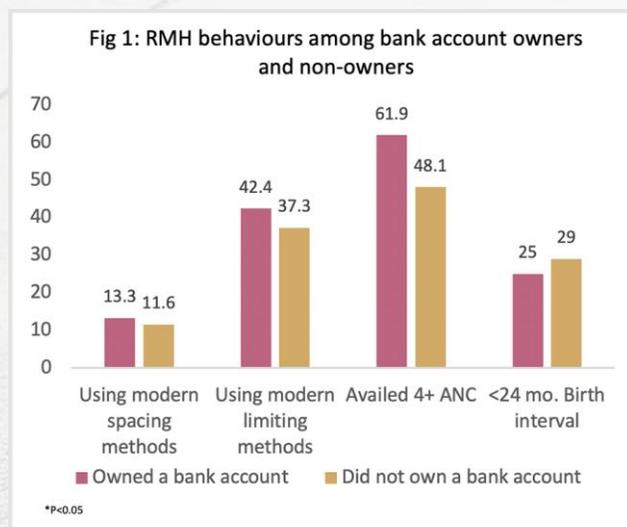
- Bank account ownership is positively associated with modern limiting contraceptive use in:
 - Jammu & Kashmir, Rajasthan, Uttar Pradesh, Madhya Pradesh, Bihar, Himachal Pradesh, Haryana, and Chhattisgarh.
- Bank account ownership is positively associated with 4+ ANC visits in:
 - Jammu & Kashmir, Rajasthan, Uttar Pradesh, Madhya Pradesh, Bihar, Jharkhand, Odisha and Assam compared with women not owning a bank account.
- Bank account ownership is positively associated with institutional delivery in:
 - Jammu & Kashmir, Rajasthan and Karnataka.

CONCLUSIONS AND IMPLICATIONS: To summarize, approximately half of women age 15-49 years (53%) in India own a bank account. Adjusted for socio-demographics, women with bank account are more likely than those without a bank account a) to use modern spacing methods of contraception, b) to have preceding birth intervals of more than 24 and c) to avail 4+ ANC visits. Observed associations are strongest in states where reproductive and maternal health care service utilization is far below the national average.

The two major implications of the findings are:

- 1) The strategy to provide a bank account to all in general, including the poor and marginalized (including women) holds promise for RMH outcomes.
- 2) The strategy of providing a bank account is likely to pay higher dividends in states that are behind in terms of reproductive and maternal health services utilization and behavior.

Our findings lend support to the Government of India's recent Pradhan Mantri Jan Dhan Yojana initiative as both a financial inclusion scheme and a support for women's health care utilization. This indirect benefit for women's health care use is likely to be greater in states with lower than national RMH care utilization.



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For more information, please visit geh.ucsd.edu
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