

Effects of Intra-Couple Bargaining Power on Maternal and Neonatal Health

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Abstract

This paper provides evidence that the distribution of the bargaining power in a relationship shapes pregnancy outcomes. I measure female bargaining power with the availability of potential non-incarcerated male partners in the local dating market, defined as the intersection of race, cohort, and county. To circumvent endogeneity in the sex ratio, I use a novel instrument that leverages the randomness in sex at birth and the persistence of local demographics to isolate exogenous variation in the relative availability of men. Instrumental variables estimation shows that higher female bargaining power leads to fewer out-of-wedlock births, a lower rate of Chlamydia and Hypertension among mothers, and a lower share of infants with APGAR score below the normal level. These findings point to a significant contribution of the marriage market to racial disparities in pregnancy health, particularly between Black and White mothers. Black women face poor prospects when looking for a partner compared to White women: there is 102 White men per 100 White women but only 89 Black men per 100 Black women. According to my estimates, Black women's disadvantage accounts for 5-10% of the racial gap in maternal and neonatal health. Next, I use a decomposition technique to demonstrate that the racial difference in male availability is mostly policy driven, as incarceration accounts for 45% of the gap. I show with simulations that a counterfactual policy equalizing county-level incarceration rates for non-violent offenses between Black and White people would, if one considers the sole effect on female bargaining power, still reduce health disparities by 1-4%.

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