

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

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Abstract

This paper provides evidence that bargaining power in a relationship shapes pregnancy outcomes and health disparities in the US. A key driver of bargaining power is the availability of potential non-incarcerated male partners in the local dating market, which I define at the race by cohort by county level. Because these sex ratios are endogenous, 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 better outcomes: 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, and a novel explanation for the large gap between Black and White mothers. Indeed, Black women face relatively poor prospects when looking for a partner compared to White women: while there are 102 White men per 100 White women, only 89 Black men are available 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, prevent 200-700 adverse pregnancy outcomes per year among Black mothers.

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