

Battling Rising Gender Gaps in Education

Using Behavioral Science to Encourage Ugandan Caregivers to Send Girls to School Postpandemic

Schools in Uganda closed for 22 months during COVID-19, meaning that children missed a prolonged period of their education. These losses were particularly worrying for girls, who are enrolled at lower rates and more likely to drop out when transitioning from primary to secondary school. We partnered with Uwezo Uganda, a Ugandan non-profit, to understand why some caregivers might choose not to re-enroll their children, and to design ways to get more kids back in schools. Our solutions led to re-enrollment rates that were 2.8 times higher in the treatment groups compared to the control group, demonstrating how low-cost behavioral interventions can help boost gender equity and education.

Problem

Prior to the COVID-19 pandemic, [about 260 million children were not enrolled in school](#), representing one-sixth of the global population of this age group. These children risk missing out on the benefits of an education, including leading healthier lives, earning more money, and benefiting from intellectual enrichment.

Unfortunately, girls miss out on these benefits at higher rates than boys. In sub-Saharan Africa, for example, prepandemic estimates indicated that [for every 100 boys out of school, there were 123 girls denied the right to education](#). Entrenched inequities in education have only worsened during the pandemic. UNESCO estimates that [11 million girls might not return to school](#), with girls aged 12–17 at particular risk of dropping out in low- and lower-middle-income countries.

This global challenge to educational equity is particularly acute in Uganda. Ugandan schools saw the [longest pandemic-prompted shutdown](#) in the world. Once schools reopened after 22 months, there was extreme urgency to encourage caregivers to send their children, particularly their daughters, back to school.

Highlights

- We tested two interventions to help more caregivers re-enroll their kids, especially girls, after pandemic shutdowns. One intervention signaled that attending school is a social norm, and one intervention emphasized the long-term benefits of education.
- Our interventions led to re-enrollment rates that were 2.8 times higher in the treatment groups, compared to the control group.

Solution

To combat the pandemic's harmful effects on children's learning and the gender gaps in education, ideas42 partnered with [Uwezo Uganda](#), a non-profit organization that tracks Ugandan children's learning levels and enrollment in school. Each year, Uwezo sends enumerators (people trained to gather census data) to visit thousands of households across the country to assess the literacy and numeracy of children aged 4–16. This kind of national assessment data increases the public knowledge about children's learning outcomes, helping policy makers and practitioners to allocate resources to those who need it most.

Through in-depth interviews and focus groups with Uwezo Uganda staff members, volunteers, and partners, we identified two key behavioral barriers that may prevent primary- and secondary-school aged children, especially girls, from returning to school.

- 1. SOCIAL NORMS:** Caregivers may believe that it is not common to send girls to school. In Uganda, girls may get married, be needed at home to help with household chores, or become pregnant at a young age—rates of which have increased during the pandemic—making caregivers less likely to prioritize their daughters' education.
- 2. PRESENT BIAS:** Caregivers may focus on the short-term benefits of having their children, especially girls, help out at home or contribute to household income by working. They may not be aware of, or think about, the long-term benefits afforded by an education. This barrier has likely been exacerbated during COVID-19, due to the economic challenges that families face in the short-term, which make it harder to prioritize long-term goals.

With these in mind, we designed two low-cost interventions that directly addressed these barriers and evaluated their impact through a randomized controlled trial. We ran this trial in August 2021, when enumerators delivered Uwezo's yearly learning assessment in over 5,000 households across 29 districts in Uganda.

We divided every household into one of three conditions: a social norms treatment, a present bias treatment, or a control (meaning these households received no additional information). These groups were randomly selected based on their district; in other words, every household in a given district received the same intervention. This district-level grouping helps isolate the effects of our interventions. We randomly assigned one third of the districts (and every household in that district) to each group.

Treatment 1: At the end of the assessment, the enumerator read the caregiver(s) in the household a message to address the **social norms** barrier. This message highlighted the actions of Ugandan parents who send their children to school and ensure their daughters complete their education. The enumerator also handed the caregiver(s) one “certificate of planned completion” per child in the household for the caregiver(s) to complete and sign, to enhance their commitment to their children completing their education.

MESSAGE

“ In Uganda, more than 8 out of 10 parents are sending their young children to school. And, almost half of all students are girls. Each year, more than 100,000 students graduate from secondary school or start their tertiary education. Don’t let your daughters and sons be left behind!”

LEAVE-BEHIND MATERIAL

Certificate of Planned Completion

This certifies that

intends to complete their education to build a better future for themselves and their family.

~ ~ ~

Recognising the long-term benefits of education, we commit to support our child’s course of education.

Parent Date



Treatment 2: At the end of the assessment, the enumerator read the caregiver(s) a message to address **present bias**. This message emphasized the financial benefits to the families of children, especially girls, completing their education. The enumerator also handed the caregiver(s) an “education commitment” form to complete and sign. This form prompted caregivers to make what’s called an **enhanced active choice** about whether they would send their children back to school, which means the form emphasized both the benefits of school and the costs of not sending children to school.

MESSAGE

“ Children who complete their education are empowered to support their families. This is especially true for girls. Girls who complete their secondary education make twice as much money on average, with those completing their tertiary education earning even more. Overall, completing education is much more profitable than dropping out of school for reasons such as taking a short-term job or getting married early.”

LEAVE-BEHIND MATERIAL

EDUCATION COMMITMENT

Dear Parent(s)/Guardian(s),

Children who complete their education are empowered to support their families.

This is especially true for girls. Girls who complete their secondary education make **twice as much money on average** as those who do not, with those completing their tertiary education earning even more.

Overall, completing education is much more profitable than dropping out of school for reasons like taking a short-term job or getting married early.


Signed: _____ Uwezo Uganda Volunteer

Please make a selection about sending your children back to school:

Yes, I am going to send my daughters and sons back to school. This will allow them and my family to be financially successful in the long run.	: :	No, I am not going to send my daughters and sons back to school. I know this may mean less financial success in the long run.
<input type="checkbox"/>		<input type="checkbox"/>

Parent signature: _____

Date: _____



Control: One third of the households in our trial were in the control condition, and received no message or leave-behind material at the end of the assessment. This step helped us determine whether the interventions actually led more families in the treatment conditions to re-enroll their children in school.

Intervention Results

Schools in Uganda reopened after COVID-19-related closures in January 2022. In May, once the first school term of 2022 had ended, we tested the effect of our interventions on children’s enrollment by surveying 211 schools across 15 districts. We then compared the total number of children enrolled, as well as the number of girls enrolled, in each school in March 2020 (before COVID-19 lockdown) to the first term of 2022 (after schools reopened).

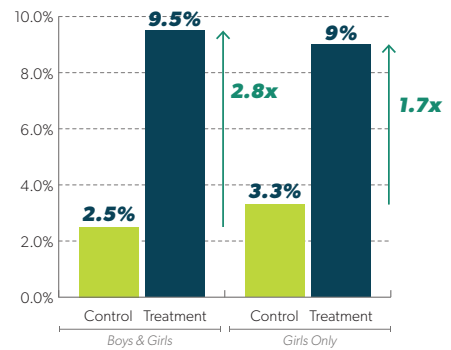
Overall, many of the schools we surveyed experienced an increase in enrollment between this period. On average, schools in districts belonging to the control group increased their total enrollment by 2.5%. Schools in districts belonging to the treatment groups experienced an estimated 9.5% increase in enrollment, about 2.8 times more than schools in the control group.

We found similar growth for the number of girls enrolled between this period. Schools in districts belonging to the control group saw an increase in girls’ enrollment of 3.3%, while schools in districts belonging to the treatment groups experienced an estimated increase of 9% in girls’ enrollment.

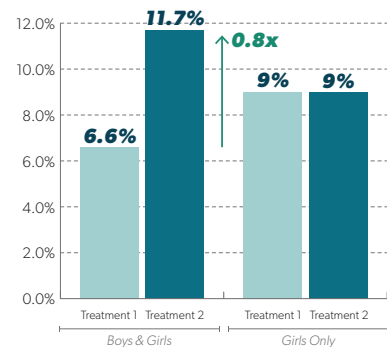
When we compared which treatment was more effective, we found suggestive evidence that Treatment 2 (addressing present bias) was more effective in impacting caregivers’ behavior than Treatment 1 (addressing social norms) for both boys and girls. When looking at girls only, both treatments were equally effective.

Our results were not statistically significant. We attribute this in part to small sample sizes. However, the effect sizes were large, suggesting that these interventions would likely be impactful if scaled. This is particularly noteworthy because intervention costs were extremely low, so this would be easy to replicate with more households.

PERCENT CHANGE IN ENROLLMENT



PERCENT CHANGE IN ENROLLMENT



Takeaways

Our results suggest that when we reminded caregivers about how many other children attend school and the long-term benefits of education, they were more likely to re-enroll their children, including their daughters, in school postpandemic. Notably, the behavioral interventions were extremely low-cost, requiring only some additional training of the enumerators to deliver the intervention and the printing of the leave-behind materials. Our findings suggest that behavioral interventions can be a cost-effective way to encourage caregivers to send their children to school and combat the pandemic's deleterious effects on learning, especially for girls.

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