Female Political Representation, Political Responsiveness and Child Health Outcomes

Öznur Özdamar*

Abstract

Following *"Citizen-Candidate Models"*, there is a significant amount of research which has emphasized that preferences of female politicians matter in family-specific policy making which directly reflects women's interests. It is often emphasized in the literature that women are more likely than men to invest in children and favor redistribution and they often give priority to public policies related to their traditional roles as care givers in the family. In consideration of the persistent female under-representation and unfavorable resource allocation towards parental leave benefits (PLBs), this study has examined the link between female political representation, parental leave benefits and child health outcomes. The main finding supports the fact that low level of female political participation might be relevant for the insufficient resource allocation towards parental leave benefits and its ineffectiveness on child health outcomes.

Keywords: Child Health Outcomes; Female Political Participation; Parental Leave Benefits; Political Responsiveness; OECD Countries

JEL Codes: I18, I38, H51, H75

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KADININ POLİTİKADA TEMSİLİ, POLİTİK DUYARLILIK VE ÇOCUK SAĞLIĞI GÖSTERGELERİ

Öznur Özdamar*

Özet

"Seçmen-Aday Modellerini" temel alan pek çok bilimsel çalışma, kadın seçmenleri ilgilendirebilecek aile ve kadın odaklı politikaların yapımında kadın politikacıların rolünün önemine değinmektedir.İlgili yazın, çocuğa yapılan yatırım, gelirin yeniden dağılımı ve çocuk bakımı gibi kadınların aile içindeki geleneksel rolleri ile ilintili olan politikalara erkeklerden daha çok önem verdiklerini vurgulamaktadır. Bu çalışma, dünya genelinde kadının politikadaki temsil oranlarının düşüklüğü ve kadını ilgilendiren önemli politikalardan biri olan doğum aylıklarına genel bütçeden ayrılan payın azlığını göz önünde bulundurarak kadının politikada temsili,doğum aylıkları ve çocuk sağlık göstergeleri arasındaki ilişkiyi incelemektedir. Çalışmanın temel bulgusu,doğum aylıklarına bütçeden ayrılan yetersiz payın ve bunun çocuk göstergeleri üzerindeki etkisizliğinin, az sayıda kadının politikaya katılımı ile ilişki olduğu gerçeğini desteklemektedir.

Anahtar Kelimeler: Çocuk sağlığı göstergeleri; Kadının politikaya katılımı; Doğum aylıkları; Politik duyarlılık; OECD Ülkeleri

JEL Kodları: I18, I38, H51, H75

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1. Introduction

Health related economic factors such as goods and services in health sector play an important role for the determination of the child health. There is sufficient amount of research on the economic determinants of child health and most of them mainly focused on the role of public health expenditures. The contradicting findings among alternate studies have endorsed the fact that public health expenditures often does not produce expected improvements in child health outcomes. Ozdamar (2015a) provided an evidence for this strand of literature that likewise the public expenditures on health, public spending on parental benefits may also be irrelevant on the child health outcomes[3].

The previous literature explains the reasons why public health expenditures are not always efficient in reducing child mortality in the following two ways; a- *the crowding out effect of private sector allocation* b-*the inefficiency of governance in public resource allocation (e.g. corruption).* The nature of public health expenditures allows both for the crowding out effect of private sector allocation and the inefficiency of governance (or political institutions) in health-service delivery. In contrast to public health expenditures, public spending on parental leave benefits are distributed solely by the government. There is, therefore, no channel for the private provision of parental leave benefits. Namely, the presence of the private sector's crowding out effect on parental leave benefits is an impossible case for explaining the insignificant relationship between public spending on parental leave benefits and child health outcomes. The existing studies on the relationship between the inefficiency of governance in resource allocation and child health outcomes has mainly focused on the bribes that corrupt politicians might levy on the high technology medical equipment, or advanced hospital facilities since they are produced by a limited number of suppliers (Paolo,1998) argues that large bribes will be available on items on which the degree of competition is low. On the contrary, he has emphasized that welfare transfers (e.g. old-age pensions, parental leave benefits, individual transfers such as the salaries of doctors) are policies where corrupt politicians may find limited or almost no room. On the other hand, most of the OECD countries, especially advanced economies, already have well-functioning anti-corruption measures and transparent legal frameworks to ensure bureaucratic quality. Thus, it is difficult to explain the insignificant relationship between parental leave benefits and child health outcomes through corruption, bribes etc.

What would be the reason for the insignificant relationship between parental leave benefits on child health outcomes over 40 years across OECD countries? Although, the private sector crowding out effect does not explain the insignificance of parental leave benefits on child health outcomes, the reason behind it might be an insufficient allocation due to the crowding out effect of traditional social polices (e.g. old-age benefits) on new policies such as parental benefits. Most of the social spending goes to the elderly population over forty years across countries. Although the recent economic crisis (2007/08) has made an increase on family-specific spending (includes parental leave benefits) with an idea to support future generations, social spending on the elderly amounted to 11% of GDP which is exactly half of the overall social welfare spending (22% of GDP) in 2009. 7% of the total is the share of public health expenditures and the remaining 4% of total social spending

[3]Public spending on parental leave benefits are social welfare payments for the use of parents during the pregnancy period. Although, both public health expenditures and the spending on parental benefits are the policies which implemented in part for the well-being of children, they are different category of social welfare policies. Public health expenditures cover all governmental spending related to any kind of health facilities and do not capture parental leave benefits.

is shared by unemployment, housing, spending on active labour market programmes and spending on families.

Even though the inefficiency of governance in resource allocation through corruption is almost impossible for the case of parental leave benefits, the inefficacy of governance should not be examined only from an economic perspective. The inefficiency in resource allocation through corruption is mostly related to uselessness of financial resources in a good way. Inefficacy in political institutions or governance might be analysed from a political perspective as well. As Acemoglu (2016) argues since "democracy is a regime more beneficial to the majority of the populace, it will result in policies that are relatively more favourable to the majority". However he also mentions that democracy does not always correspond to some ideal of political equality. At this point, we can look at the role of the representative democracy for the possible political equality in governance of public resources. A body of theoretical literature argue that different groups by gender, race and ethnicity should be represented by members of those groups for better political institutions (Guinier, 1994; Lijphart, 2012). In other words, public policy making should have more voices in itself because policies which made *by even electorally accountable governments* often fail to reflect the interests of some groups (Pande, 2003). For instance, over the last ten years, scholars have engaged in theoretical and empirical discussions on female representation in politics and ask whether there is a link between an increasing number of female politicians and allocation of public resources to women's policy preferences which especially concern childcare and child raising (Philips, 1995; Young, 2002). Public spending on parental leave benefits are allocated to support families, especially to mothers, for their efforts to care for new-borns or young children. Moreover, considering their role on female labour market outcomes, parental leave policies are the preliminary social welfare policies which certainly reflects women's interests.

On the other hand Citizen Candidate Model of Besley and Coate (1997) assumes that identity or preferences of politician may matter for different policy outcomes. Following Citizen Candidate Models, there is sufficient amount of research which has emphasized the effect of female politicians on family-focused policy outcomes which directly target women and children[4]. To sum up, the role of women's representation in a representative body and the individual preferences of female politicians are both emphasized as important factors in policy-decision making which might reflect women's preferences and interests (e.g. child health, maternal health).[5]

Public expenditures on parental leave benefits in OECD countries directly target young women and children. Parental leave benefits are allocated to support families (especially mothers before and after the child-birth) for their efforts to care for infants or young children. Moreover, if we also consider their role on female labour market outcomes, parental leave policies are the preliminary social welfare policies which certainly reflects women's interests.

Despite constituting half of the world's population, in most countries the number of women are proportionally less in positions of power and decision-making and they are still underrepresented in the representative bodies (e.g. national parliaments) of even most advanced nations. By 2013, gender inequality in political participation across OECD countries is still persisted and there is currently no country which has

[4]For the related literature, see: (Ozdamar, 2015b).

[5]The empirical studies also often emphasize on the preference differences between sexes. Their common argument has been that women are more likely than man invest in children and favour redistribution, they give priority to public policies related to their traditional roles as care givers in the family and society (Thomas, 1990; Besley and Case, 2000; Duflo,2003; Case and Deaton, 1998; Edlund and Pande 2002; Chattopadhyay and Duflo, 2004).

reached the ideal of equal participation amongst women and men in politics. Sweden is the only country among OECD countries where male and female parliamentarians have nearly equal representation with 44.7% female seats in the parliament and the average percentage share of female seats across OECD parliaments is still less than one-third in many OECD countries. According to latest statistics of IPU (2012) "Women in National Parliaments Database"[6], there are only 9 countries over 34 countries where the percentage share of female seats are more than one-third of the entire seats in OECD. In the rest, the number of women account for less than one quarter or even one-fifth of the entire parliament. For instance, by 2013, the percentage share of female parliamentarians in some of the advanced nations across OECD are as follows; the United States (17.8%), the United Kingdom (22.5%), Japan (8.1%), Canada (24.7%).

Greece (21%), France (26.9%), Italy (31.4%), Germany (32.9%). Only 10 years ago, by 2003, these numbers were much more lower as; for the United states (14.3%), the United Kingdom (17.9%), Japan (7.1%), Canada (20.6%), Greece (8.7%), France (12.2%), Italy (11.5%), Germany (32.2%).

Correspondingly, this study investigates the link between parental leave benefits, female political representation and child health outcomes. More specifically, I seek to assess whether the persistent underrepresentation of women in parliaments has played a role for the inefficacy of parental leave benefits on child health outcomes over the forty years across OECD countries. The paper organized as follows: Section (3) presents the data and specifies the empirical model. Section (4) provides the results of empirical estimations and investigates their robustness.

2. Prior Research and Theory

A number of past studies have examined the relationship between public spending and child development outcomes (e.g. public health expenditures-child mortality rates, public education spending-child educational attainment). Even though some studies have pointed out statistically significant positive relationship between public spending and child development outcomes[7], there are also diverging findings which emphasize on the inefficacy of political institutions or governance in policy-making that cause an insignificant relationship between public spending and development outcomes.

The inadequacy of the governance[8] in policy making and resource allocation is studied in two

[6] http://www.ipu.org/wmn-e/world.htm

[7] For the related literature see (Ozdamar, 2015a)

[8] In UNDP Governance for Sustainable Human Development Report (1997), the core characteristics of Good Governance are described as follows;

- "Participation: Irrespective of class, race and gender, all citizens should have a voice in decision-making, either directly or through legitimate intermediate institutions that represent their interests. Such broad participation is built on freedom of association and speech, as well as capacities to participate constructively.
- Transparency: Transparency is built on the free flow of information. Processes, institutions and information are directly accessible to those concerned with them, and enough information is provided to understand and monitor them.
- Accountability: Decision-makers in government, the private sector and civil society organizations are accountable to the public, as well as to institutional stakeholders. This accountability differs depending on the organization and whether the decision is internal or external to an organization.
- Equity: All men and women have opportunities to improve or maintain their well- being.
- Effectiveness & Efficiency: Process and institutions produce results that meet needs while making the best use of public resources.
- Responsiveness: institutions and process try to serve ah stakeholders.
- Strategic Vision: Leaders and public have a broad a long-term perspective on good governance and human development, along with a sense of what is needed for such development, along with a sense of what is needed for such development. There is also an understanding of the historical, cultural and social complexities in which that perspective is grounded.

dimensions: political and economic. For in- stance corruption within government, where high government officials are likely to demand illegal payments (e.g. bribes), is more accounted for the economic dimension of governance[9]. On the other hand, participation in politics or the political representation of disadvantaged groups constitutes of the political dimension of governance. There are several studies which have been focused on the role of female political representation on public social expenditures[10]. However studies on the link between female political representation, public spending and child development outcomes are limited with single-country studies. Using quasi-experimental election outcomes, Clots-Figueras (2011) has found that higher female political representation leads higher primary educational attainment in India. Bhalotra and Clots-Figuras (2014) have indicated that one standard deviation increase in women's political representation results in a 1.5 percentage point reduction in neonatal mortality.

This study contributes to this strand of literature by examining the link between female political representation, public spending on parental benefits and child health outcomes.

3. Data and Empirical Specification

Table (1) provides the descriptive statistics for the key variables of interest. To examine the link between public spending on female political representation, public spending on parental benefits and child health outcomes, overall analyses have been done based on two different samples. The first sample shown in Panel A is used to analyse the role of the female political representation for the efficacy of parental benefits on child health outcomes without including any control variables. It covers 21 countries (Australia, Austria, Belgium, Canada, Denmark, Finland, France, Greece, Ireland, Italy, Japan, Luxembourg, Netherlands, New Zealand, Norway, Portugal, Spain, Sweden, Switzerland, the United Kingdom and the United States) from 1974 to 2010. Using the same econometric frameworks, the estimations which include control variables are done based on a sample that is shown in Panel B. It is a yearly balanced panel dataset which covers 14 countries (Australia, Austria, Belgium, Canada, Denmark, Finland, Ireland, Japan, Netherlands, Norway, Portugal, Sweden, Switzerland, the United Kingdom) from 1975 to 2010.

The model has the following framework to analyse the link between public spending on parental benefits, female political representation and child health outcomes.

$$lnc_{it} = \delta lnc_{it-1} + \alpha g_{it} + \sigma w_{it} + \varphi L_{it} + \boldsymbol{x_{it}}\beta + \gamma_i + \mu_t + \vartheta_{it} \quad (1)$$

• Rule of Law: Legal frameworks should be fair and enforced impartially, particularly the laws on human rights." (UNDP, 1997).

[9](Hanushek, 1986) is one of the first papers which emphasizes on the inefficiency of educational expenditures in the US context, showing empirically that greater expenditures per student do not result in parallel gains in educational achievement.(FHP98) have focused on the weak links between public health spending and the health status. They have mentioned that the institutional capacity is an indispensable component for the efficacy of public health services in improving health status of people. (Gupta et.al, 2002) have indicated that countries have high level of corruption, have higher infant mortality rates. Moreover (Kaufmann et.al., 2000) and (Kaufmann et.al., 2004) show that government ineffectiveness have a strong direct negative impact on infant mortality. Similarly (Rajkumar and Swaroop, 2008), using the corruption index as an indicator of the governance, has found that public health and educational spending often does not yield the expected improvements in development outcomes such as child mortality and educational attainment.

[10]For the related literature see (Ozdamar, 2015a).

where the dependent variable lnc_{it} denote the natural log of child mortality rates. The data on mortality rates is from (IHME, 2010),"Infant and Child Mortality Estimates by Country (1970-2010)", which covers neonatal, post-neonatal and under-5 mortality estimates.

L_{it} is the public spending on parental leave benefits as a percentage of female wages in manufacturing. w_{it} represents the female political representation variable which is measured with the percentage share of female parliamentarians in national parliaments across OECD. The main independent variable of interest is the interactive governance variable g_{it}. It is the interaction of public spending on parental leave benefits (L_{it}) and the female political representation (w_{it}). In order to capture the direct and the indirect effects of the female political representation on child health outcomes, the variable w_{it} enters into the model both as an independent variable and interacted with the spending on parental benefits ($g_{it} = w_{it} \times L_{it}$).

The data on the percentage share of female parliamentarians in national parliaments across the OECD is mainly from (IPU95), "Women in Parliaments: 1945-1995" and the series after 1995 is collected from the website of IPU (Inter-Parliamentary Union). All potential control variables are included in $\boldsymbol{x_{it}}$. Moreover, γ_i denote a full set of country dummies and μ_t denote a full set of year dummies. ϑ_{it} is an error term, capturing all other omitted factors, with E(ϑ_{it}) = 0 for all i and t. The data for public spending on parental leave benefits as a percentage of female wages in manufacturing sector comes from (Gauthier, 2011),"Comparative Maternity, Parental, and Child-care Leave and Benefits Database" (1960-2010). The data on total health expenditures as a percentage of GDP is directly obtained from (OECD, 2013a), "Health Data: Health Expenditure and Financing". It is assumed to be positively related with child health outcomes because government allocation or private investment on medical and health care facilities might be related to improved child health outcomes. Furthermore, the data on real GDP per capita at constant prices in 2005 USD are collected from (Heston et.al., 2012), Penn World Table 7.1. The inclusion of income is a necessary control for its possible effects on health which works through a variety of indirect channels (e.g. better nutrition, better housing, better sanitation). The transformation of the income variable to log is useful to capture the non-linearity. The data on fertility rates come from (OECD, 2013b), "OECD Health Data: Demographic References". Furthermore the health insurance coverage has been used as an essential control variables which are assumed to be positively related with the child health. The data on the share of population with health insurance coverage are collected from (OECD, 2013c), "Health Data: Social Protection" and data for life expectancy is from (OECD, 2013d), "Health Data: Health Status". Finally, the data on female employment to population ratio are collected from (OEC13e), "Employment and Labour Markets: Key Tables from OECD"[11].

4. Results

Before presenting the econometric evidence, it is instructive to consider some simple scatter plots of the data that contain the interaction variable of parental leave benefits and the female political representation (inter- active governance term) across OECD countries. Figure 1-3 plot the interaction of public spending on parental leave benefits and the female political representation versus child mortality outcomes. The scatter plots are drawn based on a sample which covers 21 OECD countries for the period from 1974 to 2010. All figures reveal a negative association between the interactive governance term and child mortality rates. To examine the relationship in a more robust fashion, I proceed issues econometrically. Based on the evidence of

[11]For the detailed information on the literature which is followed for the selection of variables, see (Ozdamar, 2015a)

(Ozdamar, 2015a) that there is no empirical relationship between public spending on parental leave benefits and child health outcomes, the relationship between the interactive governance term (the interaction of parental leave benefits and the female political representation) and child health outcomes is tested.

Equation (1) is a standard fixed-effects panel data model. Countries are indexed by i, time is defined in terms of annual periods, by t. $\gamma_i$denote time-invariant country-specific effects. First of all, I run regressions using the method of Pooled-OLS without controlling country dummies (γ_i) which allow the persistence of country-specific effects over time. Columns (1) in Panels A of Table(2-4) represent the Pooled-OLS estimates where the main regressands are neonatal, post-neonatal and under-five mortality rates respectively. Pooled-OLS results indicate that the interaction variable of the female political representation and public spending on parental benefits has an highly high significant coefficient of 0.32217, 0.67713 and 0.45208 and public spending on parental benefits itself is insignificant. Columns (2) of Panel A, alternatively control for the time-invariant omitted factors. However, once country-specific time trends and country fixed-effects are included to the model interactive governance term turns to be insignificant and this result is robust to using any other estimation techniques. Alternatively, using equation (1), Columns (3) of Panel A represent the GMM framework estimates where the coefficient of the interactive governance term remain insignificant. The Wooldridge test has strongly rejected the null hypothesis of no serial correlation. Following the existing cross-country parental leave and child health literature(Ruhm, 2000; Tanaka, 2005) remaining columns of Table (2-4) add the natural log of GPD per capita, the share of the population with health insurance coverage, total health expenditures as a percentage of GDP, fertility rates and the female employment to population ratios as additional controls. In addition to fixed effect estimates in columns (4) of Panel B, columns (5) uses GMM and columns (6) report PCSE-AR(1) estimates where Prais-Winsten regression controls for the serial correlation. The evidence on the lack of a relationship between the interactive governance term and the child health outcomes is robust using additional controls as well.

Turning to control variables, health insurance coverage have negatively significant coefficient estimates under the fixed effect estimations (Columns 4) of Panel B in Table (2-4). The female employment ratio, GDP per capita and fertility rate have also significant coefficient estimates in some econometric frameworks but all methods are not support this result. Similar to results in the previous chapter, total public health expenditures (as a percent of GDP) are not significant irrespective of any econometric framework. The econometric methods in Panel C and D of each table uses first difference of the variables as their non-stationary represented in the second chapter with panel unitroot tests. The first difference of Log (GDP) per capita and fertility rates are significant in all estimations. Overall results that the female political representation has been relevant for the lack of a relationship between public spending on parental benefits and child health outcomes over the thirty years in the OECD area.

5. Conclusions

Even though the preliminary role of parental leave entitlements is to provide a care for children, it also takes a place among women's preferred policies due to its role on female labor market outcomes as well. However, previous research shows no evidence for a significant relationship between the public spending on parental leave benefits and child health outcomes over the forty years across OECD countries. Once spending is found to have low or negligible effect on development outcomes, two explanations are given in the previous

literature. First is the crowding out of private spending by public sector provision. Second is the institutional inefficiencies caused by corruption, poor targeting etc. Regarding the fact that parental leave benefits are transferred only by the public sector and corrupt politicians may find almost no room for welfare expenditures such as parental leave benefits, these two explanations are not appropriate reasons for the inefficiency of parental leave benefits on child health outcomes. However "crowding out effect" or institutional efficacy can appear in different forms. For instance, a crowding-out effect within welfare expenditures areas may occur where high spending on traditional programs (e.g. oldage benefits) impedes the development of new ones (e.g. family benefits, parental benefits). Due to the population structure of most of the OECD countries, old-age benefits de facto crowd out spending on other programs. On the other hand inefficacy in political institutions or governance might be analysed from a political perspective such as underrepresentation in politics since political representation of a group plays an important role for the allocation of their preferred policies to this group. This study, therefore, seeks to assess the link between parental leave benefits, female political representation and child health outcomes regarding the low level of female political representation in politics and their preferred policies for long in the OECD area. More specifically, it is examined that whether the persistent under-representation of women in parliaments has played a role for the inefficacy of parental leave benefits on child health outcomes over the forty years across OECD countries. Overall empirical results support the notion that the interaction of the percentage share of the female parliamentarians and public spending on parental benefits has not been relevant on the child mortality rates.

6. Tables and Figures

Figure 1: The Relationship between Under-Five Mortality Rate and Interaction of the Female Political Representation and PLBs in OECD Countries (1974-2010)

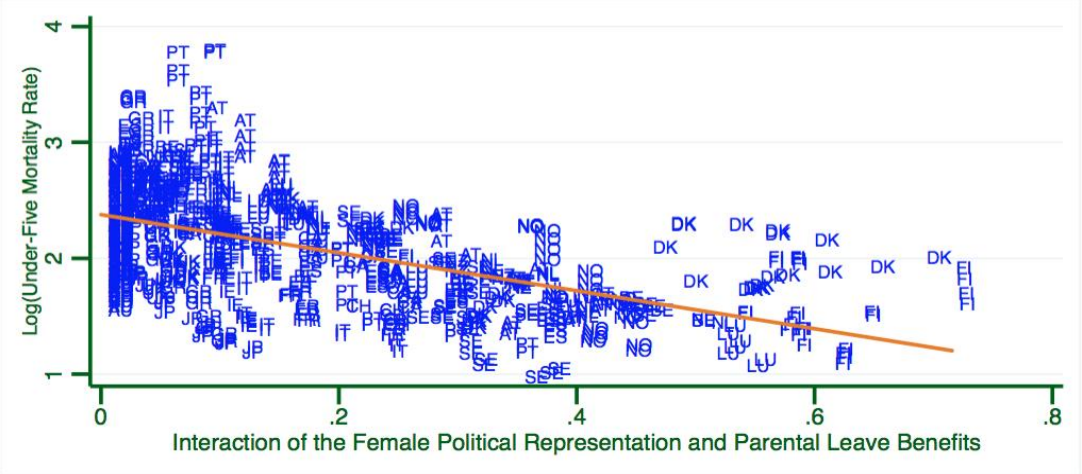


Figure 2: The Relationship between Postneonatal Mortality Rate and Interaction of the Female Political Representation and PLBs in OECD Countries (1974-2010)

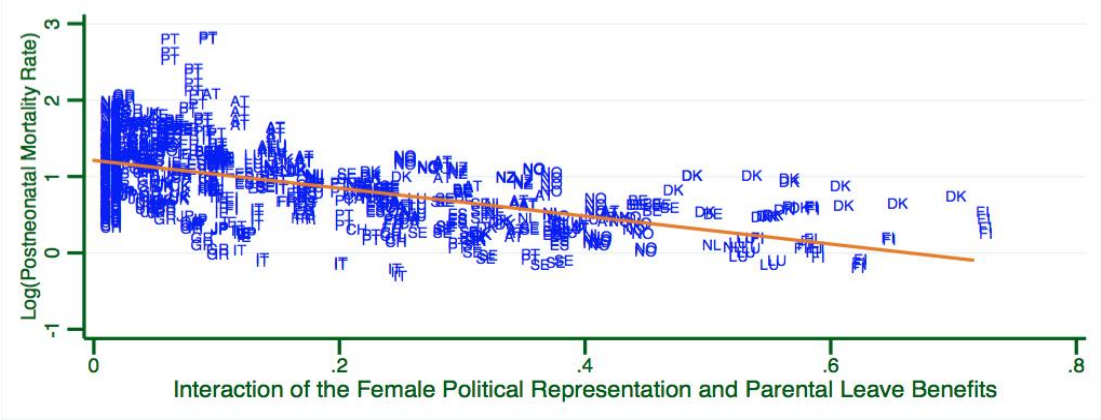
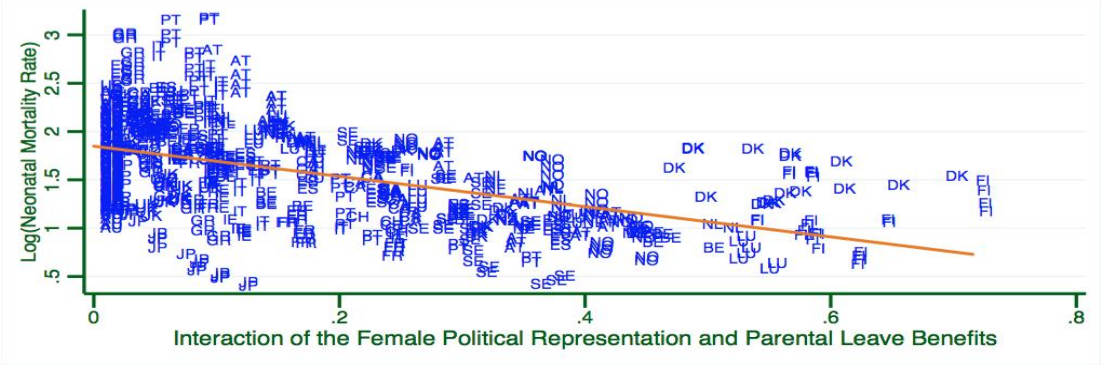


Figure 3: The Relationship between Neonatal Mortality Rate and Interaction of the Female Political Representation and PLBs in OECD Countries (1974-2010)



SAMPLES			
PANEL A: Female Political Participation, Parental Leave Benefits and Child Mortality (without controls)			
	Mean	**Std. Dev.**	**N**
	(1)	**(2)**	**(3)**
Percentage share of female parliamentarians	0.172	0.118	777
Public spending on parental leave benefits as a percentage of female wages in manufacturing	0.8	0.504	777
Female political public spending on parental benefits as a percent of female wages in manufacturing	0.158	0.166	777
The natural log of post-neonatal mortality rate	0.923	0.523	777
The natural log of neonatal mortality rate	1.601	0.513	777
The natural log of under-5 mortality rate	2.117	0.497	777
PANEL B: Female Political Participation, Parental Leave Benefits and Child Mortality (with controls)			
	Mean	**Std. Dev.**	**N**
	(1)	**(2)**	**(3)**
Percentage share of female parliamentarians	0.823	0.47	504
Public spending on Parental Leave Benefits as a percent of female wages in manufacturing	0.198	0.126	504
Female Political P.*Public Spending on Parental Benefits as a percent of female wages in manufacturing	0.187	0.178	504
The natural log of post=neonatal mortality rate	0.853	0.495	504
The natural log of neonatal mortality rate	1.528	0.483	504
The natural log of under-5 mortality rate	2.049	0.472	504
The share of population with health insurance coverage	97.911	7.496	504
Total Health Expenditures as a percent of GDP	7.932	1.45	504
Log(GDP per capita)	10.173	0.31	504
The female employment (aged between 15-64)/population ratio	0.584	0.111	503
The fertility rate (children per women aged 15 to 49 years old)	1.726	0.288	504

Table 1. Summary Statistics

Column (1) of each sample show the mean values of observations with standard deviations represented in Columns (2). "N" stands for the number of observations in each sample. The first sample in Panel A, is a balanced panel data with one-year interval which include 21 countries (Australia, Austria, Belgium, Canada, Denmark, Finland, France, Greece, Ireland, Italy, Japan, Luxembourg, the Netherlands, New Zealand, Norway, Portugal, Spain, Sweden, Switzerland, the United Kingdom, the United States) from 1974 to 2010. However, estimations which are done including control variables use a smaller sample (due to the data unavailability) which covers 14 countries (Australia, Austria, Belgium, Canada, Denmark, Finland, Ireland, Japan, the Netherlands, Norway, Portugal, Sweden, Switzerland, the United Kingdom) from 1975 to 2010.

Tablo 2. Political Responsiveness: Female Political Participation, Parental Leave Benefits and Neonatal Mortality Rates

	Pooled-OLS	FE	FE	FE	AB	PCSE	FE	FE	AB	PCSE
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
FPR*Public Spending on PLB	0.02625	-0.04757**	0.04180	0.22008	-0.00116	0.05704	-0.01045	0.03318	0.02278	0.03898
	(0.02401)	(0.02227)	(0.05460)	(0.23187)	(0.05611)	(0.06413)	(0.04998)	(0.09806)	(0.11664)	(0.07951)
FPR	-0.00075	0.07889*	0.00121	-0.03385	0.03808	-0.03111	0.00961	-0.00470	0.00475	-0.00876
	(0.02813)	(0.04209)	(0.06195)	(0.35108)	(0.07320)	(0.07880)	(0.01957)	(0.03313)	(0.03711)	(0.02269)
Public Spending on PLB	-0.01465***	0.01257	-0.00871	-0.05295	0.00582	-0.01484	0.00625	0.01667	0.06664	-0.04143
	(0.00474)	(0.00753)	(0.01749)	(0.06979)	(0.01862)	(0.01686)	(0.05918)	(0.11440)	(0.13412)	(0.09230)
Lag(Log Neonatal M.)	0.97583***	0.96110***	0.85739***		0.84559***	0.75245***	0.95331***	0.85091***	0.84072***	0.75276***
	(0.00690)	(0.01124)	(0.01426)		(0.01323)	(0.03339)	(0.02455)	(0.01977)	(0.01744)	(0.03736)
Health Care Coverage							-0.00098*	-0.00110*	-0.00067*	-0.00069
							(0.00048)	(0.00054)	(0.00041)	(0.00048)
Total Health Exp.(%GDP)							-0.00507	-0.00406	-0.00317	-0.00324
							(0.00490)	(0.00390)	(0.00370)	(0.00392)
Log(GDP)							-0.03520	0.02240	0.08345*	0.03540
							(0.03952)	(0.05103)	(0.05058)	(0.05113)
Female Employment Ratio							0.11776**	0.17636	0.12461	0.20433**
							(0.04603)	(0.12276)	(0.11934)	(0.09901)
Fertility Rate							0.00848	0.04857*	0.06227**	0.01420
							(0.02094)	(0.02619)	(0.02472)	(0.01840)
R-Square	0.99597	0.99558	0.99597	0.98332		0.99447	0.99545	0.99599		0.99446
Number of Cases	777	777	777	777	714	777	503	503	462	503

Tablo 3. Political Responsiveness: Female Political Participation, Parental Leave Benefits and Postneonatal Mortality Outcomes

	Pooled-OLS	FE	FE	FE	AB	PCSE	FE	FE	AB	PCSE
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
FPR*Public Spending on	0.03542	-0.03950	0.04122	0.23071	0.01347	0.05836	-0.00451	0.03117	0.04282	0.03356
	(0.02188)	(0.02294)	(0.05735)	(0.24069)	(0.05523)	(0.06126)	(0.04685)	(0.09069)	(0.10932)	(0.07395)
FPR	-0.00258	0.07320*	0.00096	-0.06432	0.02068	-0.02969	0.00543	-0.00580	-0.00416	-0.00738
	(0.02466)	(0.04233)	(0.06707)	(0.35775)	(0.06931)	(0.07540)	(0.01742)	(0.02990)	(0.03573)	(0.02160)
Public Spending on PLB	-0.01833***	0.00950	-0.00966	-0.05907	0.00069	-0.01650	0.01309	0.02014	0.02349	-0.03659
	(0.00465)	(0.00658)	(0.01774)	(0.07194)	(0.01682)	(0.01651)	(0.05594)	(0.10399)	(0.12049)	(0.08802)
Lag(Log Postneonatal M.)	0.98248***	0.97349***	0.85330***		0.85353***	0.73799***	0.96991***	0.84535***	0.84812*	0.73288***
	(0.00657)	(0.00952)	(0.01571)		(0.01012)	(0.03317)	(0.01976)	(0.02189)	(0.01713)	(0.03737)
Health Care Coverage							-0.00101**	-0.00113*	-0.00061	-0.00074
							(0.00043)	(0.00052)	(0.00046)	(0.00053)
Total Health Exp.(%GDP)							-0.00464	-0.00430	-0.00353	-0.00314
							(0.00376)	(0.00361)	(0.00346)	(0.00387)
Log(GDP)							-0.03428	0.02313	0.05957	0.04120
							(0.03591)	(0.04576)	(0.04777)	(0.04799)
Female Employment Ratio							0.07889**	0.14116	0.11557	0.17745*
							(0.03225)	(0.10448)	(0.10278)	(0.09123)
Fertility Rate							0.00858	0.03795	0.04937*	0.00312
							(0.01847)	(0.02243)	(0.02015)	(0.01793)
R-Square	0.99627	0.99570	0.99611	0.98434		0.99435	0.99573	0.99626		0.99448
Number of Cases	777	777	777	777	714	777	503	503	462	503

Table 4: Political Responsiveness: Female Political Participation, Parental Benefits and Under-Five Mortality Outcomes

	Pooled-OLS	FE	FE	FE	AB	PCSE	FE	FE	AB	PCSE
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
FPR*Public Spending on PLB	0.02391	-0.04438*	0.04237	0.22394	0.00826	0.06068	-0.01051	0.03224	0.03700	0.03974
	(0.02305)	(0.02201)	(0.05446)	(0.23224)	(0.05577)	(0.06236)	(0.04888)	(0.09429)	(0.11611)	(0.07653)
FPR	-0.00460	0.07597*	0.00040	-0.04108	0.02965	-0.03342	0.00913	-0.00458	-0.00029	-0.00855
	(0.02653)	(0.04167)	(0.06267)	(0.34939)	(0.07196)	(0.07670)	(0.01904)	(0.03166)	(0.03755)	(0.02203)
Public Spending on PLB	-0.01497***	0.01139	-0.00913	-0.05515	0.00314	-0.01624	0.01044	0.01708	0.04612	-0.04198
	(0.00461)	(0.00724)	(0.01731)	(0.06966)	(0.01816)	(0.01651)	(0.05758)	(0.10994)	(0.12926)	(0.08975)
Lag(Log Under-Five M.)	0.97227***	0.96480***	0.85675***		0.85071***	0.74693***	0.95588***	0.84969***	0.84419*	0.74659***
	(0.00764)	(0.01116)	(0.01440)		(0.01149)	(0.03313)	(0.02475)	(0.02008)	(0.01716)	(0.03702)
Health Care Coverage							-0.00099**	-0.00110*	-0.00066	-0.00069
							(0.00046)	(0.00053)	(0.00043)	(0.00050)
Health spending							-0.00511	-0.00405	-0.00324	-0.00316
							(0.00444)	(0.00372)	(0.00344)	(0.00385)
Log(GDP)							-0.03537	0.02278	0.07307	0.03822
							(0.03746)	(0.04818)	(0.04855)	(0.04909)
Female Employment Ratio							0.10312**	0.16285	0.12631	0.19129**
							(0.03686)	(0.11324)	(0.11358)	(0.09453)
Fertility Rate							0.00762	0.04466*	0.05775*	0.01024
							(0.02013)	(0.02453)	(0.02285)	(0.01782)
R-Square	0.99598	0.99564	0.99604	0.98363		0.99498	0.99557	0.99610		0.99520
Number of Cases	777	777	777	777	714	777	503	503	462	503

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