

Disability, Social Identity, and Entrepreneurship: Evidence from a lab experiment in Uganda

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Abstract

There are more than one billion persons with disabilities worldwide, constituting one of the most marginalized groups in the world. This paper investigates barriers to entrepreneurship among persons with disabilities. The focus is on psychological barriers like prejudice and lack of self-confidence, which are influenced by social identities. The analysis is based on a lab experiment carried out in Kampala, Uganda, in which the participants were youths in the final years of education, and thus on the doorstep to the market for employment. Given the lack of jobs, starting a business is often the most likely prospect. The social identity of persons with disabilities is studied through the use of priming, i.e. making a particular social identity salient. The main finding is that priming increases the confidence of persons with disabilities. Thus, there is an empowerment effect of making the social identity of persons with disabilities salient, contrary to the expectations. This is probably due to a selection effect as the participants have a relatively high level of education; the participants with disabilities are probably more empowered than the typical young person with disabilities in Uganda. Nevertheless, people generally believe that persons with disabilities perform worse than people without disabilities, although they actually perform equally well. The results suggest that prejudice is a key barrier to entrepreneurship among persons with disabilities.

Preface

The Norwegian Association of the Disabled (NAD) initiated contact with Norwegian School of Economics (NHH) in 2010, seeing a need for a greater focus on research and documentation of results in the programs they support abroad, specifically in the inclusive microfinance programs in Uganda implemented by The National Union of Disabled Persons of Uganda (NUDIPU) and The Association of Microfinance Institutions of Uganda (AMFIU). The agreement between NAD and NHH, November 2010, was the starting point of my master thesis as I got the responsibility for carrying out the lab experiment in 2011.

I would like to thank NUDIPU, NAD and NHH for a successful cooperation. Special thanks to Cecilie Rasmussen for facilitating the execution of the lab experiment, and Prof. Kjetil Bjorvatn and Prof. Bertil Tungodden for supervision throughout the process. Finally, I want to express my appreciations to Rune Mofoss for giving feedback in the writing process and Lars Ivar Oppedal Berge for STATA tips.

Contents

1	INTRODUCTION	1
2	SOCIAL IDENTITY: A LITERATURE OVERVIEW	5
2.1	Theoretical Literature	5
2.1.1	Social Identity and Economic Preferences	5
2.1.2	Social Identity and Economic Interaction.....	7
2.2	Empirical Literature	9
2.2.1	Stereotype Threat	9
2.2.2	Statistical and Taste-Based Discrimination	10
2.2.3	Automatic Prejudice.....	11
2.2.4	Reducing Intergroup Prejudice	12
2.2.5	Time Preferences and Trust	13
2.2.6	Attitude to Risk and Willingness to Compete.....	13
2.2.7	Altruism	14
2.2.8	Fairness	14
3	CONTEXT	15
3.1	Disability in Uganda.....	15
3.1.1	Progress and Limitations.....	15
3.1.2	Prejudices	16
3.1.3	The School System and Dropout Rates	17
3.2	Females in Ugandan Society	18
4	HYPOTHESES	19
4.1	Time Preference and Trust	19
4.2	Attitude to Risk	20
4.3	Willingness to Compete	20
4.4	Altruism.....	21
4.5	Fairness.....	21
4.6	Performance	22
4.7	Self-Confidence.....	23
4.8	Prejudices and Inferiority.....	23

5	THE PARTICIPANTS.....	24
5.1	Sampling Procedures.....	24
5.2	Samples	25
6	METHODOLOGY	28
6.1	Lab Experiment.....	28
6.2	Priming.....	28
6.2.1	The treatment-Control Balance.....	30
6.3	Analysis.....	31
7	THE LAB EXPERIMENT	32
8	ANALYSIS.....	33
8.1	Priming.....	33
8.2	The Covariates.....	33
8.3	Time Preferences.....	33
8.4	Trust	35
8.5	Attitude to Risk	37
8.6	Willingness to Compete	41
8.7	Altruism.....	42
8.8	Fairness.....	44
8.9	Performance	47
8.9.1	Performance under Fixed Rate.....	47
8.9.2	Performance under Competition.....	50
8.10	Self-Confidence	52
8.11	Prejudices and Inferiority	57
8.12	Summary of Results.....	60
9	DISCUSSION.....	61
10	REFERENCES	65

Tables

Table 5-1: Background variables – by disability status	25
Table 6-1: Background variables – by treatment status	30
Table 7-1: The lab experiment	32
Table 8-1: Time preferences	35
Table 8-2: Time preferences – by gender	35
Table 8-3: Trust.....	37
Table 8-4: Trust – by gender.....	37
Table 8-5: Willingness to take risk	39
Table 8-6: Willingness to take risk – females.....	40
Table 8-7: Willingness to take risk – males.....	40
Table 8-8: Willingness to compete	42
Table 8-9: Willingness to compete – by gender	42
Table 8-10: Altruism.....	44
Table 8-11: Altruism – by gender.....	44
Table 8-12: Fairness view.....	46
Table 8-13: Fairness view – by gender	46
Table 8-14: Performance fixed rate	49
Table 8-15: Performance fixed rate – by gender	49
Table 8-16: Performance competition rate	51
Table 8-17: Performance competition rate – by gender.....	52
Table 8-18: Beliefs about own performance (fixed rate).....	53
Table 8-19: Confidence.....	55
Table 8-20: Confidence relative to actual performance (RC).....	56
Table 8-21: Prejudices and inferiority	59
Table 8-22: Summary of hypothesis tests	60

1 INTRODUCTION

“The poverty, disadvantage and social exclusion experienced by many disabled people are not the inevitable result of their impairments or medical conditions but, rather, stem from attitudinal and environmental barriers. This is known as ‘the social model of disability’ and provides a basis for the successful implementation of the duty to promote disability equality.”

UK Disability Discrimination Act (DDA) 2005 Code of Practice

United Nations (UN) estimates that more than 1 billion people worldwide have some kind of disability.¹ One in four households contains a Person With Disabilities (PWD). PWDs generally have poorer health, lower education achievements, fewer economic opportunities and higher rates of poverty than people without disabilities (WB and WHO, 2011). In 2006, 100 million people worldwide acquired a disability because they lacked the resources necessary to prevent malnutrition, underlining that the link between poverty and disability is strong and bidirectional (UKG, 2000).

According to WHO’s International Classification of Functioning, Disability, and Health (ICF), disability refers to impairments, activity limitations, and participation restrictions (WB and WHO, 2011). Thus, disability arises from the interaction between health conditions and contextual factors, i.e. environmental and personal factors. For instance, environmental factors include support and relationships, services and policies, and attitudes. Personal factors could be self-confidence and motivation, i.e. factors likely to influence the extent to which an individual participates in society. PWDs do not form a homogenous group; they could be physically, sensory or mentally impaired (WB and WHO, 2011). Rather than categorizing PWDs as a separate group, ICF treats disability as a continuum; “disability is a matter of more or less, not yes or no”. Thus, disability is a complex phenomenon reflecting the interaction between society and physical, sensory or mental features.

¹ <http://www.un.org/disabilities/default.asp?id=18> (29.08.11)

PWDs experience barriers in accessing services that others take for granted; health care, education, employment, transport, information, etc. (WB and WHO, 2011). Disability is therefore an important development issue, but also increasingly seen as a human rights issue. The UN Convention on the Rights of Persons with Disabilities emphasizes the view of PWDs as “actors” with rights rather than objects of charity and medical treatment; the social model of disability (UNCRPD, 2009). By empowering PWDs, they become active and contributing members of society (ACCION, 2010).

In terms of making a living, becoming an entrepreneur² is often the most likely prospect for PWDs as well as non-PWDs in Uganda (Balunywa, 2011). Micro entrepreneurs in developing countries generally face a number of constraints on business growth (Berge, Bjorvatn, and Tungodden, 2011). However, being an entrepreneur with disabilities often implies additional challenges, i.e. physical, sensory, and psychological barriers. For instance, getting a loan from a Microfinance Institution (MFI) can be difficult due to physical barriers, like MFI offices that are inaccessible to those who are unable to climb stairs (Bwire, Mukasa, and Mersland., 2009). Moreover, lack of information in Braille, the writing system for the blind, might constitute a sensory barrier. Attitudes within society could be a psychological barrier to entrepreneurship. The social identity is shaped by common attitudes, for example the view that PWDs are not capable of accomplishing anything. In that way, social identity might create internal or external barriers. Prejudices might constitute an external barrier. For example, credit officers might intentionally or unintentionally exclude PWDs by refusing to give a loan to a PWD who is actually capable of having one (Bwire et al., 2009). Internal barriers might exist because PWDs, more often than non-PWDs, are exposed to exclusion and rejection in everyday life. Negative experiences might cause secondary incapacities like lack of self-confidence. Bwire et al. (2009) suggest that low self-confidence and exclusion by staff are the main problems when it comes to mainstreaming PWDs into MFIs. However, they affirm there is a lack of evidence-based insights regarding exclusion mechanisms.

Poverty Reduction Strategy Papers (PRSP) indirectly targets PWDs as they are over-represented among the poorest people in developing countries, and thus definitely a part of the vulnerable

² An entrepreneur is “a person who makes money by starting or running businesses, especially when this involves taking financial risks” (Oxford Advanced Learner’s Dictionary, 2005).

group (HI and CMB, 2006). Initially only a few PRSPs considered PWDs, but the number is increasing. Experience suggests that whenever the specific exclusion mechanisms and the specific needs of PWDs are not explicitly identified, such strategies and programs miss their specific target (ILO, 2002). However, including PWDs as an explicitly defined group might have negative consequences if it highlights a negative stereotype about PWDs. Thus, more research is needed to make microfinance inclusive, particularly research on social identity, to find out whether directly targeting PWDs is detrimental or not.

The World Report on Disability documents the current situation for PWDs and gives recommendations aiming at improving their lives (WB and WHO, 2011). Implementation is dependent on a broad range of stakeholders. National governments are suggested to have the most important role, but other stakeholders are highlighted as well. One could argue that the failure of governments puts more responsibility on other stakeholders.

This paper aims at gaining a better understanding of the barriers facing PWDs in Uganda; particularly barriers to business. Understanding barriers will enable the implementation of more efficient countermeasures. The main focus of this paper is mindsets, referring to a person's established set of attitudes. Attitudes relevant to entrepreneurship are willingness to compete, self-confidence, risk and time preferences, prejudices, social norms, etc. Of particular interest is the study of the social identity of PWDs, i.e. stereotypes associated with disability. Also, potential gender differences will be investigated, as females often are stereotyped as less talented or less competitive than males.

The analysis is based on data from a lab experiment. A lab experiment enables investigation of causality in a controlled environment, and the use of a control group and randomization eliminates threats to the internal validity. The social identity of PWDs is studied through the use of priming, i.e. making a particular social identity salient in the treatment group, whereas the control group is neutral in that sense. The treatment group and the control group are then compared to examine the stereotypes associated with disability.

The thesis offers two main findings. First, priming increases the self-confidence of PWDs, contrary to the expectations. This is probably due to a selection effect, since all participants have a relatively high level of education; the participants with disabilities are arguably more empowered

than the average person with disabilities in Uganda. The effect of priming on confidence is stronger for female PWDs, probably because female PWDs are less confident than male PWDs. Second, people (both with and without disabilities) generally believe that PWDs perform worse than non-PWDs, although they actually perform equally well. The results suggest that prejudice is a key barrier to entrepreneurship among PWDs, and that PWDs have internalized the social norms of inferiority.

The remainder of the paper is organized as follows. Section 2 gives an overview of the literature on social identity. Section 3 gives a description of the context in which the lab experiment was carried out. Section 4 presents the hypotheses and section 5 describes the sampling procedures and samples. Section 6 outlines the methodology and contains data on the treatment-control balance. Section 7 gives an overview of the experimental design. Section 8 provides details on the variables before presenting the results and finally a summary of the hypothesis testing. Section 9 discusses and concludes.

2 SOCIAL IDENTITY: A LITERATURE OVERVIEW

2.1 Theoretical Literature

Social identity is the portion of an individual's self-concept derived from perceived membership in a relevant social group (Turner and Oakes, 1986). Social norms are the rules specifying which values, beliefs, attitudes and behaviors that are appropriate for members of a specific social group (New Palgrave Dictionary of Economics, 2008). The norms might as well include physical characteristics or other characteristics describing a group ideal (Akerlof and Kranton, 2000). Identity depends on the social status of the group, and the extent to which an individual's characteristics and behavior match the social norms.

2.1.1 Social Identity and Economic Preferences

Benjamin, Choi, and Strickland (2010) use a theoretical framework to explain how social identities prescribe people's behavior, by identifying the behavioral effects of the associated social norms on risk aversion and time preferences. The self-categorization theory is taken as given since Turner and Onorato (1999), among others, have tested the theory's validity. There are numerous different social identities that a perceiver may invoke in everyday life and self-categorization follows when a certain identity becomes salient. The salience of a social identity is determined by the other social groups that are present and comparable in any given context (Oakes, Haslam, and Turner, 1994).

In order to reveal ethnic, racial and gender norms, some participants are exposed to priming (Benjamin et al., 2010). Priming refers to the activation of knowledge structures by the current situational context (Bargh, Chen, and Burrows, 1996). Priming is used to elicit social identities; by temporarily making a certain social identity salient, a person's behavior is presumed to tilt more towards the associated norms (Benjamin et al., 2010). In other words, the person acts more like the stereotype. A stereotype is a set of beliefs about the characteristics or attributes of a group (Judd and Park, 1993).

The marginal effect of a specific social identity is identified by observing how behavior differs between primed and unprimed participants, i.e. the treatment group and the control group (Benjamin et al., 2010). Importantly, the salience of an identity must be varied randomly, so that the treatment group and the control group are basically similar; on average, the only difference

should be the treatment. In practice, the treatment group is primed by answering a background survey containing other questions than the background survey handed out to the control group. For example, the questionnaire making ethnic identity salient include questions about languages spoken by the participant, and how many generations the subjects' family has lived in the United States. In the control questionnaire participants are asked ethnicity-neutral questions, like questions about the school meal plan and cable television subscription.

An individual belongs to a social category C with strength $s \geq 0$ and chooses the action x to maximize utility

$$U = -(1 - w(s))(x - x_0)^2 - w(s)(x - x_c)^2.$$

The preferred action in the absence of identity considerations is x_0 , whereas the appropriate action according to the social norms is x_c . The weight placed on the social category in decision making is $w(s)$. The first-order condition gives the optimal action

$$x^*(s) = (1 - w(s))x_0 + w(s)x_c.$$

Disutility is caused by deviation from the norm and is increasing in s ; the stronger feeling of affiliation, the closer the optimal action is to the social norm. Priming of social category C induces a shock to the optimal action by affecting the strength of group identification. Consequently, the optimal action moves closer to the norm. Thus, priming reveals the marginal behavioral effect of making a specific identity salient and is therefore a useful experimental method for studying how identity affects preferences. Understanding how preferences are affected by identity helps understanding how economic outcomes might differ between two social groups.

In Benjamin et al. (2010), the observed variables are the degree of risk aversion and the degree of impatient behavior. These preferences are often decisive for long-term economic decisions. The study of ethnic identity includes American participants of both Asian and white descent. The behavior of primed Asians (whites) is compared to the behavior of unprimed Asians (whites). Hence, comparisons are made between those with similar background in order to isolate the behavioral effect of identity. Priming of ethnicity causes Asians to make more patient choices. The results suggest that social identity has a significant impact on economic preferences. Hence, emphasizing certain social identities in the moment of decision could be of great importance.

2.1.2 Social Identity and Economic Interaction

Akerlof and Kranton (2000) examine how identity affects economic outcomes by including identity in a utility function. Utility depends on identity, the individual's actions, and others' actions. Hence, limitations of the identity choice might be an important determinant of economic well-being. Individual actions might not only affect utility directly, but also through the effect on identity. Social differences might change over time, because actions can possibly alter norms, the set of social groups, and the social status of each group.

In Akerlof and Kranton (2000), identity is based on social difference. Utility from actions depends on both standard preferences and identity. There are two social categories, Green and Red. All individuals have a taste for either Activity One (A1) or Activity Two (A2), regardless of the categories. According to the norms, a Green should engage in A1 and a Red in A2, which means that no one is considered a true Green if engaging in A2. One earns utility for choosing the activity matching one's taste, but no utility for choosing the other activity. In a standard model utility maximization is equivalent with choosing the activity one has a taste for. However, the utility-maximizing choice might be altered when taking identity-based preferences into account. According to psychodynamic theory, utility losses occur when internalized norms are violated because violation causes anxiety. A person refrains from the preferred activity if the anxiety is severe enough. Moreover, externalities occur since other people's identity is linked to the norms that are violated; violations threaten their identity.

Individual behavior depends on the situation; who are interacting with each other and in what context. The most realistic case is interaction between various identities. Conflicts often arise because people with different identities meet. For example, Reds are angered by the fact that others fit into the dominant group, i.e. the Greens, while Greens are angered by Reds' behavior. However, A2 could confirm the red identity like A1 confirms the green identity.

2.1.2.1 Social exclusion

Consider a community where Reds are people belonging to a group that is not accepted by the dominant group. Those who are socially excluded although trying to be a Green, suffer a loss in green identity. Those who are not trying to adjust to the green norms and rather choose the red identity do not suffer this loss. Reds can never fully fit the ideal Green, and their attempts to fit in are often associated with ambivalence and limited success. Pain and anger comes with the

learning of not being a “true” Green, so the excluded group might respond by choosing the oppositional red identity. The prevalence of the red identity and behavior A2 is determined by social interaction and the extent of social exclusion. As long as the loss in green identity, caused by exclusion, is larger than the difficulty of being a Red in a “green” community, some people will adopt the red identity. Lack of economic opportunities might increase the probability of making that choice.

From the Greens’ point of view, Reds often make bad economic decisions. A1 can be thought of as “working” and A2 as “not working”. Instead of suffering the guilt of a failed provider, a man might choose to abandon his own family, starting a so-called “new” life as a criminal drug addict. However, his choice imposes monetary externalities on the abandoned mother and child, as well as those working; they have to contribute more when others fail to raise income.

2.1.2.2 Self-destructive behavior

The red behavior is “self-destructive”. Self-destruction includes attitudes like not attempting to reach one’s ambitions because one is not able to accomplish them perfectly.³ It also comprises making other people responsible for one’s life by blaming them, and having an attitude of helplessness; like one has no opportunity to manage one’s own life. The model used in Akerlof and Kranton (2000) captures self-destructive behavior, unlike standard economic models where such behavior is classified as irrationality. Rather, it is the consequence of a high degree of social exclusion. The higher social exclusion, the higher is the probability of equilibriums in which individuals refrain from profitable activities.

2.1.2.3 Affirmative action

“Affirmative action” means positive steps taken to increase the representation of those who have historically been excluded from employment, education, or business (Fullinwider, 2009). The effects of affirmative action on social exclusion might vary (Akerlof and Kranton, 2000). Portraying the socially excluded as victims, which is necessary to maintain affirmative action programs, is costly for the target group. In that case, social exclusion rather increases the awareness of social differences. Hence, legal equality does not necessarily eliminate social exclusion. Exclusion persists if some people decide to be Red because Greens continue excluding

³ <http://www.oregoncounseling.org/ArticlesPapers/Documents/SelfDestructBehavMD.htm> (29.08.11)

those who violate the social norms of Greens. On the other hand, affirmative action decreases social exclusion to the extent programs are seen as an apology for previous discrimination. In that case, it is perceived as an invitation for the excluded to become a part of the dominant culture.

2.2 Empirical Literature

2.2.1 Stereotype Threat

Hoff and Pandey (2006) study the effect of social identity in village India, where a randomized experiment with both high-castes and low-castes is carried out. The objective of the experiments is to identify how societal discrimination affects individual performance, and why discrimination persists even after legal barriers are removed. Members of the lowest caste, outcasts, have historically been denied political and civil rights and had limited economic opportunities. De jure discrimination ended in 1947, but de facto discrimination still exists.

The theory of stereotypes states that individual performance is affected by stereotype-based expectations. Stereotype threat refers to being at risk of confirming a negative stereotype about one's social group as a self-characteristic (Steele & Aronson, 1995). The possibility of confirming negative stereotypes about one's group generates anxiety as long as the tasks accomplished are related to ability (Benjamin, 2009). Another possible effect of stereotyping is stereotype lift, referring to a situation where the performance is improved by making negative stereotypes about other groups salient.

In Hoff and Pandey (2006), the treatment group differs from the control group in that one's caste is publicly revealed; the treatment is priming of social categories. Mazes are solved in groups, but participants are paid in accordance to individual performance. There are two different treatment groups; one with both high-caste and low-caste individuals, and segregated groups where the individuals are either low-castes or high-castes.

Outcasts perform as well as high-castes individuals when information about one's caste is not revealed. However, they perform worse when caste identity is made salient even though the information about castes is irrelevant to payoffs and the tasks are not advantageous to any of the groups. Interestingly, segregation lowers high-caste performance. A possible explanation is that mixing of castes causes high-caste individuals to focus on their social status rather than efforts. Thus, if their focus on negative stereotypes about low-castes is the reason for their outclassing,

these results constitute evidence of stereotype lift. The underperformance of low-castes in the treatment group supports the stereotype threat hypothesis. Negative thoughts about oneself affect one's behavior, which means that the identity is likely to affect learning and willingness to bet on own success. Thus, discrimination also influences a group's ability to respond to economic opportunities.

Furthermore, Hoff and Pandey (2006) examine why behavioral effects prevail although the discriminating law was removed in 1947. When there is a law discriminating a certain social group, citizens might perceive discrimination as legitimate and internalize these values. Hence, given that identity influences behavior, de facto discrimination will persist even after opportunities have been equalized across groups, because internalized norms are rigid.

Cadinua, Maass, Rosabianca, and Kiesner (2005) find evidence that negative thinking is a potential mediator of performance deficits under stereotype threat, and that the effect on performance might be delayed because the performance deficit is caused by the accumulation of negative thoughts.

2.2.2 Statistical and Taste-Based Discrimination

Hedegaard and Tyran (2011) suggest that ethnic prejudice can lead to discrimination in the workplace for two reasons. First, prejudice might be driven by animus, i.e. intense dislike, and therefore result in "taste-based" discrimination. Second, prejudice can be driven by false beliefs about an ethnic group and thus result in inaccurate "statistical" discrimination.

Statistical discrimination occurs when the decision maker lacks information about the individual productivity of job candidates and therefore makes a decision based on beliefs about a group's average productivity. Accurate statistical discrimination (ASD) is present if the average productivity is accurate. ASD does not involve a price of prejudice, defined as earnings forgone by choosing a less productive worker. Inaccurate statistical discrimination occurs whenever the decision maker has false beliefs about a group's average productivity.

Discrimination could also be driven by taste. For example, the employer knows that the minority group is, on average, more productive than the majority group. Still, a majority worker is hired because the employer dislikes minority workers.

Hedegaard and Tyran (2011) carry out a new type of field experiment in Denmark by controlling for beliefs and the price of prejudice. The decision makers are not aware that they are part of an experiment. In the first treatment group, the decision makers have knowledge about the ethnicity and productivity of all candidates. It implies that only animus can cause discrimination; taste-based discrimination can be isolated and then be used to obtain an estimate of belief-driven prejudice. The price of prejudice is varied randomly by giving decision makers the choice between candidates of different productivities. Thus, they can estimate how price changes affect taste-based discrimination. In the second treatment group, decision makers do not have any information about individual productivity. Decision makers have to form beliefs about the average productivity of ethnic groups; both animus-driven and belief-driven prejudice can cause discrimination.

ASD fails to explain which workers are actually hired by a company; in addition to the earnings forgone due to ASD, decision makers give up about 4 percent of earnings. By obtaining estimates of both animus-based and belief-based prejudice, Hedegaard and Tyran (2011) investigate the extent to which animus and false beliefs explain the gap between ASD and observed behavior. At least 40 percent of this earnings gap is explained by animus-driven prejudice alone, while at most 33 percent is explained by belief-driven prejudice. Thus, part of the price is paid intentionally, whereas part of it is paid unintentionally as a result of biased beliefs. Evidence suggests that taste-based discrimination is common even at a substantial price and that it is surprisingly responsive to the price. Thus, the results indicate that policies aiming at increasing the price of prejudice might be effective.

2.2.3 Automatic Prejudice

Uhlmann, Brescoll, and Paluck (2006) study automatic prejudice, defined as negative automatic associations with a target group. Thus, prejudice can occur without having any intentions of being condescending. White Americans automatically associate African Americans with negativity. Such automatic associations could reflect personal or social attitudes, irrational biases, or perceptions of minority members as bad or badly off. Uhlman et al. (2006) focus on the last issue. They consider the possibility that negative associations are partly caused by egalitarian associations acknowledging that the minority group is discriminated against. For example, whites associate African Americans with oppression, maltreatment, and victimization.

A prejudiced attitude could be “African Americans are lazy and violent”. Despite the fact that whites reject prejudiced attitudes, implicit measures reveal prejudice. Implicit measures have been conclusively shown to predict biased behavior against minority groups. They use the Implicit Association Test (IAT), where the participants are asked to answer which category a certain word belongs to, for example linking “bad” to either “white” or “black” (Nosek, Greewald, and Banaji, 2007). Quick responses are interpreted as being stronger associations in memory.

The participants have more positive associations with European Americans than African Americans (Uhlmann et al., 2006). Moreover, they strongly associate European Americans with privilege and African Americans with oppression. In fact, oppression is more strongly associated with African Americans than the word “bad”. The results suggest that automatic prejudice partly results from associating members of low status groups with unfair circumstances. The same experiment is done with two fictional groups, Noffians and Fasites. Participants are randomly assigned to different treatments. The first treatment group is conditioned to associate Noffians with words related to oppression and Fasite with words related to privilege, whereas the second treatment implies the opposite. The results are unchanged; associating a fictional group with oppression also leads to more negative automatic associations on the IAT test, while self-reported prejudices do not increase.

The findings suggest that negative automatic associations stem from both egalitarian and prejudiced attitudes. Negativity might not reflect dislike in every case; people might for instance have an immediate negative reaction because they dislike inequality. However, evidence suggests that negative automatic associations contribute to prejudiced behavior.

2.2.4 Reducing Intergroup Prejudice

Paluck (2009) investigates whether it is possible to affect personal beliefs, perceptions of social norms, and behavior through mass media. Beliefs are defined as understandings of self and environment (Bem, 1970). A randomized field experiment is carried out in Rwanda, where the radio played a key role in a civil war that caused the deaths of around 75 percent of an ethnic minority; the Tutsi (Paluck, 2009). Radio is still the most important form of mass media in Rwanda. 10 years after the genocide, a yearlong radio soap opera aims at reconciliation by broadcasting messages about prejudice, violence, and trauma. A control group listens to a radio

program where entertainment and educational messages about reproductive health and AIDS are intertwined.

After the experiment a research team conducted individual interviews, focus groups, and behavioral observations. The reconciliation radio program did not change listeners' personal beliefs, but substantially influenced their perceptions of social norms. Thus, it might be better to target social norms rather than personal beliefs. However, norms might not impact behavior significantly on a large scale unless the norms are made salient in a particular situation (Kallgren, Reno, and Cialdini, 2000).

2.2.5 Time Preferences and Trust

According to Leigh (1986), three of the strongest correlates of delayed gratification are socioeconomic background, race, and achievements in school. Low time preference is equivalent to patience; a person values spending a specific amount of money in present time less than spending a specific higher amount in the future. Hence, individuals with low time preferences value savings more than individuals with high time preferences due to a lower implicit discount rate. Empirical evidence indicates that females have lower time preferences, i.e. they are more patient (Castillo, 2011).

Trusting that the delayed reward will actually come is crucial for having low time preferences. The trust could be weaker or absent in poor households, because the poor generally have fewer productive years due to greater chance of early death or unemployment etc. However, according to the human capital view, wealth is a result of low time preferences; not the other way around (Leigh, 1986).

The most credible explanation why race is correlated to time preferences is the psychological effect of racial discrimination on trust, i.e. victims of discrimination tend to have less trust. Children performing well in school have been willing to delay playing in order to achieve good grades. Thus, educational achievement is the effect of deferred gratification, not the cause.

2.2.6 Attitude to Risk and Willingness to Compete

Evidence suggests that there is a correlation between attitude to risk and time preference (Anderhub, Guth, Gneezy, and Sonsino, 2001). In addition to time preference itself, the discount rate is affected by the time horizon; the longer time horizon, the higher discount rate due to

increased risk of loss caused by unexpected events. The main finding is that risk-averse individuals tend to discount the future more heavily, suggesting that they are more inclined to make short-sighted decisions. Risk lovers and those who have low time preferences are more likely to be willing to compete (Almås, Cappelen, Sørensen, and Tungodden, 2011).

2.2.7 Altruism

Social entrepreneurship is an altruistic form of capitalism (Tan, Williams, and Tan, 2005). Altruism implies caring more about other people's needs and happiness than one's own (Oxford Advanced Learner's Dictionary, 2005). Social entrepreneurs aim at benefiting society, whereas the standard goal of business people is presumed to be maximization of individual profits (Tan et al., 2005). However, there are different degrees of altruism; some social entrepreneurs aim at profiting society only, while others aim at profiting both society and themselves. The weight placed on society determines how willing an entrepreneur is to risk foregone profits or even loss. Hence, the greater weight placed on society, the more altruistic is the entrepreneur.

Simmons and Emanuele (2007) analyze a dataset on donations and volunteering and predict that females donate more of both money and time. The results suggest that females are more altruistic than males.

2.2.8 Fairness

In some cases there is consensus that fairness requires equality (Almås, Cappelen, Salvanes, Sørensen, and Tungodden, 2010). However, people often disagree on what is fair because they have different opinions on whether individual achievements, luck, or maximization of total benefits justify inequalities. Almås et al. (2010) investigate children's fairness views, assuming that children make a trade-off between self-interest and fairness. They find that the degree of selfishness does not change over the years, whereas older participants are much more likely to view inequalities caused by various individual achievements as fair.

3 CONTEXT

3.1 Disability in Uganda

38 percent of Ugandans live on less than \$1.25 a day,⁴ while more than 80 percent of PWDs live under this poverty line.⁵ Access to important services is limited for PWDs and many of them are not aware of their rights and potentials (Kangere, 2003).

Historically, PWDs were objects of charity and institutionalization, a practice that started in the era of colonization and was widespread in the 1950 and 60's (Kangere, 2003). Religious and charity organizations considered it as doing PWDs a favor; their basic needs were covered by keeping them in institutions, in contrast to the needs of beggars on the street. Nonetheless, PWDs were locked up whenever it was considered necessary in order to protect society.

Unfortunately, this is not just the dark past. The 21st century has seen PWDs being abused and locked up due to the shame of having a disabled child.⁶ PWDs are isolated from society as a result of dependency on charitable organizations and other people's fear of disabilities. Integration into society is crucial in order to make PWDs reach their full potential. Integration must be based on human rights and social justice.⁶ Empowerment might enable them to get out of poverty and contribute to the economic development of Uganda. According to Bwire et al. (2009), improving the services of PWDs is not about developing special credit products or giving special conditions, but rather ensuring access to all mainstream services. Likewise, the World Report on Disability emphasizes mainstreaming, although the report suggests investment in specific programs and services for those who are in need.

3.1.1 Progress and Limitations

Organizations of PWDs have a strong position in Uganda and have been influential in legislation and policy processes (Øderud, Brodtkorb, and Hotchkiss, 2004). The National Union of Disabled Persons of Uganda (NUDIPU) is a non-governmental umbrella organization, established in 1987. The founders of NUDIPU aimed at breaking the tradition of treating PWDs as charity objects.⁷ NUDIPU's mission is to promote equalization of opportunities and active participation of PWDs

⁴ <http://iresearch.worldbank.org/PovcalNet/jsp/index.jsp> (09.01.12)

⁵ <http://www.nhf.no/index.asp?id=73455> (20.09.11)

⁶ <http://www.idealists.org/view/org/N5HNC9TzWnH4/> (20.09.11)

⁷ <http://www.nudipu.org.ug/history.php> (28.09.11)

in mainstream development processes. NUDIPU's work has yielded significant results over the years. First, PWDs are nowadays involved in the planning and implementation of programs meant to benefit them. Second, disability sensitive provisions now exist in the National Constitution and several Parliamentary Acts.

The achievements of organizations of PWDs generate an advantageous environment for changing and improving the lives of PWDs. However, there is a long way to go before the achievements have had significant practical impact on the living conditions of PWDs (Øderud et al., 2004). Laws guaranteeing the rights of PWDs do not necessarily make a difference in real life. Implementation problems are particularly widespread in rural areas; living in rural Uganda means limited access to services and other initiatives intended for this group.⁸ More than 60 percent of PWDs have never taken part in rehabilitation programs that could have facilitated integration into society.

3.1.2 Prejudices

Many Ugandans do not know what disability is and often perceive it as a curse.⁹ Women giving birth to a child with disabilities are viewed as bad wives and are sometimes made victims of family violence. With this in mind, it is no wonder that lack of self-confidence is common among PWDs. They often face unfair treatment. For example, some deaf students were caned because they did not follow the instructions, but in fact, they were not able to hear what the teacher said.⁹ Another example is a student with physical impairments being late at school because he could not manage to walk faster. Transport is expensive, so most people with physical impairments do not have a wheelchair; and starting to walk earlier in the morning, when it is dark, could be dangerous. The teacher punished him by letting him stand outside the classroom for a while, although he was already exhausted after walking several kilometers. The other students laughed at him when he was finally allowed to enter the classroom.

Two young men were trained as carpenters at a vocational training center for the deaf.¹⁰ The furniture they made looked just like any other beautiful furniture. One of the carpenters said that people did not believe that they were able to accomplish anything at all. Few people came to see

⁸ <http://www.nudipu.org.ug/history.php> (28.09.11)

⁹ Interview with Joel Kawanguzi, NUDIPU, 04.11.11

¹⁰ Interview at Vocational Training Center for the Deaf, Uganda Society for the Deaf, 14.04.11

their products, so they had to go to town to search for potential customers. It was challenging not being able to talk, but he wrote on a piece of paper to his customers. The other carpenter told that it was hard to compete, because the deaf did not get the same agreements as others. The most common way of getting customers was through friends contacting their friends. He usually brought photos to show potential customer what he could manage. However, many people did not believe that he was the one making the furniture, apparently because he was deaf. These real-life stories emphasize that prejudices against PWDs might hinder entrepreneurial success.

3.1.3 The School System and Dropout Rates

After finishing primary education and ordinary level of secondary school (O-level), students can choose between advanced level (A-level) and vocational training.¹¹ A-level is mandatory if one wants to go for further studies at the university.

Primary school enrollment rates have increased rapidly in Uganda in recent years. This is probably the result of the Government declaring the policy of Universal Primary Education (UPE) in 1997 (Sabates, Akyeampong, Westbrook, and Hunt, 2010). Today, the Government offers free primary education to four children per family and the political achievements are viewed as successful by many people. Nevertheless, the free education often implies sending the children to a poor school, where the pupil to teacher ratio is too high to facilitate learning. Besides, parents still have to pay for books, uniforms, etc. Many children are registered in schools, but fail to learn (Little, 2008). They are enrolled for several years, but fail to progress and drop out from school. In fact, Uganda has the second highest primary school dropout rate in Sub-Saharan Africa; the rate is 68 percent for all seven grades (UNESCO, 2011).

Several schools cannot take care of pupils with special needs. The Government focuses on the number of children enrolled in school, not individual adaptation. Children from the poorest 20 percent of households are more than twice as likely to drop out as children from the wealthiest households (UNESCO, 2011). The share of PWDs who never fulfill their education is four times as high as for the general population.¹² The situation is even worse for women. Dropout is a major problem among PWDs and exclusion from education means that PWDs are excluded from the

¹¹ <http://www.salveinternational.org/id5.html> (20.09.11)

¹² <http://www.nhf.no/index.asp?id=73455> (20.09.11)

authorities' programs for poverty mitigation (UNESCO, 2011). Thus, school dropouts make PWDs even more vulnerable.

3.2 Females in Ugandan Society

Like females in most countries, females in Ugandan society face challenges. They might not be as free as males and are often portrayed as a vulnerable group. Females have traditionally been economically dependent on males, a circumstance limiting the opportunities females have to claim their rights. Although a country officially condemns violation of human rights, it takes time to turn the principles into reality. Customary laws often favor males, for instance when it comes to education. The UPE program emphasizes equal access to education for all, and the proportion of girls in lower levels of education is almost equal to the proportion of boys.¹³ However, it is remarkably lower in higher levels of education, because families traditionally favor educating their boys when facing financial constraints. The inferior position of females possibly makes problems related to self-confidence more severe among females than males.

¹³ http://www.afrol.com/Categories/Women/profiles/uganda_women.htm#gendersensitivity (07.01.12)

4 HYPOTHESES

4.1 Time Preference and Trust

Time preferences are important to entrepreneurship because willingness to invest in one's own business requires low time preferences. The time preferences of PWDs depend on the extent to which they trust that a delayed reward will actually come. One could argue that PWDs in school must be surrounded by people they trust; they would not have come that far if family and friends were not supporting and encouraging them. However, it is probably insufficient for entrepreneurs to trust friends and family because investments are just as likely to involve unknown people. Besides, most PWDs come from poor families and have experienced discrimination. Discrimination in itself makes it less likely that PWDs have a lot of trust. Like the poor in general, PWDs often have fewer productive years because they are more likely to face health problems etc.

The human capital view suggests that the lack of wealth of poor people is a consequence of their high time preferences, not the other way around. However, the world is not black and white; some people are born and trapped in poverty. On a daily basis the poor people's concern is getting enough food, so they do not have enough money to make investments anyway. Thus, lack of wealth is not necessarily a consequence of high time preferences, but rather financial constraints.

Based on the fact that PWDs often face discrimination, the hypothesis is that PWDs have less trust in people and higher time preferences than non-PWDs. Considered the fact that females face more discrimination than males, one would expect females to have less trust and higher time preferences than males. However, the suggestions on time preferences are ambiguous as empirical evidence suggests that females are more patient than males. The fact that females usually have the main responsibility of taking care of children might be the reason for their patience, i.e. they have to save in order to pay for their children's health care and education. The hypothesis is therefore that females are more patient than males, but have less trust; although it contradicts the link between trust and time preferences suggested by evidence.

H1: PWDs are less patient than non-PWDs.

H2: Females are more patient than males.

H3: PWDs have less trust than non-PWDs.

H4: Females have less trust than males.

4.2 Attitude to Risk

Very risk-averse individuals do not become entrepreneurs simply because businesses are risky; one needs a bit of luck as well as entrepreneurial skills to succeed. Betting on one's own success is considered more risky if one lacks self-confidence. Discrimination and social exclusion probably make PWDs less confident because they are viewed as incapable. Thus, PWDs are perhaps less willing to take the risks associated with running a business. Not trusting that a delayed reward will come implies being less willing to make an investment, because the risk is perceived as high. Thus, compared to non-PWDs, lack of both trust and self-confidence is likely to make PWDs less willing to take risk. Female PWDs might be even more risk averse as they are more likely to have confidence issues.

H5: PWDs are more risk averse than non-PWDs.

H6: Females are more risk averse than males.

4.3 Willingness to Compete

Willingness to compete is crucial to entrepreneurship due to a competitive environment. Non-PWDs might not view PWDs as equals no matter how successful their businesses are, i.e. if there are social norms stating that it is not appropriate for a PWD to be an entrepreneur. In that case, PWDs are less likely to be willing to compete; they might prefer being beggars or objects of charity rather than a failed entrepreneur. Social exclusion might cause PWDs to choose oppositional identities rather than suffering inevitable personal defeat. Thus, PWDs might refrain from profitable activities and in doing so they choose a self-destructive behavior. Prejudices might hinder PWDs from attempting to reach their ambitions because they are not able to accomplish them perfectly. PWDs are expected to be less willing to compete due to the existence of social norms, because these norms limit the apparently appropriate behavior for PWDs and cause prejudices and social exclusion. Besides, low self-confidence is likely to have a negative effect on PWDs' willingness to enter into entrepreneurial competition. Female PWDs are probably even less willing to compete; their inferior position in Ugandan society is likely to have a negative effect on self-confidence, and there seem to be stronger prejudices against females than

males. The hypothesis is in accordance with evidence suggesting that risk lovers and those with low time preferences are more willing to compete.

H7: PWDs are less willing than non-PWDs to compete.

H8: Females are less willing than males to compete.

4.4 Altruism

Altruistic preferences can affect entrepreneurial behavior; social entrepreneurs might risk profits because they aim at benefiting society through their business. Based on the assumption that family and friends often help a PWD without requiring reciprocity, PWDs in school are most likely surrounded by altruistic people. PWDs might value altruism more than non-PWDs as a consequence of being more dependent on other people. One might argue that PWDs are more likely than non-PWDs to be social entrepreneurs. For instance, PWDs might hire a PWD in case of business expansion in order to offer support to the most vulnerable, regardless of whether a PWD or non-PWD is the most productive applicant. Thus, PWDs are possibly more willing than non-PWDs to give up earnings because other people's needs are more important than their own. Thus, the hypothesis is that PWDs are more altruistic than non-PWDs. Moreover, female PWDs are expected to be even more altruistic than male PWDs; consistent with evidence on altruism and gender.

H9: PWDs are more altruistic than non-PWDs.

H10: Females are more altruistic than males.

4.5 Fairness

Preferences for fairness are of importance because entrepreneurship is linked to the view that one should be rewarded according to one's effort. Thus, if one thinks inequalities are unfair even though they result from different levels of efforts, one might not desire becoming an entrepreneur. PWDs are probably used to receiving more than obtained through efforts; a result of being dependent on family members or charity in general. On the other side, one might argue that PWDs becoming entrepreneurs are those who actually want to put efforts into generating income. Still, the disabilities might reduce the potential level of effort and the business income might not

be enough to cover all expenses; income from business is often spent on treatment.¹⁴ Thus, PWDs might be more inclined to view inequalities as unfair regardless of efforts and individual achievements, because PWDs need more funds than they can possibly acquire themselves. Females and males are expected to share fairness views.

H11: PWDs are more inclined to view all inequalities as unfair regardless of individual performance.

H12: Females and males are expected to share fairness views

4.6 Performance

Performance is one of the factors determining entrepreneurial success. One could argue that PWDs are expected to perform worse than non-PWDs due to lack of individual adaptation hindering the learning of PWDs. Also, lack of self-confidence can hamper performance; PWDs might try less hard to learn if they believe that they are incapable of learning anyway. However, PWDs reaching O-level have proved that they are capable of learning; at least enough to prevent dropout. The performance of PWDs might be altered when the social identity of PWDs is made salient. If low performance is stereotypical to PWDs, it is likely that negative thoughts occur when PWDs are primed. Hence, regardless of whether PWDs perform worse than non-PWDs in general, the hypothesis is that the primed PWDs perform worse than unprimed PWDs, i.e. stereotype threat. If stereotype threat occurs, it is likely that this effect is even stronger under competition. Female PWDs are expected to perform worse than males because they have more issues regarding self-confidence and learning, due to parents favoring educating their boys, etc. Also, the effect of priming on PWDs is likely to be stronger for females as they are generally less confident.

H13: Priming has a negative effect on the performance of PWDs.

H14: Females perform worse than males.

¹⁴ Interview with Joel Kawanguzi, NUDIPU, 04.11.11

4.7 Self-Confidence

Entrepreneurs must be willing to bet on their own success, but it requires a certain level of confidence. PWDs are likely to have lower self-confidence than non-PWDs due to prejudices, unfair treatment, the common perception that PWDs cannot manage their own lives, and the superstition that disability is caused by a curse. The hypothesis is lack of confidence among PWDs as NUDIPU claims that it is a major problem. Females are likely to have even lower self-confidence than males due to the inferior position in society.

Self-confidence is related to personality, but PWDs reaching O-level might have higher self-confidence than PWDs in general. However, if low self-confidence is stereotypical to PWDs and PWDs in school identify with this group, priming might reveal lower confidence among primed PWDs than unprimed PWDs, regardless of the initial level of confidence. Thus, priming is expected to decrease the self-confidence of PWDs.

H15: PWDs are less confident than non-PWDs.

H16: Priming has a negative effect on the confidence of PWDs.

H17: Females are generally less confident than males.

4.8 Prejudices and Inferiority

Attitudes among non-PWDs are important because prejudices might hinder entrepreneurial success for PWDs. Evidence and experience suggest that non-PWDs have prejudices against PWDs. Non-PWDs might simply dislike PWDs, but they might also underestimate PWDs because they have false beliefs about their capacities. Although non-PWDs not necessarily express prejudices explicitly, there is a possibility that they automatically associate PWDs with negativity anyhow. Non-PWDs might have classmates with disabilities who disprove the assumption that anyone with disabilities fit the stereotype of PWDs, but they might just as well view them as exceptions rather than counter-evidence. So, the hypothesis is that non-PWDs have prejudices against PWDs. PWDs are likely to internalize the social norms causing the prejudices and PWDs are therefore expected to have beliefs of inferiority about themselves.

H18: People have prejudices against PWDs.

5 THE PARTICIPANTS

381 students from senior 2 or 3 participated in the lab experiment, of which 33 percent were PWDs and 52 percent females. On average, the participants were 16 years old, ranging from 12 to 25. Students in the final years of education are potential entrepreneurs and therefore considered suitable participants. The reason for recruiting relatively young students was to avoid an even more selected group as the number of PWDs drops significantly from O-level to A-level¹⁵. Also, recruiting older students would have made it difficult to mobilize the desired amount of PWDs. The participating PWDs were either deaf or physically impaired; for practical reasons, the blind were not included in the lab experiment.

5.1 Sampling Procedures

The procedure of recruiting non-PWDs was randomly selecting schools from a list containing all secondary schools in Kampala. The mobilization was randomized in order to obtain a representative sample. Mobilizing only those schools eager to participate would have been problematic because they might be “special”, for instance concerning how they view PWDs. Many schools did not want to participate because they had a lot to catch up after a strike among teachers, and also because the lab experiment was in the examination period. However, when a school declined, it was recorded and a new school was randomly selected from the same list.

Concerning PWDs, it would be impossible to use a randomization procedure and at the same time recruit the desired amount. There were few PWDs in each school and several schools did not have any PWDs at all; unless it was a school for children with special needs. It would be too costly to pick up only one or two students from a school far away from the venue or the other participating schools. Besides, transport of PWDs is more challenging in itself. Thus, the procedure of recruiting PWDs was mobilizing students from schools nearby the venue or along the planned transportation route. There would have been a selection problem concerning the recruiting of PWDs anyhow; even with a randomization procedure. PWDs in school constitute a selected group because most PWDs are excluded from education and the absence of randomization enabled recruiting a larger sample. Therefore, it was considered worth dropping randomization when recruiting PWDs, in order to reduce the threats to external validity.

¹⁵ Interview with Robert Nkwangu, NUDIPU, 30.09.2011

All schools were from Kampala, except for Wakiso Secondary School for the Deaf from the neighboring district. In each session, Wakiso S.S. provided the necessary number of students, depending on the number of PWDs from other schools participating; this to ensure that the number of PWDs was approximately the same in all sessions.

5.2 Samples

All schools were informed that the sample should be representative and therefore not contain only the brightest students. Nonetheless, the samples of PWDs and non-PWDs might be quite different; for instance, PWDs might come from more resourceful families as it is uncommon for PWDs to be in school. It is important to investigate whether PWDs are significantly different from non-PWDs prior to the main analysis in section 8.

Table 5-1: Background variables – by disability status

	(1) PWD	(2) non-PWD	(3) Difference
Female	0.396 (0.491)	0.576 (0.495)	-0.180*** (0.054)
Live with both parents	0.452 (0.500)	0.302 (0.460)	0.150*** (0.052)
Age	17.286 (2.269)	16.047 (1.489)	1.239*** (0.194)
TV	0.595 (0.493)	0.682 (0.466)	-0.087* (0.052)
Computer	0.127 (0.334)	0.126 (0.332)	0.001 (0.036)
Servants	0.317 (0.467)	0.211 (0.409)	0.106** (0.047)
Government employee	0.190 (0.394)	0.090 (0.287)	0.100*** (0.036)
Private company employee	0.190 (0.394)	0.156 (0.364)	0.034 (0.041)
Peasant	0.198 (0.400)	0.164 (0.372)	0.034 (0.042)
Own business	0.341 (0.476)	0.459 (0.499)	-0.118** (0.054)

*Note: (1) and (2) present the averages of PWDs and non-PWDs, respectively, and standard deviations in parentheses. (3) presents the differences between PWDs and non-PWDs and standard errors in parentheses; * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.*

Table 5-1 provides descriptive statistics for the background variables by disability status. Column (1) presents averages of PWDs, column (2) averages of non-PWDs, and column (3) the differences between PWDs and non-PWDs. There are significantly fewer females in the PWD sample; 40 percent of PWDs are female, while 58 percent of non-PWDs are female. On average, the PWDs are one year older than non-PWDs. The significant difference possibly reflects that

PWDs more often than non-PWDs have problems completing a grade due to lack of individual adaptation, etc.

PWDs are significantly more likely to live with both parents than non-PWDs. Living with both parents increases the probability that the family has two incomes; well-equipped to cover expenses related to school as well as treatment. On the other hand, it is rather common that only one parent has a job because of the high unemployment rate. However, if one parent is not working, it is more likely that the parents are able to groom their children, for instance helping out with homework. This is of great importance since PWDs generally are more dependent on family members due to impairments. Without supporting parents they would most likely drop out of school or perhaps not be enrolled in school at all. Thus, this finding suggests that PWDs come from more resourceful families.

PWDs are less likely to have a TV at home. One could argue that this finding contradicts the hypothesis of resourceful families. However, whether or not one has a TV is not really a good measure of wealth because it is common for non-wealthy families in urban areas to have one as well. There are no differences between PWDs and non-PWDs concerning having a computer at home.

32 percent of PWDs and 21 percent of non-PWDs report that they have servants at home and the difference is significant. One could argue that it supports the hypothesis that PWDs come from more resourceful families. On the other side, families containing PWDs might actually be in need of servants as PWDs often require more help at home. Hence, it might be a necessary priority rather than a symbol of wealth.

The occupation of the head of household is not interesting in itself, but it could possibly say something about the families' wealth as income differs across occupations. Public employees earn almost six times more than the average person in Africa (Therkildsen and Tidemand, 2007). Hence, public employees are likely to earn more than those having their own business, because most businesses are small and add little value (GoU, 2010). It is therefore of importance that the head of household in families containing PWDs is significantly more likely to be a government employee and less likely to own a business than in families not containing PWDs. There is no difference between PWDs and non-PWDs regarding the probability of head of household being a

peasant or private company employee. These results suggest that PWDs come from more resourceful families.

The majority of the findings in Table 5-1 support the hypothesis that PWDs come from more resourceful families. Although PWDs in school are the elite among PWDs, and probably have access to more resources, it is relevant to compare them to non-PWDs at the same school level. Considered the fact that many PWDs are excluded from education, comparing PWDs and non-PWDs with equivalent access to resources implies comparing two groups that are not equally likely to become entrepreneurs. Nevertheless, when the purpose is making inference about the social identity of PWDs, PWDs cannot be compared to non-PWDs. If doing so, one ignores the possibility that the results are driven by other fundamental differences between PWDs and non-PWDs, rather than social identities. However, priming can solve this problem as it enables comparison of primed PWDs and unprimed PWDs, i.e. two groups that are essentially similar.

6 METHODOLOGY

6.1 Lab Experiment

A lab experiment enables investigation of causality in a controlled environment. By randomly assigning participants to a treatment or control group and comparing the two groups, one can make inference about the treatment effect. The reason is that the treatment group and the control group are exposed to the same external influence (Saunders, Lewis, and Thornhill, 2009). Thus, the only explanation for changes to the dependent variable is the treatment itself, not the group composition or other external factors. Thus, the use of a control group and randomization procedures eliminates threats to the internal validity.

There are three main disadvantages of experimental methods. First, the findings might differ from what one would find in a natural setting. Second, the participants might not be representative to the general population. These issues make it harder to prove external validity, i.e. the extent to which the results can be generalized. As long as the selection is representative, the threats to external validity decrease as the number of observations increases. Third, experimenter demand effects occur when the participants form an interpretation of the experiment's purpose and unconsciously change their behavior accordingly (Rosenthal and Rosnow, 2009). For example, they might express views that are thought to be politically correct rather than their true opinions. However, the use of a control group increases the confidence that the results are not artifacts of experimental design (Paluck, 2009).

The participants are incentivized by money to make clear that the goal is to perform as well as possible (Hertwig and Ortmann, 2001). This practice is based on the assumption that monetary payments induce participants to put their best efforts into completion of the tasks in the lab experiment.

6.2 Priming

In practice, the priming was done by giving the treatment group three questionnaires and exercises that were different from the ones received by the control group; equivalent to the procedure in Benjamin et al. (2010). These non-incentivized tasks were handed out three times during a session in order to maintain the effect, because the duration of the priming effect is limited (Blascovich, Spencer, Quinn, and Steele, 2001).

The first non-incentivized handout was a questionnaire about entrepreneurship. First, all participants were asked a few general questions, like *Does your mother/guardian own a business?* These questions were followed by either questions intended to prime the participant or neutral questions. The treatment questionnaire contained questions like *What would be the greatest challenge for you if you were to open a business?* and *Do you like hard physical work?* On the contrary, neutral questions could be *What is the most common type of small business in Uganda?* and *Who is the most famous Ugandan business person?*

The second non-incentivized handout was about school and leisure, including general questions like *In which area is your school located?* and *Are the teachers at your school mainly males or females?* Examples from the treatment questionnaire are *Does your parents/guardians or other family members assist you in any way with your school work?* and *Do you enjoy doing sports?* The neutral questionnaire included questions like *What are the neighboring countries of Uganda?* and *What is your favorite soft drink?*

The last treatment was not a questionnaire, but rather a language exercise. All participants were asked to construct four-word sentences by reorganizing five words, which did not make any sense the way it was organized originally. The handouts differed in that most of the words the treatment group had at hand were related to disability or health in general, while the words presented to the control group were neutral in that sense. In the treatment group one could reorganize the words *went, slowly, he, to, always* to make the sentence *he always went slowly*. Likewise, one could make the sentence *the disease was chronic* out of the words *chronic, singing, disease, was, the*. There were also some exercises where all words were neutral to ensure that it would not be too obvious that the intention was reminding the participants about disability. The control group could for instance make the sentences *the sun was shining* and *the music was exceptional*.

The study aims at investigating the social identity of PWDs without making it obvious to the participants. Thus, disability was not explicitly mentioned until the end of the session, when there were no more tasks in which the participants could be influenced by the mentioning of the word. Thus, a test was implemented subsequent to the lab experiment to check whether participants understood that these questionnaires and exercises were intended to make them think of disability. 20 students from a school which did not participate in the lab experiment were asked to complete the three tasks handed out to the treatment group only. Afterward, they answered the question

What do you think we are trying to find out by asking you these questions? None of the answers indicated that the treatment was too obvious.

6.2.1 The treatment-Control Balance

The intention of priming randomly was to make sure that the priming was the only basic difference between the treatment group and the control group, but there could still be some differences by coincidence. Table 6-1 provides descriptive statistics for the background variables by treatment status. Column (1) presents averages of the treatment group, column (2) presents averages of the control group, and column (3) the differences between the treatment group and the control group.

Table 6-1: Background variables – by treatment status

	(1) Priming	(2) Non-priming	(3) Difference
Female	0.467 (0.500)	0.563 (0.497)	-0.096* (0.051)
Live with both parents	0.330 (0.471)	0.372 (0.485)	-0.042 (0.049)
Age	16.390 (1.736)	16.517 (1.997)	-0.127 (0.192)
TV	0.654 (0.477)	0.653 (0.477)	0.001 (0.049)
Computer	0.126 (0.333)	0.125 (0.332)	0.001 (0.034)
Servants	0.230 (0.422)	0.261 (0.440)	-0.031 (0.044)
Government employee	0.132 (0.339)	0.116 (0.320)	0.016 (0.034)
Private company employee	0.165 (0.372)	0.171 (0.337)	-0.006 (0.038)
Peasant	0.159 (0.367)	0.191 (0.394)	-0.032 (0.039)
Own business	0.440 (0.498)	0.402 (0.492)	0.038 (0.051)

*Note: (1) and (2) present the averages of the treatment group (priming) and the control group (non-priming), respectively, and standard deviations in parentheses. (3) presents the differences between PWDs and non-PWDs and standard errors in parentheses; * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.*

There are significantly fewer females in the treatment group; the control group contains 56 percent females, while the treatment group contains 47 percent. Thus, a dummy for females will be included in all regressions to control for differences that could possibly be driven by gender imbalances. For all other background variables, there are no differences between the treatment group and the control group. Thus, controlling for gender would be sufficient to make credible inference about the priming effect, i.e. suggestions about the social identity of PWDs. However,

due to the imbalances between the samples of PWDs and non-PWDs, respectively, all background variables mentioned in this section are controlled for when running regressions in section 8, namely the covariates. In that way, one can test whether the results remain the same after considering the possibility that the results are driven by fundamental differences between PWDs and non-PWDs.

6.3 Analysis

Extraction of information from the lab experiment is based on relevance regarding hypothesis testing. First, bar charts will be presented in order to give a visual understanding of the data on specific topics. One bar chart compares non-PWDs and PWDs, while another one compares males and females; both along the treatment dimension. Second, Ordinary Least Squares (OLS) regressions run in STATA provide information on whether apparent differences are statistically significant.

7 THE LAB EXPERIMENT

There were 10 sessions in total, in which the same procedure was followed. The participants were told that the results from the session would be used in a research project on entrepreneurship among youths in Uganda. Precautions were made to preserve anonymity during the sessions. First, all participants were randomly assigned to a desk by drawing a piece of paper specifying the desk number. Second, desks numbers, rather than names, were reported in each activity in order to keep track of the payments. Third, the payment was prepared in an envelope and it was not possible to identify the amount of money simply by looking at it. Fourth, only the researchers could see the handouts after the participants filled in their answers. Participants were neither allowed to talk to each other nor leave the room without permission.

Table 7-1 gives an overview of all the tasks completed in each session. The tasks and the variables constructed are described in detail in section 8.

Table 7-1: The lab experiment

<i>Part 1</i>	
	Entrepreneurship (priming/non-priming)
	Time Choice
	Risk
	Dictator Game (altruism)
<i>Part 2</i>	
	Multiple Choice Questions (MCQ1)
	School and Leisure (priming/non-priming)
	Beliefs 1 and Competition Choice
	Spectator Game (fairness)
	Multiple Choice Questions (MCQ 2)
<i>Part 3</i>	
	Send Money? (Trust game)
	Return Money? (Trust game)
<i>Part 4</i>	
	Language Exercise (priming/non-priming)
	Multiple Choice Questions (MCQ 3)
	Beliefs 2
<i>Part 5</i>	
	Background Information

8 ANALYSIS

8.1 Priming

The answers from the handouts differentiating the treatment group and the control group are not of interest in itself. However, the information about whether a participant was primed or not is crucial. A dummy is constructed; “Priming” equals one for primed participants and zero for unprimed participants. This variable is used to investigate whether there are any treatment effects.

8.2 The Covariates

The handout Background Information requested the participants to answer some final questions. Some of them were general questions; name, gender, age, name of school, and mobile phone number. Others questions provided information about disabilities and socioeconomic background. The latter included questions about who they live with; the occupation of the head of household and whether he or she reads the newspaper; how many days per week they eat meat at home; whether they have a TV, computer, and servants at home, respectively. The participants had to answer whether they live with their father and mother; father or mother; or others, and in that case specify who. Regarding the head of household’s occupation they were offered five alternatives; private company employee, government employee, peasant, own business, and other occupations specified by the participants. All in all, these questions yield some information about the participants’ socioeconomic background, which is valuable in the sense that it is important to control for potential differences between PWDs and non-PWDs that are fundamental. “Covariates” include all background variables except for Female.

8.3 Time Preferences

The handout Time Choice gave the participant two options. The first option was to receive 1000 Ush in one week or 3000 Ush in five weeks from the day of participation. Time preferences can be studied by generating a measure of patience. The variable “Early payment” equals one when the participant chose the early payment over the late payment; the higher average of “Early payment”, the higher average time preferences.

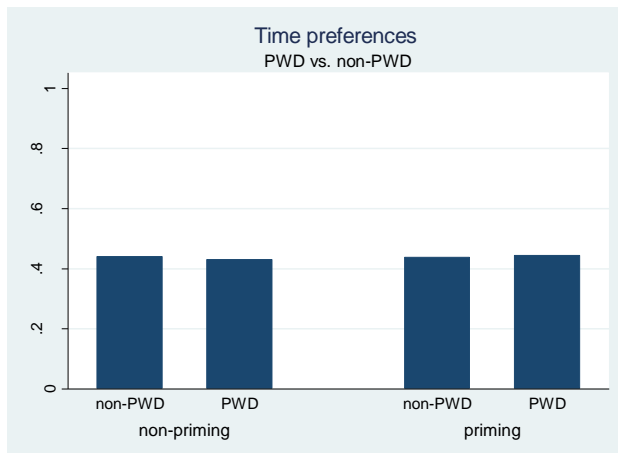


Figure 8-A

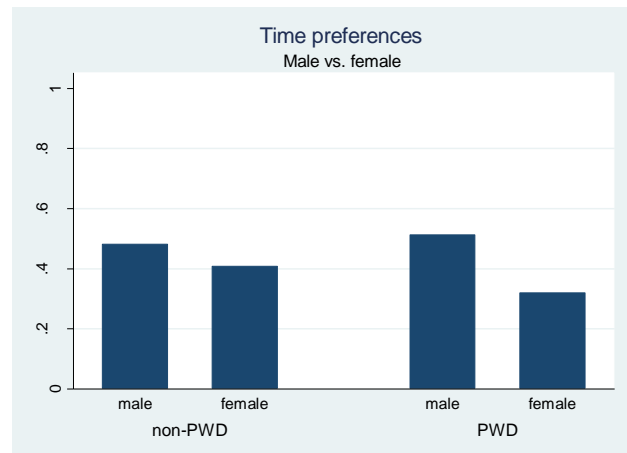


Figure 8-B

Note: Figure 8-A and 8-B present data on average time preferences; zero meaning that the late payment was chosen and one meaning that the early payment was chosen. Figure 8-A compares non-PWDs and PWDs, while Figure 8-B compares males and females. In Figure 8-A, the effect of priming on non-PWDs and PWDs, respectively, is perceptible by comparing the left-hand bar (control group) to the corresponding right-hand bar (treatment group). In Figure 8-B, potential differences between non-PWDs and PWDs in the same-gender groups are perceptible by comparing a left-hand bar (non-PWD) to the corresponding right-hand bar (PWD).

Figure 8-A indicates that PWDs and non-PWDs have equal time preference and that the effect of priming on PWDs is non-existent. However, according to Figure 8-B, females seem to have lower time preferences than males, so there is a possibility that female PWDs are more patient than female non-PWDs. However, it remains to be seen whether the differences are significant.

Table 8-1 confirms that there is neither any difference between PWDs and non-PWDs, nor any effect of priming on PWDs. Thus, the results do not support the hypothesis that PWDs have higher time preferences than non-PWDs (H1). However, the female coefficient is negative and statistically significant; females do have a lower implicit discount rate, consistent with the hypothesis (H2). It means that the value of spending a certain amount today, relative to spending a certain higher amount in the future, is lower for females than males. Thus, males are more inclined to make short-sighted decisions because of higher time preferences.

The genders are studied separately to find out whether there is any difference between PWDs and non-PWDs within the same-gender groups. The results are presented in Table 8-2; neither for females nor males is there any difference between PWDs and non-PWDs regarding time preferences.

Table 8-1: Time preferences

	(1) Early payment No covar.	(2) Early payment With covar.
PWD	-0.029 (0.074)	0.008 (0.076)
PWD*Priming	0.011 (0.109)	0.019 (0.110)
Priming	-0.014 (0.062)	-0.014 (0.063)
Female	-0.113** (0.052)	-0.119** (0.054)
Constant	0.511*** (0.055)	0.727*** (0.266)
Sum Priming PWD	-0.002 (0.090)	0.006 (0.091)
Observations	381	381

*Note: The table reports regressions of time preference on treatment status, controlling for disability, gender, and covariates. Time preference is measured by a dummy variable for choosing the early payment, i.e. having high time preferences. Covariates include age, TV, computer, newspaper, servants, and occupation of head of household. Sum Priming PWD is the sum of PWD*Priming and Priming. Standard errors in parentheses; * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.*

Table 8-2: Time preferences – by gender

	(1) Early payment No covar. Female	(2) Early payment With covar. Female	(3) Early payment No covar. Male	(4) Early payment With covar. Male
PWD	-0.036 (0.101)	0.049 (0.106)	0.003 (0.109)	0.038 (0.116)
PWD*Priming	-0.169 (0.166)	-0.199 (0.170)	0.064 (0.151)	0.070 (0.157)
Priming	-0.048 (0.081)	-0.017 (0.083)	0.042 (0.098)	0.055 (0.100)
Constant	0.430*** (0.055)	1.107*** (0.398)	0.458*** (0.073)	0.359 (0.354)
Sum Priming PWD	-0.217 (0.145)	-0.216 (0.147)	0.106 (0.116)	0.125 (0.118)
Observations	197	197	184	184

*Note: The table reports regressions of time preference on treatment status, controlling for disability and covariates. Time preference is measured by a dummy variable for choosing the early payment, i.e. having high time preferences. Covariates include age, TV, computer, newspaper, servants, and occupation of head of household. Sum Priming PWD is the sum of PWD*Priming and Priming. (1) and (2) include females only, while (3) and (4) include males only. Standard errors in parentheses; * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.*

8.4 Trust

In the trust game, all participants were randomly divided into pairs consisting of a Sender and a Receiver. Participants whose desk number was odd were assigned to the Sender role, while the rest was assigned to the Receiver role. The Sender received 2000 Ush and decided how much to send to the participant he or she was paired with; the amount ranged between 0 Ush and 2000

Ush. All participants were informed that this amount would be multiplied by three before it was sent to the Receiver, and the Receiver would later decide how much of the tripled amount to return to the Sender. For example, if the Sender decided to send 1000 Ush, the Receiver would get 3000 Ush and then decide how much of the 3000 Ush to return. Participants who sent the whole sum probably trusted that the Receiver would return enough to make it advantageous. Thus, the variable “Percentage sent to the other” measures the degree of trust.

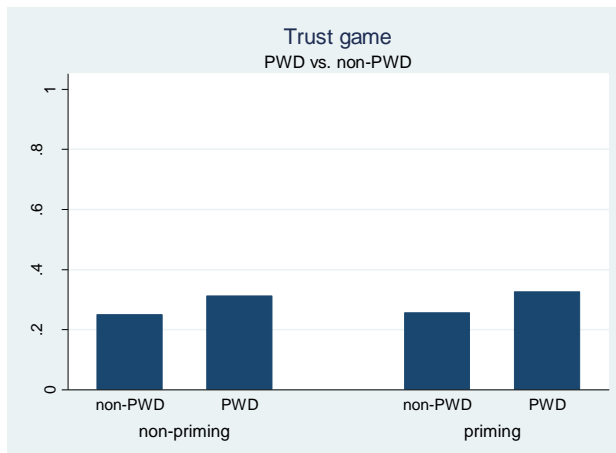


Figure 8-C

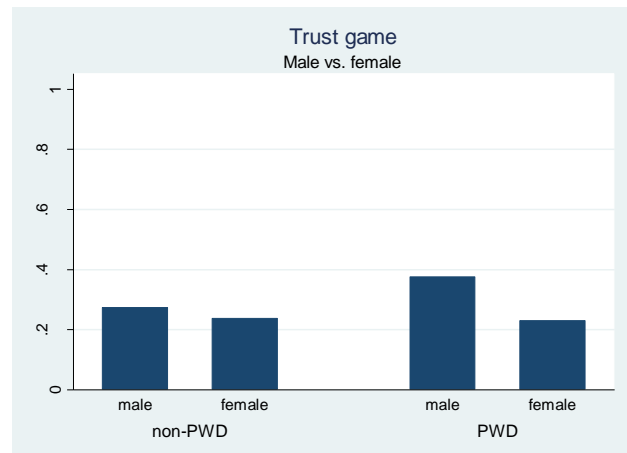


Figure 8-D

Note: Figure 8-C and 8-D present data on the average degree of trust. Trust is measured by the percentage of a specific amount participant I sends to participant II; an amount that is multiplied by three before II decides how much to return to I. Figure 8-C compares non-PWDs and PWDs, while Figure 8-D compares males and females. In Figure 8-C, the effect of priming on non-PWDs and PWDs, respectively, is perceptible by comparing the left-hand bar (control group) to the corresponding right-hand bar (treatment group). In Figure 8-D, potential differences between non-PWDs and PWDs in the same-gender groups are perceptible by comparing a left-hand bar (non-PWD) to the corresponding right-hand bar (PWD).

Figure 8-C indicates that PWDs have marginally more trust than non-PWDs and that priming has no effect on PWDs. Figure 8-D shows a tendency of females having less trust than males. There is no difference between PWDs and non-PWDs among females, but male PWDs might have more trust than male non-PWDs.

Table 8-3 reports no difference between PWDs and non-PWDs regarding trust and no effect of priming on PWDs. The results do not support the hypothesis that PWDs have less trust than non-PWDs (H3), but the hypothesis that females have significantly less trust than males (H4) is supported. Thus, the inferior position of females might be central with reference to trust issues. However, the results do not coincide with the theory suggesting that low time preference is linked to trust. There is no difference between PWDs and non-PWDs within the same-gender groups; see Table 8-4.

Table 8-3: Trust

	(1) Percentage sent to the other No covar.	(2) Percentage sent to the other With covar.
PWD	0.051 (0.051)	0.041 (0.053)
PWD*Priming	0.003 (0.076)	0.010 (0.076)
Priming	0.000 (0.043)	-0.005 (0.043)
Female	-0.071** (0.036)	-0.081** (0.037)
Constant	0.294*** (0.038)	0.414** (0.184)
Sum Priming PWD	0.003 (0.062)	0.010 (0.076)
Observations	381	381

*Note: The table reports regressions of trust on treatment status, controlling for disability, gender, and covariates. Trust is measured by the percentage of a specific amount a person sent to another (random) participant; an amount that was multiplied by three before the receiver decided how much to return to this person. Covariates include age, TV, computer, newspaper, servants, and occupation of head of household. Sum Priming PWD is the sum of PWD*Priming and Priming. Standard errors in parentheses; * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.*

Table 8-4: Trust – by gender

	(1) Percentage sent to the other No covar. Females	(2) Percentage sent to the other With covar. Females	(3) Percentage sent to the other No covar. Males	(4) Percentage sent to the other With covar. Males
PWD	-0.006 (0.068)	-0.008 (0.070)	0.096 (0.078)	0.111 (0.082)
PWD*Priming	0.010 (0.112)	0.001 (0.112)	0.007 (0.108)	-0.031 (0.111)
Priming	0.043 (0.054)	0.048 (0.055)	-0.050 (0.070)	-0.026 (0.071)
Constant	0.218*** (0.037)	0.341 (0.263)	0.301*** (0.052)	0.383 (0.251)
Sum Priming PWD	0.053 (0.098)	0.001 (0.112)	-0.043 (0.083)	-0.031 (0.111)
Observations	197	197	184	184

*Note: The table reports regressions of trust on treatment status, controlling for disability and covariates. Trust is measured by the percentage of a specific amount a person sent to another (random) participant; an amount that was multiplied by three before the receiver decided how much to return to this person. Covariates include age, TV, computer, newspaper, servants, and occupation of head of household. Sum Priming PWD is the sum of PWD*Priming and Priming. (1) and (2) include females only, while (3) and (4) include males only. Standard errors in parentheses; * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.*

8.5 Attitude to Risk

To evaluate a person's attitude to risk, the participants were given three cases in which they had to decide whether they wanted to receive a guaranteed amount of 2000 Ush or gamble with a specific chance of winning 4000 Ush. In the three cases, the probability of winning was 25

percent, 50 percent, and 75 percent, respectively. Thus, “Number of risky choices” measures the willingness to take risk by summing up the number of times the participant was willing to gamble; ranging from zero to three. If a participant was willing to gamble when the probability of winning was 50 percent, it certainly does not make sense if the same person was not willing to gamble when the probability was even higher. Such inconsistencies are defined as illogical and excluded from regressions specified “Subsample” to test whether it affects the results on attitude to risk.

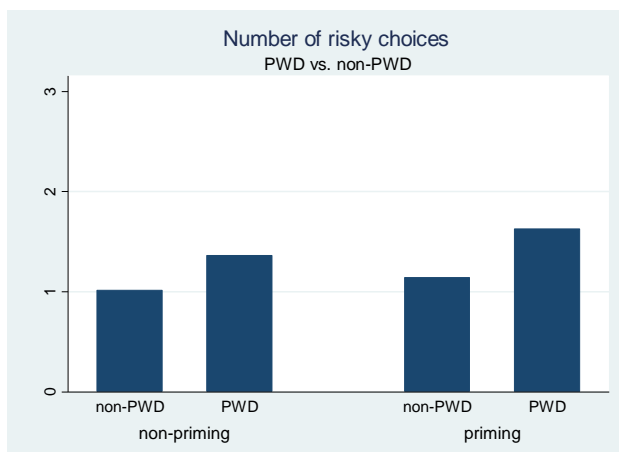


Figure 8-E

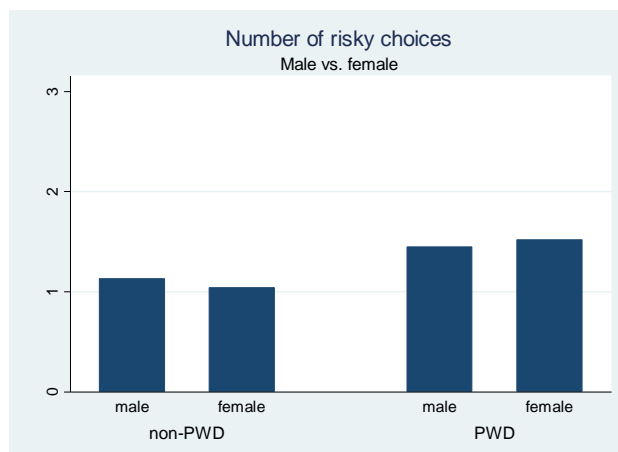


Figure 8-F

Note: Figure 8-E and 8-F present data on average attitude to risk, measured by the number of risky choices made in three cases. Each case offered two options; either receiving a specific amount guaranteed or gambling to receive the double amount if winning. Zero means that a person chose the safe alternative in all three cases, while three means that a person chose to gamble in all three cases. Figure 8-E compares non-PWDs and PWDs, while Figure 8-F compares males and females. In Figure 8-E, the effect of priming on non-PWDs and PWDs, respectively, is perceptible by comparing the left-hand bar (control group) to the corresponding right-hand bar (treatment group). In Figure 8-F, potential differences between non-PWDs and PWDs in the same-gender groups are perceptible by comparing a left-hand bar (non-PWD) to the corresponding right-hand bar (PWD).

Surprisingly, Figure 8-E indicates that PWDs are more willing to take risk than non-PWDs, and there might be a positive effect of priming on PWDs. This seems to be the tendency among both males and females, although the gap between non-PWDs and PWDs is larger for females; see Figure 8-F.

Table 8-5 presents the finding that PWDs are significantly more willing to take risk than non-PWDs, contradicting the hypothesis (H5). The difference is significant regardless of whether the covariates are controlled for or the illogical answers excluded; see specification (2) through (4). There is a positive effect of priming on PWDs’ willingness to take risk. However, this effect is

significant only in specification (1), which means that there might be other fundamental differences between PWDs and non-PWDs driving the results.

There is no difference between males and females in general. Thus, the results do not support the hypothesis that females are more risk averse than males (H6), but further investigation is necessary to find out whether there are any differences between non-PWDs and PWDs within the same-gender groups.

Table 8-5: Willingness to take risk

	(1)	(2)	(3)	(4)
	Number of risky choices	Number of risky choices	Number of risky choices	Number of risky choices
	No covar.	No covar.	With covar.	With covar.
	Full Sample	Subsample	Full Sample	Subsample
PWD	0.343*** (0.123)	0.402*** (0.141)	0.339*** (0.127)	0.376** (0.145)
PWD*Priming	0.143 (0.182)	0.148 (0.212)	0.117 (0.184)	0.120 (0.215)
Priming	0.123 (0.104)	0.139 (0.120)	0.118 (0.105)	0.133 (0.121)
Female	-0.016 (0.087)	0.014 (0.100)	-0.029 (0.090)	-0.002 (0.103)
Constant	1.025*** (0.091)	0.973*** (0.105)	1.246*** (0.443)	1.134** (0.503)
Sum Priming PWD	0.266* (0.150)	0.253 (0.178)	0.234 (0.151)	0.253 (0.178)
Observations	381	322	381	322

*Note: The table reports regressions of attitude to risk on treatment status, controlling for disability, gender, and covariates. Attitude to risk is measured by the number of risky choices made in three cases, ranging from zero to three. A risky choice means eliminating the option to receive a guaranteed amount and gambling on winning the double amount. Covariates include age, TV, computer, newspaper, servants, and occupation of head of household. Full Sample includes all participants, while Subsample includes all participants whose answers are not illogical. Sum Priming PWD is the sum of PWD*Priming and Priming. Standard errors in parentheses; * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.*

Specification (1) and (2) in Table 8-6 show that female PWDs are more willing to take risk than female non-PWD, but the difference is not statistically significant when controlling for covariates. The effect of priming on female PWDs is significant and positive in all regression specifications, indicating that the social identity of female PWDs is linked to willingness to take risk.

Likewise, Table 8-7 presents the results for males; PWDs are significantly more willing to take risk than non-PWDs. The difference is significant in all specifications, but there is no effect of priming on male PWDs.

To summarize, the results on risk aversion contradicts the hypothesis that PWDs are more risk averse than non-PWDs (H5), which is particularly true for females as the identity of female PWDs might be linked to willingness to take risk. Clearly, the results do not support the hypothesis that females are more risk averse than males (H6).

Table 8-6: Willingness to take risk – females

	(1) Number of risky choices No covar. Full Sample	(2) Number of risky choices No covar. Subsample	(3) Number of risky choices With covar. Full Sample	(4) Number of risky choices With covar. Subsample
PWD	0.333** (0.162)	0.372* (0.189)	0.282 (0.171)	0.317 (0.200)
PWD*Priming	0.461* (0.268)	0.558* (0.319)	0.433 (0.273)	0.495 (0.328)
Priming	0.088 (0.130)	0.085 (0.151)	0.076 (0.133)	0.096 (0.157)
Constant	1.000*** (0.088)	0.985*** (0.102)	-0.074 (0.640)	-0.194 (0.746)
Sum Priming PWD	0.549** (0.234)	0.591** (0.286)	0.509** (0.237)	0.591** (0.286)
Observations	197	165	197	165

*Note: The table reports regressions of attitude to risk on treatment status, controlling for disability and covariates. Attitude to risk is measured by the number of risky choices made in three cases, ranging from zero to three. A risky choice means eliminating the option to receive a guaranteed amount and gambling on winning the double amount. Covariates include age, TV, computer, newspaper, servants, and occupation of head of household. Full Sample includes all females, while Subsample includes all females whose answers are not illogical. Sum Priming PWD is the sum of PWD*Priming and Priming. Standard errors in parentheses; * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.*

Table 8-7: Willingness to take risk – males

	(1) Number of risky choices No covar. Full Sample	(2) Number of risky choices No covar. Subsample	(3) Number of risky choices With covar. Full Sample	(4) Number of risky choices With covar. Subsample
PWD	0.343* (0.189)	0.424** (0.212)	0.447** (0.200)	0.512** (0.226)
PWD*Priming	-0.029 (0.263)	-0.080 (0.301)	-0.055 (0.272)	-0.088 (0.313)
Priming	0.158 (0.170)	0.197 (0.193)	0.145 (0.174)	0.177 (0.198)
Constant	1.042*** (0.126)	0.976*** (0.144)	2.048*** (0.614)	1.895*** (0.683)
Sum Priming PWD	0.129 (0.201)	0.090 (0.236)	0.090 (0.204)	0.090 (0.236)
Observations	184	157	184	157

*Note: The table reports regressions of attitude to risk on treatment status, controlling for disability and covariates. Attitude to risk is measured by the number of risky choices made in three cases, ranging from zero to three. A risky choice means eliminating the option to receive a guaranteed amount and gambling on winning the double amount. Covariates include age, TV, computer, newspaper, servants, and occupation of head of household. Full Sample includes all males, while Subsample includes all males whose answers are not illogical. Sum Priming PWD is the sum of PWD*Priming and Priming. Standard errors in parentheses; * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.*

8.6 Willingness to Compete

The participants were given two options; either working for the same fixed rate in the second round of Multiple Choice Questions (MCQ2) or choose to compete. Entering into a competition implied that payments were contingent on the relative performance; those who performed better than the average in MCQ1 received the fixed rate of 500 Ush per correct answer in MCQ2. However, those who performed worse than this average received nothing regardless of correct answers. “Competition” is equal to one if a person chose to compete, while equal to zero if a person chose the fixed rate.

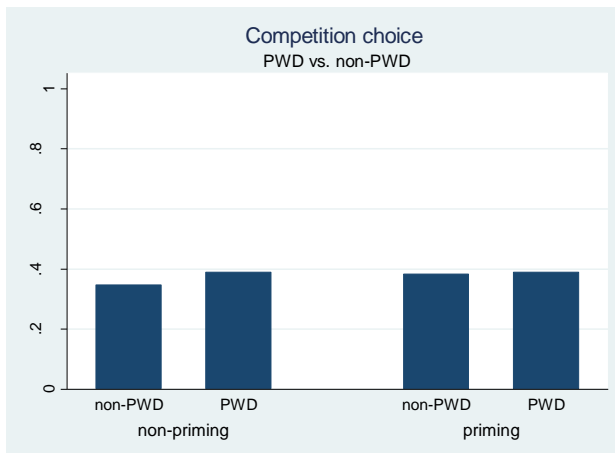


Figure 8-G

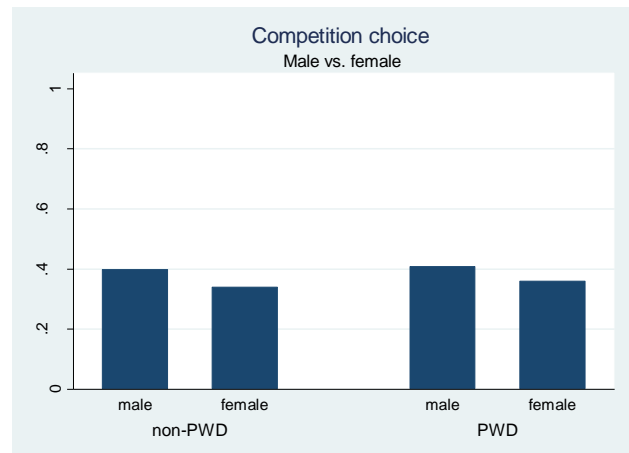


Figure 8-H

Note: Figure 8-G and 8-H present data on average willingness to compete, measured by a dummy variable for competition choice. Zero means no competition and one means competition, i.e. payment for each correct answer is contingent on above-average performance. Figure 8-G compares non-PWDs and PWDs, while Figure 8-H compares males and females. In Figure 8-G, the effect of priming on non-PWDs and PWDs, respectively, is perceptible by comparing the left-hand bar (control group) to the corresponding right-hand bar (treatment group). In Figure 8-H, potential differences between non-PWDs and PWDs in the same-gender groups are perceptible by comparing a left-hand bar (non-PWD) to the corresponding right-hand bar (PWD).

Figure 8-G indicates that non-PWDs and PWDs are equally willing to compete. Figure 8-H gives the impression that males are somewhat more willing to compete, but the bar charts are not sufficient to evaluate significance.

Table 8-8 shows that there is no difference between PWDs and non-PWDs when it comes to willingness to compete. There is no significant difference between males and females in neither of the same-gender groups; see Table 8-9. Priming has no effect on PWDs, neither in the full sample nor in the same-gender groups. Thus, the results do not support the hypotheses that PWDs are less willing than non-PWDs to compete (H7) and that females are less willing than males to compete (H8).

Table 8-8: Willingness to compete

	(1) Compete No covar.	(2) Compete With covar.
PWD	0.034 (0.072)	0.017 (0.075)
PWD*Priming	-0.039 (0.107)	-0.044 (0.108)
Priming	0.032 (0.061)	0.034 (0.062)
Female	-0.053 (0.051)	-0.034 (0.053)
Constant	0.379*** (0.053)	0.214 (0.261)
Sum Priming PWD	-0.008 (0.088)	-0.010 (0.089)
Observations	381	381

*Note: The table reports regressions of willingness to compete on treatment status, controlling for disability, gender, and covariates. Willingness to compete is measured by a dummy variable equaling one if a person chose to compete, i.e. payment for each correct answer is contingent on above-average performance (the competition rate was higher than the fixed rate). Covariates include age, TV, computer, newspaper, servants, and occupation of head of household. Sum Priming PWD is the sum of PWD*Priming and Priming. Standard errors in parentheses; * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.*

Table 8-9: Willingness to compete – by gender

	(1) Compete No covar. Female	(2) Compete With covar. Female	(3) Compete No covar. Male	(4) Compete With covar. Male
PWD	0.090 (0.099)	0.066 (0.106)	-0.032 (0.107)	-0.010 (0.114)
PWD*Priming	-0.178 (0.163)	-0.168 (0.169)	0.081 (0.149)	0.035 (0.154)
Priming	0.079 (0.079)	0.084 (0.083)	-0.033 (0.096)	-0.012 (0.099)
Constant	0.304*** (0.054)	0.050 (0.397)	0.417*** (0.071)	0.319 (0.349)
Sum Priming PWD	-0.100 (0.143)	-0.085 (0.147)	0.048 (0.114)	0.023 (0.116)
Observations	197	197	184	184

*Note: The table reports regressions of willingness to compete on treatment status, controlling for disability and covariates. Willingness to compete is measured by a dummy variable equaling one if a person chose to compete, i.e. payment for each correct answer is contingent on above-average performance (the competition rate was higher than the fixed rate). Covariates include age, TV, computer, newspaper, servants, and occupation of household head. Sum Priming PWD is the sum of PWD*Priming and Priming. (1) and (2) include females only, while (3) and (4) include males only. Standard errors in parentheses; * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.*

8.7 Altruism

The dictator game was organized as follows; all participants were told that they had been randomly paired with another participant and that the task would be completed under anonymity. Given that participant A was paired with B, B was not paired with A. Participant A was told that

they together received 2000 Ush and that he or she was the one to decide how to distribute the money between the two of them. The variable “Percentage given” works as a measure of altruism; the higher percentage a participant gives to the other participant, the more altruistic.

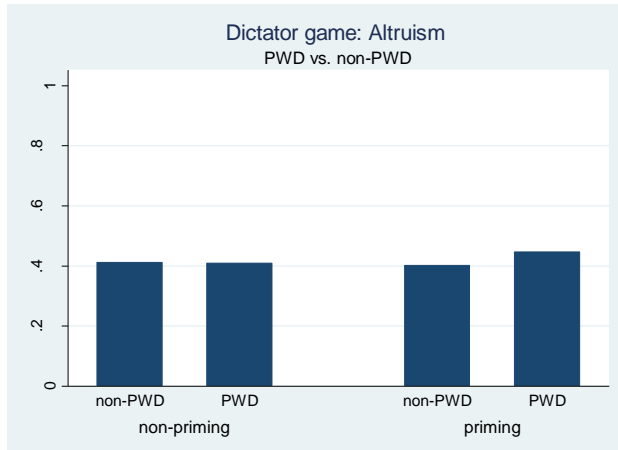


Figure 8-I

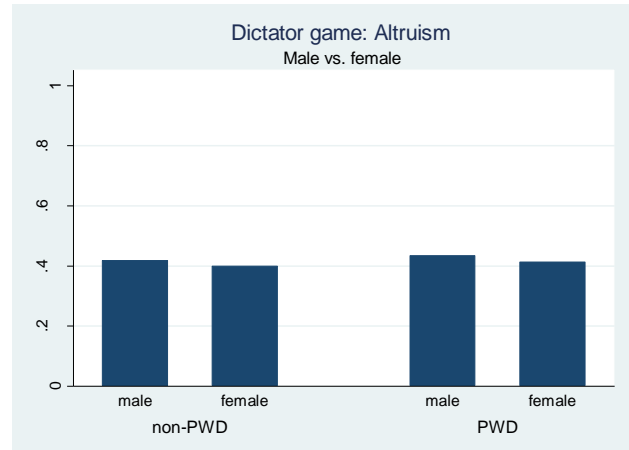


Figure 8-J

Note: Figure 8-I and 8-J present data on the average degree of altruism; measured by the percentage of a specific amount that a person decided to give to another (random) participant. Figure 8-I compares non-PWDs and PWDs, while Figure 8-J compares males and females. In Figure 8-I, the effect of priming on non-PWDs and PWDs, respectively, is perceptible by comparing the left-hand bar (control group) to the corresponding right-hand bar (treatment group). In Figure 8-J, potential differences between non-PWDs and PWDs in the same-gender groups are perceptible by comparing a left-hand bar (non-PWD) to the corresponding right-hand bar (PWD)

Figure 8-I and Figure 8-J do not show any remarkable differences, neither between PWDs and non-PWDs nor between males and females. Priming might cause PWDs to become slightly more altruistic, but the treatment effect is probably not significant; see Table 8-I.

Table 8-10 reports no difference regarding how altruistic PWDs are compared to non-PWDs. Neither is there any difference between females and males. The effect of priming is not significant; the identity of PWDs cannot be linked to altruism. Thus, the results do not support the hypotheses that PWDs are more altruistic than non-PWDs (H9) and that females are more altruistic than males (H10). These results do not differ from findings in the same-gender groups; see Table 8-11.

Table 8-10: Altruism

	(1) Percentage given No covar.	(2) Percentage given With covar.
PWD	-0.006 (0.030)	-0.013 (0.031)
PWD*Priming	0.047 (0.045)	0.048 (0.045)
Priming	-0.012 (0.026)	-0.012 (0.026)
Female	-0.019 (0.021)	-0.024 (0.022)
Constant	0.424*** (0.023)	0.444*** (0.108)
Sum Priming PWD	0.035 (0.037)	0.048 (0.045)
Observations	381	381

*Note: The table reports regressions of altruism on treatment status, controlling for disability, gender, and covariates. Altruism is measured by the percentage of a specific amount that a person decided to give to another (random) participant. Covariates include age, TV, computer, newspaper, servants, and occupation of head of household. Sum Priming PWD is the sum of PWD*Priming and Priming. Standard errors in parentheses; * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.*

Table 8-11: Altruism – by gender

	(1) Percentage given No covar. Female	(2) Percentage given With covar. Female	(3) Percentage Given No covar. Male	(4) Percentage Given With covar. Male
PWD	0.024 (0.043)	0.001 (0.045)	-0.035 (0.043)	-0.020 (0.045)
PWD*Priming	-0.031 (0.071)	-0.001 (0.072)	0.101* (0.060)	0.083 (0.062)
Priming	-0.002 (0.035)	-0.008 (0.035)	-0.025 (0.039)	-0.019 (0.039)
Constant	0.400*** (0.024)	0.378** (0.169)	0.432*** (0.029)	0.472*** (0.139)
Sum Priming PWD	-0.033 (0.063)	-0.001 (0.072)	0.076 (0.046)	0.083 (0.062)
Observations	197	197	184	184

*Note: The table reports regressions of altruism on treatment status, controlling for disability and covariates. Altruism is measured by the percentage of a specific amount that a person decided to give to another (random) participant. Covariates include age, TV, computer, newspaper, servants, and occupation of head of household. Sum Priming PWD is the sum of PWD*Priming and Priming. (1) and (2) include females only, while (3) and (4) include males only. Standard errors in parentheses; * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.*

8.8 Fairness

In the Spectator Game, all participants were told that they were going to act like a judge. The situation was as follows; one participant performed better than average in MCQ1 and therefore earned an additional reward of 1500 Ush, while another participant performed worse than the

average and earned an additional reward of 500 Ush. Together these participants earned a total reward of 2000 Ush and the third participant was the one to decide how to distribute the total reward. The first option was splitting the reward equally and the second option was giving each participant exactly the amount earned. It is assumed that the participants made their choice based on what they perceived as fair. A dummy variable is constructed, equaling one if the total reward was split equally and zero if it was split according to their performance. Thus, “Split equally” allows comparison of the fairness views of various groups; the closer the average is to one, the closer the average person is to the view that all inequalities are unfair regardless of individual achievements.

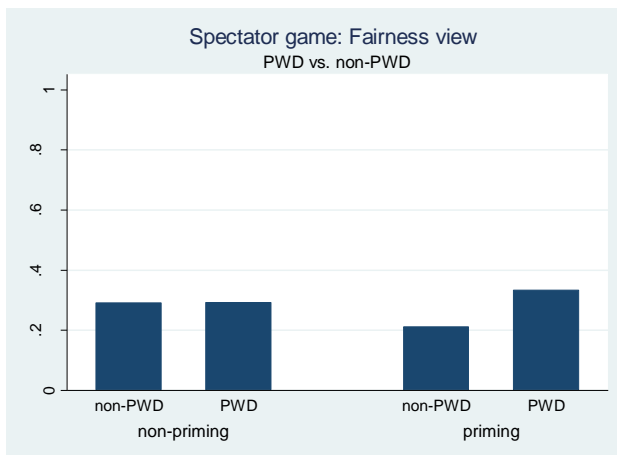


Figure 8-K

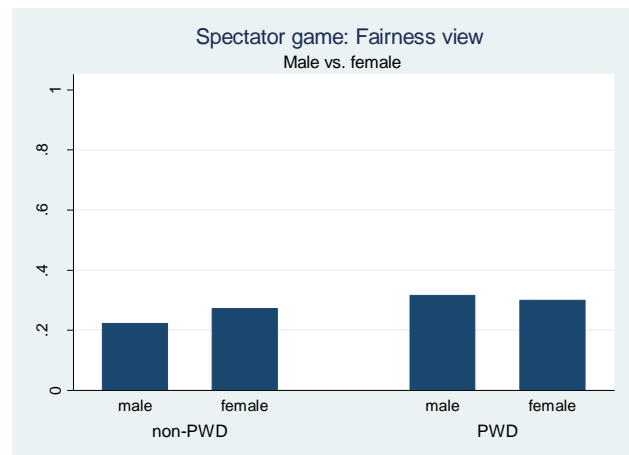


Figure 8-L

Note: Figure 8-K and 8-L present data on the average fairness view, measured by a dummy variable; equal to one if all inequalities are viewed as unfair regardless of individual performance, and equal to zero if inequalities are viewed as fair due to inequalities in individual performance. Figure 8-K compares non-PWDs and PWDs, while Figure 8-L compares males and females. In Figure 8-K, the effect of priming on non-PWDs and PWDs, respectively, is perceptible by comparing the left-hand bar (control group) to the corresponding right-hand bar (treatment group). In Figure 8-L, potential differences between non-PWDs and PWDs in the same-gender groups are perceptible by comparing a left-hand bar (non-PWD) to the corresponding right-hand bar (PWD).

Figure 8-K indicates that PWDs and non-PWDs in the control group share fairness views, while there might be a difference in the treatment group. Both PWDs and non-PWDs are closest to the view that inequalities are fair if they result from inequalities in individual performance. However, priming seems to make non-PWDs accept more inequality and PWDs accept less inequality. Among non-PWDs, there is a tendency of females wanting to split equally more often than males; the opposite of the tendency among PWDs; see Figure 8-L. However, among males, it seems like PWDs want to split equally more often than non-PWDs, while there seems to be no difference among females.

There is no difference between PWDs and non-PWDs neither in the full sample, nor in the same-gender groups; see Table 8-12 and Table 8-13. Thus, the hypothesis that PWDs are more inclined to view all inequalities as unfair, regardless of individual achievements (H11), is not supported. However, the results support the hypothesis that females and males share fairness views (H12).

Table 8-12: Fairness view

	(1) Split equally No covar.	(2) Split equally With covar.
PWD	0.005 (0.066)	0.005 (0.069)
PWD*Priming	0.123 (0.098)	0.104 (0.099)
Priming	-0.078 (0.056)	-0.074 (0.056)
Female	0.026 (0.047)	0.020 (0.048)
Constant	0.275*** (0.049)	0.293 (0.239)
Sum Priming PWD	0.045 (0.080)	0.104 (0.099)
Observations	381	381

*Note: The table reports regressions of fairness view on treatment status, controlling for disability, gender, and covariates. Fairness view is measured by a dummy variable referring to how a total reward (earned by two participants based on individual performance) was distributed by a third person; equal to one if the reward was split equally regardless of individual performance and zero if the reward was split according to the reward earned. Covariates include age, TV, computer, newspaper, servants, and occupation of head of household. Sum Priming PWD is the sum of PWD*Priming and Priming. Standard errors in parentheses; * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.*

Table 8-13: Fairness view – by gender

	(1) Split equally No covar. Female	(2) Split equally With covar. Female	(3) Split equally No covar. Male	(4) Split equally With covar. Male
PWD	-0.018 (0.094)	-0.027 (0.098)	0.016 (0.095)	-0.022 (0.102)
PWD*Priming	0.121 (0.154)	0.142 (0.156)	0.142 (0.132)	0.131 (0.138)
Priming	-0.041 (0.075)	-0.056 (0.076)	-0.125 (0.085)	-0.126 (0.089)
Constant	0.291*** (0.051)	0.955*** (0.366)	0.292*** (0.063)	-0.168 (0.313)
Sum Priming PWD	0.080 (0.135)	0.142 (0.156)	0.017 (0.101)	0.131 (0.138)
Observations	197	197	184	184

*Note: The table reports regressions of fairness view on treatment status, controlling for disability and covariates. Fairness view is measured by a dummy variable referring to how a total reward (earned by two participants based on individual performance) was distributed by a third person; equal to one if the reward was split equally regardless of individual performance and zero if the reward was split according to the reward earned. Covariates include age, TV, computer, newspaper, servants, and occupation of head of household. (1) and (2) include females only, while (3) and (4) include males only. Sum Priming PWD is the sum of PWD*Priming and Priming. Standard errors in parentheses; * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.*

8.9 Performance

8.9.1 Performance under Fixed Rate

The first set of Multiple Choice Questions (MCQ1) contained math exercises and general knowledge questions where the topics were geography, science, health and nutrition, and sports. The participants were paid a fixed rate of 200 Ush for each correct answer. The variable “Performance (fixed rate)” measures the number of correct answers out of the 10 questions in MCQ1. In addition to providing a measure of performance, it is valuable because it is important to compare beliefs about own performance to actual performance.

The score distribution of MCQ1 is close to a normal distribution, with a mean of 6.4 correct answers; see Figure 8-M. For each question, there were four possible answers to tick off. Thus, if the participants had no clue, they would, on average, get 2.5 correct answers by guessing their way through the questions. Only 9 out of 381 participants scored less than 2.5 correct answers. In MCQ1, the single question most participants failed to answer correctly was the average heart beat per minute for a resting adult male. The possible answers were 100, 40, 150, and 70, but only 47 percent answered 70, which is the correct answer. Regarding the remaining nine questions, respectively, no less than 52 percent of the participants provided the correct answer.

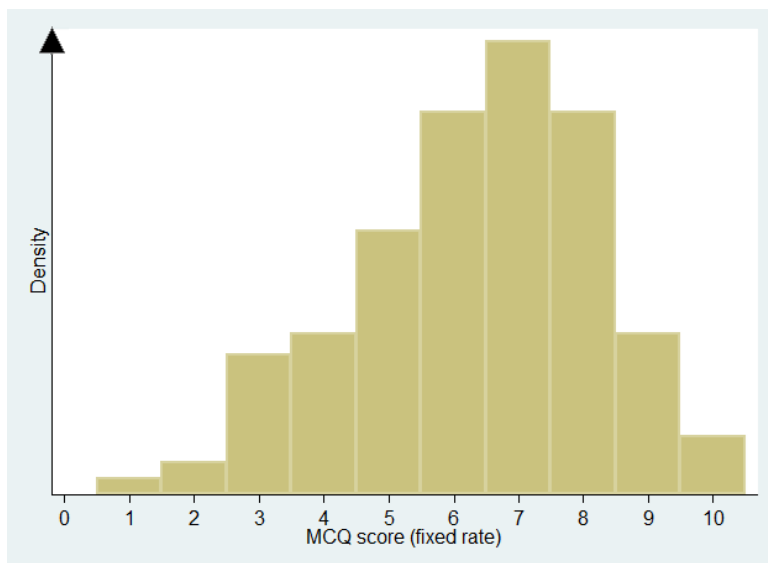


Figure 8-M

Note: The figure presents the score distribution of the Multiple Choice Questions under fixed rate, i.e. no competition. Score is measured by the number of correct answers out of 10. The horizontal axis measures the score, whereas the vertical axis measures the density.

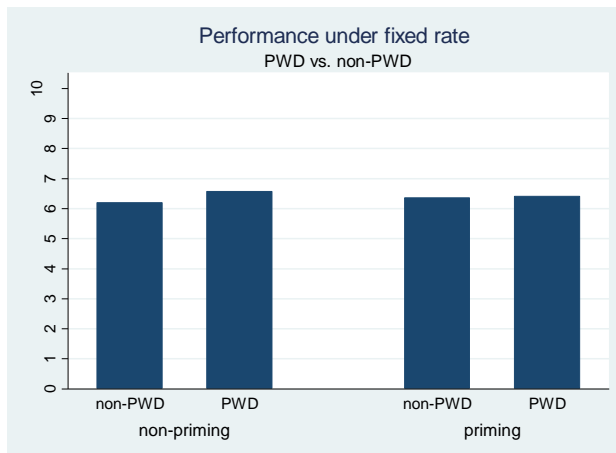


Figure 8-N

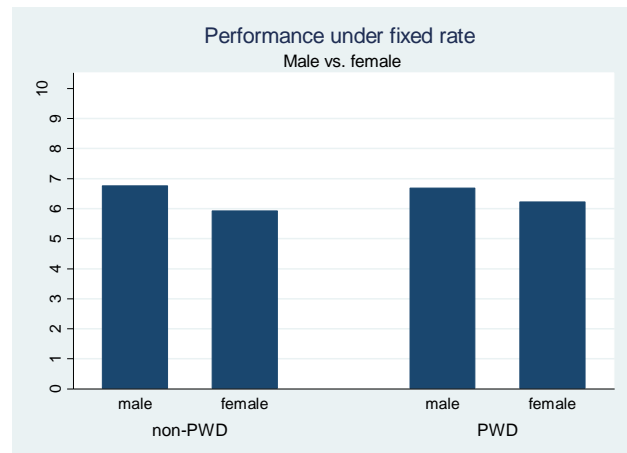


Figure 8-O

Note: Figure 8-N and 8-O present data on average performance in the first round of Multiple Choice Questions (fixed rate). Performance is measured by the number of correct answers out of 10. Figure 8-N compares non-PWDs and PWDs, while Figure 8-O compares males and females. In Figure 8-N, the effect of priming on non-PWDs and PWDs, respectively, is perceptible by comparing the left-hand bar (control group) to the corresponding right-hand bar (treatment group). In Figure 8-O, potential differences between non-PWDs and PWDs in the same-gender groups are perceptible by comparing a left-hand bar (non-PWD) to the corresponding right-hand bar (PWD).

Figure 8-N indicates that PWDs perform as well as non-PWDs, also within the same-gender groups; see Figure 8-O. However, females tend to perform slightly worse than males.

There is no difference between PWDs and non-PWDs, but females perform significantly worse than males; see Table 8-14. Priming has no impact on the performance of PWDs under fixed rate. Thus, the results do not support the stereotype threat hypothesis (H13). However, the hypothesis that females perform worse than males (H14) is supported by evidence.

In Table 8-15, specification (1) and (2) present the results for females. The results suggest that female PWDs perform somewhat better than female non-PWDs, but the difference is significant only when controlling for covariates, indicating that other fundamental differences might be driving these results. Thus, the inferior performance of females is to a greater extent driven by the poor performance of non-PWDs than PWDs. There is no difference between PWDs and non-PWDs among males; see specification (3) and (4).

Table 8-14: Performance fixed rate

	(1) Performance (fixed rate) No covar.	(2) Performance (fixed rate) With covar.
PWD	0.255 (0.275)	0.257 (0.282)
PWD*Priming	-0.363 (0.406)	-0.418 (0.407)
Priming	0.097 (0.232)	0.109 (0.232)
Female	-0.720*** (0.194)	-0.698*** (0.198)
Constant	6.645*** (0.204)	4.790*** (0.981)
Sum Priming PWD	-0.265 (0.334)	-0.309 (0.335)
Observations	381	381

*Note: The table reports regressions of performance under fixed rate on treatment status, controlling for disability, gender, and covariates. Performance is measured by the number of correct answers out of 10 in the first round of Multiple Choice Questions. Covariates include age, TV, computer, newspaper, servants, and occupation of head of household. Sum Priming PWD is the sum of PWD*Priming and Priming. Standard errors in parentheses; *p<0.10, **p<0.05, ***p<0.01.*

Table 8-15: Performance fixed rate – by gender

	(1) Performance (fixed rate) No covar. Females	(2) Performance (fixed rate) With covar. Females	(3) Performance (fixed rate) No covar. Males	(4) Performance (fixed rate) With covar. Males
PWD	0.523 (0.374)	0.655* (0.387)	-0.064 (0.411)	0.175 (0.431)
PWD*Priming	-0.582 (0.616)	-0.710 (0.617)	-0.041 (0.572)	-0.456 (0.584)
Priming	0.249 (0.299)	0.290 (0.301)	-0.133 (0.369)	0.068 (0.374)
Constant	5.810*** (0.203)	1.617 (1.446)	6.833*** (0.275)	6.857*** (1.320)
Sum Priming PWD	-0.333 (0.539)	-0.420 (0.535)	-0.175 (0.437)	-0.389 (0.439)
Observations	197	197	184	184

*Note: The table reports regressions of performance under fixed rate on treatment status, controlling for disability and covariates. Performance is measured by the number of correct answers out of 10 in the first round of Multiple Choice Questions. Covariates include age, TV, computer, newspaper, servants, and occupation of head of household. Sum Priming PWD is the sum of PWD*Priming and Priming. (1) and (2) include females only, while (3) and (4) include males only. Standard errors in parentheses; *p<0.10, **p<0.05, ***p<0.01.*

8.9.2 Performance under Competition

Like MCQ1, MCQ2 and MCQ3 included general knowledge questions and math exercises. However, in MCQ2 the participants chose either to work for a fixed rate or to compete. Thus, the same rules did not apply to all participants in this round, so a performance measure from MCQ2 will not be object of analysis. Nevertheless, MCQ2 was important in order to measure the willingness to compete; see section 8.6. In MCQ3, all participants had to compete, implicating that they were paid per correct answer only if they performed better than the average in MCQ1. The variable “Performance (competition)” measures the number of correct answers out of the 10 questions in MCQ3. This performance measure, as well, is used to check whether the beliefs about performance were realistic.

Figure 8-P presents the score distribution of MCQ3, with a mean of 6.4 correct answers; equivalent to the mean under fixed rate. In MCQ3, the single question most participants failed to answer correctly was the length of a normal pregnancy for women. The alternatives were 25, 40, 30, and 50 weeks, but only 41 percent answered 40 weeks, which is the correct answer. A question regarding the human body’s most important source of energy apparently was the second hardest question; 49 percent managed to provide the correct answer, i.e. carbohydrates. Regarding the remaining eight questions, respectively, no less than 51 percent of the participants provided the correct answer.

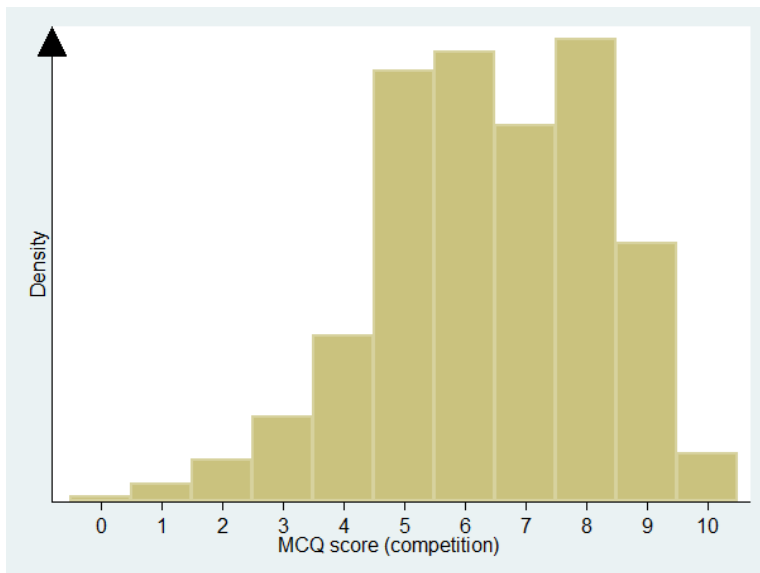


Figure 8-P

Note: The score distribution of the Multiple Choice Questions under competition. Score is measured by the number of correct answers out of 10. The horizontal axis measures the score, whereas the vertical axis measures the density.

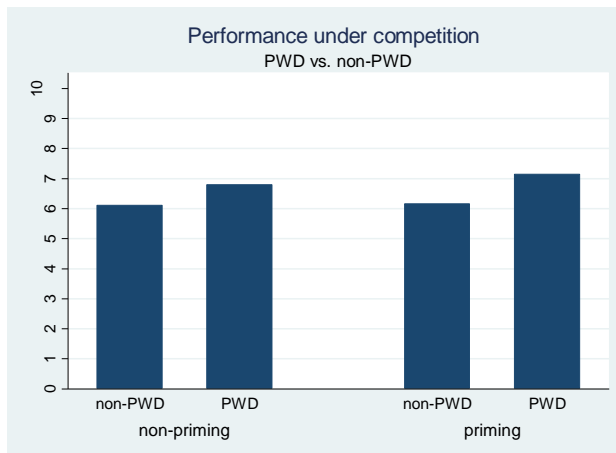


Figure 8-Q

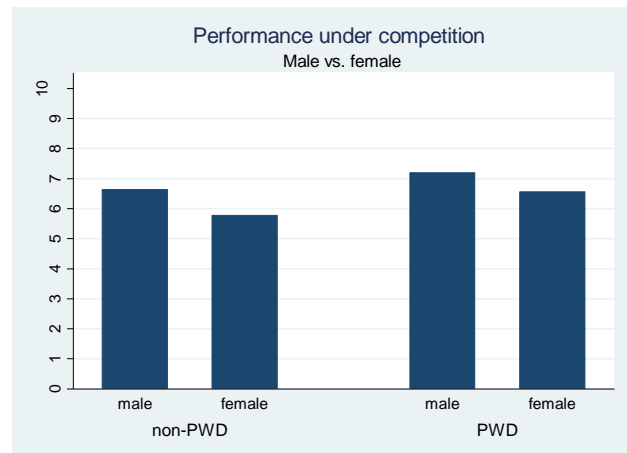


Figure 8-R

Note: Figure 8-Q and 8-R present data on average performance in the third round of Multiple Choice Questions (competition rate). Performance is measured by the number of correct answers out of 10. Figure 8-Q compares non-PWDs and PWDs, while Figure 8-R compares males and females. In Figure 8-Q, the effect of priming on non-PWDs and PWDs, respectively, is perceptible by comparing the left-hand bar (control group) to the corresponding right-hand bar (treatment group). In Figure 8-R, potential differences between non-PWDs and PWDs in the same-gender groups are perceptible by comparing a left-hand bar (non-PWD) to the corresponding right-hand bar (PWD).

Figure 8-Q indicates that PWDs perform somewhat better under competition than non-PWDs and that there is no effect of priming on the performance of PWDs. Females tend to be inferior performers; see Figure 8-R. However, the significance of these differences is tested below.

Table 8-16: Performance competition rate

	(1) Performance competition No covar.	(2) Performance competition With covar.
PWD	0.555** (0.267)	0.482* (0.277)
PWD*Priming	0.262 (0.395)	0.174 (0.400)
Priming	-0.016 (0.226)	-0.004 (0.227)
Female	-0.773*** (0.188)	-0.714*** (0.195)
Constant	6.591*** (0.198)	4.831*** (0.963)
Sum Priming PWD	0.246 (0.325)	0.170 (0.329)
Observations	381	381

Note: The table reports regressions of performance under competition on treatment status, controlling for disability, gender, and covariates. Performance is measured by the number of correct answers out of 10 in the first round of Multiple Choice Questions. Covariates include age, TV, computer, newspaper, servants, and occupation of head of household. Sum Priming PWD is the sum of PWD*Priming and Priming. Standard errors in parentheses; * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Table 8-16 shows that the performance of PWDs under competition is better than the performance of non-PWDs. Females perform worse under competition as well, which is natural as competition puts even more pressure on the performers.

Table 8-17: Performance competition rate – by gender

	(1) Performance competition No covar. Females	(2) Performance competition With covar. Females	(3) Performance competition No covar. Males	(4) Performance competition With covar. Males
PWD	0.908** (0.372)	0.935** (0.397)	0.088 (0.388)	0.187 (0.415)
PWD*Priming	-0.231 (0.612)	-0.358 (0.634)	0.907* (0.540)	0.577 (0.563)
Priming	0.363 (0.297)	0.424 (0.309)	-0.554 (0.348)	-0.377 (0.360)
Constant	5.608*** (0.202)	3.374** (1.484)	6.937*** (0.260)	5.442*** (1.272)
Sum Priming PWD	0.132 (0.535)	0.066 (0.549)	0.353 (0.413)	0.200 (0.423)
Observations	197	197	184	184

*Note: The table reports regressions of performance under competition on treatment status, controlling for disability and covariates. Performance is measured by the number of correct answers out of the ten in the first round of Multiple Choice Questions. Covariates include age, TV, computer, newspaper, servants, and occupation of head of household. Sum Priming PWD is the sum of PWD*Priming and Priming. (1) and (2) include females only, while (3) and (4) include males only. Standard errors in parentheses; * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.*

Potential differences between PWDs and non-PWDs within the same-gender groups are presented in Table 8-17. Female PWDs perform better than female non-PWDs under competition as well, and the difference is now significant regardless of whether one controls for covariates; see specification (1) and (2). Among males, there is no difference between PWDs and non-PWDs. There is no effect of priming in neither of the same-gender groups.

8.10 Self-Confidence

The first handout about beliefs provided the questions used to construct the variables measuring confidence. The participants were first asked how many questions they thought they answered correctly, out of the 10 questions in MCQ1. The variable B1, i.e. beliefs about own performance under fixed rate, measures the number of answers the participant thought he or she got right. Secondly, they were asked how many questions they thought, on average, that the others answered correctly; the variable B2, i.e. beliefs about others performance.

Figure 8-S indicates no remarkable differences between PWDs and non-PWDs concerning beliefs about own performance. Figure 8-T points to females believing that they perform worse than males, which would be consistent with the fact that their performance truly is inferior.

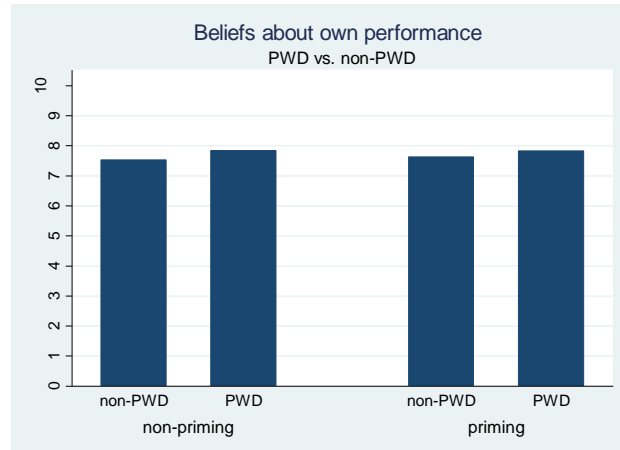


Figure 8-S

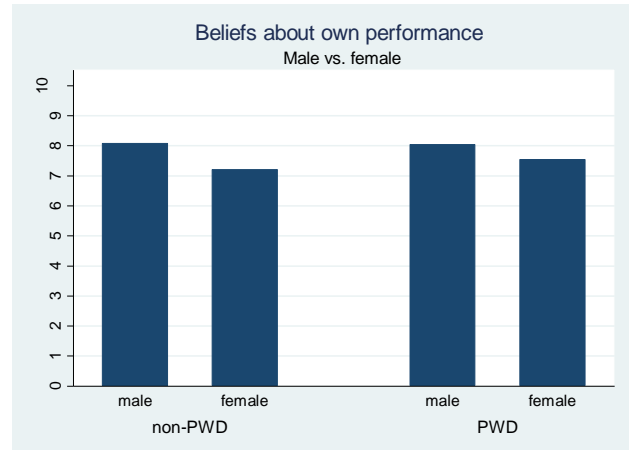


Figure 8-T

Note: Figure 8-S and 8-T present data on average beliefs about own performance under fixed rate. Performance is measured by the number of correct answers a person thinks he or she was able to provide. Figure 8-S compares non-PWDs and PWDs, while Figure 8-T compares males and female. In Figure 8-S, the effect of priming on non-PWDs and PWDs, respectively, is perceptible by comparing the left-hand bar (control group) to the corresponding right-hand bar (treatment group). In Figure 8-T, potential differences between non-PWDs and PWDs in the same-gender groups are perceptible by comparing a left-hand bar (non-PWD) to the corresponding right-hand bar (PWD).

Table 8-18: Beliefs about own performance (fixed rate)

	(1) Beliefs own performance (fixed rate) No covar. Full Sample	(2) Beliefs own performance (fixed rate) With covar. Full Sample	(3) Beliefs own performance (fixed rate) With covar. Subsample
PWD	0.195 (0.244)	0.240 (0.254)	0.357 (0.246)
PWD* Priming	-0.151 (0.361)	-0.183 (0.366)	-0.303 (0.354)
Priming	0.028 (0.206)	0.044 (0.208)	0.041 (0.201)
Female	-0.759*** (0.172)	-0.777*** (0.178)	-0.829*** (0.172)
Constant	8.000*** (0.181)	7.330*** (0.881)	7.332*** (0.851)
Sum Priming PWD	-0.123 (0.297)	-0.139 (0.301)	-0.262 (0.292)
Observations	381	381	380

Note: The table reports regressions of belief about own performance on treatment status, controlling for disability, gender, and covariates. Belief is measured by how many correct answers a person thinks he or she was able to provide in the first round of Multiple Choice Questions. Covariates include age, TV, computer, newspaper, servants, and occupation of head of household. Sum Priming PWD is the sum of PWD*Priming and Priming. Full Sample includes all participants, while Subsample includes all participants whose answers are not equal to zero. Standard errors in parentheses; * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

There is no difference between PWDs and non-PWDs, i.e. both groups are too optimistic about their own performance; see Table 8-18. Females believe that they perform significantly worse than males, which is consistent with the fact that females are inferior performers. However, it is more interesting to study beliefs about own performance relative to beliefs about other's performance, i.e. a measure of confidence. A new variable called "Confidence" is constructed by subtracting B2 from B1, i.e. beliefs about others' performance is subtracted from beliefs about own performance. Thus, a negative gap might imply low self-confidence as a negative number means that one thinks one's own performance is inferior to other's performance.

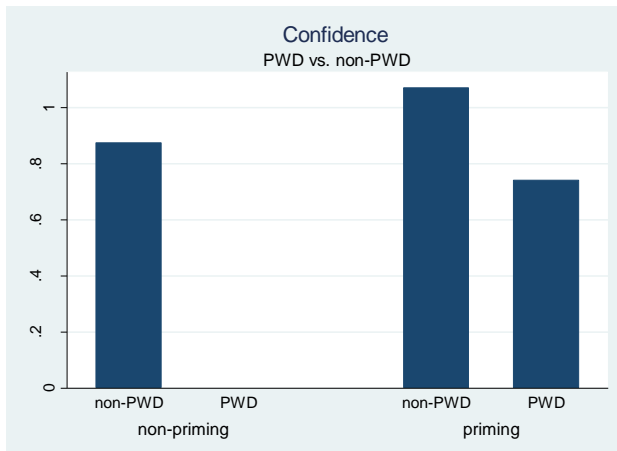


Figure 8-U

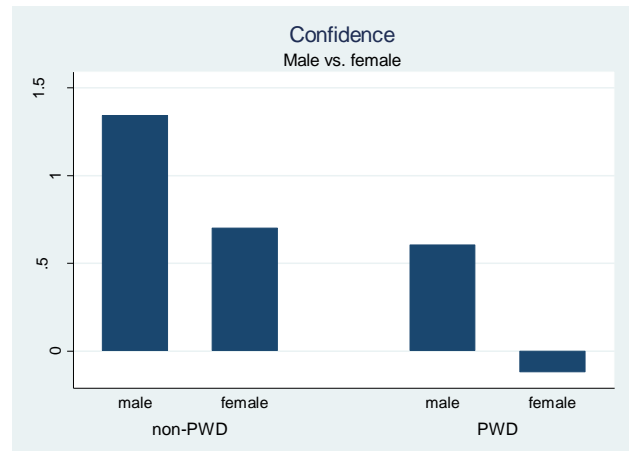


Figure 8-V

Note: Figure 8-U and 8-V present data on the average degree of confidence. Confidence is measured by beliefs about own performance minus beliefs about others' performance in the first round of Multiple Choice Questions (fixed rate). Figure 8-U compares non-PWDs and PWDs, while Figure 8-V compares males and females. In Figure 8-U, the effect of priming on non-PWDs and PWDs, respectively, is perceptible by comparing the left-hand bar (control group) to the corresponding right-hand bar (treatment group). In Figure 8-V, potential differences between non-PWDs and PWDs in the same-gender groups are perceptible by comparing a left-hand bar (non-PWD) to the corresponding right-hand bar (PWD).

Figure 8-U indicates that non-PWDs in the both the treatment group and the control group are confident. PWDs in the control group tend to be realistic, based on the fact that PWDs and non-PWD perform equally well, whereas PWDs in the treatment group seem to be confident. This implies a positive priming effect, which is rather surprising. According to Figure 8-V females tend to be less confident than males. Female PWDs seem to believe that they are inferior performers, which is consistent with facts, whereas female non-PWDs seem to be overconfident. Males tend to be confident regardless of disability status.

The results on confidence are presented in Table 8-19. Although PWDs are less confident than non-PWDs, the confidence gap is positive for both groups despite the fact that the two groups

perform equally well; see specification (1) and (2). Females are generally less confident than males, but the gap is positive for female non-PWDs; thus, they are overconfident because the gap would have been negative if their beliefs were realistic. Female PWDs constitute the only group whose confidence gap is negative. There is a positive effect of priming on PWDs, but this effect is not significant when excluding participants whose answers equal zero. Specification (3) and (4) show that the effect of priming on PWDs is positive and highly significant in the female sample, while there is no effect in the male sample.

Table 8-19: Confidence

	(1) Confidence Full Sample	(2) Confidence Subsample	(3) Confidence Subsample Female	(4) Confidence Subsample Male
PWD	-0.977*** (0.322)	-0.840*** (0.314)	-1.204*** (0.431)	-0.492 (0.463)
PWD* Priming	0.511 (0.476)	0.363 (0.463)	1.160 (0.710)	-0.184 (0.643)
Priming	0.139 (0.273)	0.134 (0.265)	0.092 (0.344)	0.204 (0.413)
Female	-0.629*** (0.227)	-0.682*** (0.221)		
Constant	1.265*** (0.239)	1.298*** (0.232)	0.658*** (0.234)	1.229*** (0.308)
Sum Priming PWD	0.650* (0.392)	0.498 (0.382)	1.251** (0.621)	0.020 (0.493)
Observations	381	380	197	183

*Note: The table reports regressions of confidence on treatment status, controlling for disability and gender. Confidence is measured by beliefs about own performance minus beliefs about other's performance in the third round of Multiple Choice Questions. Sum Priming PWD is the sum of PWD*Priming and Priming. Full Sample includes all participants, while Subsample includes all participants whose answers are not equal to zero; (1) includes all participants, (2) includes all participants whose answers are not equal to zero, (3) includes all females whose answers are not equal to zero, (4) includes all males whose answers are not equal to zero. Standard errors in parenthesis; * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.*

However, it remains to examine the extent to which the confidence gap is driven by inequalities in performance. For instance, if the positive confidence gap for males simply reflects that males are aware that they are superior performers, then they are not overconfident but simply realistic. Likewise, the negative confidence gap for female PWDs can occur without underconfidence since their performance truly is inferior; in that case it would be a sign of realism rather than underconfidence. Thus, a variable called “Relative Confidence” is generated. This variable is constructed by subtracting the gap between own (P1) and average (P2) *actual* performance from the Confidence measure. Hence, Confidence (C) is measured by

$$C = B1 - B2,$$

while Relative Confidence (RC) is measured by

$$RC = B1 - B2 - (P1 - P2).$$

If $RC > 0$, it implies that one underestimates others and/or overestimates oneself. In any case, one can be said to be overconfident. Similarly, $RC < 0$ implies that one overestimates others and/or underestimates oneself and one can thus be said to be underconfident.

Table 8-20: Confidence relative to actual performance (RC)

	(1) Relative Confidence	(2) Relative Confidence Subsample	(3) Relative Confidence Female	(4) Relative Confidence Male	(5) Relative Confidence Male Subsample
PWD	-1.232*** (0.383)	-1.147*** (0.381)	-1.727*** (0.526)	-0.704 (0.565)	-0.527 (0.560)
PWD* Priming	0.874 (0.565)	0.782 (0.562)	1.742** (0.866)	0.132 (0.788)	-0.044 (0.778)
Priming	0.042 (0.324)	0.039 (0.321)	-0.157 (0.420)	0.337 (0.508)	0.337 (0.500)
Female	0.091 (0.270)	0.058 (0.268)			
Constant	0.972*** (0.284)	0.993*** (0.282)	1.200*** (0.285)	0.748** (0.379)	0.748** (0.373)
Sum Priming PWD	0.916** (0.465)	0.821* (0.464)	1.585** (0.757)	0.470 (0.602)	0.294 (0.596)
Observations	381	380	197	184	183

*Note: The table reports regressions of Relative Confidence on treatment status, controlling for disability and gender. Relative Confidence is a measure of Confidence adjusted by actual performance. Confidence is measured by beliefs about own performance minus beliefs about other's performance. The gap between own and average actual performance is subtracted from Confidence, thereby constructing the variable Relative Confidence. Thus, Relative confidence is a measure of overconfidence or underconfidence. Sum Priming PWD is the sum of PWD*Priming and Priming. (1) includes all participants, (2) includes all participants whose answers are not equal to zero, (3) includes all females (there are no females to exclude as no females answered zero), (4) includes all males, and (5) includes all males whose answers are not equal to zero. Standard errors in parenthesis; * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.*

The results on Relative Confidence are presented in Table 8-20. The confidence of female PWDs increases by 3.5 percent when actual performance is taken into account; compare specification (3) in Table 8-20 and 8-19. Such a small increase indicates that realistic notions are not the major contributor to low self-confidence. Female PWDs' low level of confidence mainly stems from underestimation of their own performance and/or overestimation of others' performance. Thus, the results suggest that underconfidence is a problem among female PWDs.

For female non-PWDs, the variable Relative Confidence is 82 percent higher than Confidence; they reveal an even higher level of confidence when actual performance is taken into account. It gives further support to the finding that female non-PWDs are overconfident.

Among males, there is still no difference between PWDs and non-PWDs. The gap is reduced by 39 percent when actual performance is taken into account; indicating that a relatively big part of the positive gap was due to realistic notions about males' superior performance. However, the major contributor to confidence of males is overestimation of their own performance and/or underestimation of others; males are overconfident.

The effect of priming on females is positive, while there is no effect on males; equivalent to the results on Confidence in Table 8-19. It makes sense that priming has greater impact on those who are underconfident compared to the overconfident. However, Relative Confidence reveals a significant priming effect on PWDs in the full sample as well; see specification (1) and (2) in Table 8-20.

To summarize, the results support the hypothesis that PWDs are less confident than non-PWDs and generally underconfident (H15), but contradict the hypothesis that there is a negative effect of priming on the confidences of PWDs (H16). The hypothesis that females generally are less confident than males (H17) is not supported.

8.11 Prejudices and Inferiority

The variable measuring prejudice is based on information from the second handout about beliefs, i.e. beliefs about the performance in MCQ3. The participants were first asked how many questions they thought, on average, that the PWDs answered correctly. Second, they were asked how many questions they thought that the non-PWDs answered correctly. Importantly, these questions, which explicitly mention disabilities, were the last questions before the background information in order to avoid unintended priming. The variable constructed "Beliefs about non-PWDs minus PWDs", which reports a number different from zero whenever someone believes that there is an ability gap between PWDs and non-PWDs. If non-PWDs believe that there is a positive ability gap, in favor of non-PWDs, it suggests that non-PWDs have prejudices; given that the two groups perform equally well. Likewise, if PWDs believe that the gap is positive, it suggests that PWDs have beliefs of inferiority. Inferiority implies that PWDs have internalized

the social norms causing prejudices against PWDs. Importantly; prejudices are present regardless of which group a person belongs to. Thus, this measure does not include beliefs about own performance, rather general beliefs about PWDs and non-PWDs. The participants were not asked explicitly whether they have prejudices against PWDs or consider PWDs as inferior. However, they implicitly answer that question through expressing their beliefs about the performance of PWDs and non-PWDs; thus, the “Beliefs about non-PWDs minus PWDs” works as an implicit measure of prejudice, given that PWDs are not truly inferior performers.

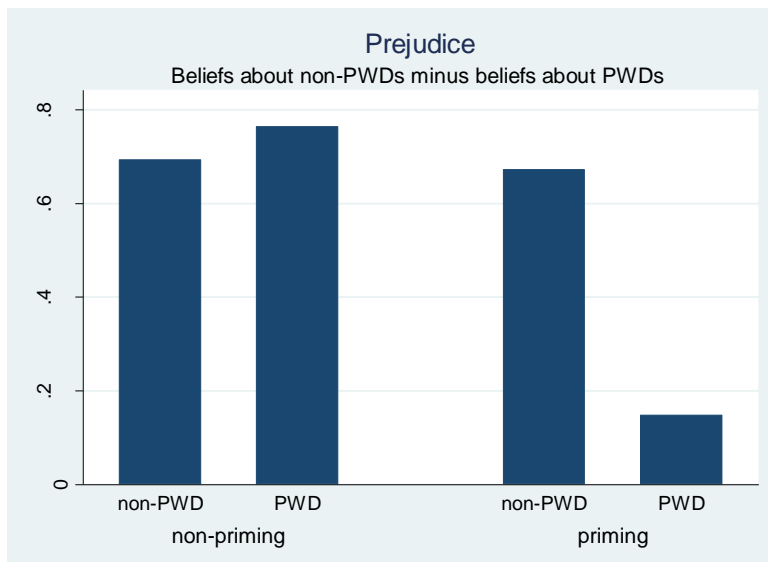


Figure 8-W

Note: The figure presents data on the average degree of prejudice against PWDs. Prejudice is measured by beliefs about the performance of non-PWDs minus beliefs about the performance of PWDs (in the third round of Multiple Choice Questions, i.e. competition rate). The figure compares non-PWDs and PWDs. The effect of priming on non-PWDs and PWDs, respectively, is perceptible by comparing the left-hand bar (control group) to the corresponding right-hand bar (treatment group).

Since PWDs perform at least as well as non-PWDs, a positive ability gap is an implicit measure of prejudice as it reveals the belief that PWDs are inferior performers. The four positive gaps in Figure 8-W indicate that all participants, regardless of disability status, believe that PWDs perform worse than non-PWDs. Thus, it suggests that non-PWDs, regardless of treatment, have prejudices against PWDs. PWDs seem to have beliefs of inferiority about their own group, but the average ability gap tend to be smaller among primed PWDs than unprimed PWDs; priming does not eliminate the beliefs of inferiority, but it might induce PWDs to think of their own group as less inferior. However, it remains to investigate whether the priming effect is significant.

Table 8-21 shows that there is no difference between PWDs and non-PWDs regarding the inferiority of PWDs and no effect of priming. Thus, the constant term showing the average belief of male non-PWDs is applicable to all participants regardless of treatment status and disability status. Thus, the significant constant term in specification (1) implies that non-PWDs do have prejudices against PWDs, and that the social norms of PWDs' inferiority are internalized by PWDs. These results are unchanged when controlling for covariates and there is no effect of priming on PWDs' beliefs of inferiority. The results support the hypothesis that non-PWDs have prejudices against PWDs (H18).

Table 8-21: Prejudices and inferiority

	(1) Beliefs about non-PWDs minus PWDs Full Sample	(2) Beliefs about non-PWDs minus PWDs Subsample
PWD	0.116 (0.346)	0.130 (0.323)
PWD* Priming W	-0.580 (0.511)	-0.434 (0.478)
Priming	0.004 (0.293)	-0.022 (0.272)
Female	0.272 (0.244)	0.106 (0.227)
Constant	0.524** (0.257)	0.638*** (0.239)
Sum Priming PWD	-0.577 (0.421)	-0.456 (0.395)
Observations	381	376

*Note: The table reports regressions of prejudice on treatment status, controlling for disability and gender. Prejudice is measured by beliefs about the performance of non-PWDs minus beliefs about the performance of PWDs. Performance is measured by the number of questions a person thinks that non-PWDs (PWDs) were able to provide in the third round of Multiple Choice Questions, i.e. under competition. Prejudice against one's own group is rather called inferiority; a result of internalizing the norms causing prejudice. Sum Priming PWD is the sum of PWD*Priming and Priming. (1) includes all participants, whereas (2) includes all participants whose answers do not equal zero. Standard errors in parentheses; * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.*

8.12 Summary of Results

Table 8-22 summarizes the hypotheses tested and whether or not they are supported by the results from the analysis in this section.

Table 8-22: Summary of hypothesis tests

Hypothesis	Results
H1 <i>PWDs are less patient than non-PWDs</i>	Not supported
H2 <i>Females are more patient than males</i>	Supported
H3 <i>PWDs have less trust than non-PWDs</i>	Not supported
H4 <i>Females have less trust than males</i>	Supported
H5 <i>PWDs are more risk averse than non-PWDs</i>	Contradicted
H6 <i>Females are more risk averse than males</i>	Not supported
H7 <i>PWDs are less willing than non-PWDs to compete</i>	Not supported
H8 <i>Females are less willing than males to compete</i>	Not supported
H9 <i>PWDs are more altruistic than non-PWDs</i>	Not supported
H10 <i>Females are more altruistic than males</i>	Not supported
H11 <i>PWDs are more inclined to view all inequalities as unfair regardless of individual performance</i>	Not supported
H12 <i>Females and males share fairness views</i>	Supported
H13 <i>Priming has a negative effect on PWD's performance</i>	Not supported
H14 <i>Females perform worse than males</i>	Supported
H15 <i>PWDs are less confident than non-PWDs</i>	Supported
H16 <i>Priming has a negative effect on the confidence of PWD</i>	Contradicted
H17 <i>Females are generally less confident than males</i>	Not supported
H18 <i>People have prejudices against PWDs</i>	Supported

9 DISCUSSION

The main focus of this paper is prejudice and lack of self-confidence, i.e. psychological barriers to entrepreneurship among PWDs, which are influenced by social identity. The main finding is an empowerment effect of priming, i.e. making the social identity of PWDs salient increases the confidence of PWDs. This finding contradicts the common perception that PWDs lack self-confidence. However, it is probably due to a selection effect; the PWD sample is not representative of PWDs. First, PWDs seem to come from more resourceful families, indicating that only PWDs with access to a certain level of resources are able to get an education. Second, the recruited PWDs are the elite because many PWDs are excluded from education; they have managed to reach secondary school, while the average PWD drops out of school or is not enrolled at all. Thus, the participants probably have family and friends who have instilled the attitude “Yes, you can” into their minds, unlike the many PWDs who are surrounded by people perceiving PWDs as incapable of doing anything. Nevertheless, people generally believe that PWDs perform worse than non-PWDs, although they actually perform equally well. The results suggest that prejudice is a key barrier to entrepreneurship among PWDs. The fact that PWDs and non-PWDs share the belief that PWDs are inferior performers, suggests that PWDs have internalized the social norms causing prejudices.

Evidences suggest that female PWDs are more vulnerable than male PWDs; they constitute the only underconfident group. Thus, lack of confidence is likely to be a barrier to entrepreneurship among female PWDs, although the results suggest that they are not significantly less willing to compete than males or other PWDs; prejudices might deter the underconfident group from entering entrepreneurship to a greater extent than confident groups. People might be concerned about the ability of females to run a business as they often are less well-educated than males. Although evidence suggests that females are not less willing to gamble, they might be less inclined to take risk in real life due to trust issues. They might for instance doubt that customers or suppliers will keep their promises. However, females are generally more patient, i.e. a valuable attitude concerning entrepreneurship. Altogether, the results indicate that it might be inadequate to target PWDs equally across gender; policies aiming at building confidence might be essential to empower female PWDs.

The empowerment effect of selection indicates that explicitly targeting PWDs with regards to entrepreneurship might not be damaging; it would elicit positive attitudes among PWDs rather than negative attitudes. However, focusing on disability might provoke prejudices against PWDs. Although PWDs are somehow accepted in school, there might be powerful social norms stating that it is not appropriate for PWDs to run a business. Thus, focusing on disability in order to encourage entrepreneurship among PWDs could be detrimental due to negative stereotypes, and portraying PWDs as victims might have unfavorable effects on social exclusion. Affirmative actions could yield a desirable outcome if the programs are seen as an apology for previous discrimination, but as long as prejudices are not eliminated, these actions are more likely to be perceived as a helping hand to those in need; thereby increasing the awareness of social differences.

Although non-PWDs and PWDs become legally equals, social exclusion will persist as long as non-PWDs continue to exclude PWDs because they do not fit in according to social norms. If PWDs risk being excluded because they cannot become a successful entrepreneur in terms of social norms, they might completely refrain from such profitable activities; they rather choose a self-destructive behavior. For instance, PWDs might have an attitude of helplessness, like they have no opportunity to manage their own lives. PWDs will refrain from entrepreneurship as long as the difficulty of being an entrepreneur with disabilities, caused by exclusion, is larger than the difficulty of being a beggar or object of charity. Thus, it implies that awareness raising among non-PWDs, in order to fight negative stereotypes and thereby reduce the extent of social exclusion, is critical to make other programs effective, i.e. programs aiming at improving the lives of PWDs. However, one could argue that awareness raising is efficient only to the extent to which prejudices are driven by false beliefs, rather than taste; one might dislike a person or group despite having complete information. As taste-based discrimination is common and seem to be responsive to the price of prejudice, policies aiming at increasing the price might also be effective. Nevertheless, it might not be realistic to implement such strategies in developing countries due to high expenses.

Automatic prejudice against PWDs is likely to occur because people often associate them with maltreatment and victimization; such egalitarian associations often contribute to automatic

prejudices. Thus, it is important that organizations of PWDs still aim at treating PWDs as persons with rights rather than treating them as victims or objects of charity.

Although it is hard to change personal beliefs, it might be possible to change the perceptions of social norms. For instance, one could broadcast a soap opera on radio or TV and in that way intertwine entertainment and educational messages related to disability. However, the norms might not impact behavior on a large scale unless they are made salient in a particular situation. Nevertheless, the findings in this paper suggest that social norms could be of great importance in the moment of decision. Moreover, actions could possibly alter norms, the social identity of PWDs and non-PWDs, respectively, and the social status of each group. Thus, social differences could change over time due to interactions between social norms, social identity, and behavior. Thus, policies aiming at changing the perception of social norms could promote equalization of opportunities and active participation of PWDs in mainstream development processes.

There are limitations of the study as mentioned in section 6.1. First, the participants might not be representative to the general population, i.e. there is a selection effect of recruiting PWDs who are more empowered than the average PWD. Second, a lab experiment is unfavorable in that the findings might differ from what one would find in a natural setting. For instance, the time preferences revealed in this paper might differ from the preferences in a business-related situation. In the business world, the time span is probably longer and the uncertainty regarding delayed gratification higher. A longer time span generates a greater loss in utility itself, and also increases the possibility of unexpected events that could hold back the reward. In the experiment, the participants might not perceive it as more risky to wait for the late payment. Regarding attitude to risk, people might have different attitudes toward gambling and taking risk as a business person. Gambling involves risk that is independent of individual skills, whereas entrepreneurship implies betting on one's own success. Thus, although PWDs turn out to be significantly more willing to take risk in this experiment, they might not be more willing to take risk in real life. The results indicate that there is no difference between PWDs and non-PWDs concerning willingness to compete. However, PWDs are possibly less inclined to bet on their own success by entering entrepreneurship, due to prejudices and social norms declaring that entrepreneurship is not appropriate for PWDs.

The findings of this paper suggest that making the social identity of PWDs salient increases the confidence and willingness to take risk. However, the sample is not representative of the population as the participants with disabilities have access to more resources than the average PWD; both monetary and psychological support. These circumstances call for research on the social identity of less empowered PWDs to examine their mindsets and the effect of priming. Of particular interest is the effect of priming on confidence and performance for a typical PWD, i.e. whether making the social identity of PWDs salient decreases the confidence and causes stereotype threat.

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