Can We Talk in Private (about family planning?)

Contraception Adoption, Fertility, and the Family in Zambia
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Summary

Giving women **private access** to contraception:

- **Increased** contraception take-up and use
- **Delayed** pregnancy among some women

But some women who received private access were less likely to report being happy and healthy.
Substantial Unmet Need for Contraception

Policy Issue

- In 2013, Zambian women had 0.8 more children than their desired number of 4.5 children.
- In contrast, Zambian men reported an ideal family size of 5.0 children.
Research Questions

Can giving women **private access** to contraception affect their **contraception use**?

Does **involving men** increase or decrease contraception use?
Researchers provided women with a **voucher guaranteeing immediate access** to modern contraceptives, including injectables and implants.

The voucher was provided through a **private appointment** with a family planning nurse.
Research Design

- Study sample: **749 married women**, ages 18-49, had given birth in the past two years
- At baseline household visit: **ALL women** given information about family planning and STIs (March-June 2007)
- Second household visit: Women **randomly assigned** to two groups:
  1. Couple group: **Voucher given to men** with women present
  2. Individual group: **Women** given the voucher **privately**
- Take-up data collected at clinic (daily logs)
- Two years later, follow up survey in households
Private Access Increased Contraception Use

Results

Private access increased voucher redemption rates.

Statistically significant difference relative to the comparison group is noted at the 1% (***), or 5% (**) level.
Private Access Increased Contraception Use

Results

Private access increased injectable contraceptive use.

<table>
<thead>
<tr>
<th>% of women who received injectables</th>
<th>Individual group</th>
<th>Couple group</th>
</tr>
</thead>
<tbody>
<tr>
<td>All women</td>
<td>24.30%</td>
<td>18.30%</td>
</tr>
<tr>
<td>Women whose husbands want more children</td>
<td>28.40%</td>
<td>14.80%</td>
</tr>
</tbody>
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Statistically significant difference relative to the comparison group is noted at the 5% (**) or 10% (*) level.
Private Access Delayed Pregnancy

Results

- Women with private access delayed their next pregnancy by an average of **3 to 5 months longer** than those in the comparison group.

- Even when husbands did not want children right away, their involvement reduced women’s take-up of contraceptives.
Private Access Came at some Psychological Cost

Results

• Differences in take-up were largely driven by women’s desires to hide choices from their husbands.

• Women in the individual group reported being significantly less happy and healthy than those in the couple group.
  • There was no difference in incidence of domestic violence or divorce between the two groups.
The Way Forward
Research & Policy Next Steps

- Given the results of the study, the Ministry of Health and researchers sought to answer the remaining policy issue: **How to reduce fertility rates while maintaining household unity?**
- Initial survey: superstitions about causes of maternal mortality are widespread and such beliefs impede learning about maternal health risk
- Can providing reliable maternal health information to men bridge the gender gap in demand for family planning?
A SOLUTION

An **innovative** and **scalable** curriculum designed specifically for **men**:

« Sample images from the maternal mortality curriculum"
Two small-scale pilots in 2010 and 2012 & an immediate post-intervention survey from 2016 suggest that information encourages contraception use.

**Pilot Results**

% of Couples Who Redeemed Free Contraception Vouchers

Pilot Studies

<table>
<thead>
<tr>
<th></th>
<th>2012 Pilot</th>
<th>2010 Pilot</th>
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<tbody>
<tr>
<td>Attended Community Meeting</td>
<td>40.00</td>
<td>20.00</td>
</tr>
<tr>
<td>Comparison Group</td>
<td>25.00</td>
<td>10.00</td>
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This low-cost intervention could be scaled using existing community health systems, in line with MoH goal of increasing household family planning demand.

Safe Motherhood Action Groups (SMAGs) & Community Based Distributors (CBDs), volunteer groups delivering essential info on safe motherhood and family planning, respectively, to their communities.

Community Health Assistants (CHAs), a low-cost government cadre delivering community health services.

CHAs and CBDs already providing family planning info to couples → this program could be a low-cost tweak, with training through existing CHA curriculums and training structures.

We hope it can change the conversation about family planning & family unity.
Thank you

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