

# Can We Talk in Private (about family planning?)

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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?



# Voucher Intended to Increase Contraception Access

## Intervention description

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

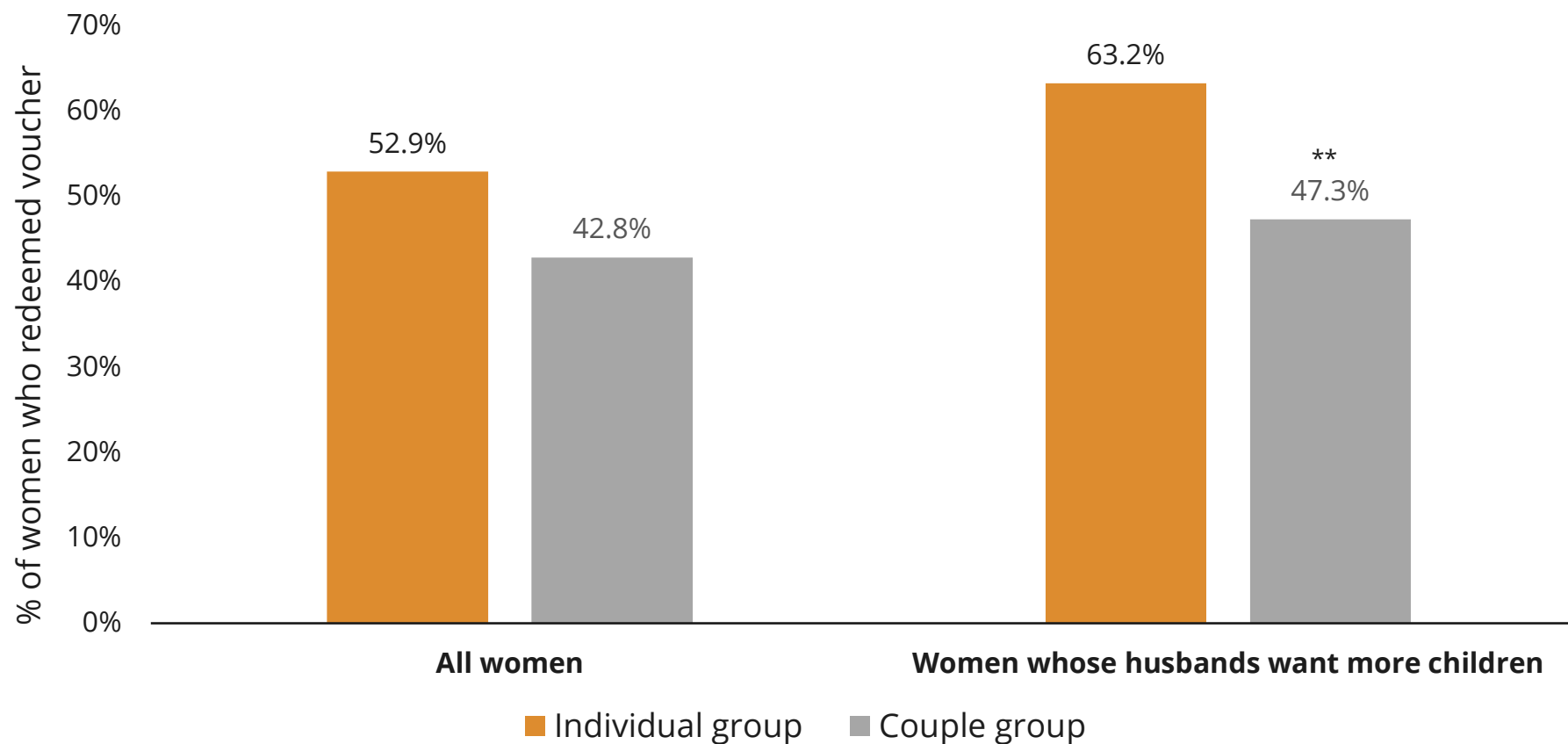
- Study sample: **749 married women**, ages 18-49, had given birth in the past two years
- At baseline household visit: **ALL women** given information about family planning and STIs (March-June 2007)
- Second household visit: Women **randomly assigned** to two groups:
  1. Couple group: **Voucher given 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.



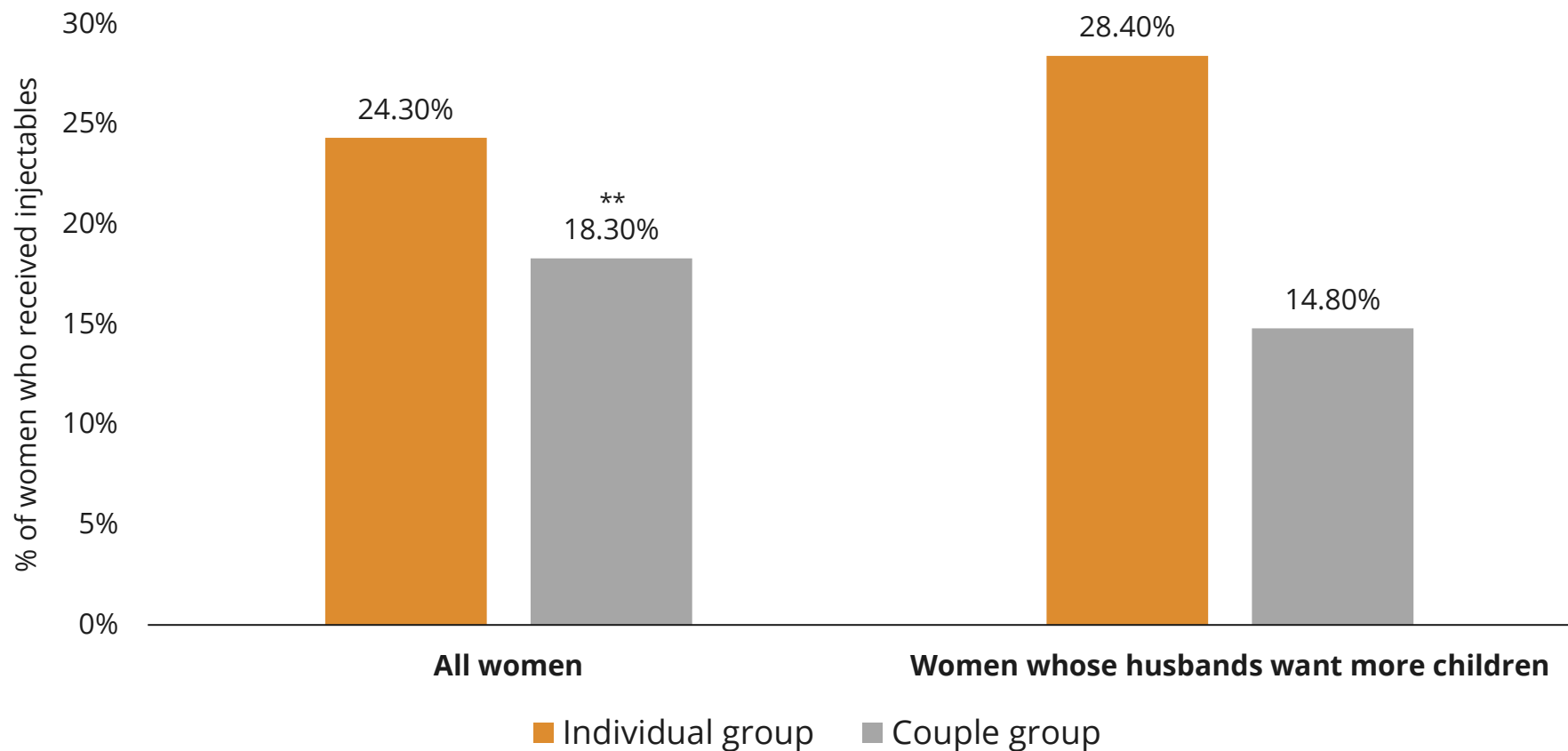
*Statistically significant difference relative to the comparison group is noted at the 1% (\*\*\*) or 5% (\*\*) level.*



# Private Access Increased Contraception Use

## Results

Private access increased injectable contraceptive use.



*Statistically significant difference relative to the comparison group is noted at the 5% (\*\*) or 10% (\*) level.*

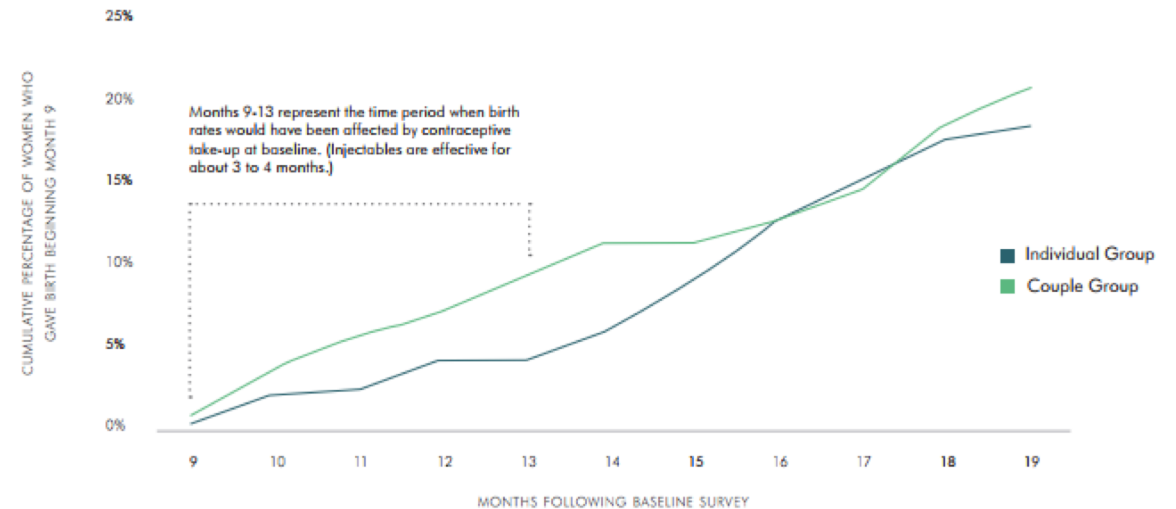




# Private Access Delayed Pregnancy

## 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**:

EVERY PREGNANCY IS A RISK—PRACTICE  
SAFE CHILDBIRTH



HAVING MANY CHILDREN INCREASES THE  
RISK OF COMPLICATIONS IN WOMEN

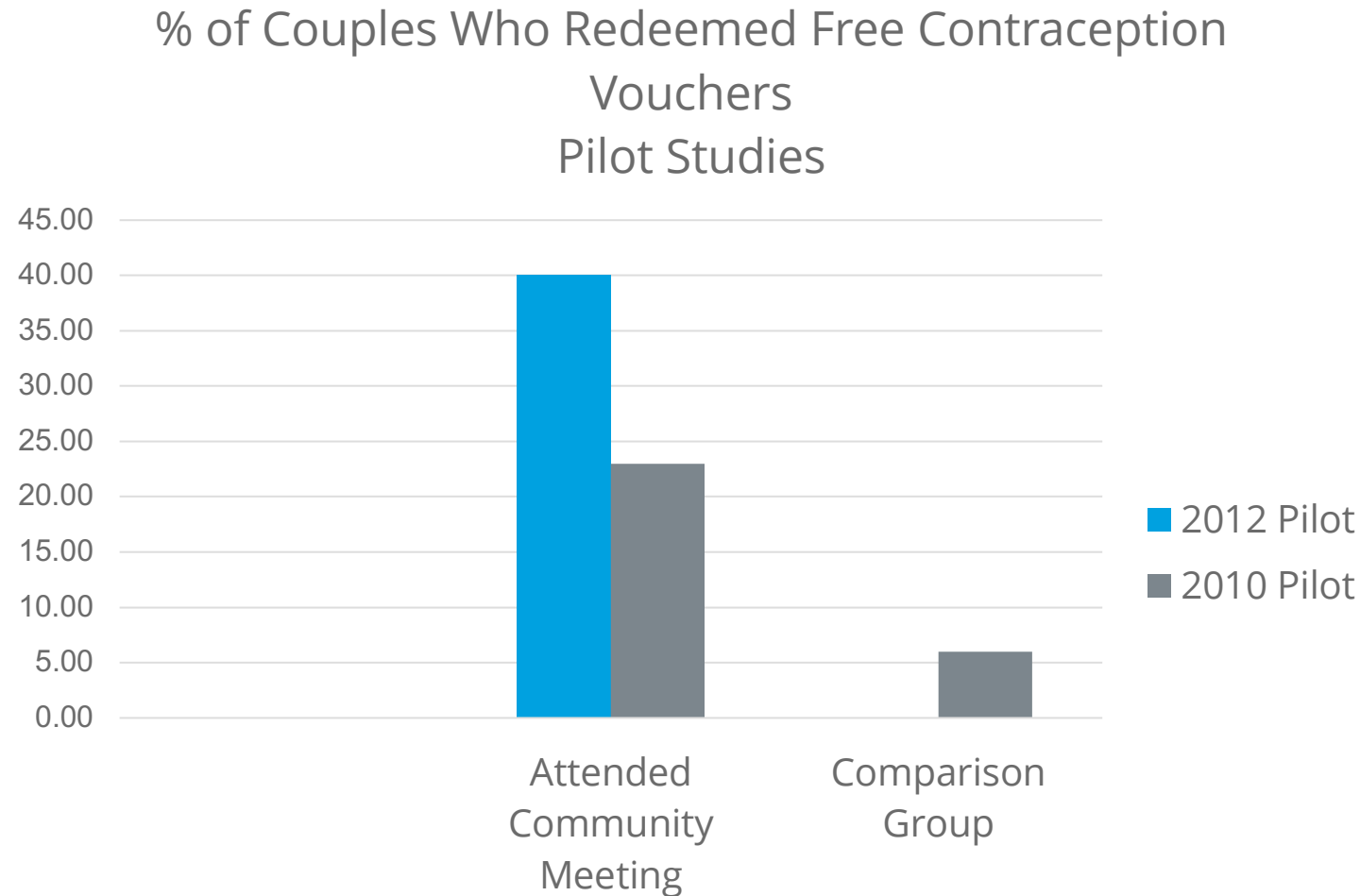


« **Sample  
images from  
the maternal  
mortality  
curriculum**



# Pilot Results

Two small-scale pilots in 2010 and 2012 & an immediate post-intervention survey from 2016 suggest that information encourages contraception use.



# Potential Impact of Study

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

- **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.



# Thank you



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