

Family Planning & Reproductive Health



PHOTO: AUDE GUERRUCCI

While much progress has been made in global health over the last decade, advancement has been slower on certain key indicators such as maternal mortality. Contraception and family planning can reduce the risk of maternal mortality and other health complications associated with high fertility rates, early pregnancies, and short birth spacing, but women around the world continue to report a large unmet need for contraception.

Low use of family planning and contraception is a particular concern in sub-Saharan Africa because of persistently high rates of HIV/AIDS and a highest incidence of maternal mortality. For every 100,000 live births, 547 women died in childbirth in sub-Saharan Africa in 2015, according to the World Bank.

Innovations for Poverty Action (IPA), along with academic researchers and implementing partners, conducts rigorous research on reproductive health to identify cost-effective ways to increase access to and use of family planning and reproductive health services, reduce the incidence of high-risk pregnancies, and improve the quality of services. Previous research has included testing the impact of providing information about risk to different populations, removing fees for contraception, providing families with incentives to delay the marriage of their daughters, and has investigated other critical questions (read more below).

While a body of evidence is emerging on this topic, policymakers and implementers need more evidence on cost-effective and scalable ways to improve access to and increase demand for high-quality reproductive health and family planning services.

Key Findings

HIV/AIDS Prevention Through Relative Risk Information for Teenage Girls in Kenya

Researcher: Pascaline Dupas (Stanford University)

Timeline: 2003-2005

Partners: Investing in Children and their Societies (ICS), Kenya Institute of Education (KIE), Partnership for Child Development (PCD)

As of 2005, Kenya had one of the largest HIV-infected populations in the world—approximately 7 percent of Kenyans were infected. To test the impact of information on teenagers' sexual decisions, a "Relative Risk Information Campaign" was conducted in 71 schools to give students information about the distribution of HIV infection rates by age and gender groups and discuss the role of cross-generational sex in the spread of HIV. **The information led to a significant reduction in unwanted teen pregnancy with older partners (commonly known as "Sugar Daddies"), suggesting a decrease in unprotected sex with older partners.**

Note: A similar intervention was found to have positive impacts in Cameroon. When replicated in Botswana, however, an evaluation did not find similar positive impacts, suggesting context and baseline knowledge may be critical to the intervention's effectiveness.

Using Text Messages to Improve Knowledge of Reproductive Health in Ghana

Researcher: Slawa Rokicki (University College Dublin)

Timeline: 2014

Improving adolescents' access to information about safe sex practices is crucial for safeguarding the health of future generations. In Ghana, IPA and researchers evaluated the impact of a program that provided young women with information on reproductive health via text messages. **The study found that the program improved young women's knowledge about contraception, sexually transmitted infections, and other reproductive health topics.**

Empowering Girls in Rural Bangladesh

Researchers: Nina Buchmann (Stanford University), Erica Field (Duke University), Rachel Glennerster (DFID), Shahana Nazneen (IPA), Svetlana Pimkina (World Bank), Iman Sen (World Bank)

Partners: Save the Children, International Initiative for Impact Evaluation (3ie), National Institutes of Health (NIH), Bangladesh Development Society (BDS), Nike Foundation

Timeline: 2007-2015

Child marriage is correlated with negative health and education outcomes around the world. Researchers evaluated the impacts of a conditional incentive program and an adolescent empowerment program on adolescent marriage, teenage childbearing, and education in rural Bangladesh. **The study found that offering incentives conditional on delayed marriage was an effective way to reduce child marriage, reduce teenage childbearing, and increase education. The empowerment program, on the other hand, did not reduce child marriage or teenage childbearing, though it did increase educational attainment.**

Contraceptive Adoption, Fertility, and the Family in Zambia

Researchers: Nava Ashraf (London School of Economics and Political Science), Erica Field (Duke University), Jean Lee (Millennium Challenge Corporation)

Timeline: 2006-2009

Partners: Chipata Clinic, Population Services International (PSI), Society for Family Health (SFH)

Rates of unwanted births and unmet demand for contraception remain high in many countries where men report larger ideal family sizes than their wives. Researchers used an evaluation that varied whether women were given access to contraceptives alone or with their husbands to examine the effect of male involvement in family planning on fertility outcomes. **Results suggest that male involvement led to a decrease in contraceptive use, but concealing contraceptives imposed a psychological cost on women.**

Changing the Gender Gap in the Demand for Family Planning with Education about Maternal Health Risk in Zambia

Researchers: Nava Ashraf (London School of Economics and Political Science), Erica Field (Duke University), Alessandra Voena (University of Chicago), Roberta Ziparo (Aix-Marseille University)

Partners: Chipata Clinic, Zambia's Ministry of Health

Timeline: 2010-2011

Limited awareness of risk factors for maternal mortality, such as maternal age and birth spacing, may contribute to persistently high death rates, and public health campaigns to increase awareness of risk factors could help curb maternal mortality. Research shows that men, in particular, tend to underestimate maternal mortality risk, which may lead to their lower demand for contraception. Researchers worked in close collaboration with Zambia's Ministry of Health and local NGOs to evaluate the impact of providing information to men and women about maternal mortality risk on knowledge of risk, demand for family planning, and maternal and child health outcomes. **Preliminary results indicate that providing husbands with the information led to a reduction in fertility in the year that followed, while providing information to women had no comparable impact.**

The Impact of Cash Transfers on Delivery Planning and Maternal Care Quality in Kenya

Researchers: Jessica Cohen (Harvard University), Ginger Golub (IPA), Margaret Kruk (Harvard University), Margaret McConnell (Harvard University)

Partner: Jacaranda Health

Timeline: 2015-2017

Many pregnant women in sub-Saharan Africa lack access to high-quality health care. Researchers evaluated whether cash transfers and decision-making nudges could help low-income pregnant women in Nairobi, Kenya deliver where they wanted and in a high-quality facility. The study found that cash transfers that incorporated both labeling and pre-commitment (i.e., committing during pregnancy to deliver in a certain facility) led to earlier and more effective planning for delivery, increased the likelihood that women would deliver in their preferred facility, and increased the probability that women would deliver in higher-quality facilities. While the labeled cash transfer alone led to some quality improvements, it had no effect on other outcomes.

Results Forthcoming

Interpersonal Communication to Encourage Use of Female Condoms in Zambia

Researchers: Rachna Nag Chowduri (World Bank), Thoai Ngo (Population Council), Jessie Pinchoff (Population Council)

Partner: Population Services International (PSI)

Timeline: 2016-2017

Increasing the adoption rates of female-initiated methods of contraception may help fill an unmet demand for family planning and reduce rates of HIV infection in sub-Saharan Africa. In Zambia, researchers are measuring how an interpersonal communication intervention impacts knowledge, acceptability, use of condoms and uptake of female condoms in the context of a mass distribution and marketing campaign for the new Maximum Diva Woman's Condom.



Improving Patient-Centered Care and Family Planning Services in Kenya

Researchers: Dominic Montagu (University of California, San Francisco), May Sudhinaraset (University of California, San Francisco), Nadia Diamond-Smith (University of California, San Francisco), Kubai Edward Ikiugu (Marie Stopes Kenya), Olivia Nuccio (Marie Stopes International)

Partner: Jacaranda Health

Timeline: 2016-2018

Negative experiences in medical facilities can deter women from accessing delivery, family planning, and post-abortion care services and adhering to recommended treatment. In Kenya, researchers are evaluating the impact of quality improvement interventions on patient-centered care for delivery and family planning services. The intervention consists of three three-month quality improvement cycles over a two-year period, applied independently in both the maternity and family planning wards in Nairobi hospitals.

The Impact of a Family Planning Mass Media Campaign in Burkina Faso

Researchers: Rachel Glennerster (DFID), Victor Pouliquen (Paris School of Economics)

Timeline: 2015-2018

Partners: USAID, Development Media International, Global Innovation Fund, Maxmind

Although the ability to control fertility can have broad social and economic consequences, social norms and misinformation can discourage contraceptive use in many countries. Innovations for Poverty Action is working with researchers to evaluate the impact of a three-year mass media campaign focused on family planning and gender norms in Burkina Faso. The campaign aims to increase knowledge and acceptance of contraceptives as well as address misconceptions about the benefits and risks of high fertility through 60-second radio spots, phone-in programs, and interviews with key figures.



The Impact of Increased Access to Family Planning on Fertility and Health in Malawi

Researchers: David Canning (Harvard University), Mahesh Karra (Boston University)

Timeline: 2016-2018

Improving access to family planning in sub-Saharan Africa has the potential to help women and couples achieve their desired family size and avert unintended pregnancies and unwanted births. It may also have longer-term effects by improving women's health, educational attainment, and socio-economic status. However, little is actually known about the effectiveness of family planning. In Malawi, Innovations for Poverty Action is working with researchers to measure how an increase in access to a family planning package—consisting of information (including four private counseling visits), free transportation to family planning clinics with low wait times, and financial reimbursements for family planning services—impacts women's fertility, health, and well-being.

IPA Zambia

Address: Plot 26, Mwambula Street, Jesmondine, Lusaka, Zambia
Phone: +260 211 29 00 11
Email: info-zambia@poverty-action.org
Website: poverty-action.org/zambia

IPA Global Headquarters

Address: 101 Whitney Avenue, 2nd Floor, New Haven, CT USA
Phone: +1 203-772-2216
Email: pd@poverty-action.org
Website: poverty-action.org

Innovations for Poverty Action (IPA) is a research and policy nonprofit that discovers and promotes effective solutions to global poverty problems. IPA brings together researchers and decision-makers to design, rigorously evaluate, and refine these solutions and their applications, ensuring that the evidence created is used to improve the lives of the world's poor. Our well-established partnerships in the 21 countries where we work, our large network of top researchers and a strong understanding of local contexts, enable us to conduct high-quality research. This research has informed hundreds of successful programs that now impact millions of individuals worldwide.

