

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



Maternal mortality remains very high in many parts of the developing world, especially in sub-Saharan Africa. 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.¹ 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.

Policy Issue

Women around the world continue to report substantial unmet need for modern contraceptives.² Limited physical access to reliable contraception in low-income or rural areas is only partially responsible. Even where contraceptive resources are available, family planning decisions often involve two individuals with different fertility preferences. Evidence from Zambia shows that men on average want to have more children than their wives and that this preference hinders contraception use, but little evidence exists on the determinants of men's fertility preferences.

Studies from across Africa have documented men's lack of knowledge, compared to women, about maternal mortality and the misconceptions (see Box 1)³ they hold about its causes.^{4,5} This study was designed upon Zambia's government's mandate, with the aim of informing effective policies to reduce the gender gap in fertility goals, whilst maintain family unity. The study tested whether the difference in men and women's demand for children is driven by women having more accurate information about the maternal mortality risk of high parity and low birth spacing, given they bear the physical burden. If providing reliable maternal health information to men can bridge the gender gap in demand for family planning, researchers expect it to serve as an effective tool for increasing households' demand for family planning without affecting family unity.

Context of the Evaluation

Zambia has a high rate of maternal mortality, even relative to neighboring countries; 1 out of 59 women die in childbirth during their lifetime.⁶ Men and women's different fertility preferences and, therefore, different demands for family planning services may play a role in maternal

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health outcomes. Zambian women have, on average, a desired number of 4.5 children, compared to men's reported ideal family size of 5.0 children and the actual fertility rate of 5.3.⁷ According to a recent body of literature, including the researchers' 2007 study on private access to contraceptives in Zambia, men's higher demand for children can significantly reduce contraceptive adoption, even when contraceptives are easily accessible.⁸ An initial survey in urban Lusaka found that superstitions about causes of maternal mortality are pervasive and that such beliefs might impede learning about maternal health risk levels.

Details of the Intervention

The randomized evaluation took place among 562 couples of childbearing age in the catchment areas of the Chipata and Chaisa Clinics, two government-run facilities that serve low-income areas in Lusaka. Couples were invited to attend a community meeting together. Upon arrival, they were split into gender-specific meetings, in which they received the information based on the group to which they were randomly assigned (see Table 1 on page 2).

The content of the workshops was developed in close collaboration with clinic nurses, the Zambian Ministry of Health, and local NGOs, such as the Society for Family Health. After the meeting, vouchers for priority access to family planning services were distributed using Becker-DeGroot-Marschak willingness-to-pay experiments. From 2016 to 2017, researchers tracked a number of important short-term and medium-term outcomes to measure the impact of providing this targeted information to different members of the household. The key outcomes include changes in knowledge and beliefs about the prevalence of maternal mortality, its risk factors, and prevention, as well as intra-household dynamics, household demand for family planning, take-up of contraception, and ultimately, realized fertility. In addition, administrative records from the two partner clinics provided information on take-up of contraception and redemption of the family planning voucher.

BOX 1: TRADITIONAL BELIEFS AND LEARNING ABOUT MATERNAL RISK IN ZAMBIA

Maternal mortality remains very high in many parts of the developing world, especially in sub-Saharan Africa. While maternal deaths are observable, it may not be straightforward for individuals to learn about risk factors. An initial survey on male and female perceptions of maternal risk in Zambia found that superstitions about causes of maternal mortality are pervasive and that such beliefs impede learning about maternal health risk levels. The survey revealed that people who hold traditional beliefs disregard past birth complications completely in assessing future risk, unlike those who hold modern beliefs. This misconception likely impedes efforts to reduce maternal health risk. Reproductive health policies should therefore be designed to increase information on health-related risk factors.

Preliminary Results and Policy Lessons*

Approximately one year after the program ended:

Overall, researchers found that providing targeted information to men on maternal health risk through gender-specific community meetings narrowed the gender gap in fertility goals between men and women and increased uptake of family planning.

Couples in which the husband was given information about maternal mortality at community meetings (“program husbands”) experienced a 5.5 percentage point decrease both in the probability of the wife being pregnant at the end of the study and in the probability of her giving birth 8 months after the program ended.

The latter corresponds to a 32 percent decrease relative to the control group. Giving the wife the information had no significant impact on realized fertility.

Program husbands were 7 percentage points less likely to report to want another child, relative to the comparison group, and were 13 percentage points less likely to believe that their wife wanted another child.

Husbands whose wife was given the information did not exhibit any change in their desired fertility or in their belief about their wife's desired fertility. Results on the impacts of the program on maternal and child health are forthcoming, as analysis is on-going.

Giving husbands the information about maternal mortality led to a 4 percentage point increase in contraceptive pill usage. No impact on contraceptive use was detected when the wife was given the information.

Giving husbands the information about maternal mortality led to changes in several measures of intra-household communication, including a 7 percentage point increase in the probability that the husband reports trying to convince his wife to use contraceptives, together with an increase in the probability that the husband reports

TABLE 1: EXPERIMENTAL DESIGN

Treatment	1 - HusMM	2 - WifeMM	3 - Comparison
Husband	Maternal mortality	Family planning	Family planning
Wife	Family planning	Maternal mortality	Family planning

changing his wife's mind or his own mind. Similar changes were found among wives of husbands who were given the information. However, intra-household communication did not change when the information was given to wives.

Program husbands were 14 percentage points more likely to be able to identify key risk factors for maternal mortality, compared to husbands in the comparison group. Wives who were given the information were 10 percentage points more likely to identify key risk factors in their reports, relative to the comparison group. However, wives of men who were given the information exhibited small and imprecise changes in their understanding of risk factors.

Program husbands reported higher marital satisfaction, as did their wives. For instance, both program husbands and their wives were about 7 percentage points more likely to report being happy with their own marriage, relative to the comparison group. Husbands of treated wives also report comparable increases in marital satisfaction; while the treated wives themselves report no detectable change in marital satisfaction.

Results on the impacts of the program on maternal and child health are forthcoming, as analysis is on-going.

**Note: Results are preliminary and may change after further data collection and/or analysis.*

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