

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 contraceptive pills.² Limited physical access to reliable contraception in low-income or rural areas is only partly 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 contraceptive 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 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 household 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.⁵ Men and women's different fertility preferences and, therefore, different demand 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 5.5 children and the actual fertility rate of 5.3.⁶ 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.⁷ 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 Chisika 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 along with a DeGoat-Marchant willingness-to-pay experiment. 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 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 held traditional beliefs diverged from birth complications completely in assessing future risk, unlike those who held 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.

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