

Family Planning & Reproductive Health



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: Fátima Dupak (Stanford University)

Timeline: 2013-2015

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 co-rolled 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.

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