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**Contraceptive Access and Fertility: The Impact of  
Supply-Side Interventions**

By Nava Ashraf, Erica Field and Jessica Leight\*

*Declining fertility in both the developed and developing world has led to large and potentially welfare-enhancing changes in women's labor supply, education and investment in children in recent decades. However, it has been widely noted that the pace of this decline has stalled even while access to contraception has continued to expand, raising the question of whether increasing access to contraception is sufficient to lead to declining fertility. This paper provides evidence about the relationship between contraceptive access and fertility from a randomized controlled trial in Lusaka, Zambia, in which women of child-bearing age were provided with a voucher for free and immediate access to long-acting forms of contraception; this voucher was provided either to the women individually, or to the women jointly with her spouse. Results show that there is a significant increase in contraceptive use, and a particularly large increase in experimentation with new contraceptive methods, but no decline in births in the short- or long-term compared to a control group who did not receive increased access to contraception.*

Despite the advent of modern contraception, fertility remains high in much of the developing world. While this is often attributed to lack of access to contraceptive technology, rapidly increasing availability of low-cost contraception persists along with large numbers of unwanted births in many countries.<sup>1</sup> For this reason, a large academic and policy debate has ensued over the last few decades on whether increasing access to contraception leads to a decrease in unwanted births and thus in total fertility. Some analysts have argued that this prediction on the central role of access to contraceptive supply is confirmed by cross-country data (Bongaarts 1994). However, Pritchett (1994) found that 90 percent of cross-country variation in fertility was explained by desired fertility, and thus argued that the primary determinants of changes in fertility were changes in the demand for children, the product of increased education among women and a higher probability of infant survival.

Evidence on the effect of single supply-side interventions to increase access to contraceptives on fertility remains limited. Cochrane and Gilsey (1991) provide

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<sup>1</sup> Using cross-sectional data, a birth is defined as unwanted if it is not the number expected should not want to become pregnant. Using panel data, a birth is defined as unwanted if it occurs after a previous survey identified that the mother did not want to become pregnant.

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provided with a voucher for free and immediate access to long-acting forms of contraception; this voucher was provided either to the woman individually, or the woman jointly with her spouse. Results show that there is a significant increase in contraceptive use, and a particularly large increase in experimentation with new contraceptive methods, but no decline in births in the short- or long-term compared to a control group who did not receive increased access to contraceptives.

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