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Timeline

2018-2024

Study Status

Results

Study Type

Randomized Evaluation

Sample Size

1,500 female university students

Research Implemented by IPA

Yes

Increasing Access to Contraceptives for Female University Students in Zambia

Researchers partnered with the University of Zambia to evaluate the impact of conditional cash transfers to visit a local clinic and a workshop that addressed misinformation about the infertility effects of contraceptives on the take-up of contraceptives among female university students.

Across Sub-Saharan Africa, pregnancy is a leading driver of dropout.¹ This is the case in Zambia, where boys are twice as likely to complete secondary school and have approximately one more year of schooling compared to girls. A focus group with university students at the University of Zambia suggested that around 60 percent of female students became pregnant throughout college, with half of those dropping out. However, despite the risks involved with unplanned pregnancies, modern contraceptive use among young,

unmarried women remains low.

Evidence suggests that young women in Zambia and throughout Sub-Saharan Africa face many barriers to contraceptive use, including physical inaccessibility to health facilities, disapproving social norms, and personal misconceptions.² This study focuses on a sample -- college girls in Lusaka, Zambia -- for whom many of these barriers are less important and for whom the returns of delaying pregnancy (and completing tertiary education) are high. Health facilities are nearby, contraceptives are cheap, and the population is highly educated, yet take-up remains low. This provides an opportunity to identify persistent barriers to contraceptive use.

Researchers partnered with the University of Zambia to conduct a randomized evaluation to measure the impact of two interventions on the take-up of modern contraceptives among female students. The first intervention, a conditional cash transfer of approximately US \$4 for visiting a nearby clinic, addressed procrastination and other behavioral barriers to accessing contraceptives. The second intervention included a workshop that addressed medical distrust and in particular, the fear that contraceptives cause later infertility. These interventions were evaluated against a comparison group, which only received information about a nearby, female-friendly clinic where contraceptives were available.

A total of 1,500 female university students participated in the intervention over six months. Researchers collected administrative data on contraceptive take-up from a clinic and conducted high-frequency mobile surveys to students every two weeks.

Preliminary results suggest that addressing fears of infertility has large and persistent effects on the take-up of modern contraceptives.

Sources

¹ Maharaj, Niren Ray. "Adolescent pregnancy in sub-Saharan Africa—a cause for concern." *Frontiers in Reproductive Health* 4 (2022): 984303.

² Engelbert Bain, Luchuo, Hubert Amu, and Elvis Enowbeyang Tarkang. "Barriers and motivators of contraceptive use among young people in Sub-Saharan Africa: A systematic review of qualitative studies." *PloS one* 16, no. 6 (2021): e0252745.

Implementing Partner



University of Zambia