His and Her Fertility Preferences: An Experimental Evaluation of Differential Information in Family Planning

Background

Many of us Sukuma women feel ashamed to discuss contraceptives with our husbands because we don't have the power and we just aren't very educated.

In a focus group I conducted in 2012, the young woman from Mwangudo village in Tanzania discussed the education and empowerment challenges of adopting contraceptives. According to my baseline household data from this district, 80% of women believe that various traditional methods of birth control (such as luck charms) are effective in preventing pregnancy. Despite the fact that 89% of women report wanting to wait at least two years before their next child (or stop having children all together), only 12% are currently using any modern method of contraception. In fact, if the current natality trends in Tanzania, with this large pattern of unmet need for contraceptives, continue, its population will triple by 2050. According to the focus group discussions and baseline household data, women are limited in achieving desired fertility outcomes by a lack of education, cultural norms and pronatalist pressure from husbands. This research seeks to understand the extent to which husbands influence family planning decisions over time and whether or not sustained information about family planning from a trusted community member increases use of contraceptives.

The ability to optimally time births can have major social and economic consequences for women, including advances in female education and labor force participation (Bailey, 2006). The consequences of planned births also include better outcomes for children, including more years of schooling and improved child welfare (Do and Phung, 2010). Neoclassical microeconomic theory emphasizes three main determinants of couples' fertility choices: the relative costs of children versus other goods, the couple's income, and their preferences for children versus competing forms of consumption (Becker, 1960). More recent economic theory has moved away from the unitary model towards one that accounts for differing desires for household members and acknowledges negotiations over fertility decisions, finances and investments in children (Thomas, 1990; Browning and Chiappori 1998; Rangel, 2006).

The family planning literature bolsters the evidence for separate fertility preferences among husbands and wives while also demonstrating the benefit of decentralizing health care through community-based distribution of health services. Terefe and Larson (1993) first examined the effect of men in family planning decisions in urban Ethiopia and discovered that women who consulted with a nurse while their husbands were present were more likely to adopt contraceptive methods than women who consulted with the nurse alone. However, Ashraf, Field and Lee (2014) found conflicting evidence in Zambia where they administered a one-time voucher for

access to discrete contraceptives. The authors found that women who received the voucher privately (without their husbands) were more likely to seek family planning services than women who received the voucher with their husbands. The authors discuss a trade-off between improving private individual welfare (of women and children) and potentially lowering the conjugal value of the marriage. Because the psychosocial cost of concealed contraceptive use is borne over time, I expand on the Ashraf et al. (2014) by examining intra-household bargaining over fertility during a fifteen-month educational intervention in rural Tanzania.

Methodology

The collection of these original data included a random selection of 660 households across 12 villages in Meatu District of north-central Tanzania. A comprehensive household survey was implemented in 2012, before the family planning program began, and again starting in August 2014. The enumeration of all households takes approximately three months and will likely be complete by the end of October 2014. This household survey includes separate modules for men and women that together encompass sections on socioeconomic status, health and family planning, spousal relations and agriculture.

To identify the impact of the family planning program on household decision-making and contraceptive use, I have implemented a randomized control trial evaluation in Meatu, Tanzania, measuring contraceptive use outcomes (e.g., currently using or ever used contraceptives) through a survey of treatment and control households. The program began with a Ministry of Health training of local women in reproductive health from the randomly selected treatment villages in February 2013. These women then returned to their own villages, where they began work as "community-based distributors," consulting with households about family planning. To explore the effect of gender and power in family planning over the course of the fifteen-month intervention, the treatment villages have been split into two groups. In one treatment group (four villages), these distributors consult with women alone, and in the other (four villages), the distributors consult with the couple together. This allows me to explore the role of differential information in household decision-making; husbands in the first treatment group do not receive the information about methods and availability of family planning. Meanwhile, households in the four control villages do not receive any consultations at all.

Preliminary Results

At the time of writing, only two of the twelve villages (one in the individual treatment and one in the control) have been fully sampled under the comprehensive household survey. However, the preliminary results are intriguing and encouraging. In the one treatment village sampled, the percent of women who have ever used any method of contraception increased by 35%. The same

measurement increased by only 6% in the control village. The full analysis, including all twelve villages, of the exact impact of the program on contraceptive use (using Difference-in-Difference multivariate regression methodology) will begin as soon as the data are complete.

The household survey data from 2012 does give insight into the main drivers of contraceptive use. Formal education, work status (having an off-farm occupation) and a short distance to dispensary all increase the likelihood that a woman uses contraceptives. Although these factors are not causal in their association with contraceptive use, they provide evidence in favor of Becker's determinants of fertility choices (relative cost of bearing children, income and preferences).

A second type of data was collected over the course of the intervention to gain insight into the fluctuations in village-level contraceptive use during process of bargaining over fertility. The community-based distributors collected these data monthly as they visited each household, thus the observations are only inclusive of the two treatment groups. Note that the fluctuations observable in Figure 1 are mostly a result of the heterogeneous sampling of observations each month, but contraception adoption and abandonment are also common over the course of women's fertility life course (e.g. spacing births). Both the couples and individual treatment group appear to be increasing use of contraceptives, at differing rates.

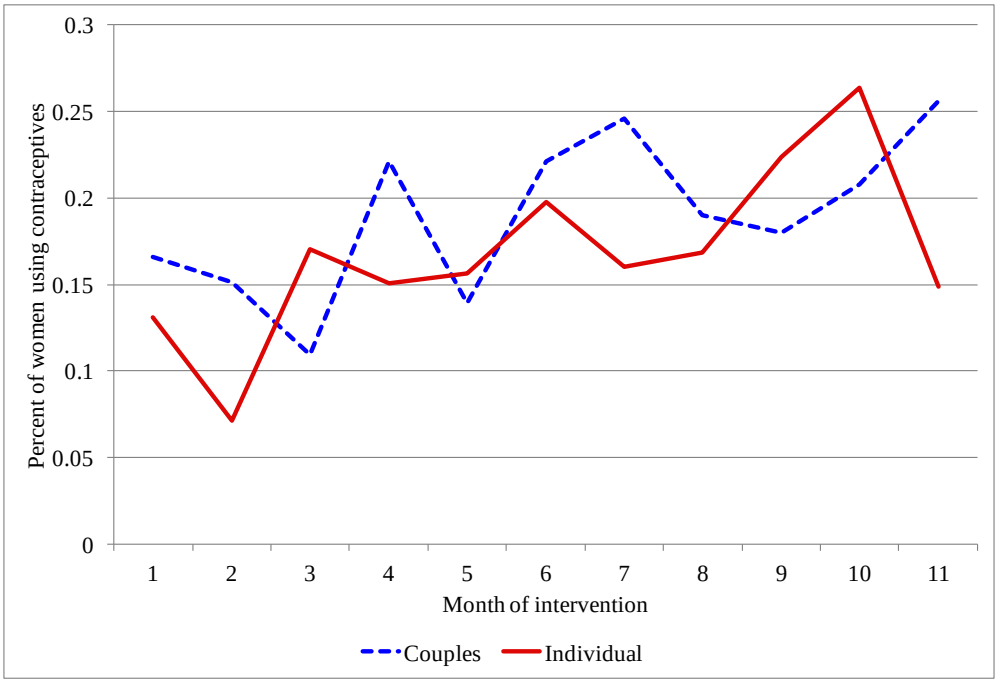

Figure 1: Contraceptive Use by Treatment Group

In addition to the quantitative household and intervention data, I also collected qualitative data through focus group discussions. The most intriguing of these discussions was with the family planning community-based distributors after the intervention was complete. These women had essentially facilitated family planning learning and experienced bargaining over fertility within their own village. Women who worked in both the individual treatment group and in the couple's treatment group both insisted that including husbands in the consultations is much more effective for education. According to one distributor: "If both husband and wife are involved in the CBD [community-based distributor] meeting, then the start of the conversation is even and men don't have all the power. They will continue to discuss family planning together and it is easy for them to reference what they learned from the CBD." These focus groups give incredible insight into the challenges, motivations and complications of fertility behavior.

While family planning services and access slowly improve across Sub-Saharan Africa, a better understanding of the process of intra-household bargaining over fertility requires a closer examination- including focus group discussions and a rigorous experimental evaluation- to shed light on which factors reduce inefficiencies in unwanted births and achieve desired fertility.

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