

Maternal Mortality Risk and Male Involvement

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Can the strategic engagement of men, through education on maternal mortality, improve reproductive and maternal health?

In 2011, the WHO estimated nearly **350,000 needless maternal deaths occur every year**, orphaning millions of children and disrupting economic and social infrastructure of most affected communities. Additionally, another **10.5 million women endure long-lasting illness and injury** from unsafe pregnancies and deliveries. In **Zambia**, for example, there are **591 maternal deaths per 100,000 live births**, one of the highest rates in the world. High levels of excess fertility worldwide - 50% of pregnancies

worldwide - 50% of pregnancies unplanned or unwanted – suggests barriers to family planning, like clinic waiting lines, contraceptives stock-outs, usage fees, or misinformation. However barriers go beyond tangible resource access, and may be, behaviorally, the result of spousal discord in fertility preferences. Ashraf, Field, and Lee (2010) found that **women in Lusaka, Zambia were less likely to seek family planning services if their husbands were present when the services were offered,**

implying that unmet need for contraception and excess fertility may reflect underlying differences between partner preferences. While male involvement programs are a growing trend in reproductive health, they could do more harm than good if not designed to ensure men are sufficiently informed about risks of childbirth. More evidence-based approaches are required to strategically engage men in improving reproductive health, and prevent needless maternal deaths.

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“Household Bargaining and Excess Fertility: An Experimental Study in Zambia” (2010)

N. Ashraf, E. Field, and J. Lee

In a field experiment with Chipata Clinic in Lusaka, Zambia, researchers provided vouchers for free family planning counseling at the local clinic to 1,994 married women who had recently given birth, guaranteeing a wait time of less than one hour and access to the modern contraceptive method of their choice.

Women were randomized to receive this information either alone, or as a ‘couples’ treatment, with their husbands present at the counseling session. While overall take-up of the voucher was high at 47%, women in the ‘couples treatment’ were 9 percentage points less likely to use the voucher to obtain an appointment at a family planning clinic. These women were also 12 percentage points less likely to use the voucher if their husband reported wanting more children than them, and even less likely to use if the couple was younger in age, suggesting that differences in future preferences for fertility may drive differences in demand for family planning services.

Results suggest that take up of particular modern contraceptive methods may be sensitive to the amount of control women can exercise relative to their husbands in the use of these methods, and demonstrate that **strategies shifting relative control of contraceptive methods from men to women could significantly increase contraceptive use and reduce average fertility** in some contexts.

Pilot Results:

In one pilot of the Male Preferences study, **wives of men in the maternal mortality treatment group visited the clinic at a rate of 5 to 1 over the control group.**



Core Messages from Maternal Mortality Education Session Curriculum (clockwise, from top left): (1) It is a myth that family planning causes infertility; (2) It is important to talk to a nurse about what family planning method is right for you (3) Having many children increases the risk of complications in childbirth; and (4) Births too close together or when the woman is still young can result in a strained, dangerous pregnancy.

Proposed Study: “Maternal Mortality Risk and Male Fertility Preferences”

The full study will be conducted once the budget has been raised. Please contact Kristin Johnson (kjohnson@hbs.edu) if you are interested in supporting this study.

- **The Innovation:** A curriculum communicating the risks associated with pregnancy, including maternal mortality, targeted to men.
- **The Treatment:** 2,000 households of eligible married couples randomized so that either the husband or wife of each household attends an educational community workshop on modern contraceptives, clarification on misconceptions, and encouragement towards family planning counseling. The treatment group additionally receives a curriculum on the risk of maternal mortality in Zambia. After the workshops finish, vouchers for free family planning services are distributed to all participants.
- **The Outcomes:** Comparative rates of voucher take-up across groups, drawing conclusions about the impact of maternal mortality education on family planning use and fertility outcomes, and in which ways this curriculum influences male acceptance of family planning and enables male involvement in fertility decisions without risking female health.
- **The Timeline:** After extensive pilots throughout 2011-12, researchers will conduct a baseline survey and implement the intervention with half of the study population, to conclude in September 2013. The second half of participants will be surveyed and begin the program in June 2013, with final data collection in July 2014.
- **Policy Impact:** The Ministry of Health (MoH) requested this study, and dissemination of results is planned to move through local health educators who receive intensive training on how to use the materials, which were developed in collaboration with local NGOs and the MoH. Results will inform MoH efforts at crafting formal male-involvement programs by revealing deeper knowledge of male risk perceptions of childbearing and evidence on which education interventions shift fertility preferences.

For more information, please contact Kristin Johnson; Research Manager (kjohnson@hbs.edu)