MARIE STOPES INTERNATIONAL
Children by choice, not chance

Country focus:
Nepal

Theme:
Post-abortion family planning

Marie Stopes Evidence Brief

Judging the nudge: applying behavioural economics to promote post-abortion family planning in Nepal

IN BRIEF

Studies show that half of all pregnancies in Nepal are unintended, and almost half of these are with women using some sort of contraception. Women attending Marie Stopes clinics in the country say they want to delay their next pregnancy but contraception take-up rates post-abortion have remained low.

We wanted to see if we could boost the uptake of more reliable, longer-acting reversible contraception methods among this client group. So we collaborated with *ideas42* to help develop an intervention based on behavioural economics, which focuses on understanding why people choose and act as they do – and then designing small 'nudges' to effect change.

By the end of the trial period, overall LARC uptake increased from 23% to 30%, mostly reflecting a shift away from short-term methods.

THE CHALLENGE

Changing attitudes to contraception

Sunaulo Parivar Nepal, an implementing partner of Marie Stopes International, provides about 40,000 safe abortions each year, with 36 clinics across the country.

Over half of the women attending clinics for abortions say they want to delay their next pregnancy by at least two years. Long-acting reversible contraceptive (LARC) methods, such as IUDs and implants, are widely available, relatively cheap and close to 100% effective. But uptake is low. As of July 2016 only one in four safe abortion clients took up a LARC. We wanted to know why – and see if we could change this behaviour in the context of a service offering fully informed choice.

WHAT WE DID

From observation to action

Findings from our initial interviews and observations revealed that providers did not consistently counsel women on LARCs after abortion, missing opportunities to increase uptake. Evidence from other areas suggests campaigns around awareness and client-centred counselling can help boost LARC uptake rates.

Focusing on provider-side behaviour, we designed and evaluated the effectiveness of a clinic peer-performance comparison through a step-wedged cluster randomised controlled trial. This involved sending monthly posters to each clinic highlighting LARC uptake rates and how well they were doing compared to similar clinics.

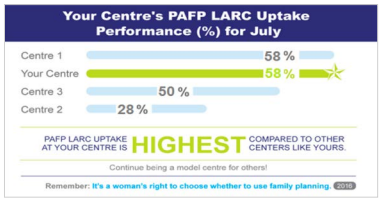
Behavioural interventions like this offer a low-tech and cost-effective solution to programmes

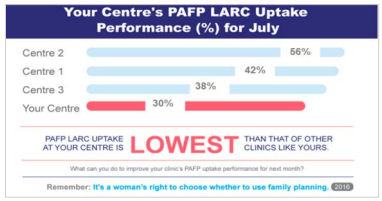
WHAT WE DID

Finding the right blend

As part of the study design, all 36 clinics were assigned to one of four randomisation clusters, with nine clinics in each cluster. After two months with all clinics in the control group, one cluster at a time was randomised to begin receiving the posters in each subsequent month.

Depending on the current clinic status, the posters would suggest ways to improve or commend high-performing centres. We monitored performance using MSI's routine service statistics.

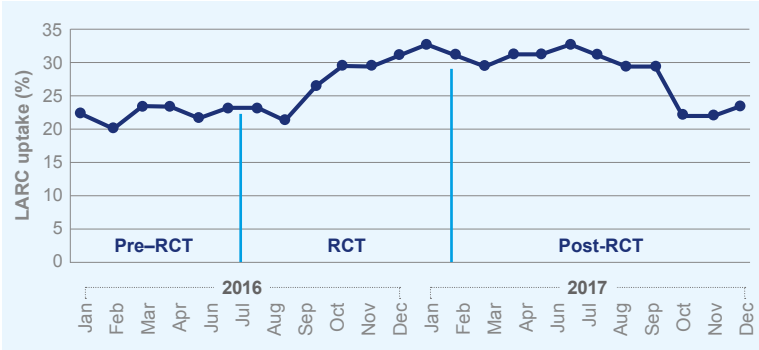




WHAT WE FOUND

Improving LARC uptake

By the end of the trial period, after taking into account differences in clients (age, type of abortion, urban/rural) and the usual time trends occurring in the clinics, overall LARC uptake among abortion and post-abortion clients increased from 22.6% to 29.6%, with the change reflecting a move from short-term methods, which declined during the study. There was also no evidence that the intervention crowded out other services. Our study was one of few randomised control trials aiming to increase contraceptive uptake among post-abortion women.



Results

- Baseline LARC uptake was 23% (vs 53% short-term)
- After adjustment, the intervention increased LARC uptake by 7%
- This change occurred by switching from short-acting to long-acting methods (short-term use decreased by 6%)
- Improvements occurred in all types of clinics but was highest in 'high' clinics (8.7% vs 5.3% in 'lowest')
- Improvements started one month before poster roll-out, suggesting training also had a motivating effect.

Note: Cluster 1 begin receiving posters September 1, cluster 2 began October 1, cluster 3 began November 1, and cluster 4 began December 1.

WHAT THIS MEANS

Changing attitudes on both sides

We were keen to see how staff responded, as seeing your performance publicised as "low" may have been demotivating, while being "highest" could trigger complacency. But the results show a similar uptake increase across all clinics at different levels – and post-campaign interviews suggest the posters helped service providers change their behaviour and focus on post-abortion family planning.

Despite the study coming to an end, the clinics are continuing to generate and use the posters. Behavioural interventions like this offer a low-tech and cost-effective solution to programmes. So it's encouraging to see it being embraced internally and scaled up across the entire network of SPN clinics in Nepal.

Where can I find more information?

For more information on Marie Stopes International and the work that we do please contact:

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