



RESEARCH INSIGHTS

Pregnancy Tests Increase Contraceptive Clients among Health Workers: Evidence from a Randomized Controlled Trial in Madagascar

One challenge that community health workers face when they provide hormonal contraceptives to new clients is ruling out pregnancy. A randomized controlled trial in Madagascar found that offering the health workers pregnancy tests to distribute for free increases their number of new contraceptive clients.

In Madagascar, as in the rest of sub-Saharan Africa, use of family planning remains low—often due to poor access to health services. In remote and rural areas, community health workers (CHWs) provide family planning education and contraceptives. Madagascar is among more than a dozen African countries where health workers use a six-question pregnancy checklist before providing oral or injectable contraceptives. But many CHWs do not trust the checklist and deny these contraceptives to non-menstruating women. In addition, many women categorized by the checklist as “could be pregnant” are not pregnant. This translates into missed opportunities to meet the needs of women who want to use contraceptives. Providing CHWs with pregnancy test kits may increase the number of family planning clients they serve. Women who want to check their pregnancy status may approach CHWs for the kits, which may create an opportunity for family planning counseling.



A community health worker explains the various methods of family planning to an interested woman.

Methods

The SHOPS project conducted a randomized controlled trial that included 622 CHWs in three regions of Madagascar. CHWs were randomly assigned, at the individual level, to a group that was offered pregnancy test kits and training on their use (treatment group) and a control group that received neither the kits nor training. The study team conducted a baseline survey of CHWs to gather information on their background and client load. The team also collected data on family planning services provided by the CHWs during the four months following the training. The researchers compared the number of new hormonal contraceptive clients supplied by CHWs per month in the treatment group with CHWs in the control group. The difference in new clients between the two groups represents the effect of the intervention. The study used multivariate regression analysis to adjust for background characteristics that differed between the treatment and the control group CHWs.

Key Findings

- The intervention increased the number of new hormonal contraceptive clients supplied by CHWs by 24 percent per month.
- There was no effect on the number of family planning counseling sessions conducted by the CHWs.
- CHWs do not use the pregnancy checklist as intended.
- CHWs likely used the pregnancy tests as substitutes for the checklist.

Key Findings

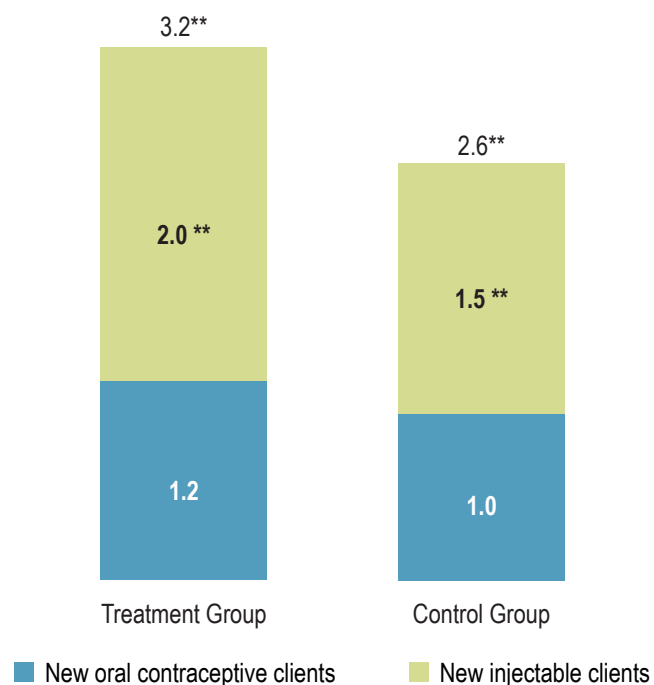
The intervention increased the number of new hormonal contraceptive clients supplied by CHWs by 24 percent per month.

The intervention increased the number of new hormonal contraceptive clients per CHW by 0.6 clients per month (see figure below). This represents a 24 percent increase in the number of new hormonal contraceptive clients supplied in an average month compared to the control group. The effect is driven by an increase in the number of new clients receiving injectables: treatment group CHWs had 0.4 more new injectable clients per month compared to control group CHWs.

There was no effect on the number of family planning counseling sessions conducted by the CHWs.

Offering pregnancy test kits to CHWs to distribute as part of their basket of products did not lead to more family planning counseling sessions. The CHWs in the treatment group had 17 sessions per month, compared to 16 sessions among CHWs in the control group (this difference was not statistically significant). The fact that there was no statistically significant difference in the number of family planning sessions but there was a larger number of new hormonal contraceptive clients among CHWs in the treatment group suggests that a greater proportion of family planning sessions resulted in new clients adopting hormonal contraceptives. This is consistent with the main pathway through which the intervention was expected to increase family planning uptake: CHWs use the pregnancy tests to ascertain the pregnancy status of potential new clients.

Increased number of new contraceptive clients supplied by CHWs



Notes: Regression-adjusted means, $n = 1,554$

The number of oral and injectable contraceptive clients in the control group does not sum to the total due to rounding.

**Indicates the difference was significant at the 95% level ($p < 0.05$)



David Dennis

CHWs do not use the pregnancy checklist as intended.

The baseline survey conducted prior to the intervention found that half of CHWs considered the pregnancy checklist to be reliable. Yet 94 percent of CHWs believed they could not provide hormonal contraceptives to non-menstruating women, and 91 percent of them reported that they had been instructed not to prescribe these contraceptives to non-menstruating women. This indicates that the training on the checklist may not have adequately conveyed how it should be used.

CHWs likely used the pregnancy tests as substitutes for the checklist.

Each group—treatment and control CHWs—reported using the checklist 2.5 times per month. This translates into lower use of the checklist per new hormonal contraceptive client in the treatment group compared to the control group. It also indicates that CHWs in the treatment group likely used the pregnancy tests as substitutes for the checklist (although they were not instructed to do so during the training).



David Dennis

Policy Implications

The study findings suggest that offering CHWs free pregnancy test kits and training on how to use them enables the workers to increase the number of new hormonal contraceptive clients that they supply. This intervention is a promising approach to increase adoption of hormonal contraceptives in Madagascar and other countries, particularly in settings where health workers are required to rule out pregnancy for new family planning clients without using the pregnancy checklist. Costs of pregnancy test kits have decreased considerably in recent years, making them an increasingly affordable option for low-income countries.

This study does not measure overall uptake of hormonal contraceptives in the community. The main results could mean that there is no overall change in contraceptive use, because women may be switching sources of contraceptives. However, this is unlikely because CHWs work in remote communities where women have limited options for accessing other providers of contraceptives. Replicating this study with data collected at the household level would provide evidence on whether the intervention affects rates of family planning use.



A community health worker explains hormonal contraceptives and other methods of family planning.

This summary is based on research conducted by the SHOPS project. For more information, contact info@shopsproject.org.

The Strengthening Health Outcomes through the Private Sector (SHOPS) project is a five-year cooperative agreement (No. GPO-A-00-09-00007-00) funded by the U.S. Agency for International Development (USAID). The project focuses on increasing availability, improving quality, and expanding coverage of essential health products and services in family planning and reproductive health, maternal and child health, HIV and AIDS, and other health areas through the private sector. SHOPS is led by Abt Associates, in collaboration with Banyan Global, Jhpiego, Marie Stopes International, Monitor Group, and O'Hanlon Health Consulting. The views expressed in this material do not necessarily reflect the views of USAID or the United States government.

For more information about the SHOPS project, visit: www.shopsproject.org



Abt Associates Inc.
4550 Montgomery Avenue, Suite 800 North
Bethesda, MD 20814 USA
Telephone: 301.347.5000 • Fax: 301.913.6019
www.abtassociates.com