Exploring User-Centered Counseling in Contraceptive Decision-Making: Evidence from a Field Experiment in Urban Malawi

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IFPRI Brown Bag Seminar

Motivation

- **Family planning service provision is a bidirectional process:**
  1. Clients have a set of preferences (fertility/spacing/method...)
  2. Providers guide clients to realize preferences and achieve outcomes (fertility-related, method-related, others)
- **Contraceptive prevalence has been increasing globally**
  - From 46.1% in 2010 to 59.2% in 2016 in Malawi (MDHS 2010, 2015-16)
- **In spite of increases in CPR, are women using the "best methods" that reflect their preferences?**
  - 37% of Malawian women discontinued within 12 months (49.1% due to unmet need)
  - Frictions may exist in women's realization of their ideal method

▸ Reasons

Motivation

- Emphasis on FP programs to provide "full, free, and informed choice" over FP methods
- Significant resources placed on providing complete information
- Approach emphasizes the role of counseling at the initial consultation
- Current FP counseling practice in Malawi:
  - Group counseling then individual counseling ▸ Group Counseling
  - Counselors introduce all FP methods following 'Kulera' flipchart as specified by MOH ▸ FP Flipchart
- **Aim of this approach:** to achieve "informed choice" - clients informed about all possible methods

Motivation

- **But how well does such a counseling approach do in helping women make informed decisions?**
  - **Informed decisions:** women can update beliefs and preferences and can act on these updated preferences
- To what end are the current approaches "user-centered"?
  - **User-Centered Approaches:** client is focal point of interaction and key decision-maker
  - Preferences are elicited, and outcomes reflect updated and elicited preferences
  - Recent examples: BCS, Human-Centered Design, "My Birth Control"

This Study

We conduct a field experiment that:

- Tests elements of user-centered counseling aimed to help women **identify** and **realize** their preferences for FP methods
- Examines role of user-centered counseling on concordance between stated and revealed preferences
- Investigates two channels through which user-centered counseling may impact concordance: **male involvement in counseling** and **short tailored counseling**

Experimental Setting

- **Location:** Lilongwe, Malawi
- **Study Sample:** 782 married women aged 18-35

▸ Related Literature

Hypotheses

- **Short tailored counseling** would allow women to more effectively express and realize their contraceptive preferences.
- **Male involvement** may allow women to more effectively express their contraceptive preferences and, in turn, translate their preferences into behavior

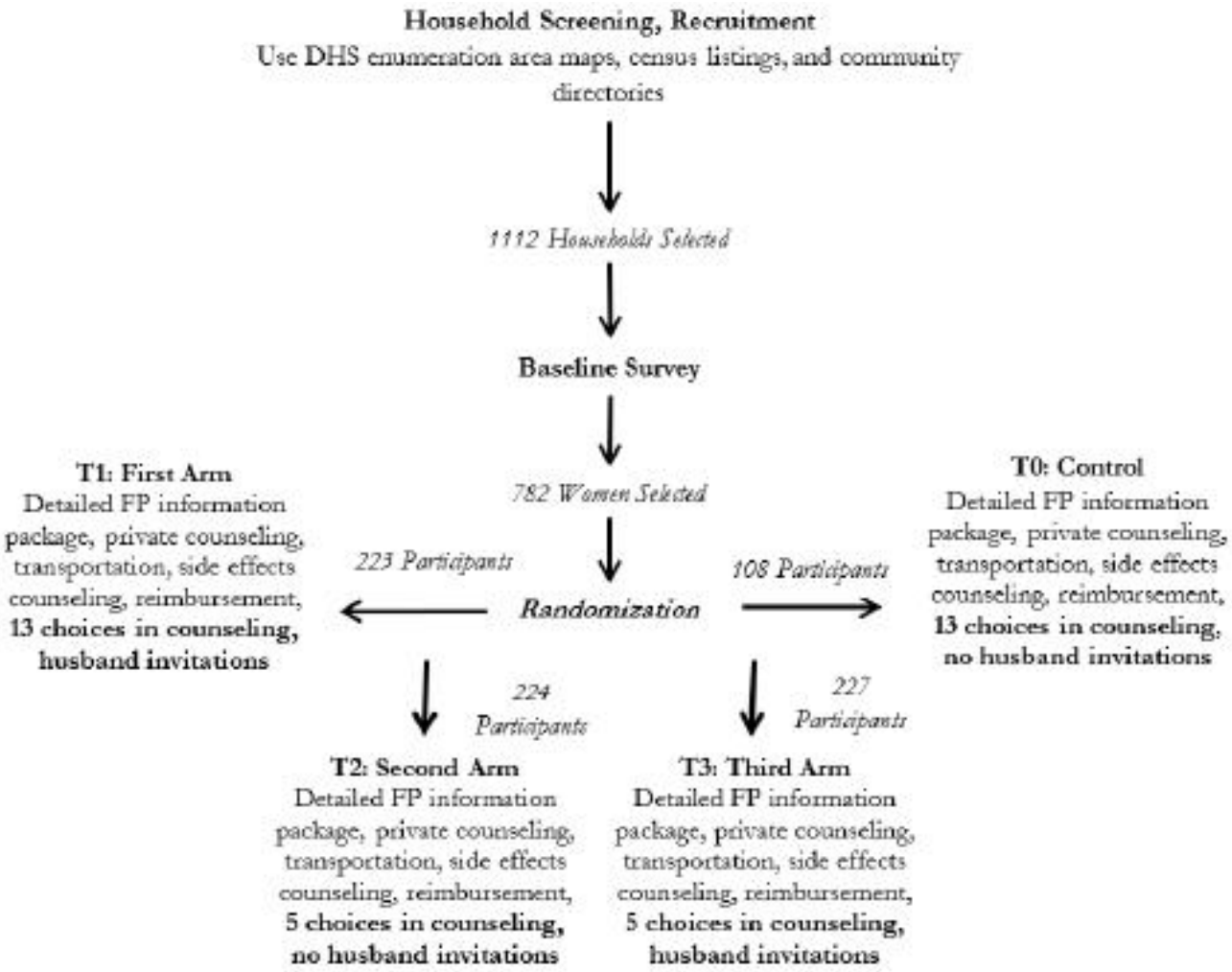
Preview of Results, Short Counseling

- Women who received the short targeted counseling procedure were:
  - **slightly more likely** to change their stated ideal method over time
  - **less likely** to be using their stated ideal method at follow-up
  - **more unsatisfied** with their currently used method at follow-up

Preview of Results, Male Involvement

- Women who were encouraged to invite their husbands/partners to counseling were:
  - **less likely** to change their ideal method from counseling to follow-up
  - **more likely** to switch from their currently used method to another method from counseling to follow-up (marginally significant)
  - **more likely** to be using their stated ideal method at follow-up
  - **no more likely to be satisfied** with their current method at follow-up

Experiment Design



Baseline and Randomization

Baseline Survey:

- Screening, recruitment and baseline survey of 782 women at their homes
- Comprehensive survey to elicit information on:
  - Contraceptive and fertility behavior
  - Contraceptive and fertility preferences
  - Method attribute preferences and ranking
- Method attributes: duration, effectiveness, side effect prevalence, and others

Randomization:

- Following baseline survey, women randomized into 4 groups
- Balanced randomization on a range of baseline characteristics

▸ Eligibility Criteria ▸ Balance Tables ▸ Summary Statistics

Two Interventions

	No Husband Invitation	Husband Invitation
Standard (long) Counseling	T0: 108	T1: 223
Short Tailored Counseling	T2: 224	T3: 227

Two Interventions

- **Husband Invitation:** Allows woman choose whether to invite husband to FP counseling session
  - Differs from existing studies on male involvement
  - Offers woman the choice to invite husband rather than requiring husband to attend counseling
- **Short Tailored Counseling:** Elicits preferred method attribute(s) and rank of attributes
  - Ranking elicited most preferred attribute if more than one was chosen

    ▸ Survey Question - Eliciting Top Attribute ▸ Eliciting Top Attribute
  - Counsel women on subset (up to 5) methods aligned with most preferred attribute

▸ Method Attribute Mapping ▸ Attribute-Specific Flipcharts

Post Counseling Services

- Following counseling, all women receive a bundle of free FP services for one month
- Three Components:
  1. **Free private transportation** to the PSI Good Health Kauma Clinic in Lilongwe
  2. **Coverage of all FP-related costs** incurred during the service period
  3. **Free mobile credit** to make appointments with field manager / taxi driver

▸ ID Cards ▸ Private Taxi ▸ Good Health Kauma Clinic

Follow-Up

One month follow-up:

1. At Kauma **Clinic** when women came for services
2. **By phone** if women did not come to the Kauma clinic
3. **At woman's home** if she did not answer the phone

Empirical Framework

$$Y_i = \alpha + \beta_S \cdot Short_i + \mathbf{X_i}\gamma + \varepsilon_i \quad (1)$$

$$Y_i = \alpha + \beta_H \cdot Husb_i + \mathbf{X_i}\gamma + \varepsilon_i \quad (2)$$

where:

- Y_i: Outcome variable of interest - Δstated ideal method, Δused method, uptake of ideal method, and concordance of current use and the ideal method
- $Short_i$: Short tailored counseling
- $Husb_i$: Husband invitation to counseling
- X_i: Vector of baseline control variables including: women's age, contraceptive use, chosen method attribute, total number of children, working status, ethnicity (Chewa or others)
- Analyses include area fixed effects and heteroskedastic-robust standard errors

Changes in Ideal, Current Methods Over Time

Table 2 Respondents' Ideal Contraceptive Methods over Time

	Baseline	Pre-Counseling	Post-Counseling	Follow-up Sessions
Baseline				
Pre-Counseling	43.69% (301/689)			
Post-Counseling	45.28% (312/689)	17.19% (121/704)		
Follow-up Sessions	55.41% (369/666)	45.63% (287/629)	42.77% (269/629)	

Table 4 Respondents' Currently Used Methods over Time

	Baseline	Counseling	Follow-up Sessions
Baseline			
Counseling	14.74% (88/597)		
Follow-up Sessions	14.83% (85/573)	14.96% (86/575)	

Results - Short Tailored Counseling

- Women who received short tailored counseling were:
  - Slightly (but not significantly more likely) to change their stated ideal method from counseling to follow-up by 7.8 percent
    ▸ Short Ideal Method Change
  - **Less likely** to be using their stated ideal method at follow-up by 16.8 percent ▸ Short Counseling Uptake
  - **Were more unsatisfied** with their currently used method at follow-up by 12.1 percent
    - Highlights relative inability to act on change in preferences in spite of increased access to services ▸ Short Counseling Switching Intention

Results - Husband Invitation

- Women in the husband invitation group were:
  - **Less likely** to change their ideal method from counseling to follow-up by 15 percent ▸ Husband Ideal Method Change
  - **Marginally more likely** to switch from their currently used method to another method from counseling to follow-up by 25.4 percent ▸ Husband Current Method Change
  - **More likely** to be using their stated ideal method at follow-up by 17.0 percent, but were **no more likely to be satisfied** with their current method at follow-up ▸ Husband Uptake of Stated Ideal Method ▸ Husband Switching Intention

Discussion

- Both interventions speak to user-centered approach to counseling
- Both seek to prioritize women's preferences and move closer towards goal of "informed choice"
- **But neither approach likely gives a strictly preferred outcome**
- In particular, short tailored counseling:
  - Encouraged women to (slightly more) freely express and change preferences over time
  - But preferences were not more likely to be realized

Discussion

On the other hand, encouraging women to invite husbands:

- Translated to higher likelihood of realizing stated preferences
- Potentially "crowded out" woman's expression of her own preferences
    - A woman's stated preferences, conditional on inviting her husband, would internalize husband's preferences
    - Potentially implies that woman changed her mind because of her husband's presence
    - Was this change of preference wanted?
    - If not, leads to a deviation of stated ideal method from personal preferred method

Conclusions / Next Steps

- Need to further explore the **trade-off** women face between:
  1. **Making independent choices** to reflect their individual preferences (but potentially less able to act on them), and
  2. **Incorporating partner's preferences** to make "jointly / socially better-off," but not necessarily "individually better off" decisions

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Reasons for Discontinuation - Malawi DHS 2015-16

Percent distribution of discontinuations of contraceptive methods in the 5 years before the survey by main reason stated for discontinuation, according to specific method, Malawi DHS 2015-16

Reason	IUD	Injectables	Implants	Pill	Male condom	Rhythm	Withdrawal	Other	All methods
Became pregnant while using	1.0	2.9	2.8	5.0	3.3	13.3	13.9	20.1	3.7
Wanted to become pregnant	30.6	29.1	26.0	18.8	14.4	24.6	27.2	20.7	26.3
Husband/partner disapproved	0.3	2.6	3.5	1.9	9.2	0.0	9.2	2.4	3.4
Wanted a more effective method	3.0	6.6	2.6	13.2	23.6	29.4	28.3	17.7	9.3
Side effects/health concerns	44.0	28.5	45.2	29.6	3.6	2.7	0.6	4.4	26.4
Lack of access/too far	0.0	7.5	2.0	5.9	3.0	0.0	0.2	2.9	6.2
Cost too much	0.0	0.5	0.2	0.4	1.9	0.0	0.0	0.0	0.6
Inconvenient to use	0.0	3.0	2.2	4.5	4.3	7.6	1.3	4.4	3.2
Up to God/fatalistic	0.0	0.9	0.6	0.8	0.7	0.5	1.9	3.1	0.9
Difficult to get pregnant/ menopausal	0.0	0.4	0.1	0.4	0.1	0.0	2.6	1.1	0.4
Infrequent sex/husband away	10.8	8.3	4.4	9.4	24.7	7.0	9.2	9.1	9.8
Marital dissolution/separation	0.5	2.2	0.6	2.4	3.0	0.0	1.9	1.6	2.2
Other	9.8	5.4	8.2	5.7	5.4	6.4	3.0	8.6	5.6
Don't know	0.0	1.9	1.7	1.9	3.0	8.4	0.8	4.0	2.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of discontinuations	66	6,943	759	834	1,005	52	237	138	10,033

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Related Literature

- **Family Planning Counseling**
  - Ali, Cleland, and Shah (2012), Kim, Kole, and Mucheke (1998), Simmons, Baqee, Koenig, and Phillips (1988), Sultan, Cleland, Ali (2002), Douthwaite and Ward (2005), Barber (2007), Ceylan, Ertem, Saka, and Akdeniz (2009), Lee, Parisi, Akers, Borrerro, and Schwarz (2011), Weaver, Frankenberg, Fried, Thomas,Wheeler, and Paul (2013)
  - $\Rightarrow$ Conducts a randomized controlled trial to understand factors that affect concordance of women's preferences and choices
- **Cognitive overload, attribute salience, the Paradox of Choice**
  - Hensher (2006), Hogarth and Einhorn (1992), Deck and Jahedi (2015), Bordalo, Gennaioli, and Shleifer (2012), Thaler, Sunstein, and Balz (2010), Delavande (2008)
  - $\Rightarrow$ Provides evidence on the role of attribute salience in choice-making in the family planning realm

Related Literature

- **Male Involvement in Family Planning Counseling**
  - El- Khoury et al. (2016), Wang et al. (1998), Terefe and Larson (1993), Shattuck et al. (2011), Ashraf et al. (2014), and McCarthy (2015)
  - $\Rightarrow$ Leaves it up to the woman whether to invite husband to the counseling session rather than coerce couples to receive the counseling
- **Choice range and switching intention**
  - Curtis and Blanc (1997), Steele and Chloe (1997), Ali, Cleland, and Shah (2012)
  - $\Rightarrow$ Investigates two channels through which information provision affects concordance between stated and revealed preferences, i.e., male involvement and tailored counseling

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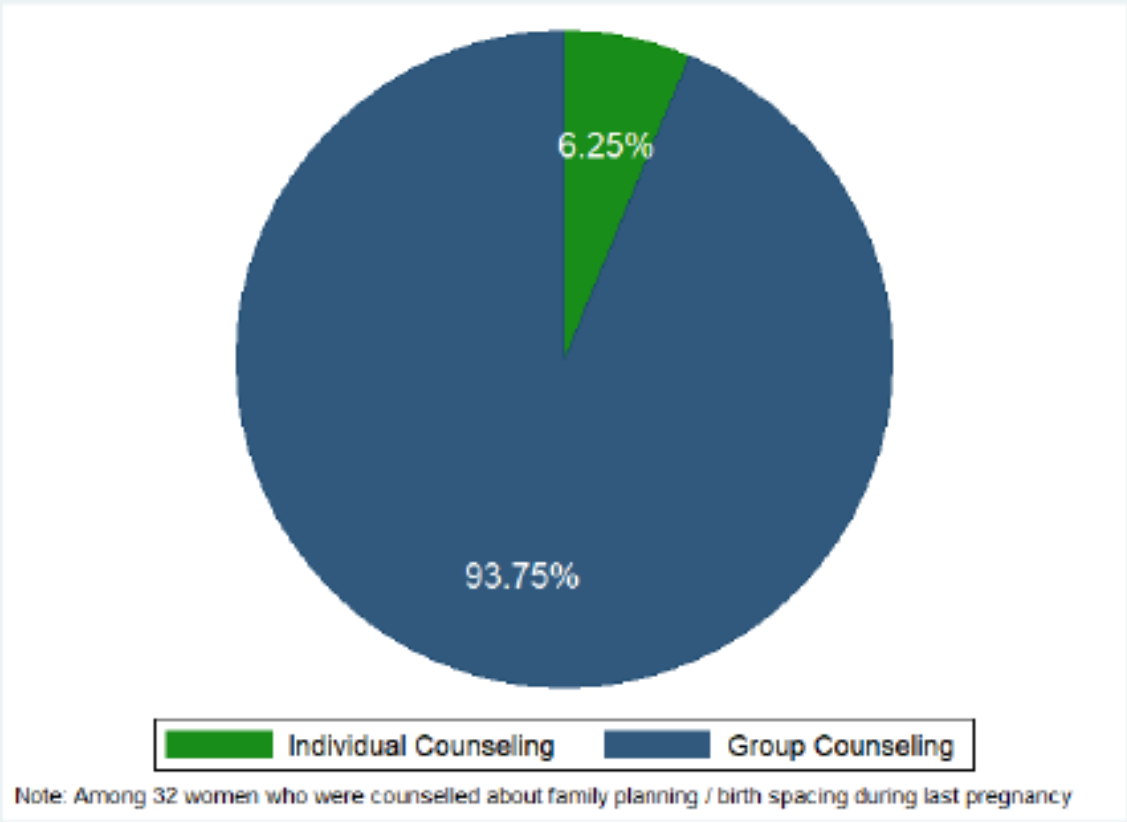
Counseling Practice in Malawi



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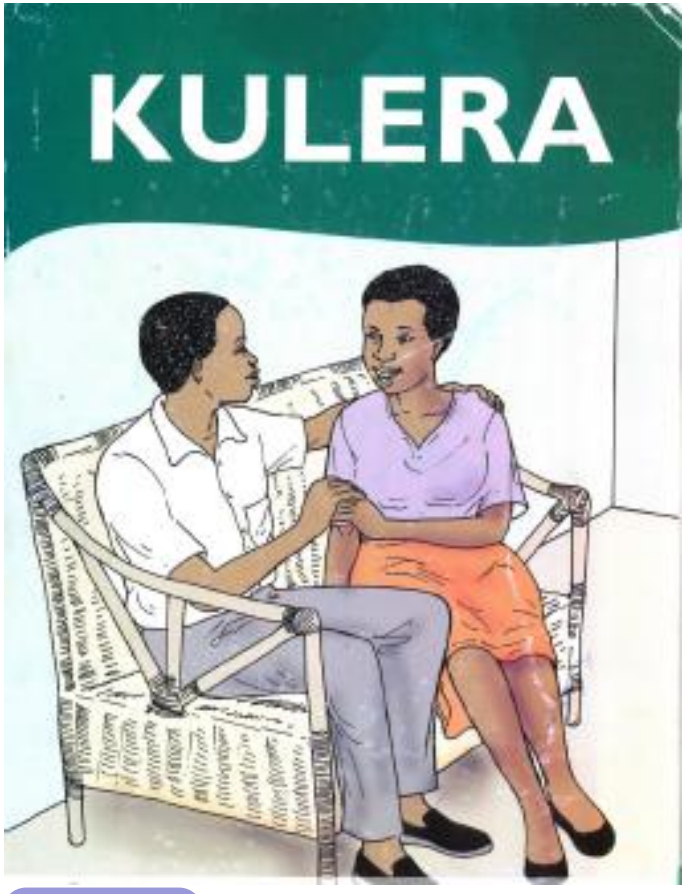
The Recommended FP Counseling Practice



- MOH, RHD
- Counselors introduce all 13 methods following the order in the flip chart
  - Male/Female Sterilization
  - IUD
  - Implants
  - Injectables
  - Pills/ECP
  - Male/Female Condoms
  - Standard Days Method
  - Two-Day Method
  - Rhythm Method
  - LAM

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Survey: Eliciting Top Method Attribute

In choosing a contraceptive method, what feature(s) would be most important to you? CHOOSE ALL THAT APPLY.

EFFECTIVE AT PREVENTING PREGNANCY
CAN BE USED WITHOUT ANYONE ELSE KNOWING
PROTECTS AGAINST STI/HIV
DURATION OF EFFECT / LASTS LONG
NO RISK OF HARMING HEALTH
NO EFFECT ON REGULAR MONTHLY BLEEDING
NO UNPLEASANT SIDE EFFECTS
SHOULD NOT BE HORMONAL
LOW COST
EASILY AVAILABLE AT THE CLNIC
CAN BE USED FOR A LONG TIME WITHOUT NEED TO VISIT CLINIC OR RE-SUPPLY
WILL BE ABLE TO GET PREGNANT WHEN I WANT
NO NEED TO GO TO A CLINIC TO OBTAIN THE METHOD
NO RISK OF INFERTILITY
NO NEED TO REMEMBER USING THE METHOD
WANT TO TRY SOMETHING NEW / TIRED OF OLD METHOD
MY DOCTOR RECOMMENDED IT TO ME
MY HUSBAND WANTED ME TO USE THIS METHOD
OTHER WOMEN IN MY FAMILY HAVE USED THIS METHOD
FRIENDS HAVE USED THIS METHOD
DOES NOT INTERRUPT SEX
OTHER
DON'T KNOW
REFUSED

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Eligibility Criteria for Recruitment

We recruited 782 women who, at the time of the baseline:

1. were married
2. were between the ages of 18 and 35
3. lived in the city of Lilongwe (permanent residents)
4. were currently not pregnant and did not give birth in the 6 months prior to the initial screening
5. had neither been sterilized nor have had a hysterectomy
6. had given birth to at least one child in their lifetime
7. lived with their husbands at the time of the screening

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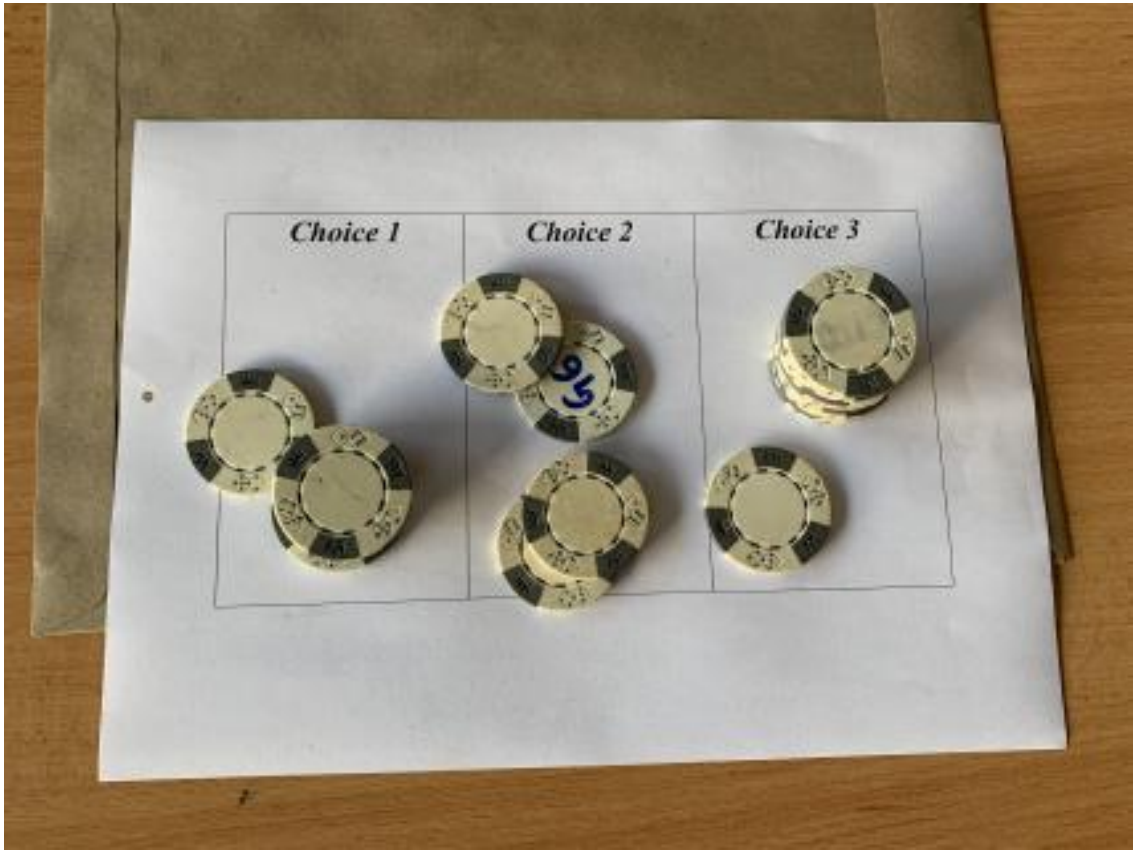
Eliciting Top Attribute

- Eliciting women's most valued attribute about contraceptive methods
  - 20 Counters to be allocated across at most 3 attributes



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Short Counseling - Attribute-Method Assignment

FLIP CHARTS - ATTRIBUTES AND METHODS		
FLIP CHART COLOUR	**METHODS**	**ATTRIBUTES**
BLUE	1. Sterilization	Effective at preventing pregnancy
	2. IUD	Duration of effect/lasts long
	3. Implants	
	4. Injectables	
	5. Pill	
PURPLE	1. LAM	No risk of harming health
	2. Two-day method	No effect on monthly bleeding
	3. Rhythm Method	No unpleasant side effects
	4. Standard Days Method	Low-cost
	5. Condoms	No risk of infertility
		Non-hormonal
		No need to go to the clinic to obtain
PINK	1. Condoms	Immediate return to fertility
	2. Two-day method	
	3. Rhythm Method	
	4. Standard Days Method	
	5. IUD	
YELLOW	condoms	Protects against HIV/STI
GRAY	1. IUD	WANT TO TRY SOMETHING NEW / TIRED OF OLD M
	2. Implants	MY DOCTOR RECOMMENDED IT TO ME
	3. Sterilization	MY HUSBAND WANTED ME TO USE THIS METHOD
	4. Pills	OTHER WOMEN IN MY FAMILY HAVE USED THIS M
	5. Injectables	FRIENDS HAVE USED THIS METHOD
		EASILY AVAILABLE AT CLINIC
ORANGE	1. Sterilization	No need to remember to use
	2. IUD	
	3. Implants	
	4. Injectables	

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Summary Statistics

Summary statistics

	Mean	N	Std. Dev.
Age	26.1	781	4.51
Total number of children	2.1	777	1.07
Desired Num. of Children	3.5	775	.85
Education	1.34	781	.53
Currently working	.56	781	.5
First cohabitation age	18.04	755	2.67
Lived w/ men once or more	.83	775	.38
Current/Ever Contraceptive usage	.99	777	.11
Current Use	.87	777	.33
Top 1 Attribute	.53	777	.5
Weight to top 1 attribute	16.54	777	4.42
Intention to switch methods	.37	679	.48
Husband Supportiveness towards Contraception	1.4	774	.91

Note: Currently working refers to women's working status at baseline. Top attribute refers to whether the top method attribute is effectiveness or not. Weight to top attribute refers to the number of beans (out of 20 beans) the woman assigned to their top method attribute. Intention to switch is woman's answer to the question, "if you had the choice to switch to another method, would you like to switch?" Husband approval refers to the question, "on a scale of 1 to 5, with 1 being strongly supportive and 5 being strongly opposed, how do you believe your husband feels towards using family planning methods?"

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Balance Table: Short Counseling

	All	Short	Long	Difference
Age	26.10	26.11	26.08	-0.03
Total No. of Children at BL	2.10	2.06	2.15	0.08
Desired number of children	3.50	3.49	3.50	0.01
Education	1.34	1.33	1.37	0.04
Currently working	0.56	0.57	0.56	-0.02
First cohabitation age	18.04	18.05	18.01	-0.04
Lived w/ men once or more	0.83	0.82	0.83	0.01
Current/Ever use of FP	0.99	0.99	0.99	0.00
Current use of FP	0.87	0.88	0.87	-0.00
Top attribute is effectiveness	0.53	0.53	0.53	0.00
Weight to top attribute	16.54	16.59	16.46	-0.13
Intention to switch methods	0.37	0.38	0.34	-0.04
Husband supports FP	1.40	1.42	1.38	-0.04
Observations	**782**	**451**	**331**	**782**

Note: Currently working refers to women's working status at the baseline. First cohabitation age refers to the age at which women started to live with her (first) husband. Top attribute refers to whether the top method attribute is effectiveness or not. Weight to top attribute refers to the number of beans (out of 20 beans) the woman assigned to their top method attribute. Intention to switch methods is woman's answer to the question, "if you had the choice to switch to another method, would you like to switch?" Husband approval towards contraception refers to the question, "on a scale of 1 to 5, with 1 being strongly supportive and 5 being strongly opposed, how do you believe your husband feels towards using family planning methods?"

Balance Table: Husband Invitation

	All	Husband	No Husband	Difference
Age	26.10	26.22	25.93	-0.30
Total No. of Children at BL	2.10	2.14	2.04	-0.10
Desired number of children	3.50	3.47	3.54	0.07
Education	1.34	1.35	1.34	-0.01
Currently working	0.56	0.56	0.57	0.02
First cohabitation age	18.04	18.05	18.02	-0.03
Lived w/ men once or more	0.83	0.84	0.81	-0.03
Current/Ever use of FP	0.99	0.99	0.98	-0.01
Current use of FP	0.87	0.87	0.88	0.00
Top attribute is effectiveness	0.53	0.53	0.53	0.00
Weight to top attribute	16.54	16.61	16.44	-0.17
Intention to switch methods	0.37	0.35	0.39	0.05
Husband supports FP	1.40	1.40	1.40	0.00
Observations	**782**	**450**	**332**	**782**

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Short Counseling -Ten Flip charts

- All flipcharts corresponding to all "top attributes" Go Back

ID Cards

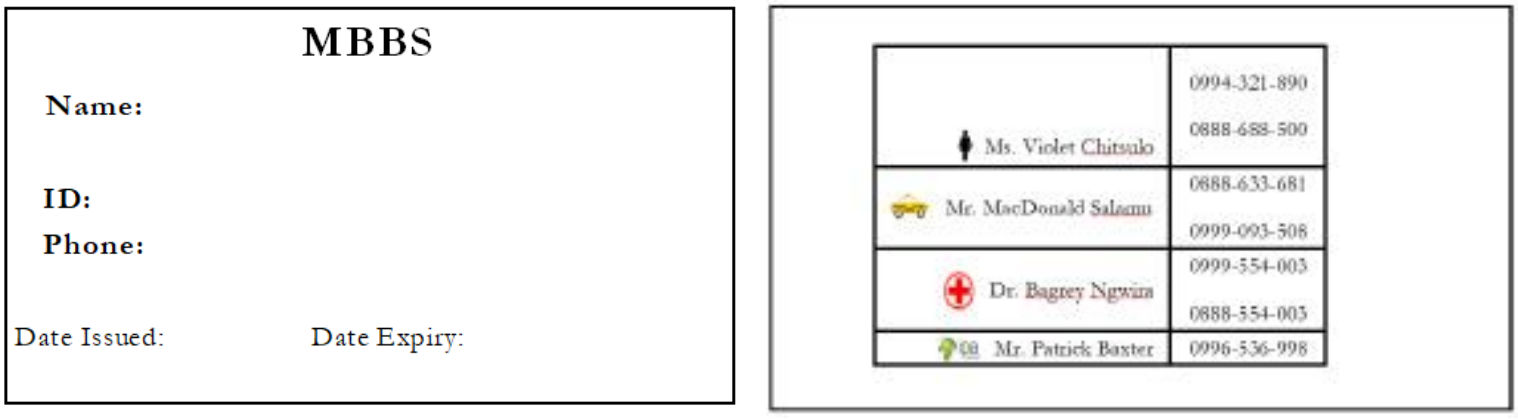

Figure 1: Women's ID cards for picking up services

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Private Taxi

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The Good Health Kauma Clinic

The Good Health Kauma Clinic

The Good Health Kauma Clinic

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Short Counseling - Ideal Method Change

Table 1 Pre-Counseling and Follow-up Ideal Methods

	Unadjusted		Controls		More Controls	
	ITT	Compliance	ITT	Compliance	ITT	Compliance
Short Counseling (1 = Yes)	0.0320		0.0305		0.0340	
	[-0.0470,0.111]		[-0.0492,0.110]		[-0.0467,0.115]	
Short Counseling (1 = Yes)		0.0438		0.0392		0.0397
		[-0.0350,0.123]		[-0.0404,0.119]		[-0.0409,0.120]
Observations	**629**	**629**	**628**	**628**	**627**	**627**
Adjusted R^2	**-0.001**	**0.000**	**-0.002**	**-0.001**	**-0.007**	**-0.007**
Mean Outcome in Control	**0.438**	**0.431**	**0.438**	**0.431**	**0.438**	**0.431**

Note: The dependent variable is a dummy taking the value of 1 if the follow-up ideal method differs from the pre-counseling ideal method. Area fixed effects are included, and heteroscedasticity-robust standard errors are presented.

* p < 0.1, ** p < 0.05, *** p < 0.01

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Short Counseling - Uptake of Stated Ideal Method

Table 3 End-of-Counseling Ideal Method and Follow-up Current Method

	Unadjusted ITT	Compliance	Controls ITT	Compliance	More Controls ITT	Compliance
Short Counseling (1 = Yes)	0.0895**		0.0815**		0.0709**	
	[0.0113,0.168]		[0.00534,0.158]		[-0.00582,0.148]	
Short Counseling (1 = Yes)		0.0949***		0.0856**		0.0760**
		[0.0169,0.173]		[0.00959,0.162]		[-0.000621,0.153]
Observations	**639**	**639**	**638**	**638**	**637**	**637**
Adjusted R^2	**0.006**	**0.007**	**0.071**	**0.071**	**0.075**	**0.076**
Mean Outcome in Control	**0.423**	**0.420**	**0.423**	**0.420**	**0.423**	**0.420**

Note: The dependent variable is a dummy taking the value of 1 if the follow-up current method differs from the end-of-counseling ideal method women wanted to pick up at the clinic. Area fixed effects are included, and heteroscedasticity-robust standard errors are presented.

* p < 0.1, ** p < 0.05, *** p < 0.01

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Short Counseling - Switching Intention

Table 2 Current Method and Ideal Method at the Follow-up Session

	Unadjusted		Controls		More Controls	
	ITT	Compliance	ITT	Compliance	ITT	Compliance
Short Counseling (1 = Yes)	0.0755**		0.0669**		0.0674**	
	[-0.00201,0.153]		[-0.00848,0.142]		[-0.00898,0.144]	
Short Counseling (1 = Yes)		0.0841**		0.0727**		0.0743**
		[0.00686,0.161]		[-0.00256,0.148]		[-0.00209,0.151]
Observations	**637**	**637**	**636**	**636**	**634**	**634**
Adjusted R^2	**0.004**	**0.006**	**0.060**	**0.061**	**0.054**	**0.055**
Mean Outcome in Control	**0.556**	**0.551**	**0.556**	**0.551**	**0.556**	**0.551**

Note: The dependent variable is a dummy taking the value of 1 if the follow-up ideal method differs from the follow-up current method. Area fixed effects are included, and heteroscedasticity-robust standard errors are presented.

* p < 0.1, ** p < 0.05, *** p < 0.01

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Husband Invitation - Ideal Method Change

Table 4 Pre-Counseling and Follow-up Ideal Methods

	Unadjusted		Controls		More Controls	
	ITT	Compliance	ITT	Compliance	ITT	Compliance
Husband	-0.0706**		-0.0772**		-0.0745**	
	[-0.149,0.00822]		[-0.157,0.00225]		[-0.155,0.00581]	
Husband		0.0116		0.0227		0.0164
		[-0.0940,0.117]		[-0.0828,0.128]		[-0.0911,0.124]
Observations	**629**	**629**	**628**	**628**	**627**	**627**
Adjusted R^2	**0.003**	**-0.002**	**0.003**	**-0.003**	**-0.003**	**-0.008**
Mean Outcome in Control	**0.496**	**0.454**	**0.496**	**0.454**	**0.496**	**0.454**

Note: The dependent variable is a dummy taking the value of 1 if the follow-up ideal method differs from the pre-counseling ideal method. Area fixed effects are included, and heteroscedasticity-robust standard errors are presented.

*** p < 0.1, ** p < 0.05, *** p < 0.01**

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Husband Invitation - Current Method Change

Table 5 Counseling and Follow-up Current Methods

	Unadjusted		Controls		More Controls	
	ITT	Compliance	ITT	Compliance	ITT	Compliance
Husband	0.0443*		0.0430*		0.0386	
	[-0.0149,0.104]		[-0.0160,0.102]		[-0.0205,0.0977]	
Husband		0.0788**		0.0837**		0.0917**
		[-0.00863,0.166]		[-0.00356,0.171]		[0.00394,0.179]
Observations	**637**	**637**	**636**	**636**	**635**	**635**
Adjusted R^2	**0.002**	**0.004**	**0.034**	**0.038**	**0.028**	**0.033**
Mean Outcome in Control	**0.152**	**0.164**	**0.152**	**0.164**	**0.152**	**0.164**

Note: The dependent variable is a dummy taking the value of 1 if the follow-up current method differs from counseling used method. Area fixed effects are included, and heteroscedasticity-robust standard errors are presented.

* p < 0.1, ** p < 0.05, *** p < 0.01

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Husband Invitation - Uptake of Stated Ideal Method

Table 7 End-of-Counseling Ideal Method and Follow-up Current Method

	Unadjusted		Controls		More Controls	
	ITT	Compliance	ITT	Compliance	ITT	Compliance
Husband	-0.0865**		-0.0882**		-0.0889**	
	[-0.165,-0.00808]		[-0.165,-0.0112]		[-0.166,-0.0117]	
Husband		-0.0981**		-0.0805*		-0.0769*
		[-0.200,0.00409]		[-0.181,0.0204]		[-0.180,0.0263]
Observations	**639**	**639**	**638**	**638**	**637**	**637**
Adjusted R^2	**0.006**	**0.004**	**0.072**	**0.068**	**0.078**	**0.074**
Mean Outcome in Control	**0.524**	**0.491**	**0.524**	**0.491**	**0.524**	**0.491**

Note: The dependent variable is a dummy taking the value of 1 if the follow-up current method differs from the end-of-counseling ideal method women wanted to pick up at the clinic. Area fixed effects are included, and heteroscedasticity-robust standard errors are presented.

* p < 0.1, ** p < 0.05, *** p < 0.01

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Husband Invitation - Switching Intention

Table 6 Current Method and Ideal Method at the Follow-up Session

	Unadjusted		Controls		More Controls	
	ITT	Compliance	ITT	Compliance	ITT	Compliance
Husband	-0.0275		-0.0320		-0.0282	
	[-0.104,0.0495]		[-0.107,0.0429]		[-0.104,0.0475]	
Husband		-0.0334		-0.00616		-0.00209
		[-0.140,0.0733]		[-0.112,0.0997]		[-0.108,0.104]
Observations	**637**	**637**	**636**	**636**	**634**	**634**
Adjusted R^2	**-0.001**	**-0.001**	**0.057**	**0.056**	**0.051**	**0.050**
Mean Outcome in Control	**0.615**	**0.605**	**0.615**	**0.605**	**0.615**	**0.605**

Note: The dependent variable is a dummy taking the value of 1 if the follow-up ideal method differs from the follow-up current method. Area fixed effects are included, and heteroscedasticity-robust standard errors are presented.

* p < 0.1, ** p < 0.05, *** p < 0.01

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