

Uptake of modern contraceptives in Burkina Faso: men's involvement, polygamy and peer effects

Pre-analysis plan

Ben D'Exelle, Aurelia Lepine, Richard Bakyono and Ludovic Tapsoba

Abstract

With this trial, we study the influence of men's involvement on the uptake of modern contraceptives in 30 rural villages in the region of Hauts-Bassins, Burkina Faso. Women who do not use modern contraceptives yet will receive a voucher that gives them access to free modern contraceptives at the nearest local health centre. We will compare two treatments that vary in men's involvement: either the voucher is given in private (no involvement of men), or it is given to her husband, with her being present. We will stratify by the type of households (monogamous and polygamous households), to test whether the effect of men's involvement differs between both types of households. Monogamous couples where the woman already uses modern contraceptives will be asked to transfer the voucher to someone else in their village who does not use modern contraceptives yet. Here, we compare two treatments that differ in who receives the voucher from us (either the woman in private, or the husband in private). A comparison between both treatments allows us to compare peer effects between men and women. The main outcome variables for all treatment comparisons are the use of the voucher and whether any modern contraceptives are used immediately after the visit (short-term effects) and a few months later (long-term effects). For couples who are asked to transfer the voucher, we are also interested in whether that is actually done, as well as the characteristics of the persons they transfer it to. Additional outcome variables are fertility, women's well-being and intra-household cooperation/tensions.

1. Research questions

While most Sub-Saharan countries have seen an increase in the use of modern contraceptives, for large numbers of women modern contraceptives remain inaccessible. This is mostly assumed to be the result of 1) gender differences in preferences on the desired number of children, with men preferring more children than women, combined with 2) women's low bargaining power (Hindin, 2000; Rasul, 2008; Westoff, 2010; Ashraf *et al.*, 2014).

In the experiment described in this pre-analysis plan, we plan to extend this line of research in the following ways. First, existing studies have exclusively focused on monogamous households, despite the fact that polygamy is very common in most Sub-Saharan countries. It is expected that the mechanisms that explain the low uptake of modern contraceptives differ between polygamous and monogamous households. Second, uptake of contraceptives might be influenced by the use of contraceptives of friends or relatives, which has not been systematically studied yet. In sum, this study will investigate the influence of men's involvement on the uptake of modern contraceptives, and how it interacts with the type of household (polygamous vs. monogamous) and potential peer effects.

A. The influence of husband and co-wives in monogamous and polygamous households

Polygamy might interact with contraceptive use in two ways. First, among co-wives, there might be some competition with respect to the number and gender of children they can give to their husband. Such competition might be the result of the social status women obtain by fulfilling their reproductive role. This might be reinforced by the fact that some men choose an additional wife if they feel the first wife has been unable to give him an insufficient number of children. In this way, polygamy might increase the competition among co-wives and increase their fertility preferences. At the same time, the husband might want to keep his co-wives happy, by aiming to have an equal number of children with each wife. Here the hypothesis would be that men might have a bigger interest (and women a lower interest) in contraception than in monogamous households.

Second, at the same time, co-wives might coordinate and put pressure on their husband to use contraceptives, which makes the use of contraceptives higher within polygamous households. However, such coordination might be more difficult with stronger competition among co-wives. Importantly, as we expect competition among co-wives to depend on the number and gender of children as well as the rank of each of the co-wives, there will be important heterogeneity in the influence of men's involvement.

B. Peer effects

Whether other people in the community already use contraceptives might exert an important influence on one's decision to start using contraceptives, and it is expected that the involvement of men can be important in such peer effects. It is important to study whether the strength of peer effects depends on the gender of the peers. While women tend to have smaller social networks, they might be more used to discussing family planning with their friends and relatives. At the same time, there might strong sorting in the use of contraceptives: friends are likely to take similar decisions. Taking account, of gendered differences in social networks, we expect men to be more able to transfer a voucher to friends or relatives. Here again, there might be important heterogeneity in such gender difference. Whether the voucher is transferred could be highly dependent on socio-economic characteristics of the peers and the persons who receive the voucher (e.g. education, age, personality characteristics, etc.).

2. Experiment

To study the above-described research questions, we would use an experiment in which a voucher is distributed that gives women free access to modern contraceptives at the nearest health centre. The voucher should be used within one month. For this experiment, we will recruit a random sample of couples (of which the wife is between 18 and 40 years old) from 30 rural villages in the area around Bobo-Dioulasso. We will visit each selected woman in her house and in private. At the start of this visit, information on some basic socio-economic characteristics will be collected, including information on individual preferences and beliefs around family planning as well as their use of modern contraceptives. The voucher will be distributed under the following experimental conditions.

2.1. Treatments

We would organise the between-subject treatments as listed in the table below. Experimental treatments vary on whether the husband or wife is given the voucher. The sample is also divided by a) whether the household is polygamous and b) whether the household already uses modern contraceptives. More specifically, participants will be allocated to PART A or Part B depending on whether or not they are currently using any modern contraceptives.

PART A: Women who are not using any contraceptive will be eligible to use the voucher themselves. The sample will also be stratified by whether the household is polygamous. The voucher is given either to the wife (in private) or to the husband (with the wife being present).

PART B: Couples who already use a contraceptive method will be invited to transfer the voucher to someone else in their village who does not use modern contraceptives yet, and hence could use the voucher.¹ The voucher will have a unique identification number so that we can link the voucher to the participant who receives the voucher from us and the person who eventually uses the voucher. The voucher will be given either to the wife (in private) or the husband (in private). To ensure comparability and optimal use of statistical power, polygamous households will not be eligible for PART B.

Table 1. Treatments and sample size

		Who do we give the voucher	Monogamous	Polygamous
PART A	1200 couples where wife doesn't use	Wife	300 (1)	300 (3)
		Couple	300 (2)	300 (4)
PART B	800 couples where wife uses	Wife	400 (5)	
		Husband	400 (6)	

For the between-subject treatment comparisons 1-2, 3-4 and 5-6, we anticipate that with a number of 300 participants per arm we are able to detect a change in contraceptive use by 11 points assuming a baseline rate of 40%, a power of 80% and a statistical significance of 5% and no attrition.

2.2. Implementation

We collect census data of 30 randomly selected rural villages, recording the names of husband and wife of all couples, as well as their age and GPS coordinates of their house.

¹ No additional financial compensation will be given to use or transfer the voucher. Based on the insights we obtained from focus group discussions, we believe that many (not all) participants would be prepared to transfer the voucher to others who could use the voucher (i.e. who do not use contraceptives yet). We assume that as the voucher has a value (it gives access to free contraceptives), it will not be discarded and some participants will be motivated to 'help others' by giving them a voucher.

We then stratify the sample between polygamous and monogamous households. 600 eligible polygamous households will participate in the study. Of the polygamous households, only the ones where at least one wife does not use modern contraceptives will be allocated to part A. If all women use contraceptives, they are not included in the study. We will include 1400 randomly selected monogamous couples. A reserve list is prepared to replace couples that are not available during the fieldwork, or to make sure we have a sufficient number of cases in parts A and B. We will use three teams of seven enumerators each.

The following stages will be implemented. Stages 1-3, which take place during the visit of the participants, will be administered on an electronic data collection instrument and programmed with data entry tool Open Data Kit (ODK). Appendix A presents the experimental script that will be used.

Stage 1: Interview

At the start of the interview, the following selection criteria are checked. If at least one of them is not fulfilled the participant is not selected.

- The participant is married or living together with someone as if married
- She is between 18 and 40 years old
- She lives with their husband or partner
- She is not pregnant
- She is not menopausal, sterilized, infertile and did not have a hysterectomy
- No health agent has told her that she has a health problem that prevents her from taking contraceptives.

For monogamous households, we would start the interview with the woman of the selected household. If the selection criteria are not fulfilled, we stop the interview. For polygamous households, we would start the interview with a randomly selected co-wife of the selected household. If the selection criteria are not fulfilled, we would continue with another co-wife. Since for polygamous households we would only select women who do not currently use contraceptives, non-use of modern contraceptives is an additional selection criterion.

During this interview, we would capture information on:

- Basic characteristics of husband and wife (and co-wives), such as age, education, ethnicity, and religion.
- Household wealth (assets, land, etc.)
- Basic characteristics of children (number, age, gender), including of co-wives in the case of polygamous households.
- Their current use of contraceptives and if they use what type; and whether their husband knows; if they do not use, why not.
- Fertility preferences and beliefs about their husband's fertility preferences
- Personality characteristics such as conflict aversion, locus of control and openness
- Risk and time preferences

- Beliefs about the effectiveness and side-effects of contraceptives; and whether their husband would find if they used contraceptives without informing him.
- Whether she (and co-wives) does not want to get pregnant in the near future, and whether she believes that her husband does not want to wait ...
- Collect information on main outcomes (e.g. domestic violence, number of years she wants to wait to become pregnant)
- Well-being and health (including mental health)
- Opinion about the quality of care of the nearest health centre
- Previous experience with reproductive health services
- Income estimation for each spouse
- Information on decision-making autonomy in various domains (expenditure on children, health, etc.).
- Communication with husband and other relatives about contraceptives
- The social network the interviewee has in the village.

Stage 2: *Selection of the treatment*

We will use the following algorithm that we will programme in ODK to randomly allocate the treatments.

- If the selected woman reports that she does not use modern contraceptives (and is not pregnant), or at least one co-wife does not use modern contraceptives (for polygamous households), we continue with PART A. If she reports that she is pregnant or already uses (only for monogamous households) we continue with PART B.
- If PART A is selected
 - For monogamous households: ODK will randomly select treatment 1 or 2.²
 - If treatment 1 is selected, we continue the interview with the woman and give the voucher to her.
 - If treatment 2 is selected, we continue the interview with the woman and give the voucher to the husband with the wife being present.
 - For polygamous households: ODK will randomly select treatment 3 or 4.
 - If treatment 3 is selected, we continue the interview with the co-wife who does not use modern contraceptives (and is not pregnant) and give the voucher to her.
 - If treatment 4 is selected, we continue the interview with the co-wife who does not use modern contraceptives (and is not pregnant) and give the voucher to the husband with the co-wife being present.
- If PART B is selected
 - We randomly select treatment 5 or 6
 - We would not disclose any information collected during the interview with the woman to husband. In particular, if treatment 6 is selected, we would simply

² To randomize the selection of the treatment, we will make use of the pre-defined ID of the voucher.

invite the husband to transfer the voucher to someone in the village (and not to his wife) – and not explain him that she already uses.

Stage 3: *Explanation of the voucher*

- We give a voucher to the participant (see Appendix B). Each voucher has a unique ID number so that we can track who receives and who uses the voucher (who might be different persons in PART B). The ID number of the voucher given to the participant is entered in ODK.
- We explain the conditions of the voucher, being:
 - the voucher gives the woman access to free modern contraceptives at a pre-specified health centre
 - the voucher needs to be used within one month
- If the participant accepts the voucher and PART A is chosen, the enumerator completes the name of the participant on the voucher.
- If the participant accepts the voucher and PART B is chosen, it is explained that participant can transfer the voucher to someone else in the village (who does not live in the same household; and they cannot use the voucher themselves), and the enumerator does not fill in the name of the participant on the voucher.

Stage 4: *Tasks at the health centre*

- The nurse receives the participant and checks whether the participant has a voucher with a date that is not expired yet.
- The nurse then offers the standard family planning services. Contraceptives are offered.
- If the name of the user on the voucher is empty (in part B), the voucher is completed by the nurse.
- The nurse completes a ‘confirmation of service’ sheet and attaches it to the voucher used. This sheet collects some information on the user of the voucher (see Appendix C).
- The voucher and the ‘confirmation of service’ sheet are retained by the nurse.

Stage 5: *Collection of vouchers and ‘confirmation of service’ sheets at the health centres*

One month after the last visit in the village, our team will collect the vouchers and ‘confirmation of service’ sheets at the respective health centre, and pay the costs of the contraceptives and the agreed compensation. It will also record the GPS coordinates of the health centre.

Stage 6: *Endline survey*

An endline survey will allow us to better understand why or why not they used the voucher (Part A); and why (or why not) they transferred the voucher (Part B). A few months after the experiment, we visit each woman again, and collect information on:

- Part A: If they did not use the voucher, why not

- Part B: Whether they transferred the voucher and to whom. If they did not transfer the voucher, why not.
- Other variables to capture: fertility (whether they are pregnant, etc.), well-being, intrahousehold cooperation and tensions/violence, etc.

3. Analysis

This section describes the planned analyses. In the following order, we will present the outcomes, the treatment comparison, and the planned heterogeneity analysis.

3.1. Outcomes

The most important outcome variables that we plan to use in the analysis are whether the voucher is used (and transferred for Part B), how long the participant waits before the voucher is used, the use of modern contraceptives (and the type). In addition, we plan to use data collected during the endline to study the duration of the effects; i.e. whether the effects persevere several months after our intervention. More specifically, we would look for evidence in support of the continuation of the use contraceptives, i.e. once a woman starts using modern contraceptives she is likely to renew them. Finally, outcome variables such as well-being and intra-household violence are used to identify possible effects of the use of contraceptives.

We will conduct all analyses using statistical tests and regression analysis. In addition to tests that verify whether the treatments are balanced along a variety of socio-economic characteristics, we will undertake the following treatment comparisons.

3.2. Research question 1: the role of polygamy

- *Comparison 1-2*: as women tend to have lower fertility preferences than their husband, one would initially expect that the use of the voucher in treatment 2 (V_2) is lower than in treatment 1 (V_1). In treatment 1, the voucher is given to women in private, so that they get the opportunity to use contraceptives without informing their husband, which in turn could lead to a higher use in treatment 1 than in treatment 2.

However, in the rural area around Bobo-Dioulasso confidentiality cannot be guaranteed, as most health centres are located in the village, family planning services are not integrated in general health services (so that women will be separated from other patients), which jeopardizes confidentiality.³ This implies that most women will not use the voucher without the consent of their husband. As spouses do not tend to communicate a lot about contraceptives, we expect a lack of coordination among spouses would make the use of the vouchers lower in treatment 1 than in treatment 2. In the latter treatment, both spouses are

³ This is in contrast to urban Zambia where Ashraf et al. (2014) found that women are more likely to use a family planning voucher if they did not the consent of their husband. In urban settings, women have a better ability to visit health clinics in private. Also, in their study they employed only one private clinic who guaranteed confidentiality.

present when the voucher is given, which ensures perfect information. In treatment 1, however, many women may not approach their husband to discuss the voucher, which could be driven by a negatively biased belief about their husband's opinion about family planning, combined with strong aversion from risk and conflict. As a result, the use of the voucher might actually be lower in treatment 1 than in treatment 2.

- *Comparison 3-4*: We hypothesise the following treatment effects.

First, competition among co-wives increases women's fertility preferences, which would lower the use of the voucher in treatment 3 and possibly also in treatment 4, such that $V_3 < V_1$ and $V_4 < V_2$.⁴

Second, we expect the difference in the use of the voucher between treatments 3 and 4 to be smaller than the difference between treatments 1 and 2. In others words, $(V_3 - V_4) < (V_1 - V_2)$. Husbands try to keep all wives happy, so that their influence will be in the direction of equal number of children for each wife. This implies that for some women (especially the one who have several children already) they will be supportive to use contraceptives, which would increase the use of the voucher in treatment 4. Also, as husbands have multiple wives, the number of children they want with each wife is expected to be lower.

We expect both mechanisms to depend on the specific setting of the household in terms of the number (and gender) of the children that each wife has. For example, competition would be higher among co-wives who have fewer children (and who do not have a boy yet).

3.3. Research question 2: the role of peer effects

- *Comparison 5-6*: this comparison allows us to test whether the probability that vouchers are transferred and used by end-users depends on the gender of the participants who receive the vouchers from us. We expect the use of the vouchers to be higher in treatment 5 than in treatment 6.

During the endline, we would ask the participant to whom (if any) they transferred the voucher, so that if the voucher was not used at the health centre we are able to distinguish whether the voucher was not transferred or was not used by the end-user if transferred to them. This information is also important to detect whether the voucher was transferred more than once. We would also ask the nurses to collect information on whom the end-user received the voucher from (see Appendix C).

- *Comparison between parts A and B*: such comparison allows us to compare the effectiveness of a direct and indirect approach. More specifically, we could test whether giving a voucher to someone randomly selected (direct approach) would be less effective than the use of local peers (indirect approach). There are several differences between both approaches: peers might be better at selecting the ones who do not use modern contraceptives

⁴ Note that if both (or all) co-wives want to use contraceptives, they might also collude against their husband, which would actually increase the use of the voucher in treatment 3. We assume that the required coordination among co-wives is only possible in treatment 3 (where one of the co-wives receives the voucher without the husband being informed by us), and less in treatment 4 (where the husband receives the voucher).

and could be convinced to start using, but at the same time might be less motivated compared to our team of enumerators who are paid by us to transfer vouchers. We distinguish between men and women who receive the voucher. A comparison between 1/3 and 5 allows us to compare both approaches when women receive the voucher (we assume that women who transfer a voucher would give it to other women). A comparison between 2/4 and 6 allows us to compare both approaches when men receive the voucher.

3.4. Heterogeneity analyses

During the individual interview (before the voucher is given) a set of background variables are collected, which will be used to undertake a heterogeneity analysis of the treatment effects, along characteristics such as fertility preferences, bargaining power, income, education, age, risk and time preferences, number of children (including of their co-wives), etc.

We are especially interested in the beliefs women have about: 1) their husband's (dis)approval of family planning, and 2) the likelihood that their husband would find out if they visited the health centre to get contraceptives without telling him. If (lack of) coordination among spouses is an important mechanism that explains the different use of the voucher in both treatments, we should observe that the treatment difference is larger among women who believe that their husband would disapprove and that their husband would find out if they visited the health centre without telling him.

References

- Ashraf, Nava, Erica Field, and Jean Lee (2014). "Household bargaining and excess fertility: An experimental study in Zambia," *American Economic Review*, 104(7): 2210–2237.
- Bellows, B., C. Bulaya, S. Inambwae, C.L. Lissner, M. Ali, and A. Bajracharya (2016). Family Planning Vouchers in Low and Middle Income Countries: A Systematic Review. *Studies in Family Planning* 47(4), 357–370.
- Hindin, Michelle J. (2000). "Women's autonomy, women's status and fertility-related behaviour in Zimbabwe," *Population Research and Policy Review*, 19: 255–282.
- Rasul, Imran (2008). "Household bargaining over fertility: Theory and evidence from Malaysia," *Journal of Development Economics*, 86: 215–241.
- Westoff, Charles F. (2010). "Desired number of children: 2000 - 2008," DHS Comparative Reports.

APPENDIX A: EXPERIMENTAL SCRIPT

PART A: Voucher for couples that do not use modern contraceptives

Treatments 1 and 3: The wife receives the voucher in private

I will give you a voucher. If you bring this voucher to the staff of the health centre, we guarantee that you will receive a free family planning consultation and you will be able to choose a family planning method that suits you (such as an injectable contraceptive, an implant or a contraceptive pill) that you will receive for free. Note that you are the only person who can use this voucher. If you give this voucher to someone else, it will not be accepted at the health centre.

You do not have to go to this visit but if you decide to go, you must go in the next 30 days because beyond this date your voucher will no longer be valid and you will not be able to benefit from the free family planning visit and the free contraceptive method.

Let me explain exactly what will happen during the visit if you choose to attend it. During the visit you will get information on the advantages and disadvantages of family planning and the different modern contraceptives available. You will have the opportunity to ask questions to properly assess whether you want to start a contraceptive method at the end of this visit. If you decide to do so, you could discuss with the health staff the contraceptive that best suits your needs and you will leave the health centre with this contraceptive.

During this visit, you will not have to pay anything because all the costs are covered by our research project. However, you will have to pay transportation costs to get to the health centre. Note that the voucher only gives you free access to the first use of contraceptive but not on the following ones.

Do you have any questions?

Treatments 2 and 4: The husband receives the voucher (with the wife being present during the instructions).

I am a research assistant for a research project that wants to better understand the behaviour related to family planning. I will give you a voucher. If your wife [name] brings this voucher to the staff of the health centre, we guarantee that she will receive a free family planning consultation and she will be able to choose a family planning method that suits her (such as an injectable contraceptive, an implant or a contraceptive pill) that she will receive for free. Note that your wife is the only person who can use this voucher. If you give this voucher to someone else, it will not be accepted at the health centre.

She does not have to go to this visit but if she decides to go, she must go in the next 30 days because beyond this date this voucher will no longer be valid and she will not be able to benefit from the free family planning visit and the free contraceptive method.

Let me explain exactly what will happen during the visit if she choose to attend it. During the visit, she will get information on the advantages and disadvantages of family planning and the different modern contraceptives available. She will have the opportunity to ask questions to properly assess whether she want to start a contraceptive method at the end of this visit. If she decide to do so, she could discuss with the health staff the contraceptive that best suits her needs and she will leave the health centre with this contraceptive.

During this visit, she will not have to pay anything because all the costs are covered by our research project. However, she will have to pay transportation costs to get to the health centre. Note that the voucher only gives free access to the first use of contraceptive but not on the following ones.

Do you have any questions?

PART B: For participants who already use a modern contraceptive

Treatment 5: The wife receives the voucher in private

I will give you a voucher. You can give it to one of your friends or acquaintances. There are however three conditions for it to be accepted at the health centre:

- The person to whom you give the voucher must live in your village.
- You cannot give this voucher to someone who lives in your household, such as your daughter, for example.
- You cannot use this voucher to renew the contraceptives that you have been using, as this will be refused by staff at the health centre. The voucher can only be used by someone who does not use yet any modern contraceptives.

If the person who gets the voucher brings this voucher to the health centre, we guarantee you that she will receive a free family planning consultation with a health worker, and that she will be able to choose a modern method of family planning that suits her needs (such as an injectable contraceptive, an implant or a contraceptive pill) and will receive it free of charge.

This person is not obliged to go to this visit but if she decides to go there, she must do it in the next 30 days because beyond this date this voucher will no longer be valid and she will not be able to benefit from the free family planning visit and the free contraceptive method.

Let me explain exactly what will happen during the visit if she chooses to attend it. During the visit, she will get information on the advantages and disadvantages of family planning and the different modern contraceptives available. She will have the opportunity to ask questions to properly assess whether she want to start a contraceptive method at the end of this visit. If she decide to do so, she could discuss with the health staff the contraceptive that best suits her needs and she will leave the health centre with this contraceptive.

During this visit, she will not have to pay anything because all the costs are covered by our research project. However, she will have to pay transportation costs to get to the health centre. Note that the voucher only gives free access to the first use of contraceptive but not on the following ones.

Do you have any questions?

Treatment 6: The husband receives the voucher in private

I am a research assistant for a research project that wants to better understand the behaviour related to family planning. I will give you a voucher. You can give it to one of your friends or acquaintances. This person can be a woman or her husband. There are however three conditions for it to be accepted at the health centre:

- The person to whom you give the voucher must live in your village.
- You cannot give this voucher to someone who lives in your household, such as your daughter, for example.
- This voucher cannot be used to renew the contraceptives one has been using. The voucher can only be used by someone who does not use yet any modern contraceptives.

If this person brings this voucher to the health centre, we guarantee you that she will receive a free family planning consultation with a health worker and that she will be able to choose a modern method of family planning that suits her needs (such as an injectable contraceptive, an implant or a contraceptive pill) and will receive it free of charge.

This person is not obliged to go to this visit but if she decides to go there, she must do it in the next 30 days because beyond this date this voucher will no longer be valid and she will not be able to benefit from the free family planning visit and the free contraceptive method.

Let me explain exactly what will happen during the visit if she choose to attend it. During the visit, she will get information on the advantages and disadvantages of family planning and the different modern contraceptives available. She will have the opportunity to ask questions to properly assess whether she want to start a contraceptive method at the end of this visit. If she decide to do so, she could discuss with the health staff the contraceptive that best suits her needs and she will leave the health centre with this contraceptive.

During this visit, she will not have to pay anything because all the costs are covered by our research project. However, she will have to pay transportation costs to get to the health centre. Note that the voucher only gives free access to the first use of contraceptive but not on the following ones.

Do you have any questions?

APPENDIX B: VOUCHER

ID du bon: XXXX

Si vous apportez ce bon au centre de santé, nous vous garantissons que vous bénéficierez d'une consultation en planification familiale gratuite avec un agent de santé et vous pourrez choisir une méthode de planification familiale qui vous convient (comme un contraceptif injectable, un implant ou une pilule contraceptive) et que vous recevrez gratuitement.

Centre de santé où le bon doit être utilisé (NOM et ADRESSE) : _____

ID de la participante enquêtée: _____

Date de remise : _____

Date d'expiration : _____

Village de la bénéficiaire de la consultation: _____

Nom de la bénéficiaire de la consultation: _____

Signature de l'enquêtrice :



APPENDIX C : CONFIRMATION OF SERVICE (To be completed by the nurse)

Veillez agraffer le bon à cette feuille

Je soussigné _____ (NOM) ai bénéficié d'une consultation de planification familiale le _____ (DATE), à _____ (HEURE),

Dans le CSPS de _____ (nom du CSPS)

De la part de _____ (nom de l'agent de santé)

ID du bon utilisé : _____

Signature de l'utilisateur : _____

1. Quel âge a l'utilisatrice du bon ? _____
2. Combien d'enfants a-t-elle? _____
3. Dans quel village habite-t-elle? _____
4. Le marie a-t-il accompagné sa femme dans le centre de santé ? ☐ Oui ☐ Non
5. Quel est le nom du mari / partenaire ? _____
6. Avez-vous donné une méthode de contraception à la femme ? ☐ Oui ☐ Non
7. Si oui, laquelle? ☐ Injectables ☐ Implants ☐ Pilule ☐ Autre, spécifiez

8. Si non, pourquoi n'a-t-elle pas reçu une méthode contraceptive ?

9. Si applicable, nom de la personne qui a remis le bon : _____

10. Si applicable, sexe de la personne qui lui a remis le bon? ☐ Homme ☐ Femme

Cachet du CSPS :

Signature/emprunte du ou de la bénéficiaire :