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COMMUNICATING RESEARCH TO POLICYMAKERS: RESEARCHERS' EXPERIENCES

Burkina Faso
Malawi

Policymakers and advocates agree that using evidence to inform decisions is essential for good policymaking and program design, given that limited resources require decisionmakers to allocate budgets effectively. Recognizing these issues, funders have invested resources in communicating research findings to inform and empower decisionmakers.¹ But despite these investments, many researchers continue to encounter challenges in sharing their research findings with policymakers.

To create an environment where research can inform policy, both researchers and decisionmakers must collaborate and jointly invest in the process of bringing evidence to policy—by creating incentives for researchers to consider or discuss policy implications and for policymakers to seek out research results or to help shape research agendas.

Background

Some common challenges arise in bringing research to policymakers (see Box 1). Researchers have difficulty communicating their findings in ways that policymakers can easily understand. Many researchers struggle to identify and relay actionable messages to policymakers and to select advocates or other intermediaries to communicate these messages.² University norms, such as criteria for academic promotion, also pose a challenge in moving research from academic journals and universities to policymakers: Most academic researchers are evaluated by the number of articles they publish and the journals in which they publish, not by the number of policymakers they influence. As a result, these researchers often cannot dedicate the time necessary to disseminate their findings to nonacademic audiences.

Timing is another issue: The priorities of researchers and policymakers may conflict with one another. Research initiatives often take several years to execute, complete data analysis, and develop findings, while policymakers might not hold office for the duration of the research process. Problems also arise when research findings conflict with already established programs and priorities. In this case, decisionmakers may not trust the findings, or simply may not be interested in pursuing them.

BOX 1

Translating Research to Policy

Researchers and policymakers face many challenges in identifying policy messages and implementing evidence-based interventions:

- Lack of communication between researchers and policymakers.
- Lack of timeliness or relevance of research, in which the research process is often characterized as being out of step with the decisionmaking process.
- Mutual mistrust.
- Poor quality of research.
- Inconclusive or conflicting findings.
- Political instability and/or high turnover rates at the policymaking levels.

These challenges make it increasingly difficult for both parties to:

- Facilitate productive exchange of ideas and information.
- Identify, frame, and relay actionable messages that are appropriate for the intended audience(s).
- Measure and evaluate the impact of research evidence on decisionmaking.

Source: Craig Mitton et al., "Knowledge Transfer and Exchange: Review and Synthesis of the Literature," *Milbank Quarterly* 85, no. 4 (2007): 729-68.

South Africa
Zambia

BOX 2

Factors Facilitating Communication of Research Results

- Personal contact between researchers and policymakers.
- Timeliness and relevance of research.
- Inclusion of a summary with clear recommendations.

Source: Craig Mitton et al., “Knowledge Transfer and Exchange: Review and Synthesis of the Literature,” *Milbank Quarterly* 85, no. 4 (2007): 729-68.

While practitioners have used a variety of approaches to facilitate the exchange of information between researchers and policymakers, studies have shown that a successful dissemination strategy has a range of communication approaches, such as written research summaries and policy briefs, electronic and web-based outreach tools, and oral presentations (see Box 2).³ However, no universal framework on successful research communication exists, given that most accounts of such activities are based on qualitative and context-specific anecdotes.

This brief highlights the experiences of four research teams who communicated findings from studies supported under the William and Flora Hewlett Foundation's Population and Poverty Research Initiative (PopPov). Each research endeavor was unique in its strategic approach, subject matter, policy environment, and outcome. In addition, different PopPov partners funded the grants for each research study. The United Kingdom's Economic and Social Research Council (ESRC) funded a study of emergency obstetric care in Burkina Faso; and a study of unintended fertility in Karonga, Malawi. The Population Reference Bureau (PRB) awarded research grants for a study of teenage pregnancy and education outcomes in Cape Town, South Africa; and a study of household family planning decisionmaking in Lusaka, Zambia. ESRC required that research teams develop and implement a communication plan, and report on its results, while PRB made no specific research dissemination requirement.

Table 1 summarizes efforts of each research team to inform policymakers of their research findings, while Table 2 presents the result of outreach to policy audiences—the media, the public, and government authorities—and policy outcomes. By highlighting the experiences, challenges, and successes of these research teams, this brief may provide insights to researchers who seek to generate policy-relevant evidence and to share actionable results with policymakers.

TABLE 1
Policy Engagement Activities by Research Teams

	CASE 1: TEENAGE PREGNANCY IN SOUTH AFRICA	CASE 2: OBSTETRIC COMPLICATIONS IN BURKINA FASO	CASE 3: UNINTENDED CHILDBEARING AND FAMILY WELFARE IN NORTHERN MALAWI	CASE 4: HOUSEHOLD BARGAINING AND EXCESS FERTILITY IN ZAMBIA
Presentations and/or information meetings with ministers/local authorities	✓	✓	✓	✓
Formal partnership with ministries				✓
Community engagement			✓	
Partnerships with advocacy organizations		✓		
Media coverage (local or international)		✓		
Policy briefs, newsletters, other materials	✓	✓	✓	✓

Case 1: Teenage Pregnancy in South Africa

RESEARCH PROGRAM

Researchers from the Southern Africa Labour and Development Research Unit (SALDRU), University of Cape Town, and their partners from the University of Michigan, began a PopPov-supported research program in 2008 to analyze links between teen fertility, educational attainment, and health outcomes in South Africa. Their findings had the potential to inform policy and program development in teen pregnancy prevention and protective services for teen mothers and their children.

POLICY ENVIRONMENT AND CONTEXT

Overall, women in South Africa have been giving birth to fewer children since the 1970s, though the rate of teenage childbearing remains relatively high compared to other countries.⁴ Teen childbearing has an adverse impact on the education and health of teen mothers and their children; the large number of young mothers in South Africa is both a cause for social concern and an impetus for policymakers to act. In 2008, some government departments indicated that they did not have the statistics to adequately assess teen pregnancy nor the legislation in place to address the issue. The Department of Basic Education and the Department of Health, however, did have a mandate to draft regulations to address teen pregnancy, and the latest research findings on the

health and socioeconomic consequences of teenage pregnancy would inform the policy process.

ENGAGEMENT ACTIVITIES

To bring their research to policymakers, the SALDRU team, with financial assistance from the Hewlett Foundation, partnered with Baird's Communications Management Consultants (Baird's CMC). Their goal was to increase trust between policymakers and researchers. The team began by conducting a stakeholder mapping exercise to identify groups who would be interested in SALDRU's ongoing research, and selected the Department of Health, the Department of Basic Education, the Department of Social Development, and the National Welfare Forum. Baird's CMC reached out to these groups to create awareness of the ongoing research, generate interest among policymakers, and demonstrate how the research could be useful for formulating new policies.⁵ In addition to partnering with Baird's CMC, the SALDRU team also benefited from a messaging workshop facilitated by communications and advocacy experts with the Children's Institute at the University of Cape Town.

The researchers met with the key stakeholders to share preliminary research findings and to discuss how these findings might be translated and used to support policy discussion. The stakeholders largely responded positively to the outreach efforts, expressing interest in the full research results and agreeing to a series of follow-up presentations.

TABLE 2

Policy Results From Issues Addressed by Research Teams

	CASE 1: TEENAGE PREGNANCY IN SOUTH AFRICA	CASE 2: OBSTETRIC COMPLICATIONS IN BURKINA FASO	CASE 3: UNINTENDED CHILDBEARING AND FAMILY WELFARE IN NORTHERN MALAWI	CASE 4: HOUSEHOLD BARGAINING AND EXCESS FERTILITY IN ZAMBIA
Policy change/contribution to high-level policy document		✓	✓	
Follow-on research requested and formalized				✓
Contribution to debate on issue	✓	✓	✓	✓
Additional materials requested	✓			

The SALDRU researchers presented key findings in meetings, focusing on summarizing the results in a simple and nontechnical manner. They avoided presenting specific policy insights or advice, instead talking through and teasing out the possible policy implications of the research with policymakers. At the end of each presentation, stakeholders were given an opportunity to respond to the research findings. Stakeholders also provided formal feedback via a brief survey.

In general, stakeholders provided positive comments and expressed interest in follow-on activities. Specifically, the Department of Social Development requested that an additional presentation be made to a larger audience of policymakers and representatives from both the national department and South African provinces. Members from the Department of Health praised the presentation and asked that the team gather comparative research on teenage pregnancy from other countries in order to more precisely define the context of the study findings. They also recommended that researchers prepare a paper to examine the policy implications and relevance of the research findings.

SALDRU was also invited to join a national partnership on teen pregnancy. They participated in two meetings in 2013.

As part of the ongoing communications initiative, SALDRU staff prepared a series of working papers and presentations examining the consequences of teenage childbearing and a policy brief that summarized key research results and offered discussion points and messages for policymakers. PRB also prepared a research brief that synthesized the findings from several key SALDRU studies. In response to a request from the South African Broadcasting Corporation, PRB staff participated in a radio interview.

POST-ENGAGEMENT, CHALLENGES, AND OUTCOMES

Outreach and policy discussions heavily depend on joint participation. The outreach exercise resulted in opportunities for future engagement and collaboration, but other commitments made scheduling difficult. For example, even with scheduled presentation times, an emergency occurring just as researchers arrived for the presentation prevented policy and program staff from participating. The lead researchers, however, did have the opportunity to engage policymakers in the development of the research agenda for another project. Although the outcome of the next research effort and engagement is not yet available, the initial work looks promising for engaging policymakers. The willingness of funders to support a stakeholder workshop in the proposal development stage of a follow-on project made it possible to engage policymakers even before the research agenda was finalized for this future project.

Case 2: Obstetric Complications in Burkina Faso

RESEARCH PROGRAM

For many women, emergency obstetric care is a catastrophic expenditure that may potentially contribute to a cycle of poverty and poor health. Few studies have investigated the effect of these expenditures on families, particularly in the long term. To address this lack of information, Veronique Filippi from the London School of Hygiene and Tropical Medicine; Katerini Storeng from the University of Oslo; Rasmané Ganaba, Maurice Yaogo, and Nicolas Meda from AfricSanté; and their colleagues conducted a series of studies to assess the links between the consequences of such events and the health and well-being of the women and their families.

Several funders have supported this research program, and all grant support emphasized either communicating the research or creating a community of practice. These grants and communication emphases have helped elevate the research results among policymakers. They also increased the researchers' ability to influence the policy process.

POLICY ENVIRONMENT AND CONTEXT

Although the number of maternal deaths has decreased substantially over the past 20 years, many women in Burkina Faso still experience near-fatal complications during pregnancy or childbirth. At the time of the study, the cost of treating these complications often represented an expense that could push a family into economic insecurity. To reduce financial barriers to maternal health care services, Burkina Faso adopted a policy in 2006 to subsidize deliveries and emergency obstetric care. The subsidy covered 80 percent of the total cost of treatment and fully exempted the poorest women from paying for obstetric care, but implementation was difficult.⁶ The uncovered costs represented a substantial proportion of some women's income—as much as seven days of income earned.⁷ And in many cases, health care workers were often unsure which women were fully exempt.

ENGAGEMENT ACTIVITIES

The research team integrated a variety of engagement activities to circulate their research findings, including a partnership with a local nongovernmental organization (NGO), meetings with policymakers, engagement with the media, and production of policy briefs. Amnesty International (AI) asked to partner with the research team as part of AI's ongoing campaign for reducing maternal mortality in Burkina Faso. The researchers provided AI with technical assistance and information on the study findings. AI used

these findings for advocacy efforts. The partnership also enabled the research team to reach high-level politicians.

Researchers used several sources of funding to maximize the impact of dissemination, including grants that specifically targeted research communication. In addition to collaborating with an advocacy organization and meeting with policy-makers, the researchers engaged civil society organizations and the media to disseminate their findings. AfricSanté, the in-country partner research institution, received an award for innovative journalism on the topic; and Burkina Faso's national radio station broadcasted AfricSanté's materials. Radio France International interviewed the researchers, who highlighted issues of catastrophic costs and emergency obstetric care. The researchers also initiated and contributed to two research briefs, distributed these briefs to the UK Department for International Development's (DFID) advisers, UN agency staff, and NGOs working on reproductive health and international development.

OUTCOMES

In 2010, the president of Burkina Faso announced that all charges for emergency obstetric care would be lifted (not just partially subsidized), reducing the financial burden for many women and their families who had not been fully covered under the previous policy. The evidence generated and produced through this research project ultimately contributed to this modification, which Amnesty International had requested during a meeting with the president.

More generally, the research has contributed to an emerging policy debate in Burkina Faso and the West African region about the need to provide financial protection in order to increase access to care and reduce catastrophic expenditures. The researchers have noted that the long-term support provided through multiple funders has enabled them to both build and develop long-term relationships that have contributed to the policy impact of their research.

Case 3: Unintended Childbearing and Family Welfare in Northern Malawi

RESEARCH PROGRAM

In 2008, Angela Baschieri and colleagues at the London School of Hygiene and Tropical Medicine conducted a series of studies as part of the Karonga Prevention Study (KPS), now called the Malawi Epidemiology and Intervention Research Unit (MEIRU). Their research assessed how unwanted births and fertility intentions affect physical growth of children and school retention. The research team added questions on fertility intentions and children's physical mea-

surements (height and weight) to ongoing surveys at the Demographic Surveillance Site (DSS) in the Karonga district. Their analyses looked at the effects of unintended pregnancies on children's physical development and on educational outcomes for siblings.

POLICY ENVIRONMENT AND CONTEXT

In Malawi, one in four women does not wish to become pregnant, but is not doing anything to prevent it.⁸ This high rate of unmet need for contraception contributes to high levels of fertility, and in a low-income country like Malawi, caring for additional children often has negative effects on household income and well-being. Each additional child means another individual who needs access to already limited income and resources, thus leading to higher levels of poverty. Additional children may also result in poorer health and educational outcomes for both women and their children through pathways such as nutritional deprivation, stunted growth and development, and fewer years of completed schooling.

KPS staff have a history of providing support for clinical services in the Karonga district as well as areas to the south. KPS activities also support Malawi's national programs by providing data and assisting ministries. For example, KPS staff have drafted a Ministry of Health application to GAVI Alliance (formerly Global Alliance for Vaccines and Immunisation) for support of a vaccination program. KPS staff also serve on national committees and teach in Malawi's higher-education institutions.

The KPS work program in the 2009 to 2011 period included support from the Wellcome Trust to extend public engagement activities. These funds provided an opportunity to study attitudes and beliefs of the local community, including beliefs about research. As part of their goals, KPS staff sought to communicate results in a more culturally appropriate manner.

ENGAGEMENT ACTIVITIES

Under the KPS program of work, staff at the study site implemented the Karonga Engagement Program (KEP), to increase community members' understanding of the KPS work and to contribute to the improvement of community health through strengthened partnerships at community, district, and national levels. A member of the Baschieri research team, Albert Dube, led community engagement from 2010 to 2011. The program included information-sharing days with different education stakeholders in order to increase awareness of the research.

At the national level, researchers met with key stakeholders from institutions such as the Malawi Ministry of Health, the College of Medicine, the National AIDS Commission, and the TB Control Program. At the community level, the team participated in a series of monthly development meetings and information seminars, and also organized an ongoing community-level engagement program. These activities aimed to increase stakeholder awareness and understanding

of the KPS activities and to contribute to the improvement of community health. Table 3 outlines the specific activities that research staff engaged in at each level, and the figure on page 7 provides an example of a KPS newsletter.

In May 2012, the Baschieri team presented research results at the National Leaders Conference on Family Planning, Population, and Development, held in Lilongwe. The team also participated in the high-level panel at this meeting. Malawi's National Population Policy was an outcome of this meeting.

OUTCOMES

Overall, the fertility intentions project has contributed to high-level discussion about the role of family planning in fostering economic development in Malawi. Public response to community engagement initiatives continues to be posi-

tive, and stakeholder participation in information campaigns and sharing days remains strong. Community awareness of outreach activities in the larger KPS program of work has increased—mainly because engagement activities have contributed to greater public understanding of the research findings and key health messages. The KPS project staff intends to gather enough feedback and response data to be able to quantitatively assess the impact of the engagement program on public awareness. The Baschieri team's dissemination of research results from the ESRC/Hewlett-funded project benefited from being embedded in a long-standing research site with a strong commitment to community engagement. The dissemination efforts also benefited from taking place when the Wellcome Trust's funding facilitated KPS improvements in communication with the public.

TABLE 3

Policy and Community Engagement Activities, Malawi Karonga Prevention Study

NATIONAL-LEVEL ACTIVITIES	DISTRICT-LEVEL ACTIVITIES	COMMUNITY-LEVEL ACTIVITIES
<ul style="list-style-type: none"> Express support toward national family health research priorities. Inform stakeholders of the latest KPS progress and research findings. Collaborate with national agencies and academic institutions to develop and implement research grants. Conduct dissemination workshops and best-practices trainings for high-level policymakers. 	<ul style="list-style-type: none"> Offer technical support to initiatives intended to improve health screening and diagnosis capacity in health centers. Conduct monthly professional development trainings and workshops for local health personnel and service providers. 	<ul style="list-style-type: none"> Publish and distribute quarterly KPS project newsletters throughout the Karonga community. Develop awareness about key issues in child nutrition, health, and well-being through community mobilization and campaigns during local cultural events (traditional dancing recitals, youth drama performances).
<ul style="list-style-type: none"> Information-Sharing Days. Project team members gather stakeholders from the community, district-level management offices, and education ministries' advisory boards to discuss ongoing projects and research findings. The goals are to raise awareness of the project; and to facilitate interaction between policymakers, researchers, and the public. As of January 2012, over 260 key informants and community-based organizational leaders have participated. 		

Case 4: Household Bargaining and Excess Fertility in Zambia

RESEARCH PROGRAM

Understanding the factors that drive high levels of unmet need could give policymakers and interest groups information to make decisions about the provision of family planning, health, and education programs in Zambia. In 2007, Nava Ashraf and colleagues at Harvard University conducted an experiment to investigate one factor influencing the demand for contraception: the impact of the husband's participation in decisions about contraceptive use.

POLICY ENVIRONMENT AND CONTEXT

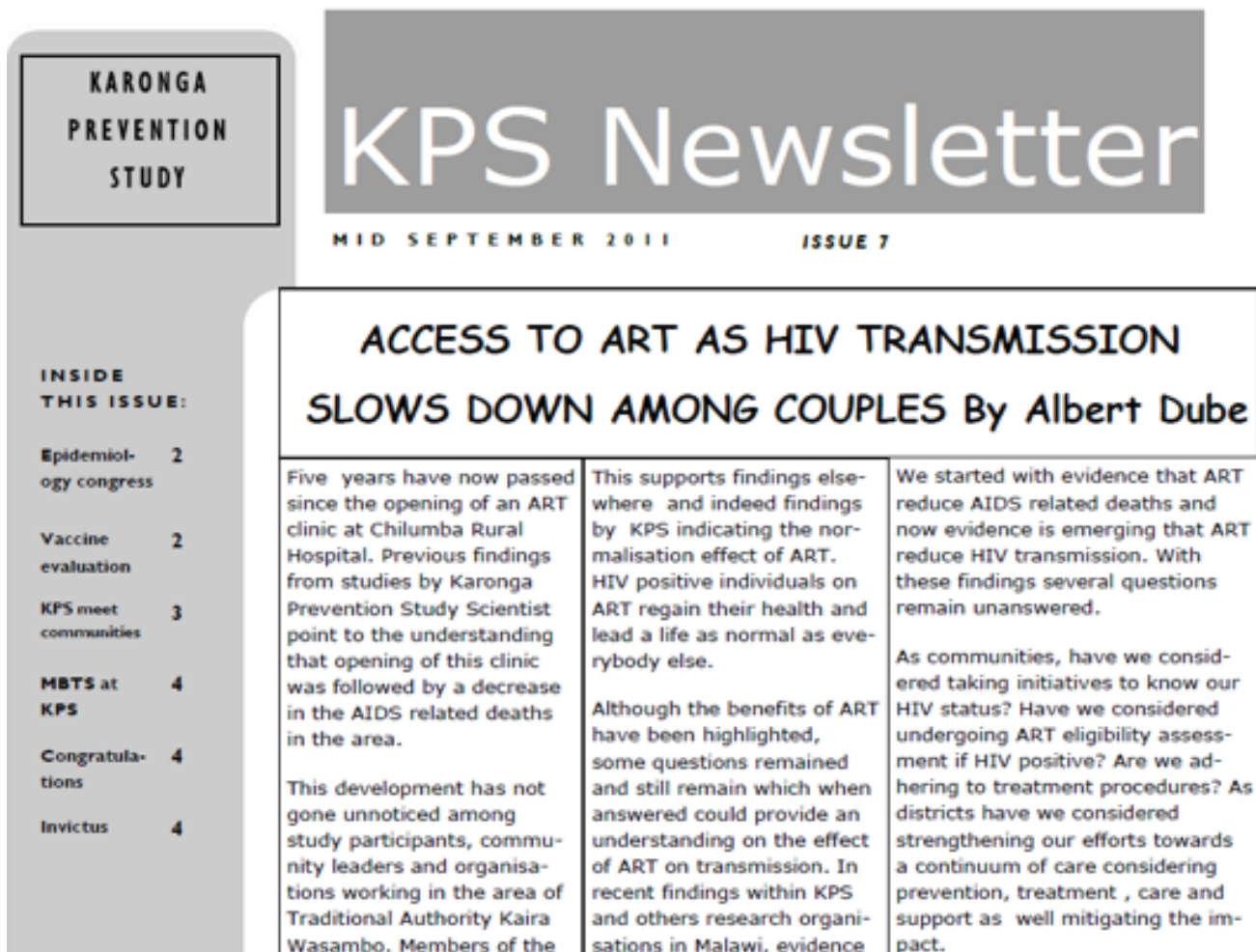
In Lusaka, Zambia, family planning services are readily available, yet unmet need for contraception remains high, with one in four women reporting a desire to prevent childbearing, but not doing anything to prevent it.⁹ Contraceptives and family planning services promote a wide range of health and socioeconomic benefits. Allowing women to time their births, increases women's investments in education and participation in the labor market at childbearing ages. High levels of unmet need, therefore, are a cause for both social and economic concern in Zambia.

ENGAGEMENT ACTIVITIES AND OUTCOMES

The Zambian government is committed to evidence-based policymaking, and is receptive to developing research partnerships and using findings. Ashraf and colleagues began working collaboratively with the Zambian government in 2006 and developed formal partnerships with both the Ministry of Health and the Ministry of Education.¹⁰ The researchers found that providing women access to contraceptives in private increased contraceptive use and reduced fertility. However, they also learned that this private access could be detrimental to a couple's sense of well-being.

FIGURE 1

Front Page of a Karonga Prevention Study Newsletter



Source: Albert Dube et al., "Unintended Childbearing and Family Welfare in Northern Malawi," presentation delivered at the Sixth Annual Research Conference on Population, Reproductive Health, and Economic Development, Accra, Ghana, 2012.

The strong partnership between the research team and the Ministry of Health allowed for trust and movement toward a shared goal. The Ministry of Health requested follow-on research as a result of the study team's presentation of findings to assess both the effectiveness of maternal mortality education on the use of family planning and fertility outcomes, and how education influences male acceptance of family planning.¹¹

The research team's partnership with the government of Zambia also extends to dissemination. The ministry has facilitated the team's access to in-country working groups on reproductive health and maternal mortality. When the

research team presented results to the Ministry of Health, other members of these working groups were present, including the Society for Family Health, USAID, and UNFPA.

Other networks have also been instrumental in disseminating the team's research results to policymakers. Both Ashraf and co-author Field are affiliates of the Jameel Poverty Action Lab (J-PAL). The J-PAL policy group focuses solely on creating policy briefs from academic papers and making them available to practitioners. A J-PAL newsletter circulated to many academics and practitioners highlighted results of the study in Lusaka.

Potential for Collaboration and Consensus

In addition to funding research, PopPov has included a focus on bringing researchers and policymakers together and encouraged researchers to develop effective strategies for communicating study findings. Dissemination efforts by researchers funded through PopPov reflect a diversity of policy engagement strategies and promising results: Policy debates have ensued, policymakers are requesting additional research, and policies have shifted.

Addressing time constraints and other obstacles in the communications between researchers and policymakers is critical. The cases presented here provide some guidance. Engaging professional services such as a communications firm to assist in approaching high-level officials and crafting appropriate messages can relieve researchers of some tasks. However, unless these professionals can understand the research findings and are adept at translating them for a nontechnical audience, researchers still have to spend a lot of time simplifying the results for a nontechnical audience. Collaboration with communication intermediaries, who specialize in fields similar to the research topics, such as AfricSanté and PRB, can facilitate communication of specific findings and relieve the researcher of some of the translation tasks. Also, making researchers aware of culturally appropriate messaging can help engage the public and public officials. Although the initial investment in research translation can be costly, the skills that researchers develop—the ability to make nontechnical presentations and to write for policy audiences—have the potential to alleviate time burdens as researchers become more familiar with communication tools and strategies.

The Zambia case, in contrast with the South Africa case, highlights the importance of early engagement of stakeholders in the research endeavor. Involving government authorities in the development of the research questions paves the way for having them listen to the results. The engagement of one

important stakeholder also opens doors to communication with other stakeholders positioned to use the research results in their funding and programming decisions.

Evidence-based policymaking requires that researchers and policymakers collaborate and communicate effectively with each other. How to bridge the cultural and professional divides between these two communities is not always clear, and effective strategies are not often easy to implement. Moreover, preparing research findings for policy audiences has proven to be a time-consuming task that requires particular skills, financial support for sustained outreach efforts, and participation of a wide array of stakeholders. The cases presented in this brief demonstrate that some degree of success in communicating results and having impact is achievable with a high level of commitment on the part of researchers, funders, and stakeholders.

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References

- 1 John N. Lavis et al., "How Can Research Organizations More Effectively Transfer Research Knowledge to Decision Makers?" *Milbank Quarterly* 81, no. 2 (2003): 221-48.
- 2 Lavis et al., "How Can Research Organizations More Effectively Transfer Research Knowledge to Decision Makers?"
- 3 Craig Mitton et al., "Knowledge Transfer and Exchange: Review and Synthesis of the Literature," *Milbank Quarterly* 85, no. 4 (2007): 729-68.
- 4 Mahesh Karra and Marlene Lee, *Human Capital Consequences of Teenage Childbearing in South Africa* (Washington, DC: Population Reference Bureau, 2012).
- 5 Baird's Communications Management Consultants Ltd., "Engagement With Policymakers: Human Capital Consequences of Teenage Pregnancy," *Executive Progress Report* (Newport, UK: Baird's CMC, 2008).
- 6 Valery Ridde et al., "The National Subsidy for Deliveries and Emergency Obstetric Care in Burkina Faso," *Health Policy and Planning* 26, no. 2 (2011): ii30-40.
- 7 Mia Foreman and Marlene Lee, *Beyond Maternal Mortality: Surviving an Obstetric Complication in Burkina Faso* (Washington, DC: Population Reference Bureau, 2012).
- 8 Malawi National Statistical Office (NSO) and ICF Macro, *Malawi Demographic and Health Survey 2010* (Calverton, MD: NSO and ICF Macro, 2011).
- 9 Zambia Central Statistical Office (CSO); Zambia Ministry of Health; Tropical Diseases Research Centre, University of Zambia; and Macro International Inc., *Zambia Demographic and Health Survey 2007* (Calverton, MD: CSO and Macro International Inc., 2009).
- 10 Nava Ashraf, *A Woman's World* (Cambridge, MA: Harvard Business School, 2012), accessed at www.hbs.edu/faculty/Profile%20Files/WomensWorld_OnePage_nava_9-18-12_24e227c8-e57d-4f92-9e27-6fbcf1a3e60f.pdf, on May 9, 2014.
- 11 Nava Ashraf et al., *Maternal Mortality Risk and Male Involvement* (Cambridge, MA: Harvard Business School, 2012), accessed at www.hbs.edu/faculty/Profile%20Files/MFP_OnePage_9-18-12_de3a8b56-2f3c-40b4-9987-5031e981b723.pdf, on May 9, 2014.

Additional Resources

Cally Ardington, Nicola Branson, and Murray Leibbrandt, "Health Outcomes for Children Born to Teen Mothers in Cape Town, South Africa," *Southern Africa Labour and Development Research Unit Working Paper 55* (2011).

Cally Ardington, Alicia Menendez, and Tinofa Mutevedzi, "Early Childbearing, Human Capital Attainment and Mortality Risk," *Southern Africa Labour and Development Research Unit Working Paper 56* (2011).

Cally Ardington, Nicola Branson, and Murray Leibbrandt, "Trends in Teenage Childbearing and Schooling Outcomes for Children Born to Teens in South Africa," *Southern Africa Labour and Development Research Unit Working Paper 75* (2012).

Nava Ashraf, Erica Field, and Jean Lee, "Household Bargaining and Excess Fertility: An Experimental Study in Zambia," 2nd revision submitted, *American Economic Review* (September 2013).

Angela Baschieri, "Unintended Childbearing and Family Welfare in Rural Malawi," impact report to ESRC, grant number RES-183-25-0013, September 2012.

Nicola Branson, "Health and Education Outcomes for Children Born to Teen Mothers in South Africa," unpublished dissertation, University of Cape Town, 2011.

Véronique Filippi et al., "Health of Women After Severe Obstetric Complications in Burkina Faso: A Longitudinal Study," *The Lancet* 370, no. 9595 (2007): 1329-37.

Karonga Prevention Study, accessed at www.lshtm.ac.uk/eph/ide/research/kps/.

Vimal Ranchhod et al., "Estimating the Effect of Adolescent Fertility on Educational Attainment in Cape Town Using a Propensity Score Weighted Regression," *Southern Africa Labour and Development Research Unit Working Paper 59* (2011).

Katerini Tagmatarchi Storeng et al., "Paying the Price: The Cost and Consequences of Emergency Obstetric Care in Burkina Faso," *Social Science & Medicine* 66, no. 3 (2008): 545-57.

Katerini Tagmatarchi Storeng et al., "Beyond Body Counts: A Qualitative Study of Lives and Loss in Burkina Faso After 'Near-Miss' Obstetric Complications," *Social Science & Medicine* 71, no. 10 (2010): 1749-56.

Katerini Tagmatarchi Storeng et al., "Mortality After Near-Miss Obstetric Complications in Burkina Faso: Medical, Social, and Health-Care Factors," *Bulletin of the World Health Organization* 90, no. 6 (2012): 401-76.



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