

WEBINAR | WEBINAIRE

Tackling Provider Bias in Contraceptive Service Delivery

Réduire les préjugés des prestataires dans l'offre de services de contraception



This presentation will be conducted in English with French interpretation. For French, click the 'interpretation icon' (globe) on the menu bar and select French.

Cette présentation se déroulera en anglais avec interprétation en français. Pour le français, cliquez sur l'icône «Interprétation» (globe) dans la barre de menu et sélectionnez Français.

Thank you for joining us! We will get started shortly.
Merci de nous avoir rejoint! Nous allons commencer sous peu.

beyond bias >

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 **CAMBER**
COLLECTIVE



Tackling Provider Bias in Contraceptive Service Delivery

An Evaluation of the
Beyond Bias Project

Photos: Dominic Chavez, CC

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OBJECTIVES FOR TODAY

- Provide an overview of the Beyond Bias project approach and intervention
- Describe evaluation study design and methods
- Present study results and implications
- Share reflections on future work



TODAY'S SPEAKERS



Gwyn Hainsworth
Senior Program Officer
Bill & Melinda Gates Foundation



Lydia Murithi
Beyond Bias Project Director
Pathfinder



Mohamad Brooks
Senior MEL Advisor
Pathfinder



Zachary Wagner
Policy Researcher
RAND Corporation



INTRODUCTION

Why Focus on Provider Bias?

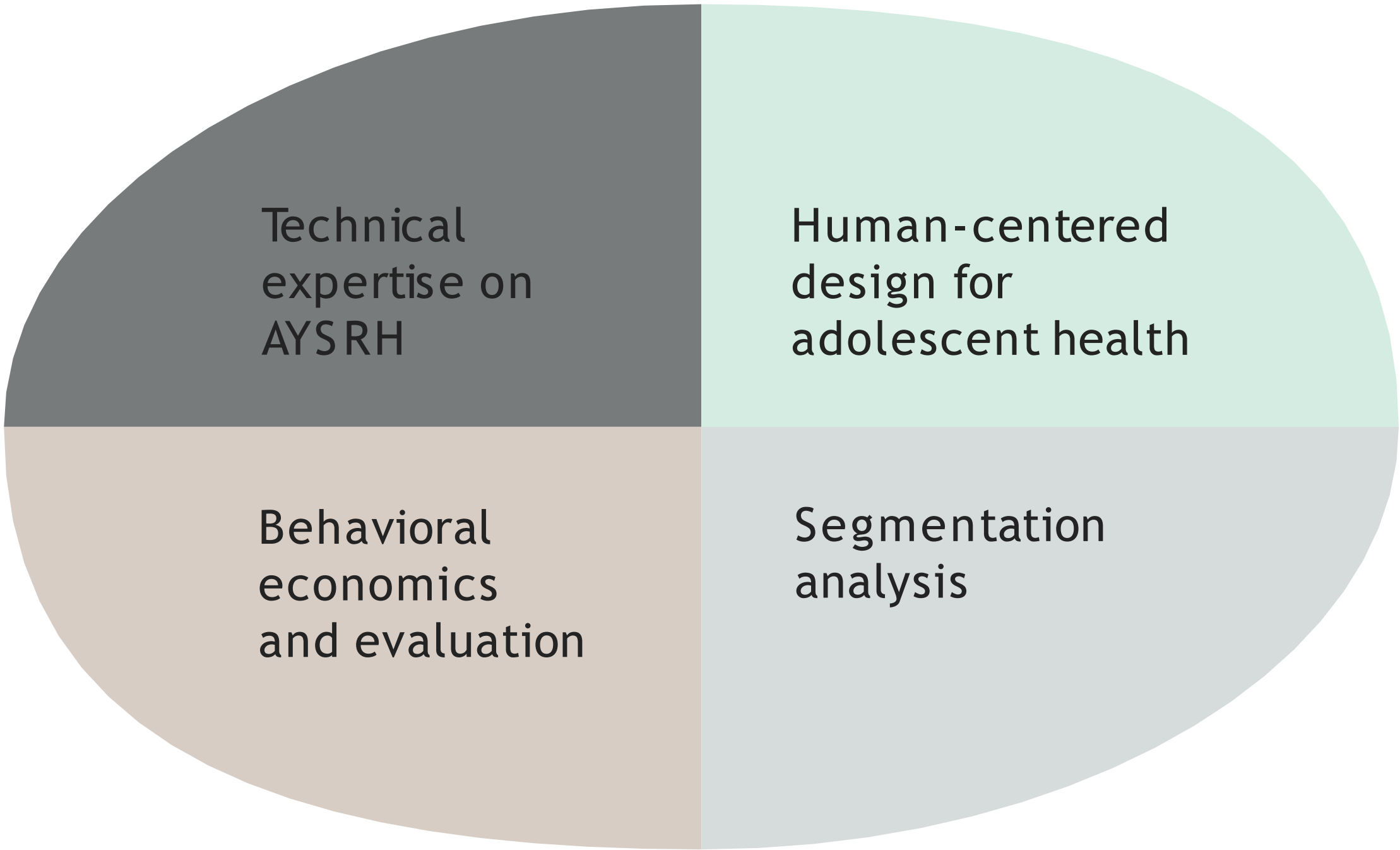
- Out of 32 million adolescent women in LMICs who want to avoid a pregnancy, 14 million (43%) have an unmet need for modern contraception—that is, they want to avoid a pregnancy but are not using a modern method (Guttmacher 2020)
- In our target geographies, use of modern contraception among married women ages 15-19 is low: 6% in Burkina Faso, 7% in Pakistan, 8% in Tanzania. (DHS)
- Several studies cite provider bias—such as a belief that young, unmarried people should not be sexually active or that young, married women should prove fertility— as a driver of judgmental and poor quality sexual and reproductive health care.
- The status quo approach to changing provider behavior has had limited success.



Beyond Bias Project

Goal: To design and test scalable innovative solutions to address provider bias toward serving youth ages 15-24 with family planning services in **Burkina Faso, Pakistan, and Tanzania.**

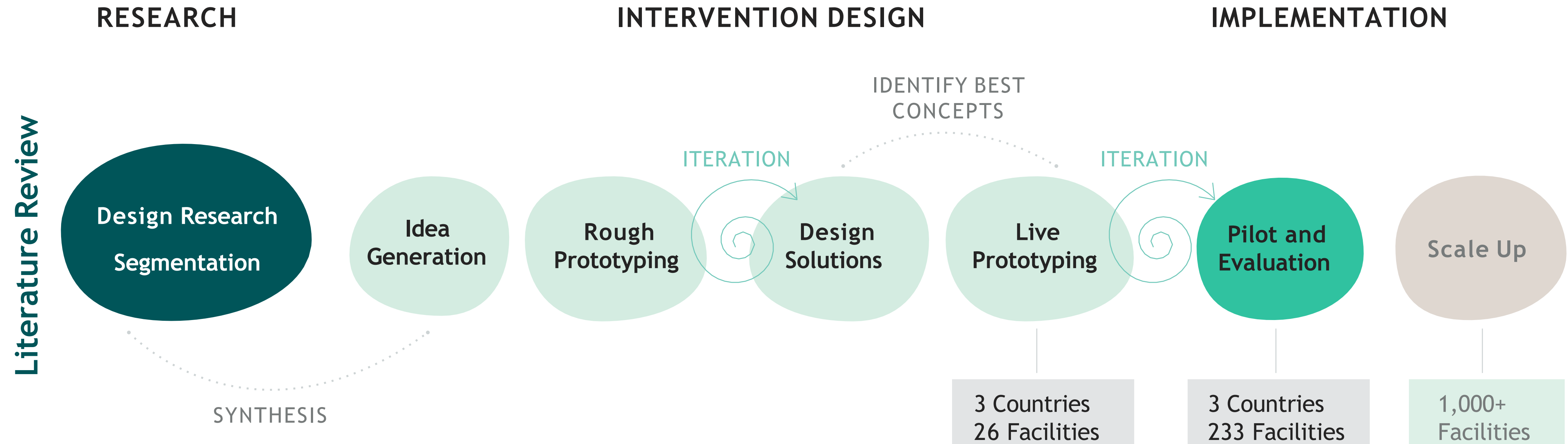
PATHFINDER



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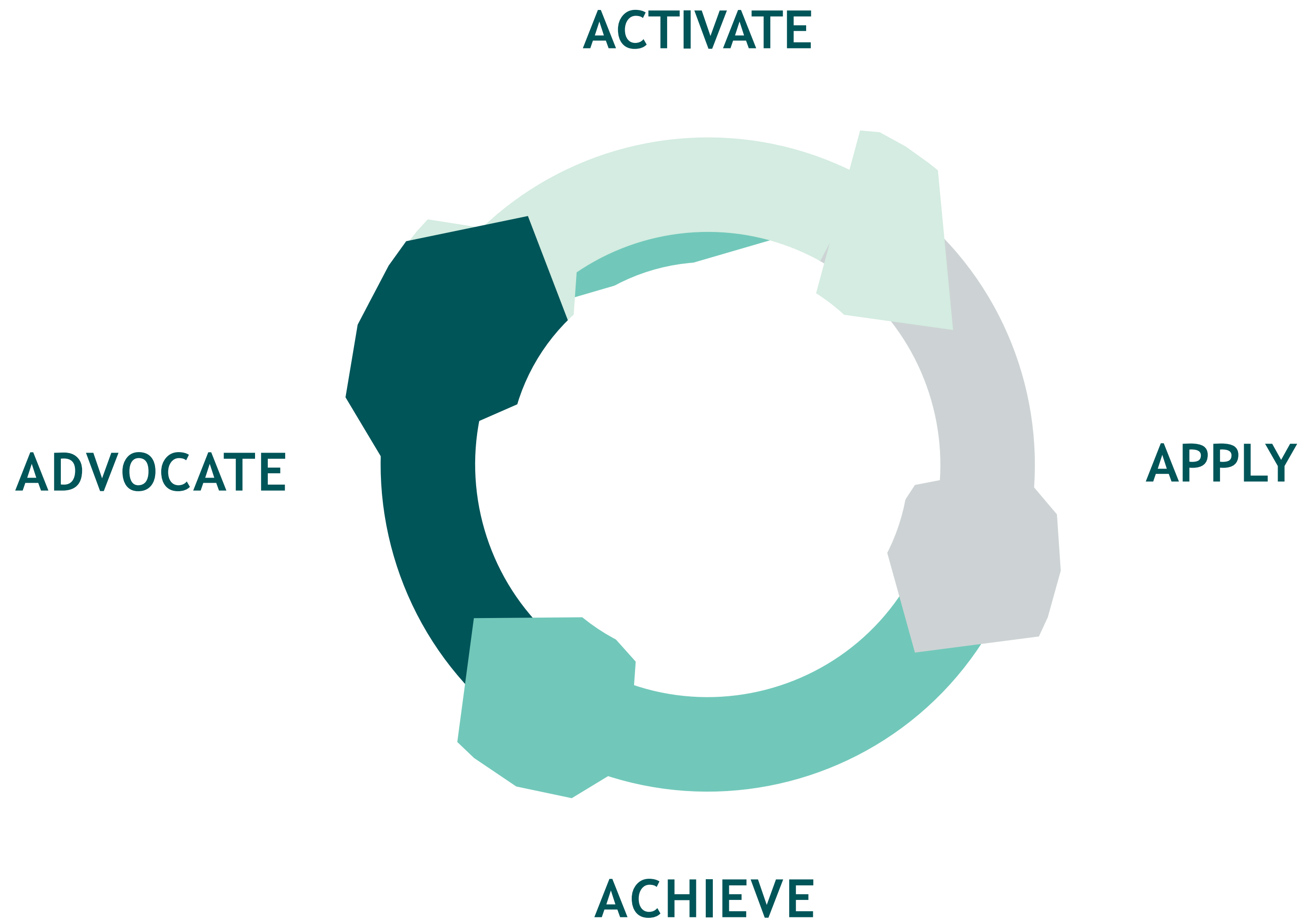


Beyond Bias' User-centered Process



INTERVENTION

User Journey





SUMMIT

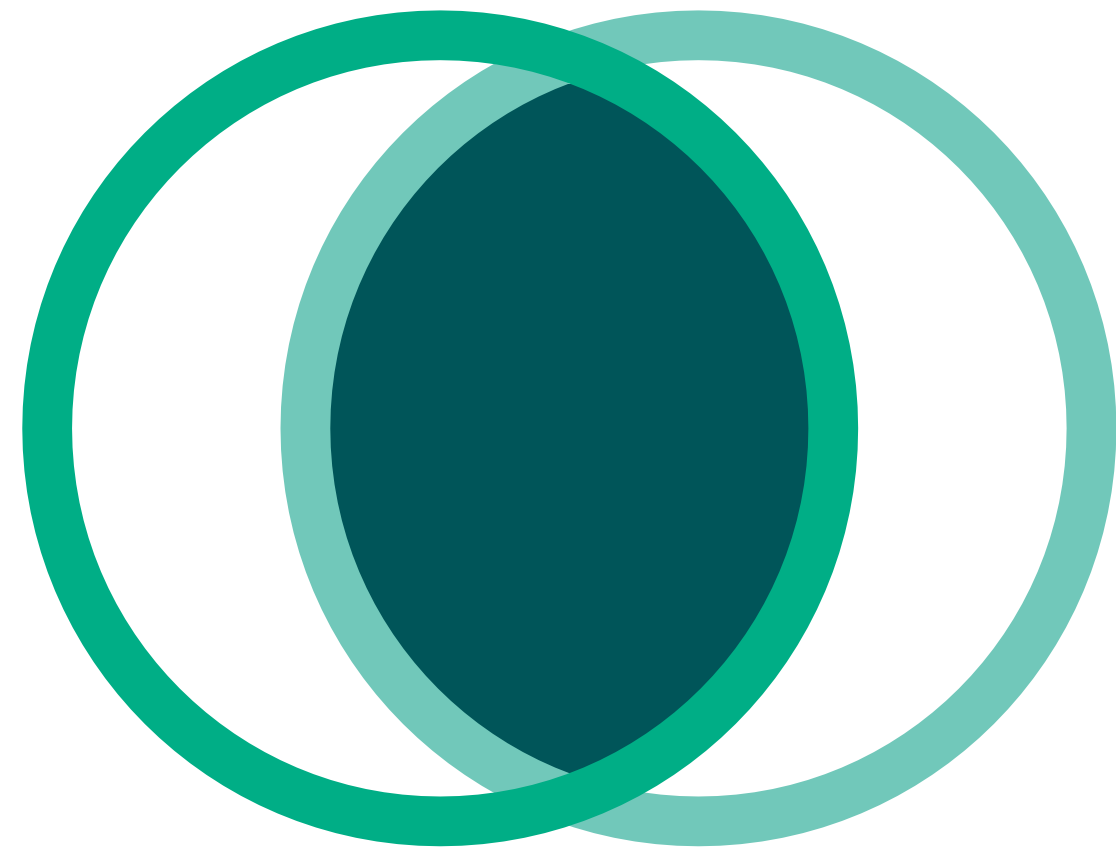
WHAT

A story-driven event that **activates** providers' self-awareness of their own biases and empathy for young people's needs.

HOW

- 4-6 hour, in-person event
- Up to 75 providers per event
- Testimonies and interactive group exercises





CONNECT

WHAT

A ongoing peer support and learning forum where providers problem-solve together to **apply** unbiased practices in their daily work.

HOW

- Digital discussion group (WhatsApp) and/or in-person forum led by facility in-charges
- Facilitators require 3-hour training





REWARDS

WHAT

A growth-oriented performance rewards system based on client feedback on provider behavior

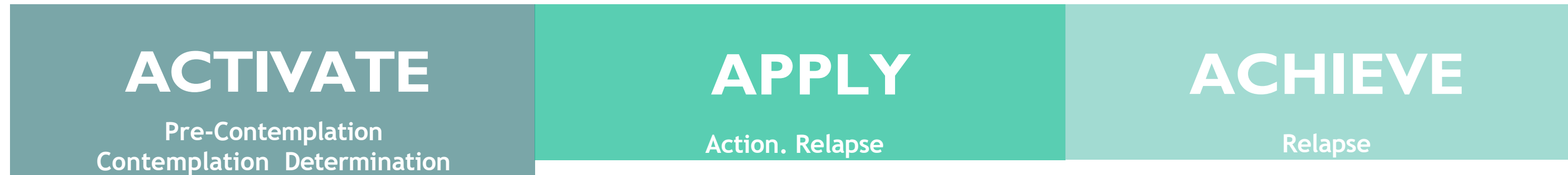
HOW

- Facilities receive report cards with performance data and recommendations for improvement.
- High-improvement facilities get public recognition for their progress.



Behavior Change Strategy

PHASE



ACTIVATE

Pre-Contemplation
Contemplation Determination

APPLY

Action. Relapse

ACHIEVE

Relapse

EXPERIENCE



SUMMIT









CONNECT






REWARDS

BEHAVIOR
CHANGE
MECHANISMS

-  Humanize bias and hold up a mirror for providers
-  Improve emotional connectivity with youth
-  Address providers' fears of community backlash

-  Address concerns of fertility delays
-  Educate around safety of methods for youth
-  Activate contextualized agency

-  Create accountability for service quality
-  Offer visible performance-based rewards
-  Shift professional norms

OUTCOMES

(6 Principles Framework)

Sensitive
Communication

Safe, Welcoming Space

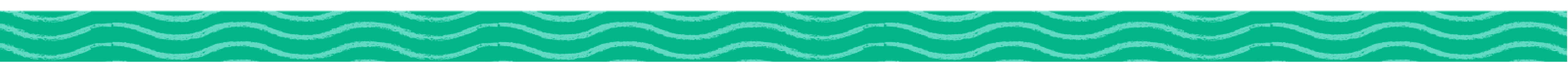
Seek Understanding
and Agreement

Security of Information

Say Yes to a
Safe Method

Simple, Comprehensive
Counseling

SETTING FOR INTERVENTION

- 75 public clinics Tanzania (Dar es Salaam)
 - All clinics that participated in Pathfinder's existing platform projects
 - Primarily in urban areas but also included peri-urban and semi-rural areas
 - Mostly provide FP services
 - Roughly 4 providers per clinic
 - 80 private clinics in Pakistan (Karachi)
 - Sole provider clinics, privately owned and operated in urban areas
 - Socially franchised private providers associated with Green Star
 - Provide broad range of services in addition to FP
 - 78 public clinics in Burkina Faso (Ouagadoogu, Banfora, and Bobo)
 - All clinics that participated in Pathfinder's existing platform projects
 - Primarily in urban areas but also included peri-urban and semi-rural areas
 - Mostly provide FP services
 - About 11 providers per clinic
- 

TIMELINE

	2019				2020								2021																				
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug									
Intervention							COVID PAUSE PERIOD																										
TZ			█	█	█	█													█	█	█	█	█	█	█	█	█	█	█	█	█	█	
PK	█	█	█	█	█	█													█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
BF					█	█													█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Data							COVID PAUSE PERIOD																										
Service Data	█	█	█	█	█	█							█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	
Exit Surveys	█	█	█	█	█	█													█	█	█	█	█	█	█	█	█	█	█	█	█	█	
Mystery Clients																															█	█	█
Provider Surveys																												█	█				
Qualitative Interviews																											█	█					



DATA & METHODS

STUDY DESIGN

- We used a cluster randomized controlled trial to evaluate the impact of the intervention
- Half of clinics in each country were assigned to the intervention arm and half were assigned to the control arm
- Collected data from providers and clients to assess the impact on 4 main quantitative outcome domains:
 1. Providers' biased attitudes and beliefs
 2. Patient centered FP care
 3. FP methods dispensed
 4. Client perceptions of how they were treated by the provider
- We also had a strong qualitative component to help contextualize the quantitative outcomes



DATA: CLIENT EXIT SURVEYS

- The client exit surveys were administered by youth enumerators locally contracted by Pathfinder
- Youth enumerators (18-24 years old) visited their assigned clinics for 2-3 days a week throughout the intervention.
- Started approximately 5 weeks before the initial launch of the intervention, as marked by the first Summit event and continued until the end of the study (with a COVID pause in the middle)
- Collected information on demographics, questions the provider asked, services offered, subjective experiences of the client
- Sample size of 32,307 for ages 15-24:
 - 11,477 in TZ
 - 4,699 in PK
 - 16,131 in BF

DATA: MYSTERY CLIENTS

- Clinics in Tanzania and Burkina Faso received 4 anonymous visits from MCs who pretended to be real family planning clients (only 2 in Pakistan)
- Developed profiles that were realistic in the country context to avoid mystery clients being “discovered”
- 8 profiles with every combination of marital status (married/unmarried), parity (1 child or 0 children), and age (16/17 or 24 years-old)
 - In Pakistan, unmarried women rarely seek family planning services, so it was not feasible to have many unmarried profiles
- Randomly assigned profiles to clinics with stratification to ensuring balance between intervention and control
- We also assigned clients to have a preference for either injectables or a long-acting method (implant in Tanzania and Burkina Faso, and IUD in Pakistan)

MYSTERY CLIENT SAMPLE SIZES

	TZ		PK		BF		Total	
	Cntrl	Int	Cntrl	Int	Cntrl	Int	Cntrl	Int
Total	148	144	68	82	158	156	374	382
Younger, Unmarried, No Children	19	18	19	21	19	18	57	57
Younger, Unmarried, One Child	18	18	0	0	20	22	38	40
Younger, Married, No Children	18	18	24	31	21	20	63	69
Younger, Married, One Child	19	18	25	30	19	19	63	67
Older, Unmarried, No Children	18	18	0	0	20	20	38	38
Older, Unmarried, One Child	19	18	0	0	19	18	38	36
Older, Married, No Children	19	18	0	0	19	19	38	37
Older, Married, Parous	18	18	0	0	21	20	39	38

Younger was age 16 in Tanzania, age 17 in Burkina Faso, and 19 in Pakistan. Older clients were 24 years old. Cntrl is Control Group and Int is Intervention Group.

DATA: PROVIDER SURVEYS

- The study team collected data from providers using two instruments: a provider survey and a discrete choice experiment (DCE).
- The provider survey recorded information on 1) the providers' demographic characteristics and background information, 2) general attitudes and beliefs about young, unmarried, and nulliparous family planning clients, and 3) details on the clinic environment where they practice, especially as they relate to youth and family planning services.
- The DCE elicited self-reported behavior around contraception service provision to women of different ages, marital statuses, and parities (e.g., how they would counsel a hypothetical client age 20, married, and without children).
- Sample size of 642 providers:
 - 259 in TZ
 - 70 in PK
 - 313 in BF

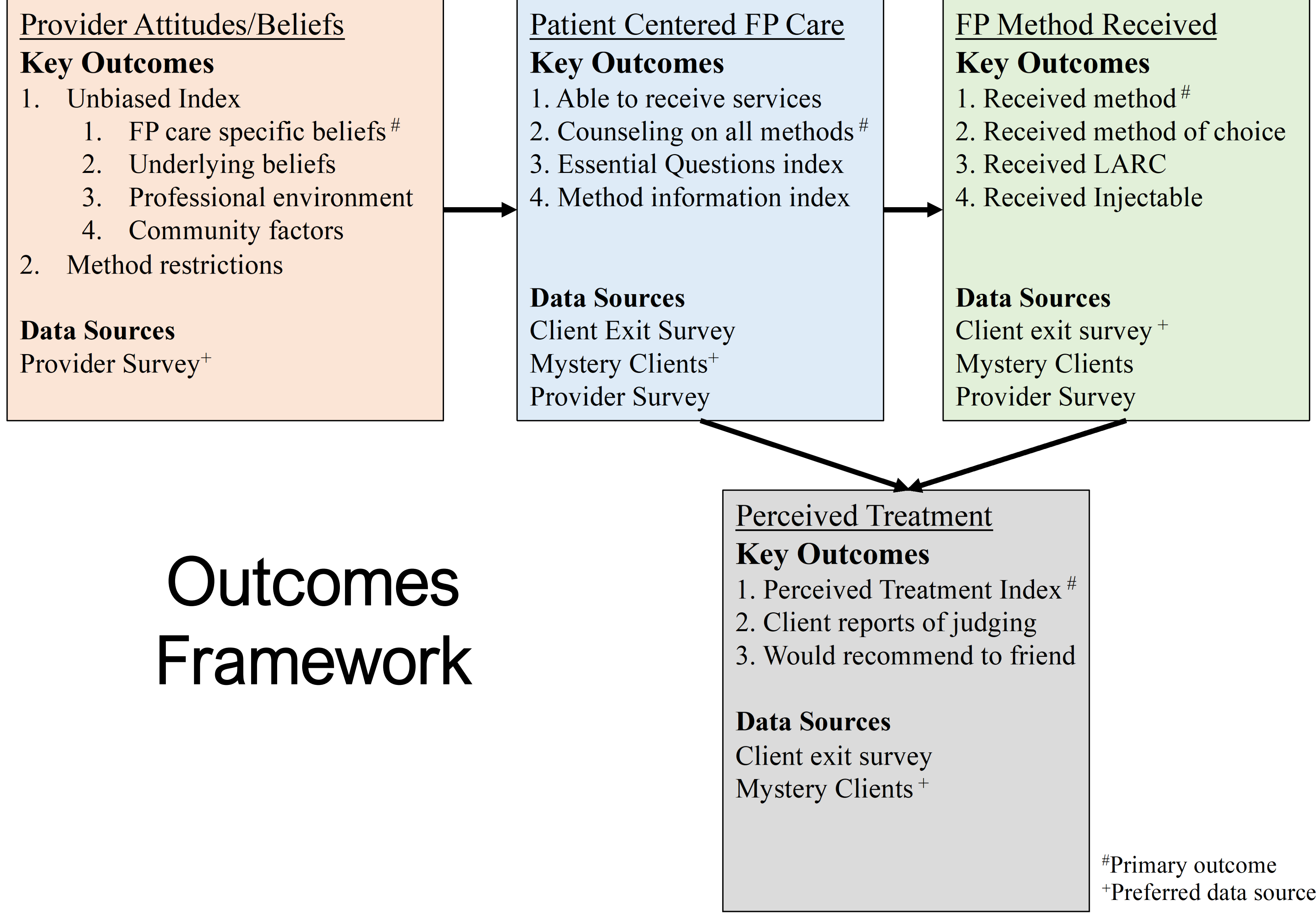
DATA: SERVICE DELIVERY DATA

- Service delivery statistics for each clinic are added to a national databased monthly in Tanzania and Burkina Faso as part of the Ministry of Health monitoring system.
- In Pakistan, these data are collected by Greenstar, a social franchising organization of which all enrolled clinics are a part.
- The service delivery data include the monthly number of new contraceptive users, returning contraceptive users, age categories of users, and method mix

DATA: QUALITATIVE DATA

- Client IDIs: ~70 youth clients in each country (intervention and control sites)
 - Experiences with FP care
- Provider IDIs: ~30 providers in each country (20 intervention, 10 control)
 - Experience with intervention
 - Behavior change
 - Instances with bias
- Health facility manager IDIs: 5 administrators from intervention sites in TZ and BF
 - Perceptions of the Beyond Bias program and the value it added for the providers at their facility
- Stakeholder IDIs: 9 stakeholders in TZ, 16 stakeholders in PK, and 13 stakeholders in BF
 - Perceptions of Beyond Bias
 - Potential expansion and scaleup of the program

OUTCOMES



PROVIDER ATTITUDES/BELIEFS

- Unbiased Index: Aggregate measure based on 47 statements about age, marital status, and parity with which providers could strongly agree, agree, disagree, or strongly disagree
 - FP care specific beliefs (28 items; primary outcome for this domain)
 - Underlying beliefs (9 items)
 - Professional environment (7 items)
 - Community factors (3 items)
- Method restrictions: Providers self reported whether they restrict certain methods based on age, martial status, and parity

Data Source

1. Provider Survey

PATIENT CENTERED FP CARE

1. Able to receive services: Able to see the provider and get counseling
2. Counseling on full range: Counselling on pills, injectable, IUD, and implant
3. Essential Questions index: asked about FP preferences, spacing, and if client has any questions
4. Method information index: informed about other methods, informed about side effects, told what to do if you experienced side effects

Data Sources

1. Client Exit Survey
2. Mystery Clients (preferred)
3. Provider Survey (DCE)

FP METHOD RECEIVED

1. Received any method: coded as “yes” if they left the clinic with any modern method
2. Received method of choice: coded as “yes” if there was not a method they preferred to the one they received.
3. Received LARC: coded as “yes” if they received an IUD or implant
4. Received Injectable: coded as “yes” if they received an injectable

Data Sources

1. Client exit survey (preferred source)
2. Mystery Clients
3. Provider Survey (DCE)

PERCEIVED TREATMENT

1. Perceived Treatment Index: index based on 29 subjective questions from the client exit survey or 22 items in the mystery client debrief survey.
2. Client reports of judging or scolding: Client or MC reported that the providers judged and/or scolded them
3. Would recommend to friend: Client or MC reported they would recommend the provider to friend

Data Sources

1. Client exit survey
2. Mystery Clients (preferred source)



**HOW DID THE
INTERVENTION IMPACT
MAIN OUTCOMES?**

Provider Attitudes/Beliefs
Key Outcomes
1. Unbiased Index
 1. FP care specific beliefs #
 2. Underlying beliefs
 3. Professional environment
 4. Community factors
2. Method restrictions

Data Sources
Provider Survey⁺



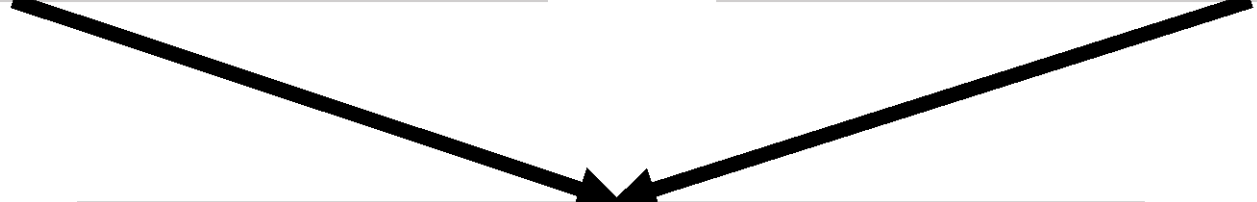
Patient Centered FP Care
Key Outcomes
1. Able to receive services
2. Counseling on all methods #
3. Essential Questions index
4. Method information index

Data Sources
Client Exit Survey
Mystery Clients⁺
Provider Survey



FP Method Received
Key Outcomes
1. Received method #
2. Received method of choice
3. Received LARC
4. Received Injectable

Data Sources
Client exit survey⁺
Mystery Clients
Provider Survey

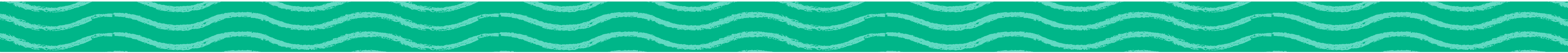


Perceived Treatment
Key Outcomes
1. Perceived Treatment Index #
2. Client reports of judging
3. Would recommend to friend

Data Sources
Client exit survey
Mystery Clients⁺

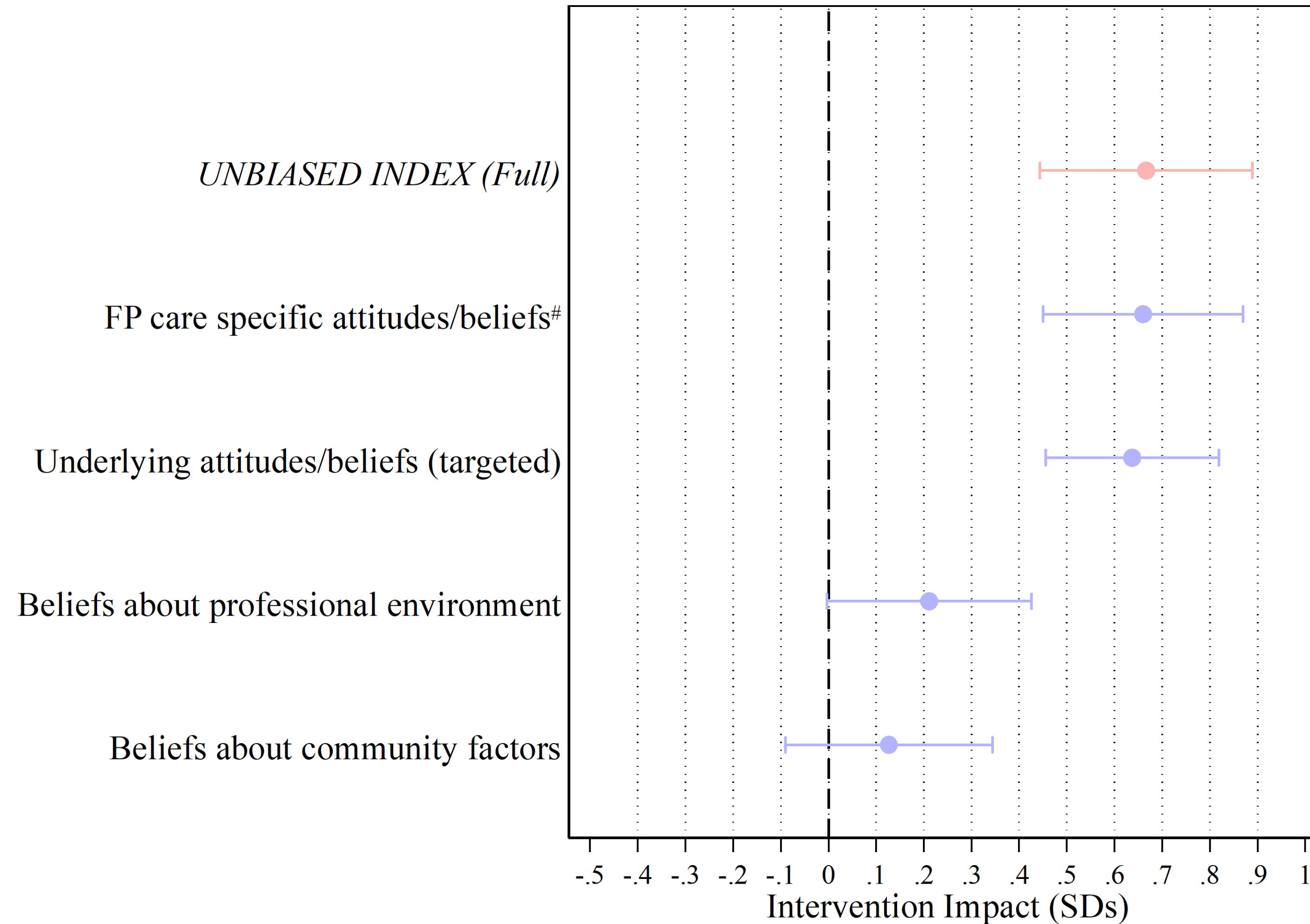
#Primary outcome
+Preferred data source

Outcomes Framework

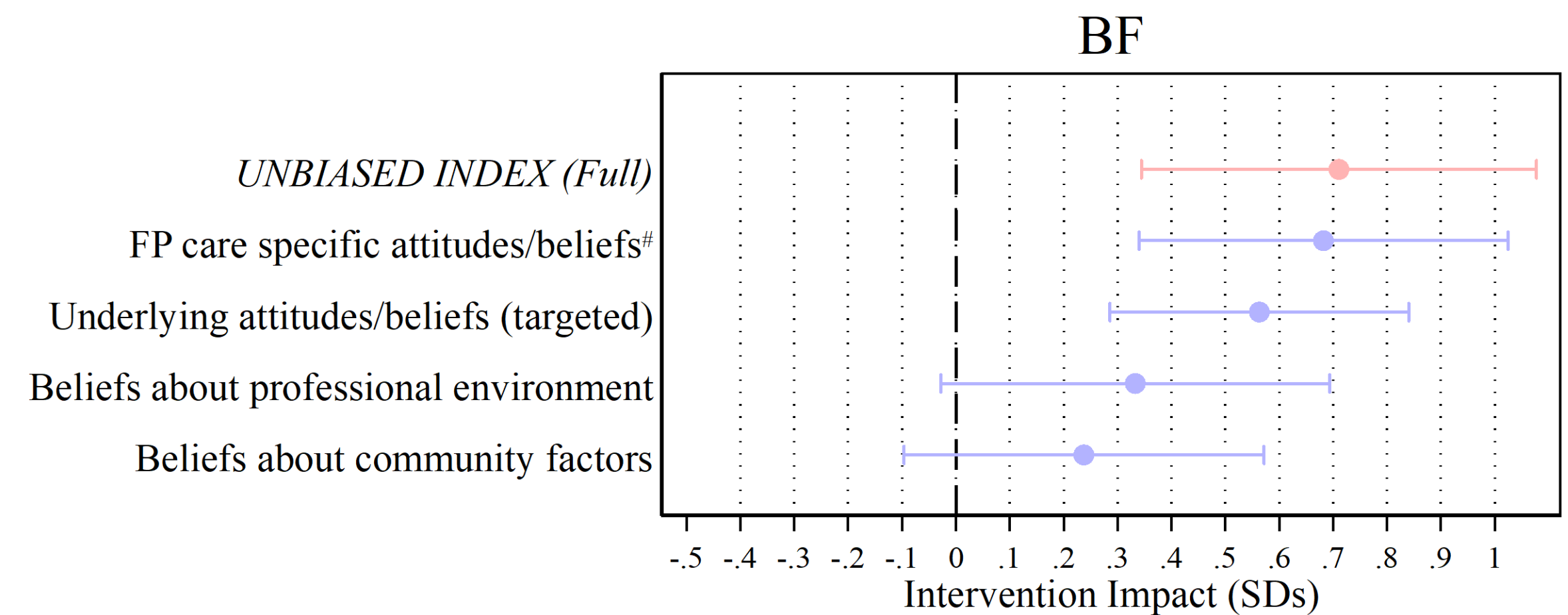
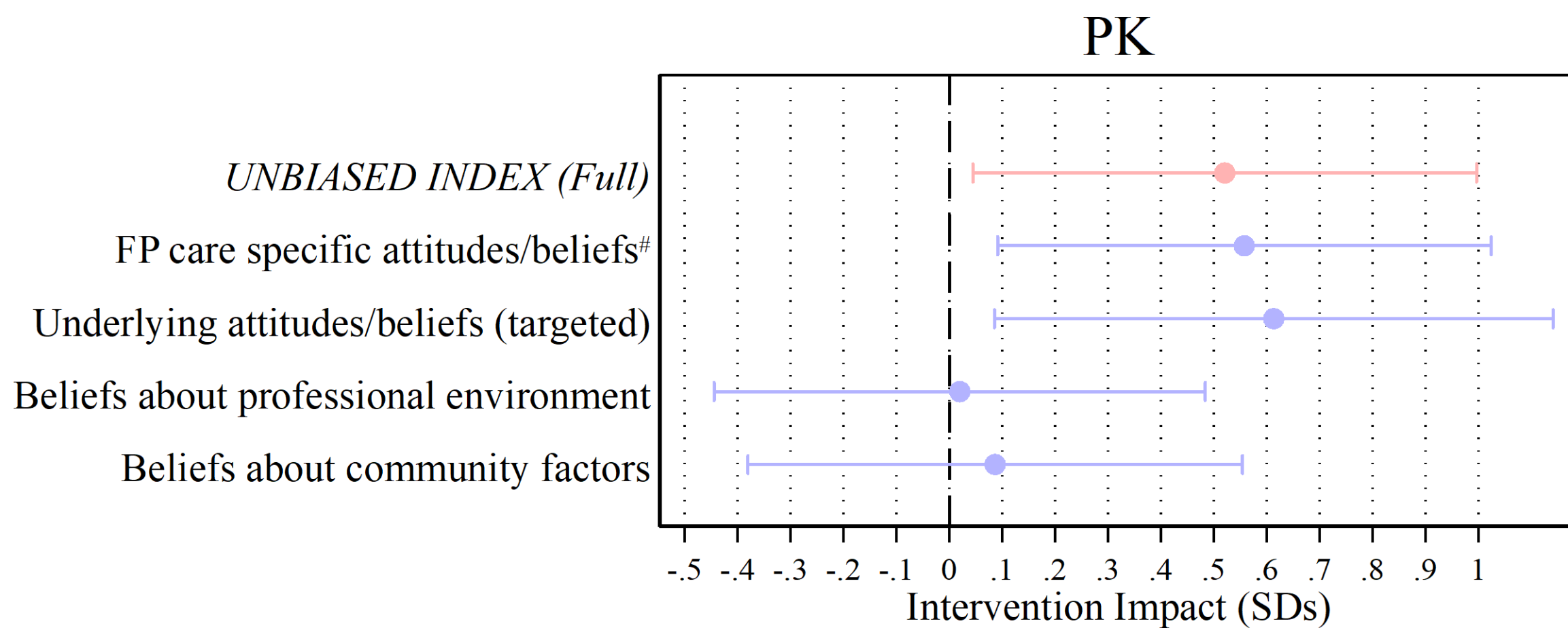
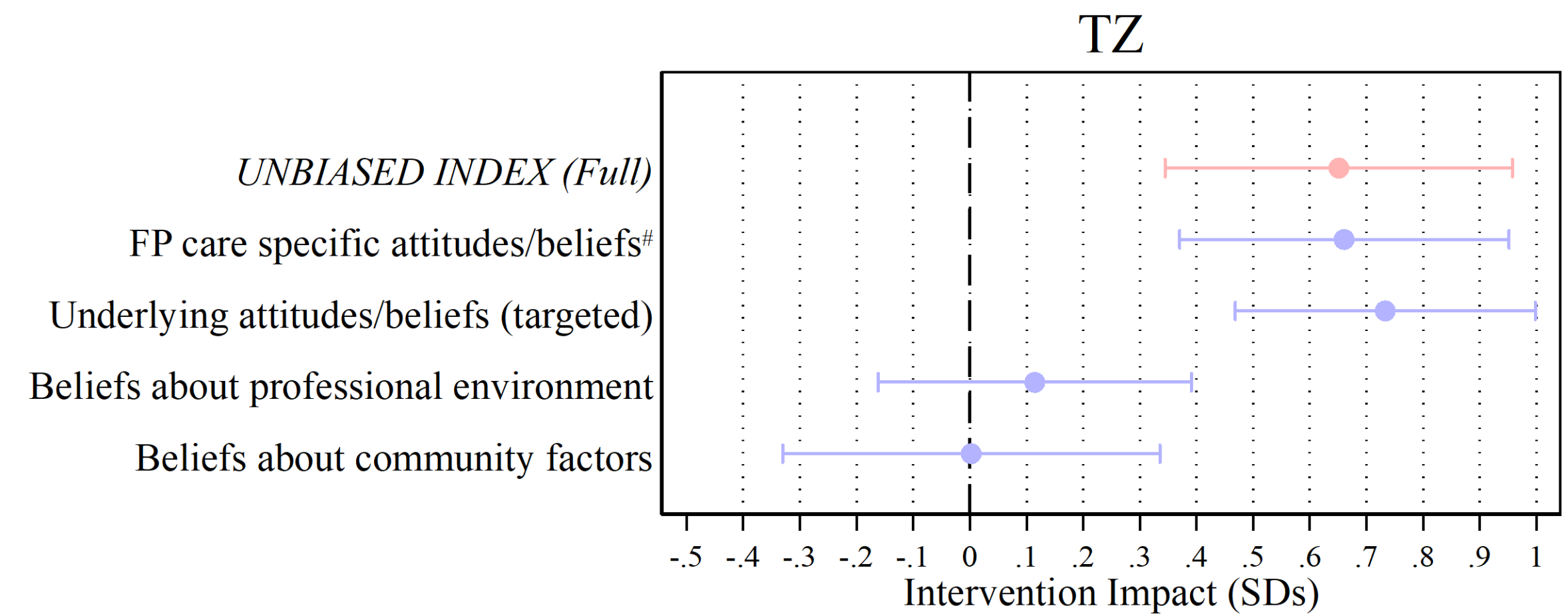
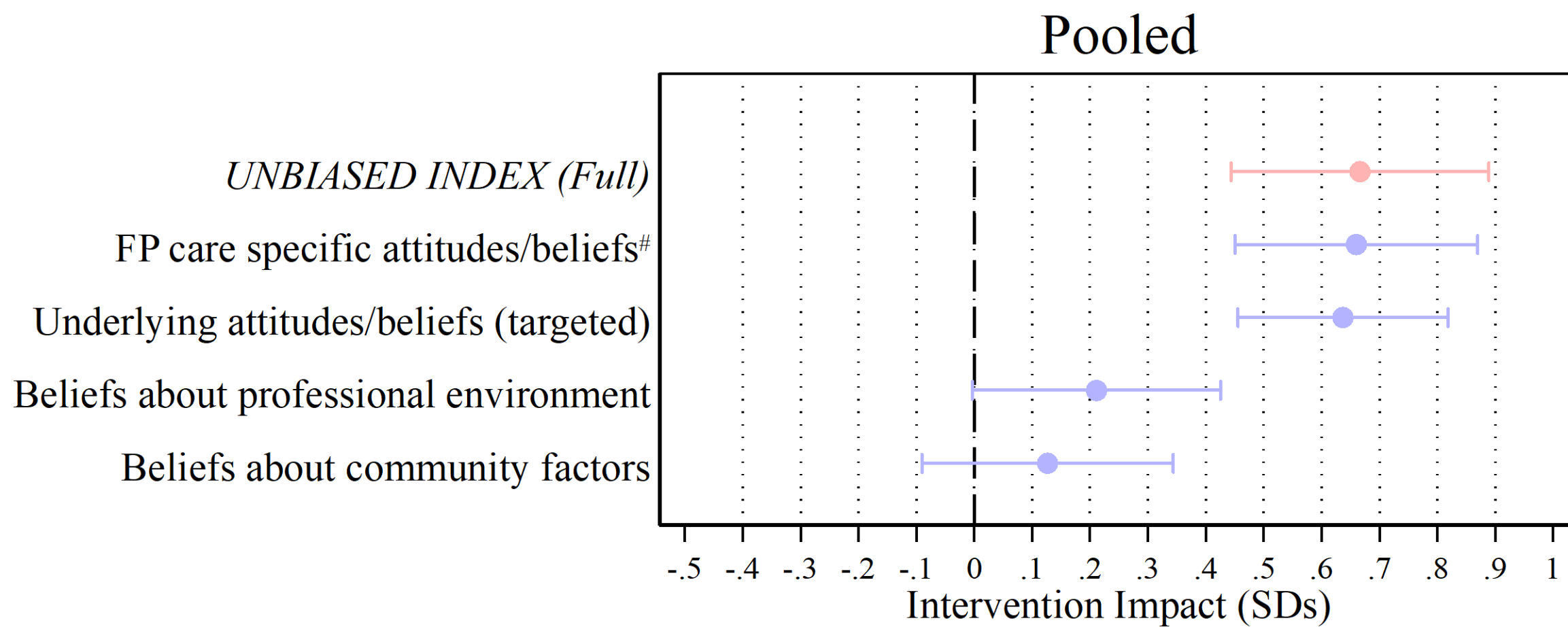


ATTITUDES/BELIEFS IMPROVED

All countries pooled



ATTITUDES/BELIEFS IMPROVED



Note: Positive means less bias

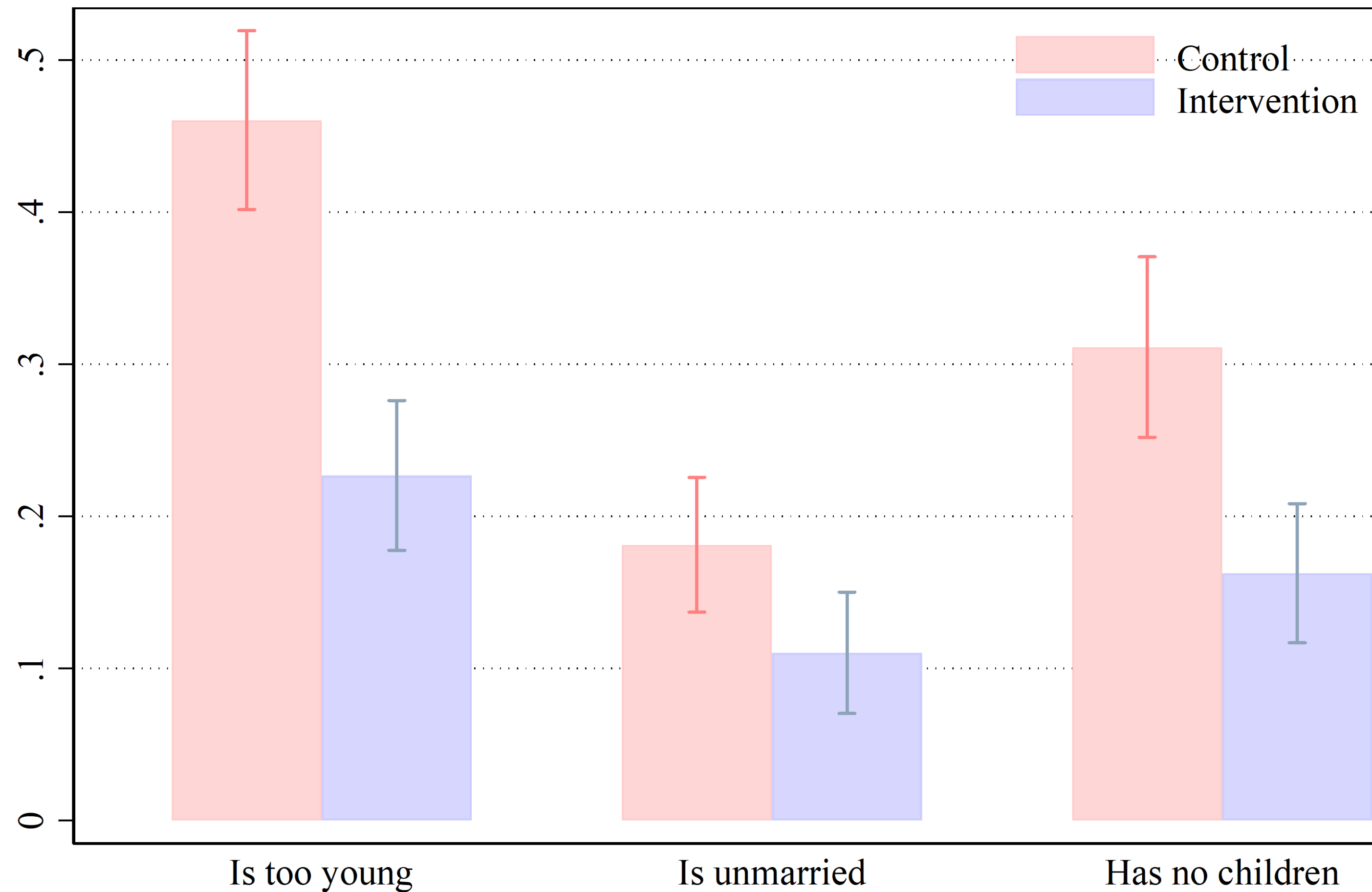


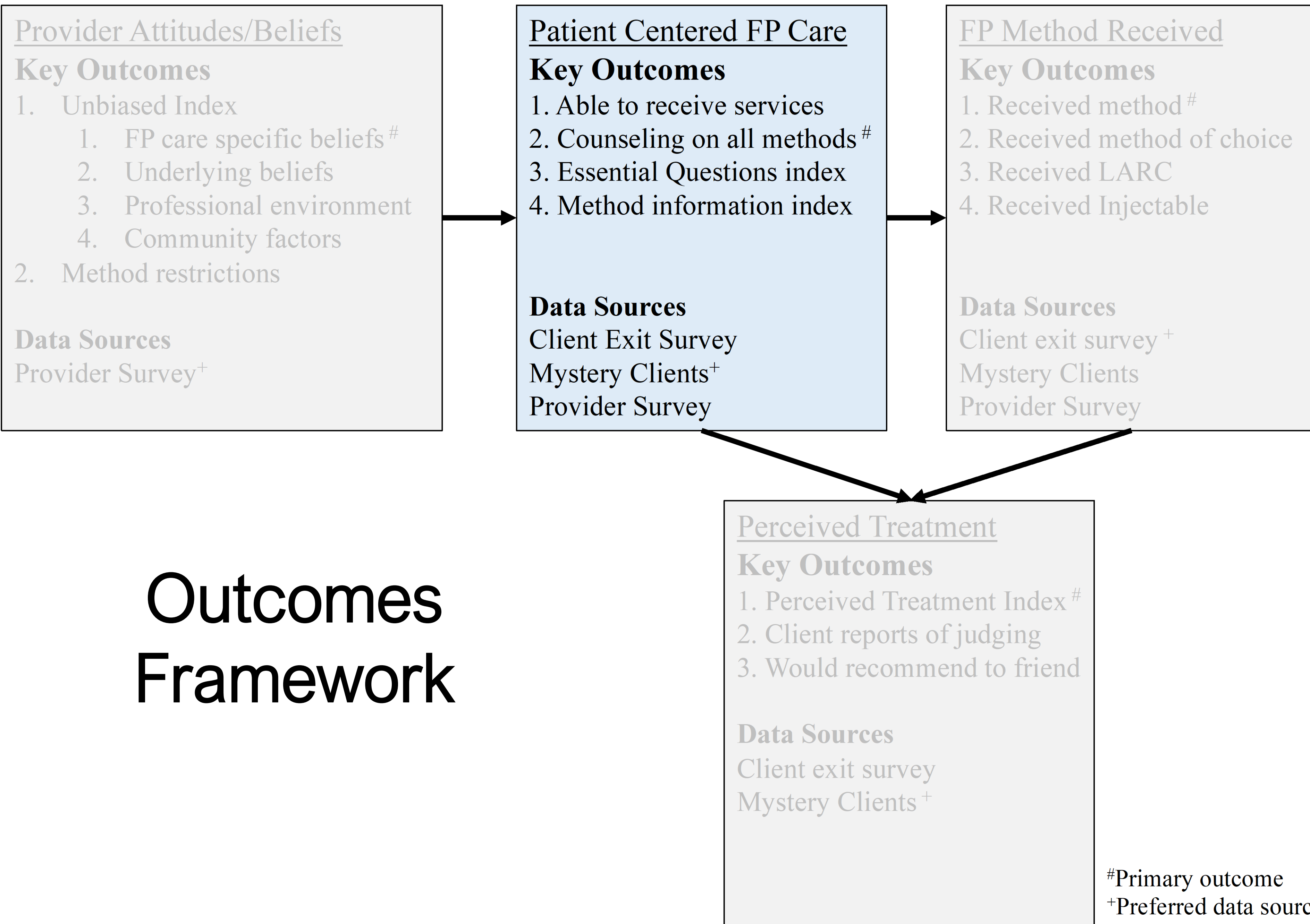
EXAMPLES OF QUESTIONS FROM INDEX

	Pooled	Tanzania			Pakistan			Burkina Faso		
<i>Agree or strongly agree...</i>	Effect	Control	Intervention	Effect	Control	Intervention	Effect	Control	Intervention	Effect
Okay for young clients who are unmarried to use contraception	0.062***	0.894	966	0.072**	0.375	0.526	0.151	0.955	0.987	0.033*
Young women <20 have the capacity to make health care decisions for themselves, including about contraception	0.058**	0.922	0.907	-0.015	0.469	0.816	0.347***	0.903	0.956	0.053*
You feel comfortable providing contraception to an unmarried client	0.063***	0.887	0.975	0.088**	0.594	0.789	0.196*	0.974	0.987	0.013
You feel comfortable providing contraception to a married client who has not yet had a child	0.092***	0.809	0.949	0.141***	0.813	0.816	0.003	0.890	0.962	0.073**
You would provide family planning services to a client even if you thought they were too young to be using contraception	0.099***	0.638	0.856	0.218***	0.562	0.579	0.016	0.942	0.962	0.021

INTERVENTION PROVIDERS REPORTED FEWER METHOD RESTRICTIONS (COUNTRIES POOLED)

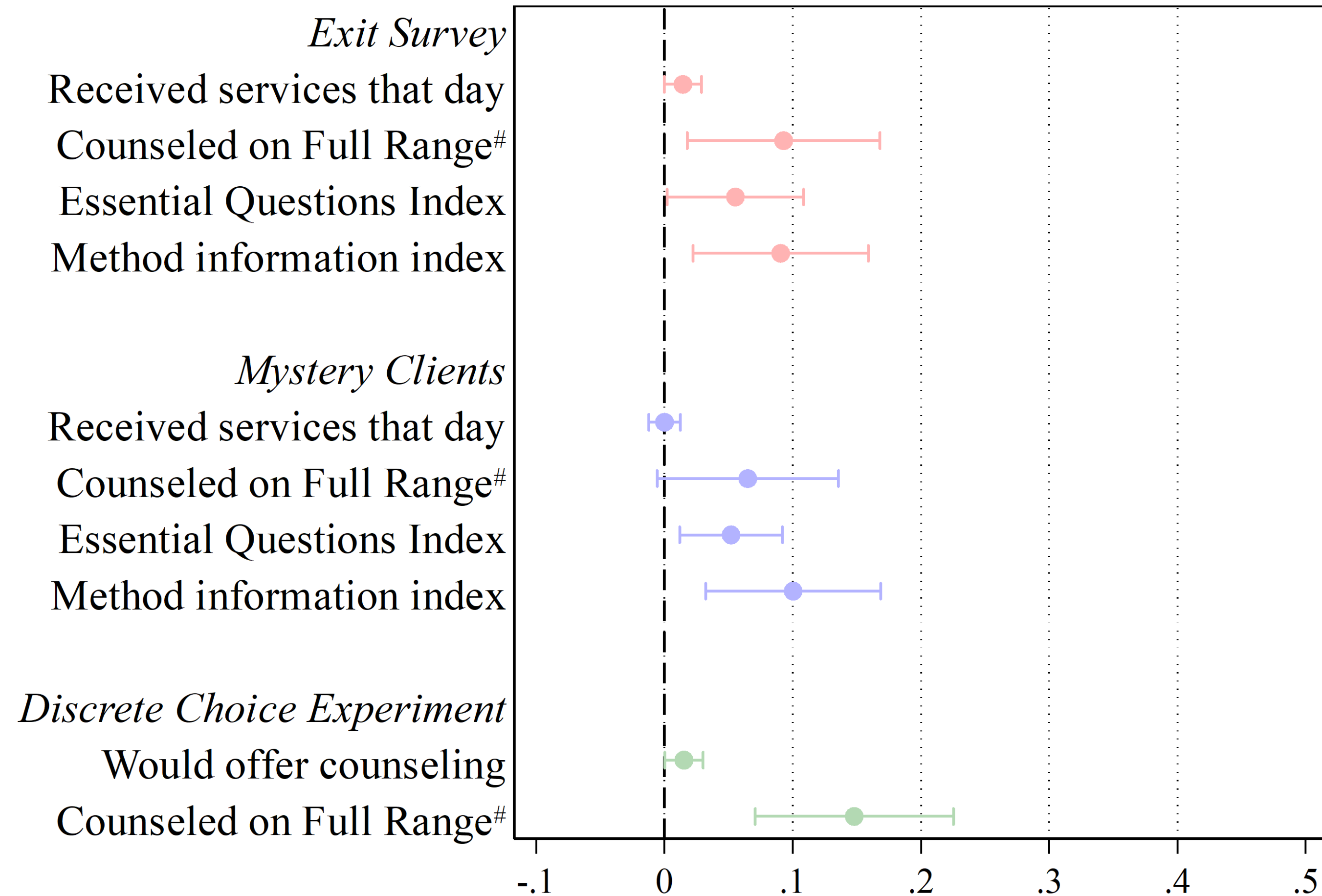
Restrict method because client...?



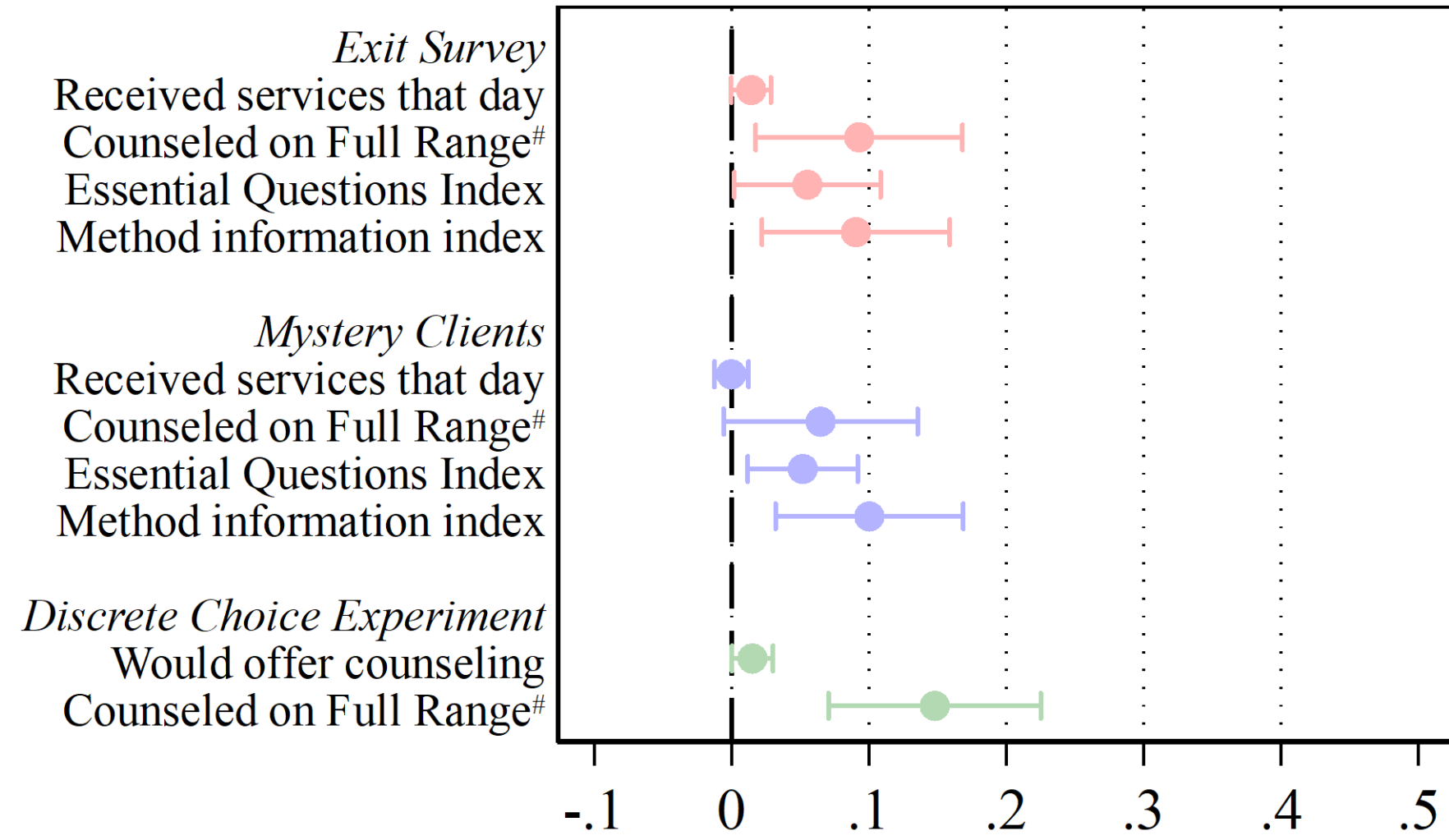


THE INTERVENTION IMPROVED PATIENT CENTERED FP CARE FOR YOUNG WOMEN

All countries pooled



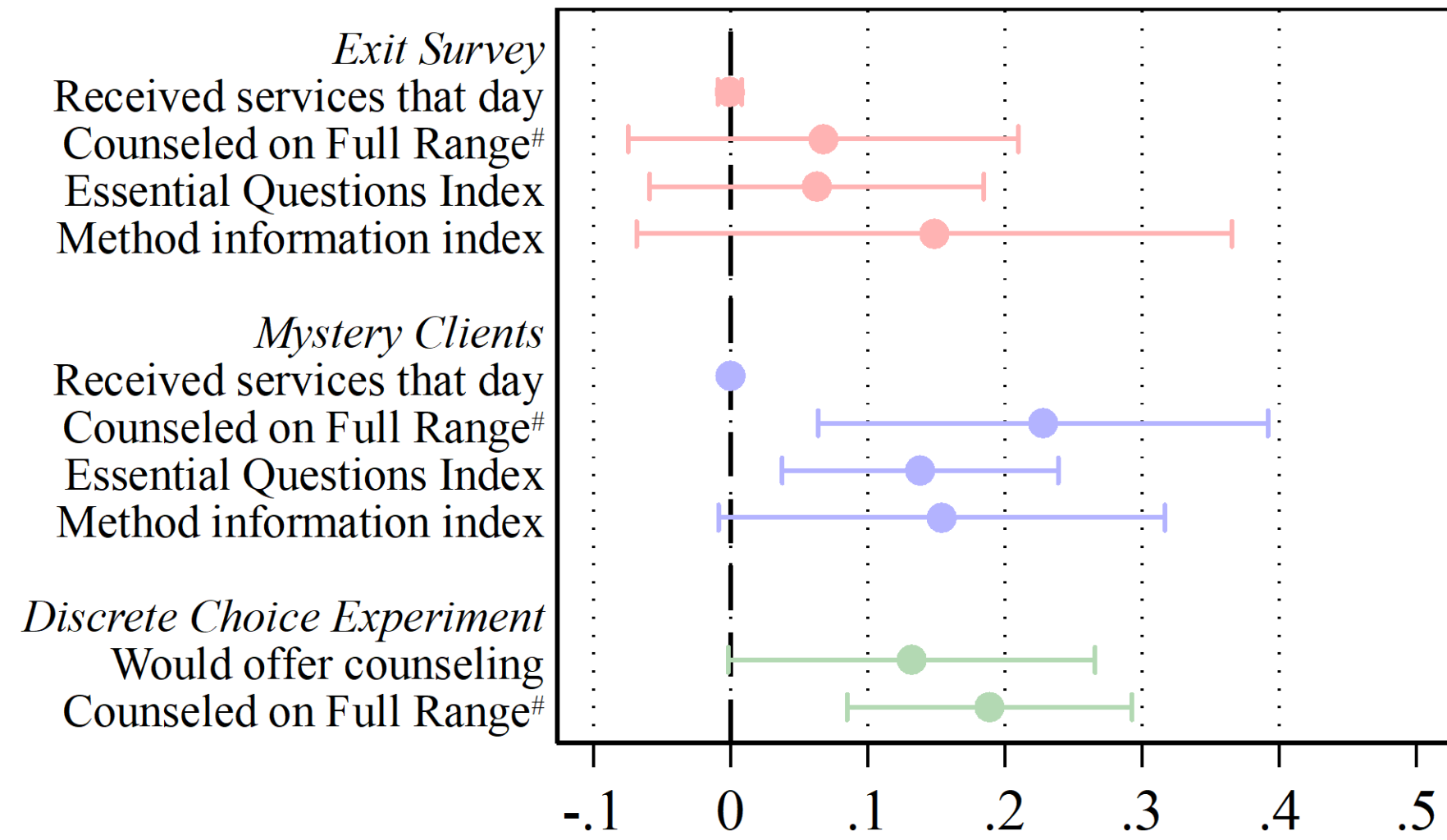
Pooled



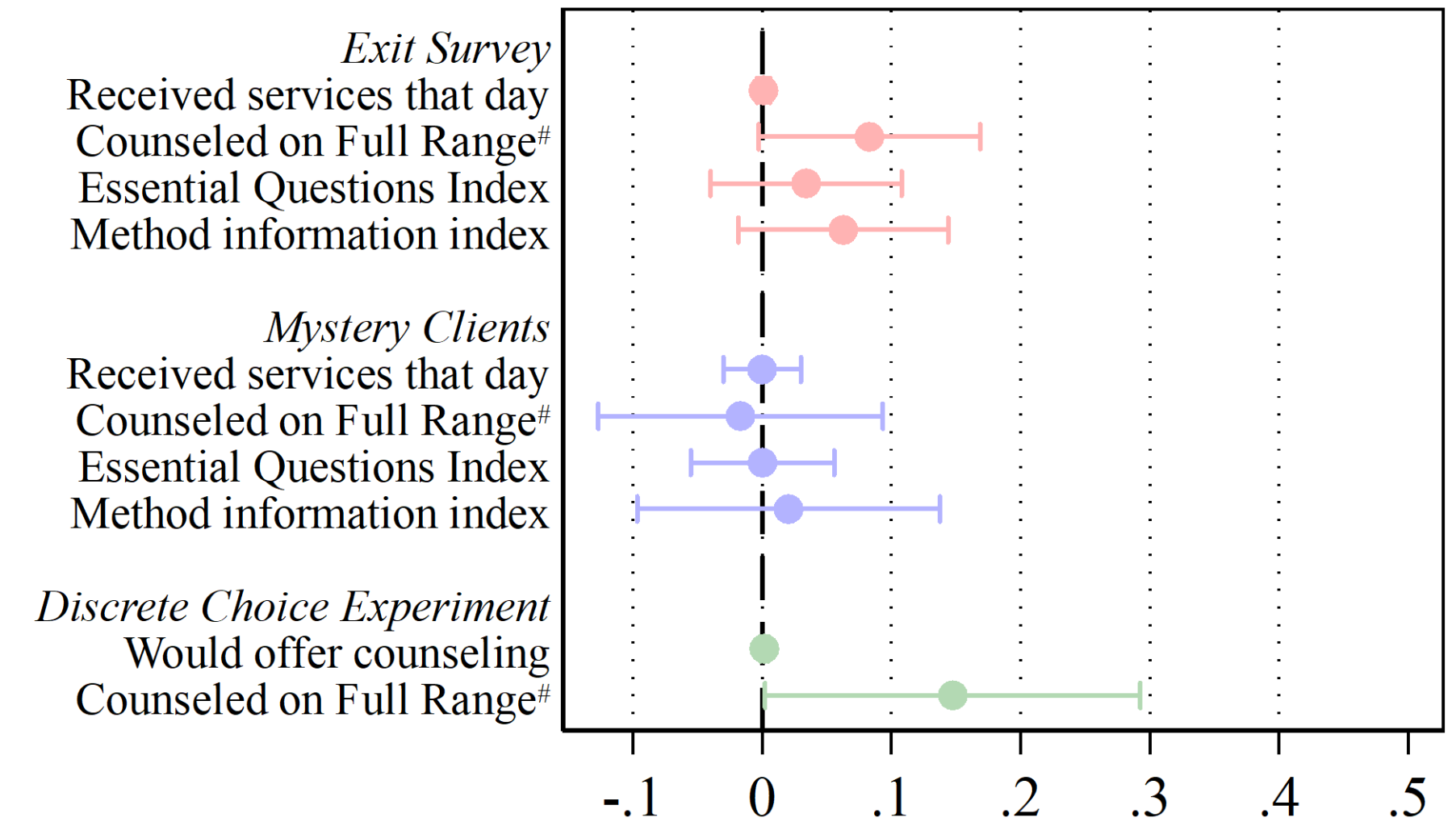
TZ

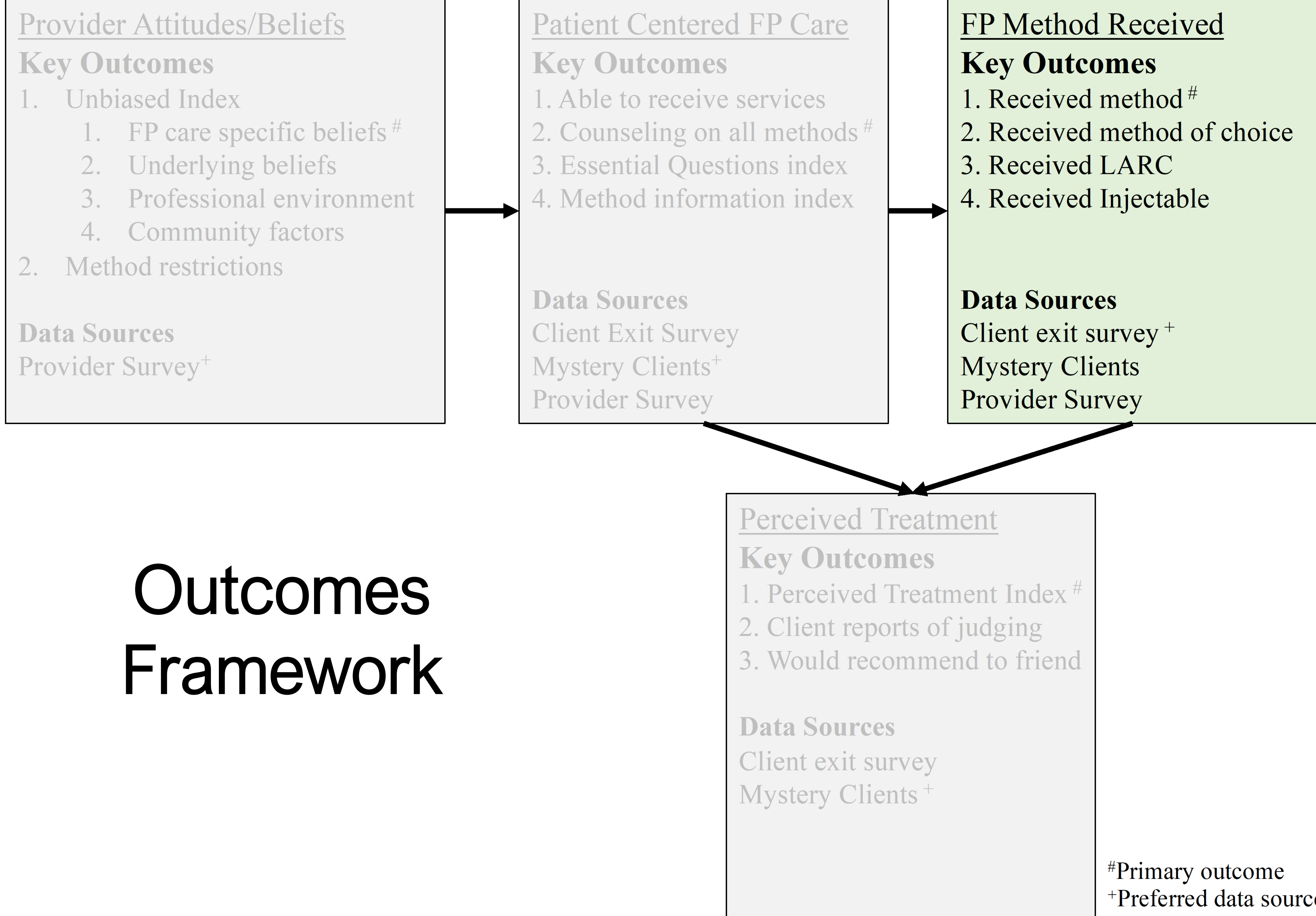


PK



BF



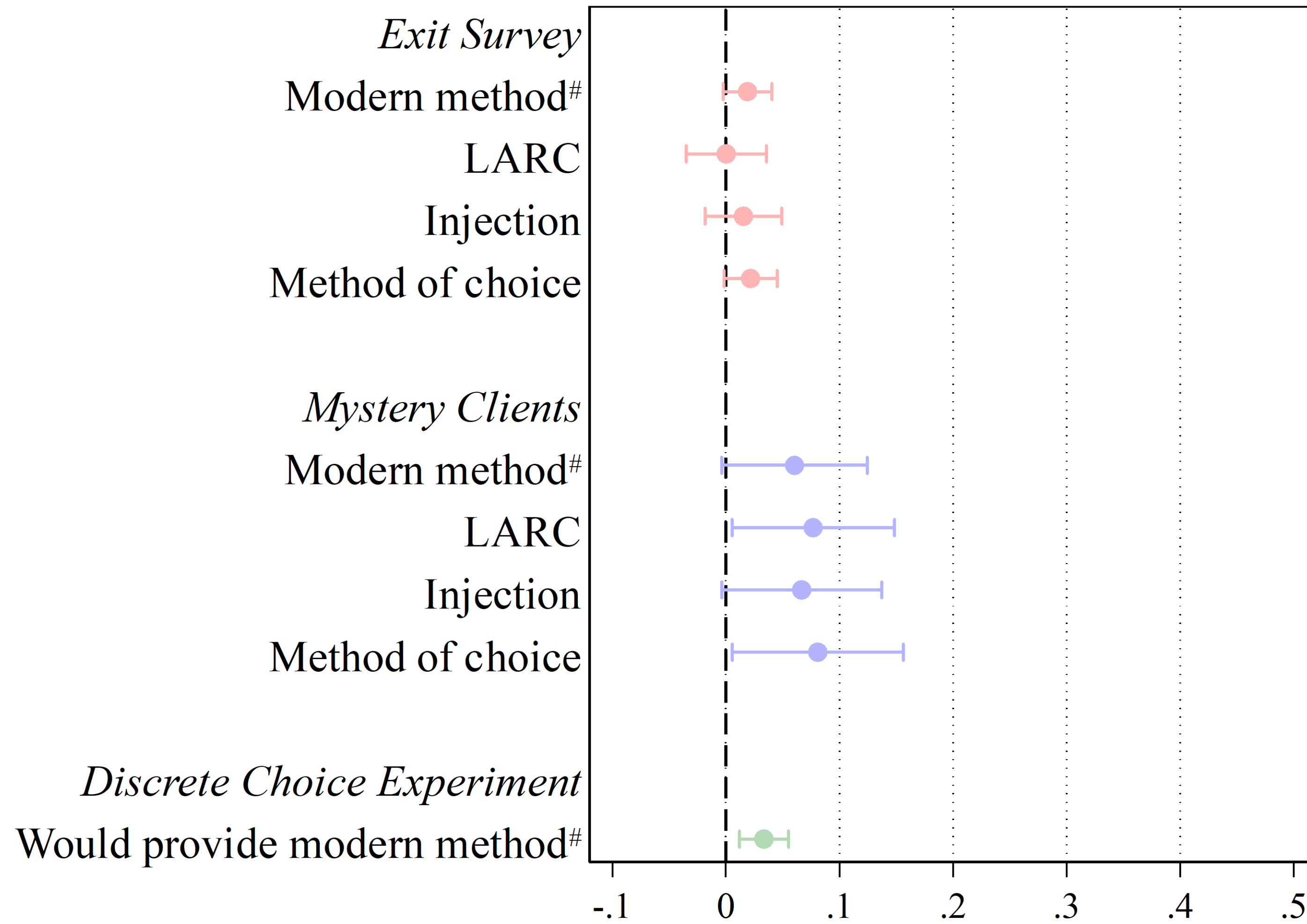


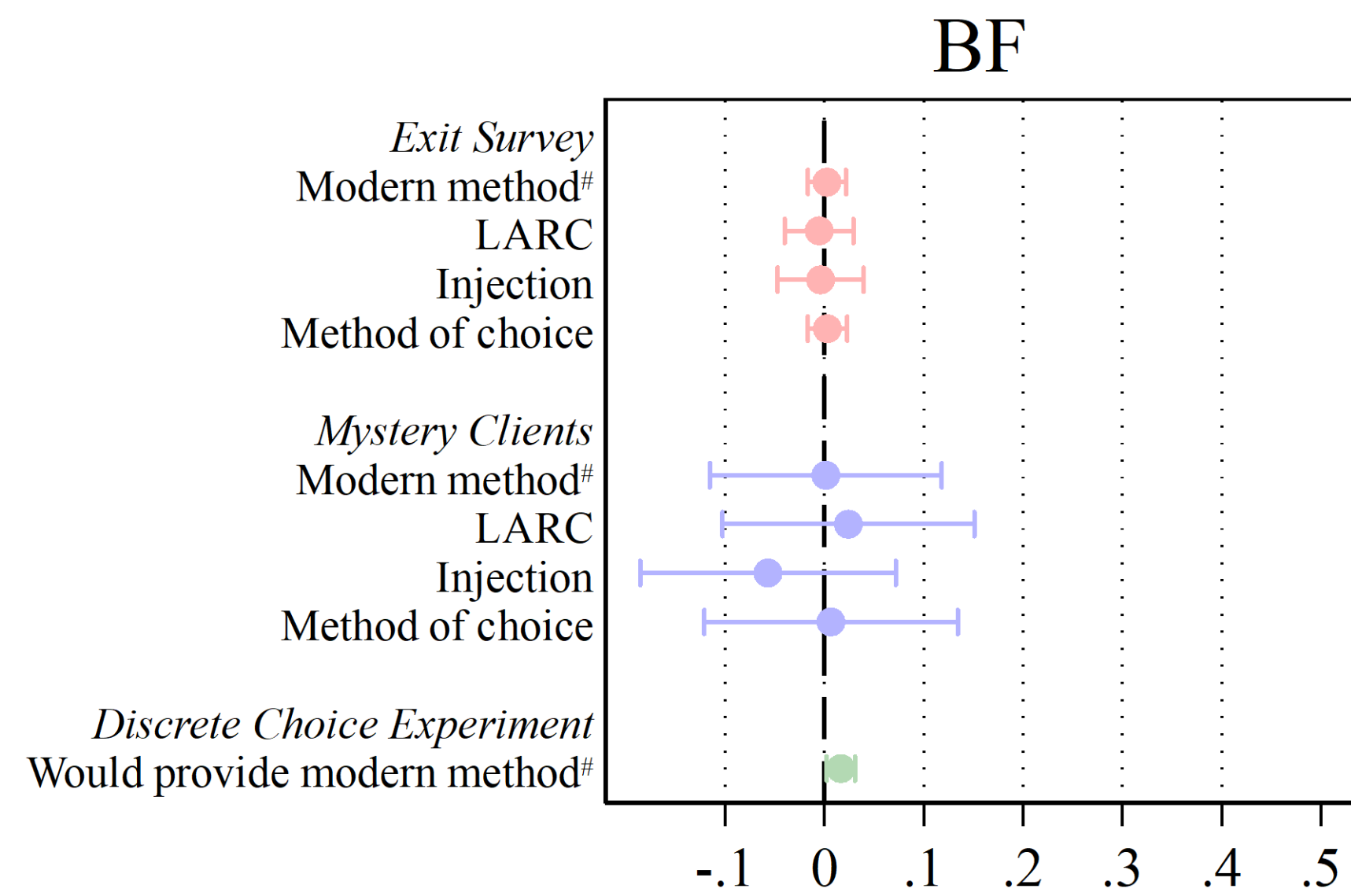
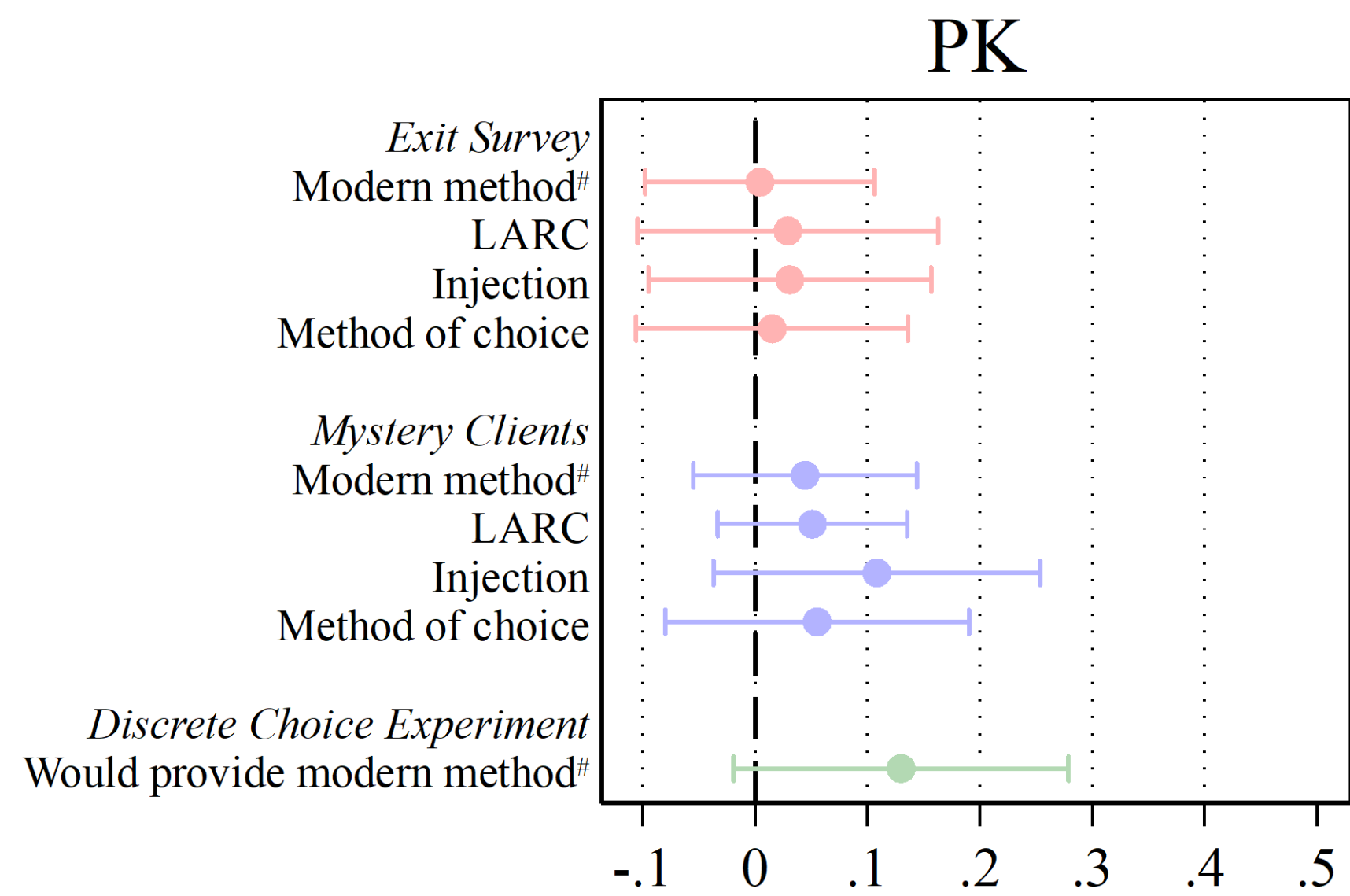
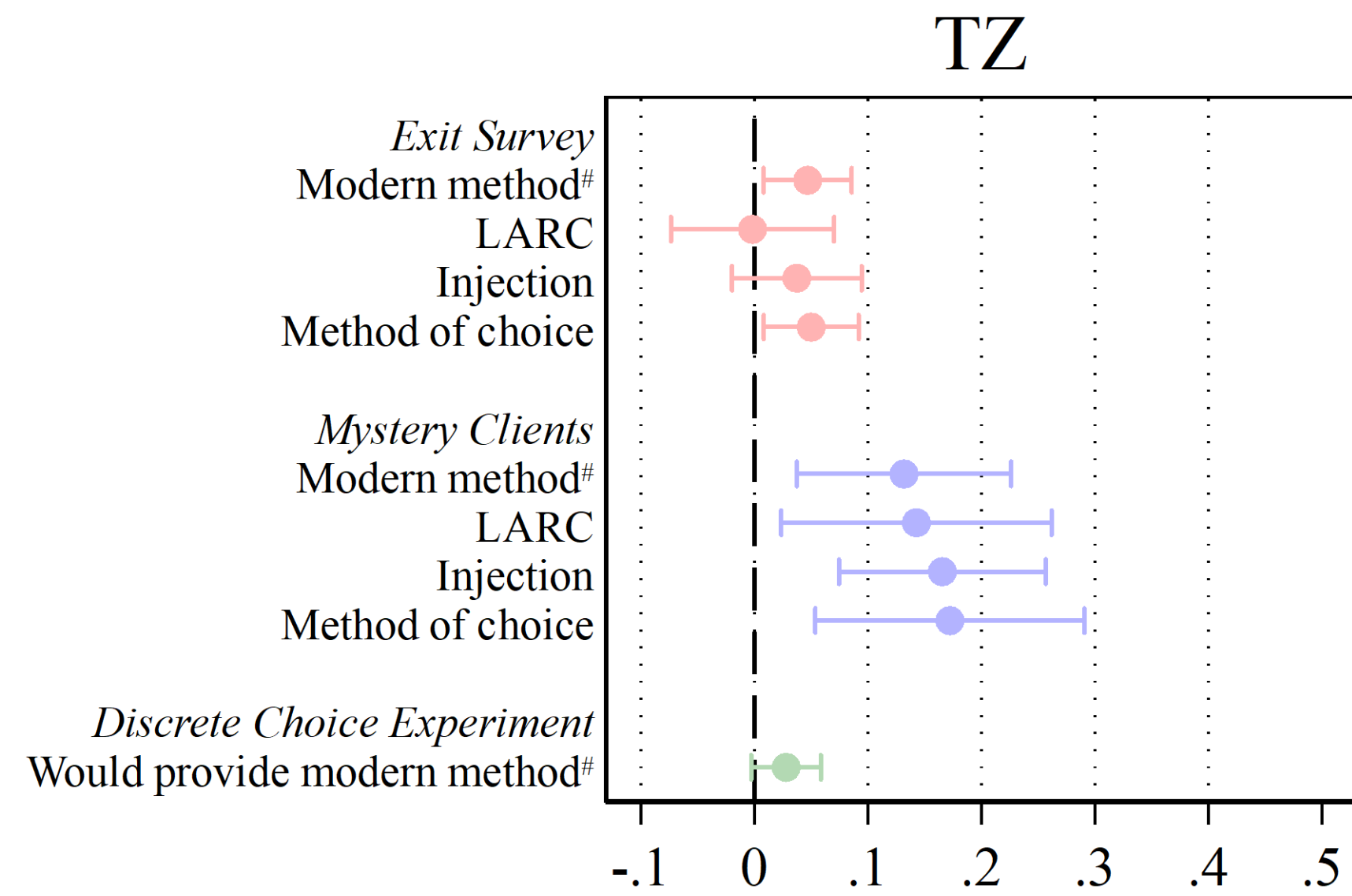
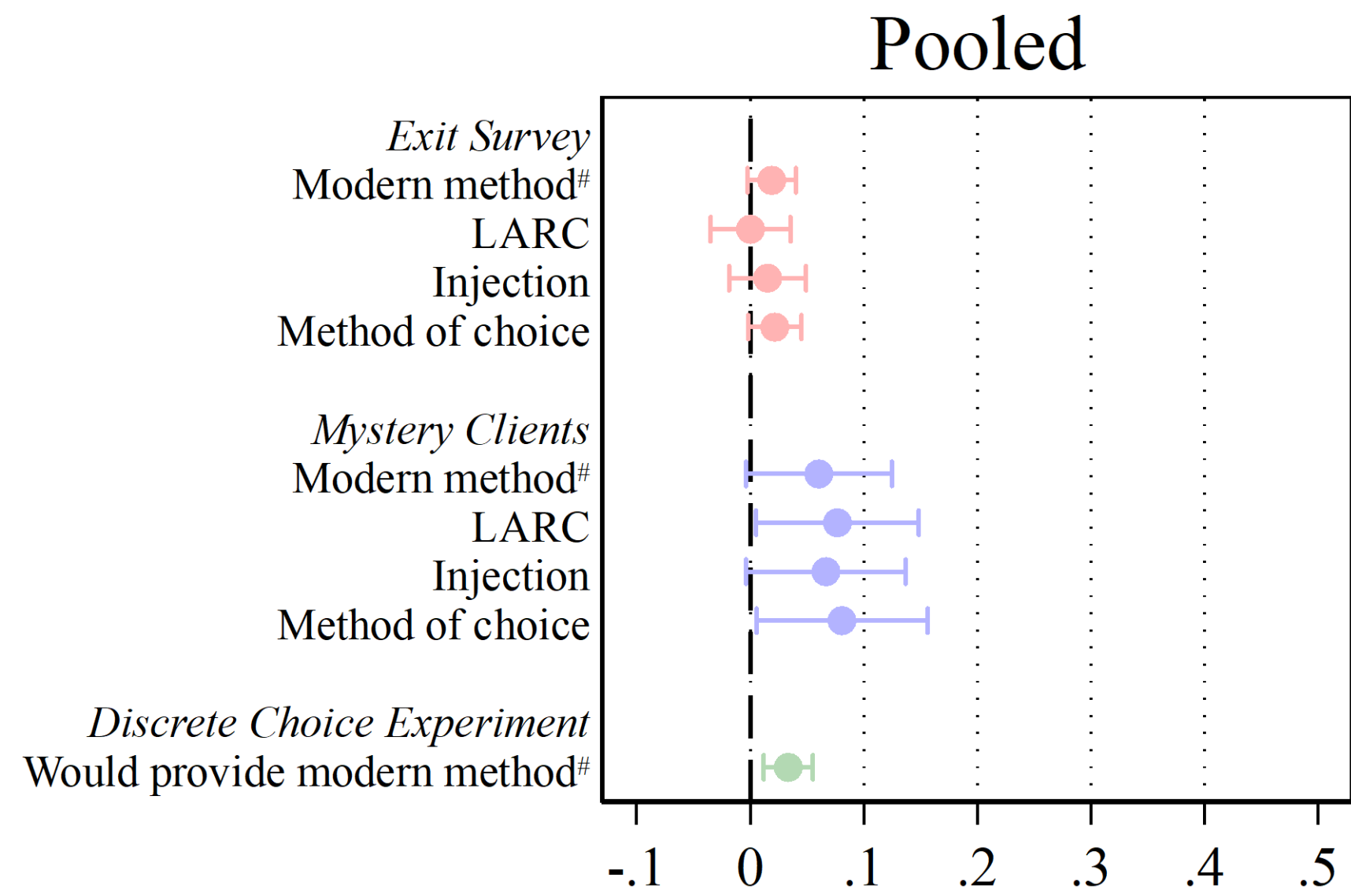
Outcomes Framework

#Primary outcome
+Preferred data source

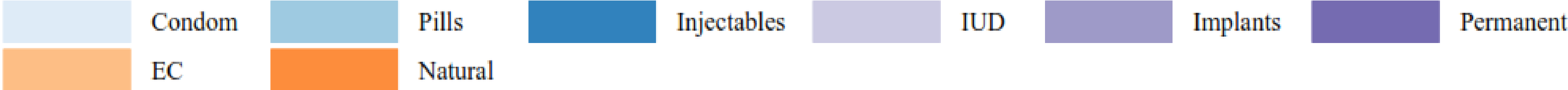
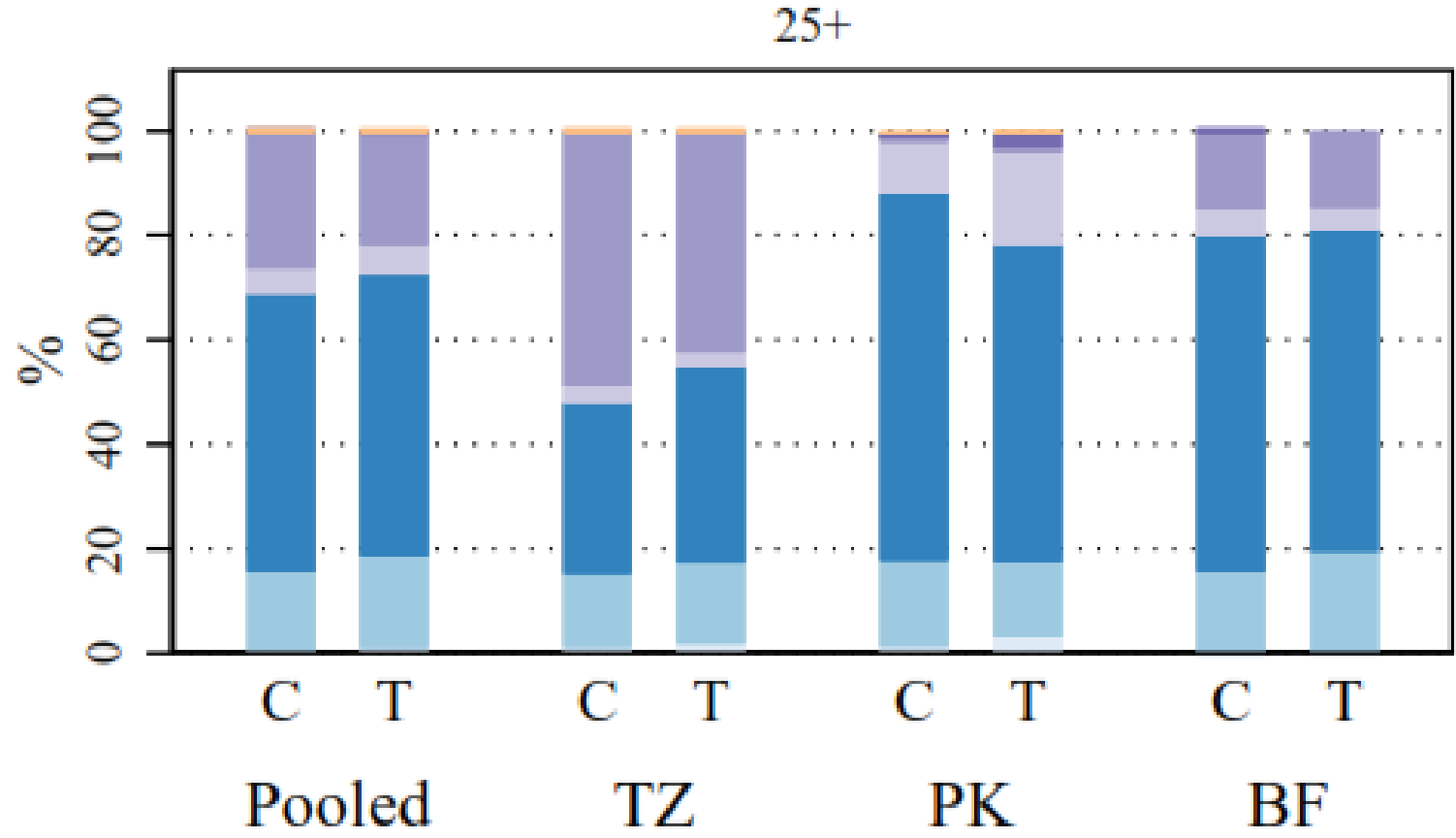
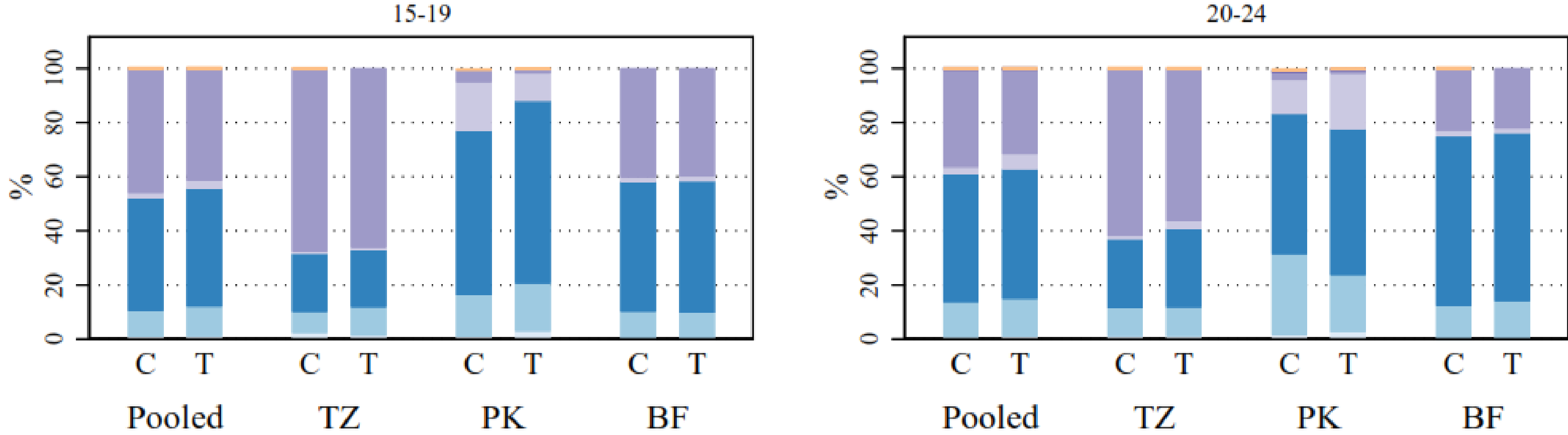
NO CLEAR EFFECT ON METHOD DISPENSING

All countries pooled





METHOD MIX BY AGE GROUP (EXIT DATA)



Provider Attitudes/Beliefs
Key Outcomes
 1. Unbiased Index
 1. FP care specific beliefs #
 2. Underlying beliefs
 3. Professional environment
 4. Community factors
 2. Method restrictions

Data Sources
 Provider Survey⁺



Patient Centered FP Care
Key Outcomes
 1. Able to receive services
 2. Counseling on all methods #
 3. Essential Questions index
 4. Method information index

Data Sources
 Client Exit Survey
 Mystery Clients⁺
 Provider Survey



FP Method Received
Key Outcomes
 1. Received method #
 2. Received method of choice
 3. Received LARC
 4. Received Injectable

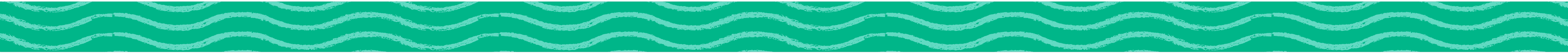
Data Sources
 Client exit survey⁺
 Mystery Clients
 Provider Survey

Perceived Treatment
Key Outcomes
 1. Perceived Treatment Index #
 2. Client reports of judging
 3. Would recommend to friend

Data Sources
 Client exit survey
 Mystery Clients⁺

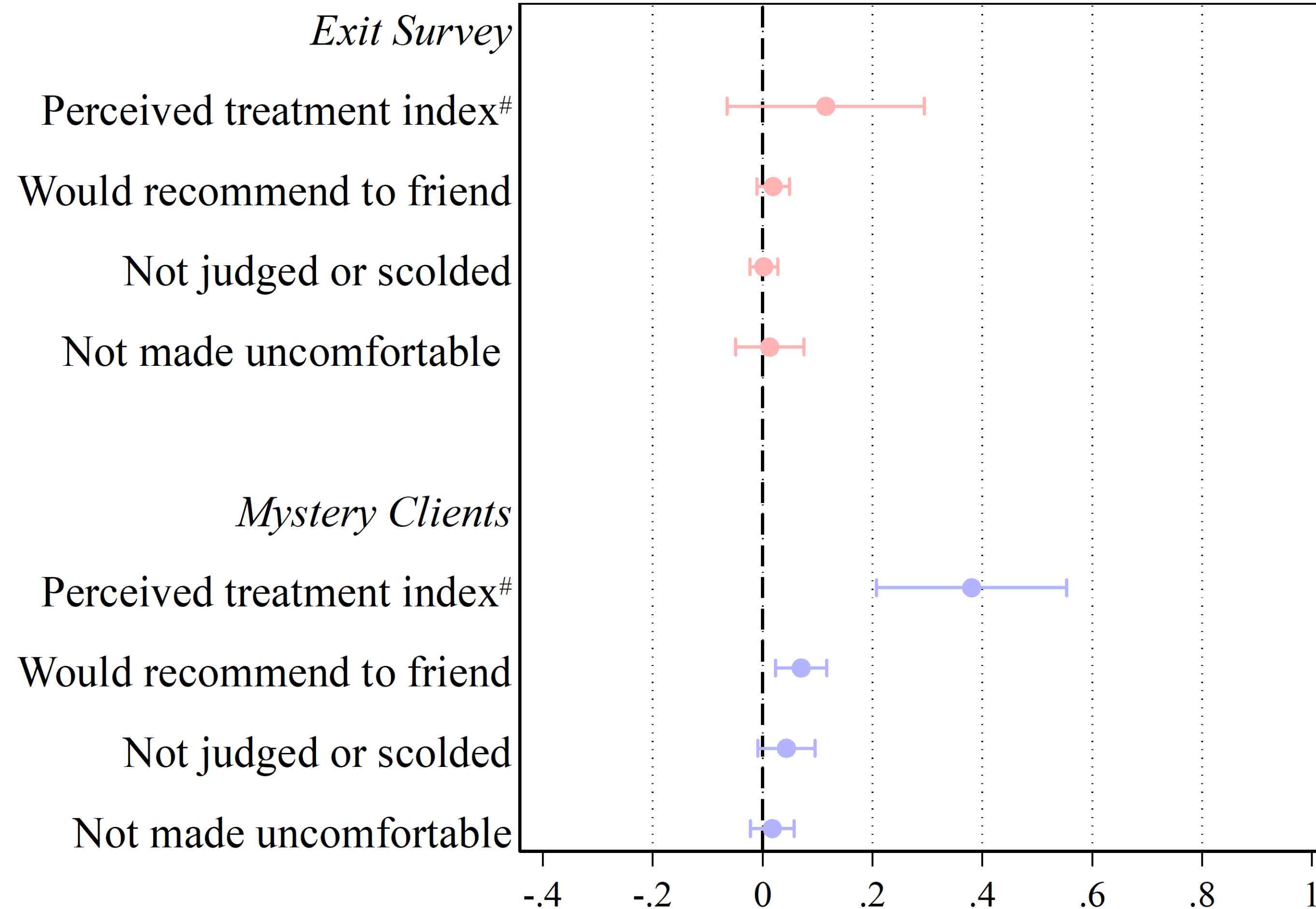
#Primary outcome
⁺Preferred data source

Outcomes Framework

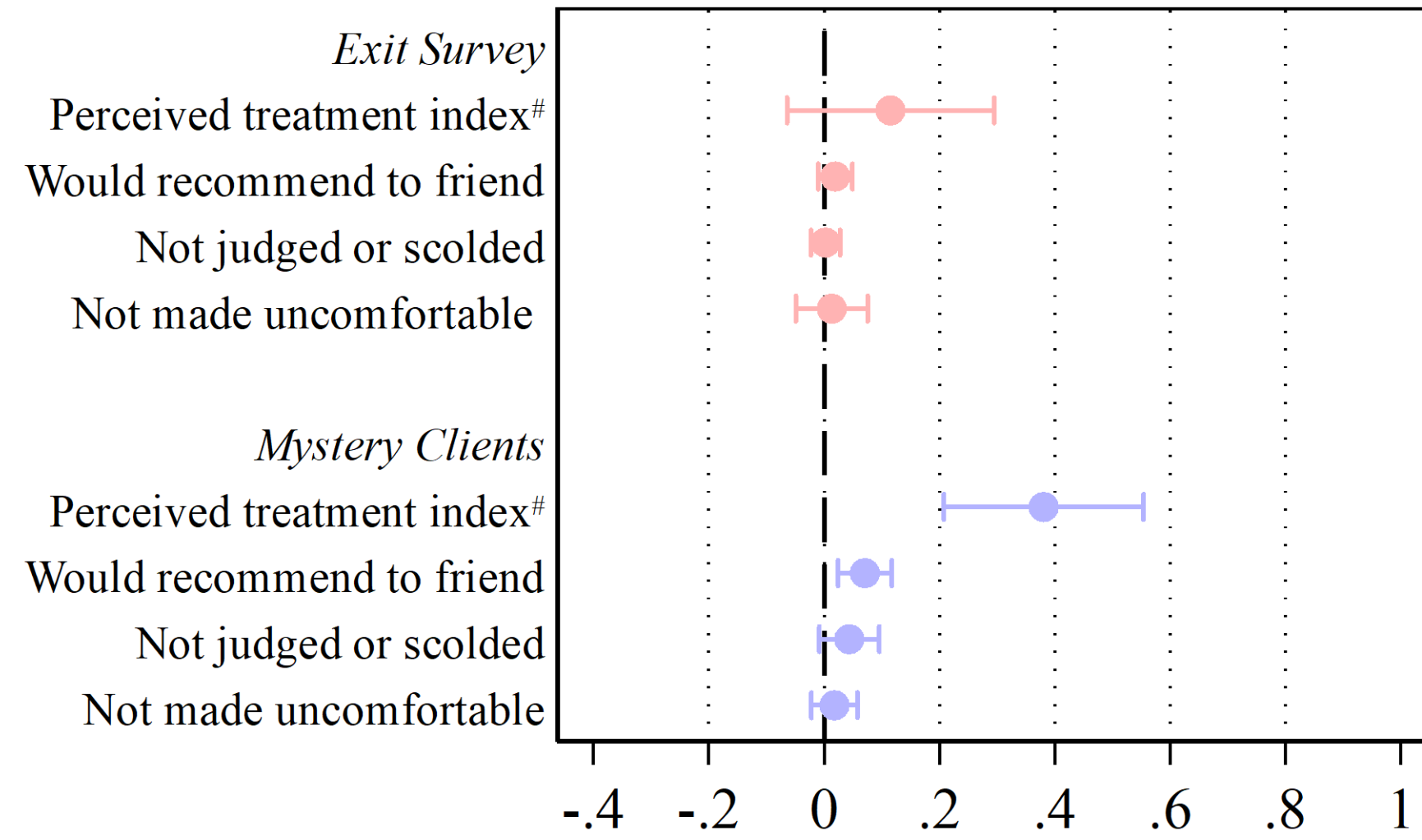


THE INTERVENTION IMPROVED CLIENTS' PERCEPTIONS OF HOW THEY WERE TREATED

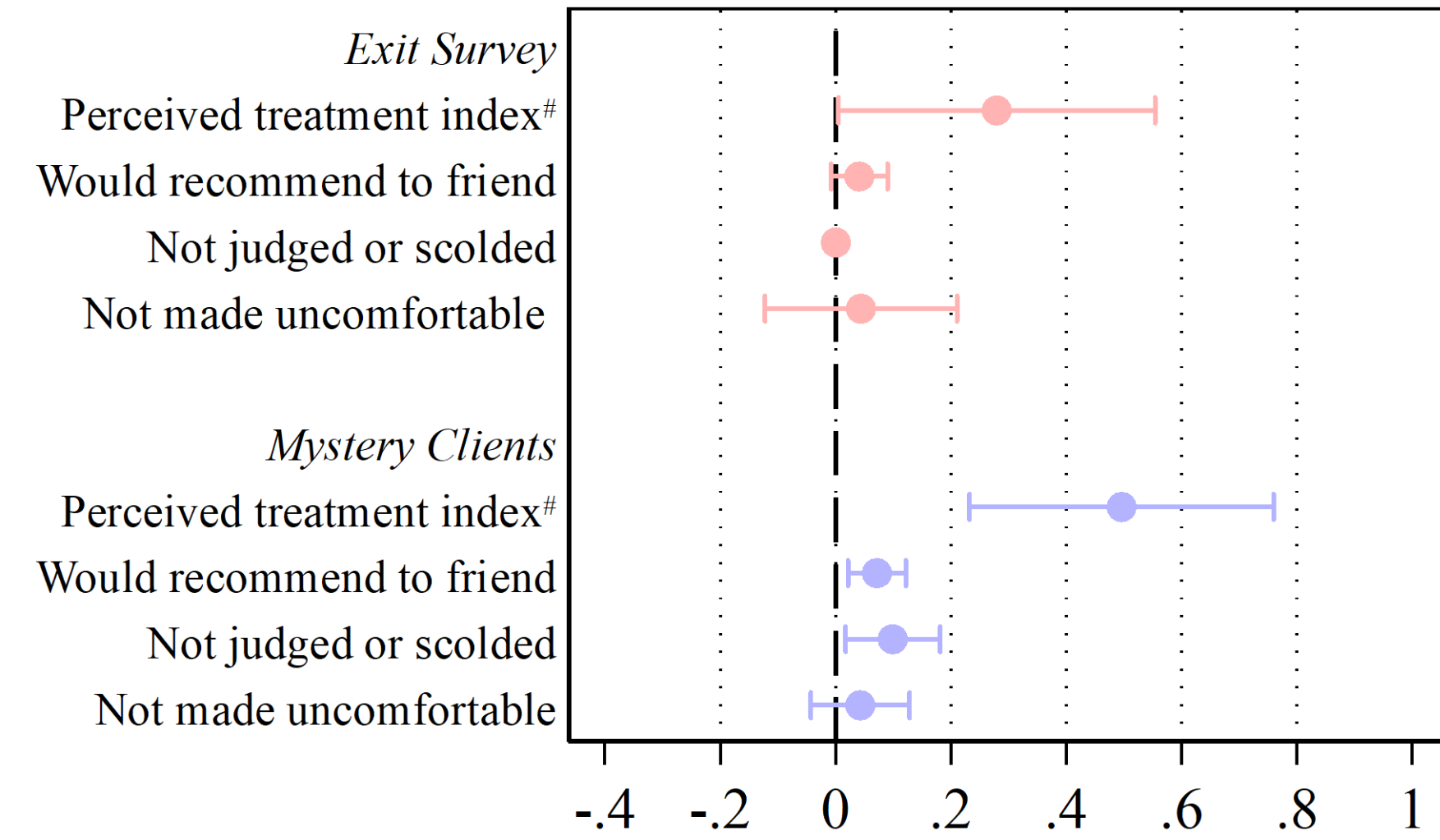
All countries pooled



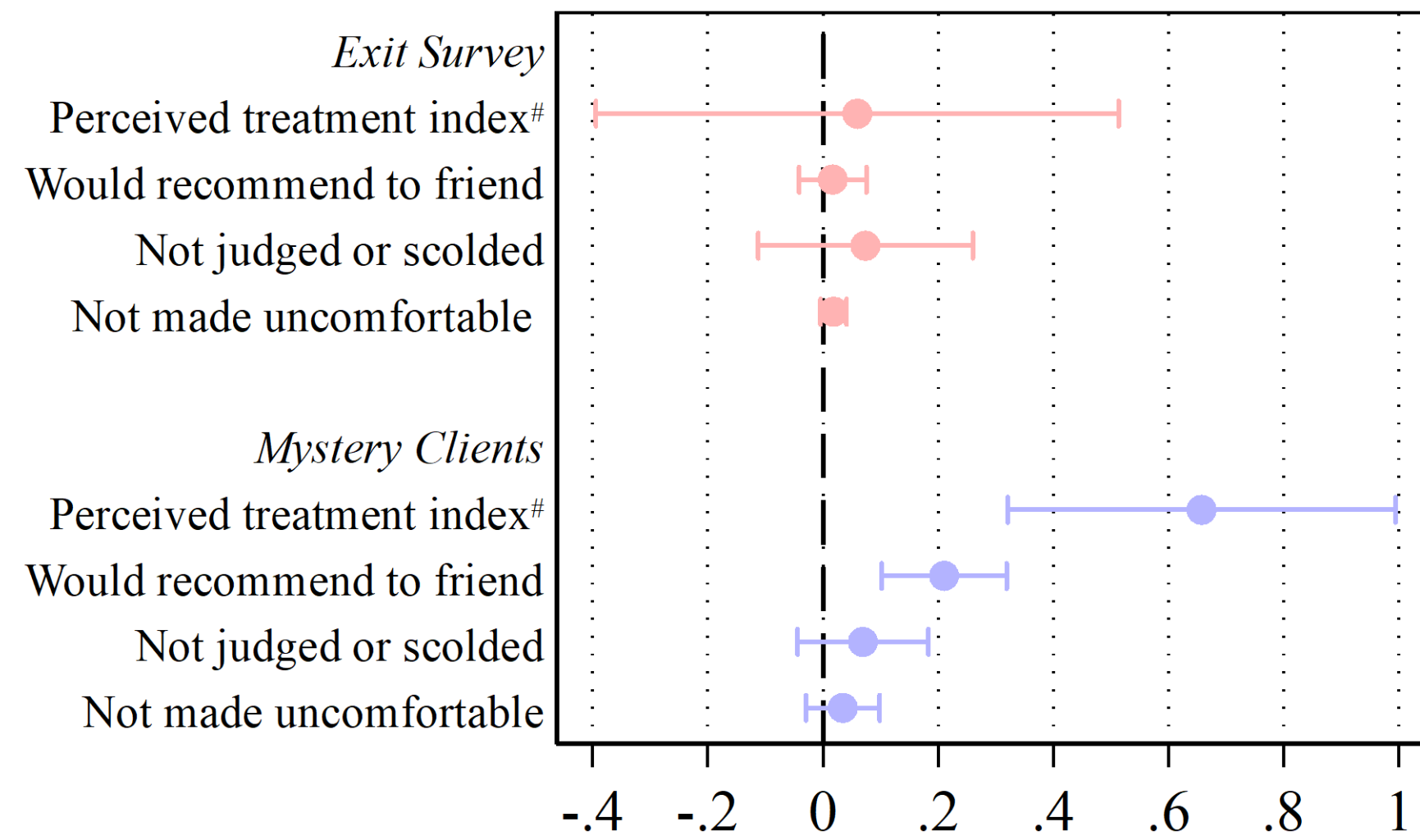
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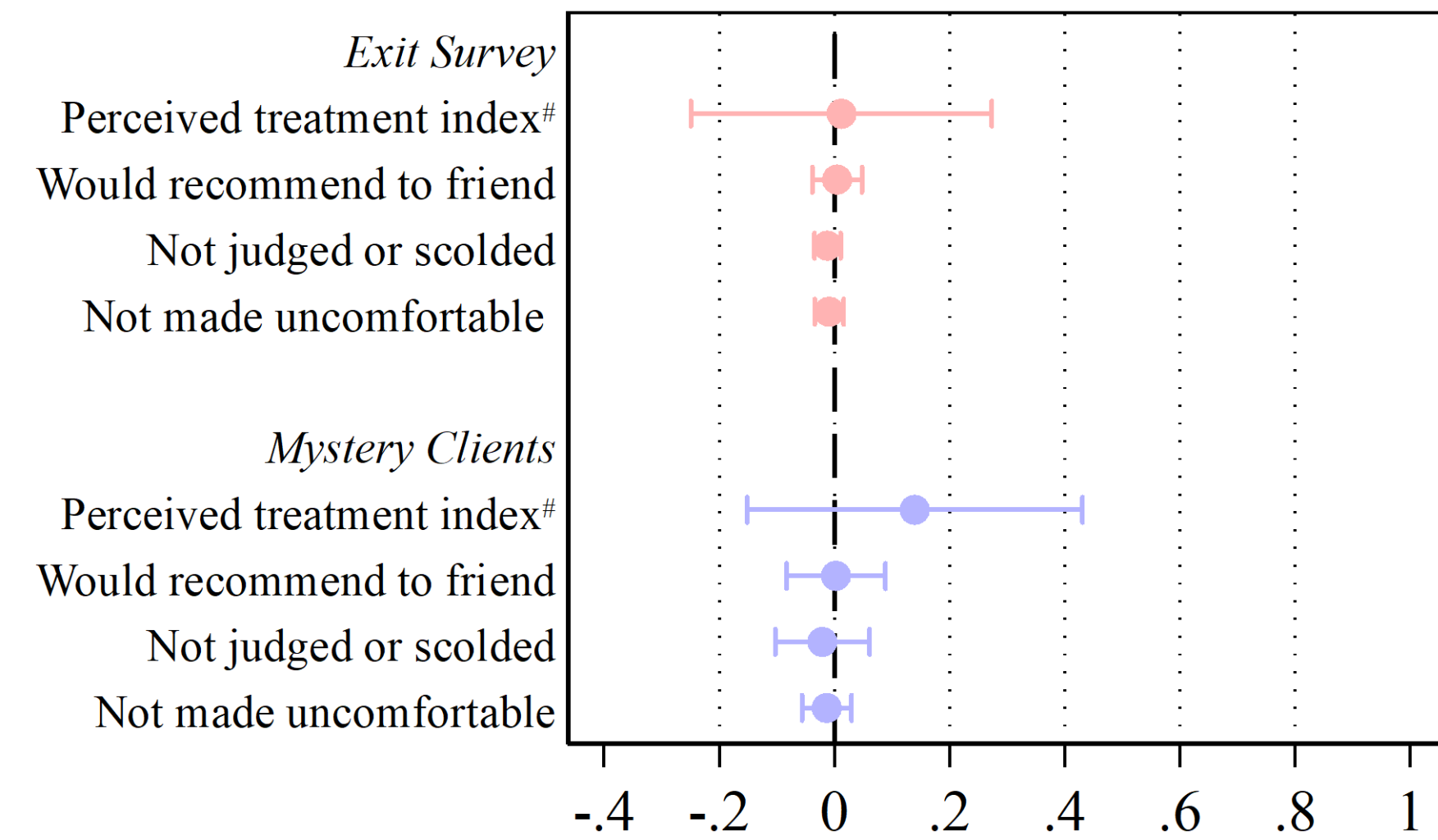
TZ



PK



BF



The background is a solid teal color with a pattern of white, wavy, horizontal lines that resemble water ripples or a textured surface. The lines are more prominent on the left and right sides, fading towards the center.

**HOW DID THE
INTERVENTION IMPACT
DISPARITIES FOR YOUNG
WOMEN?**

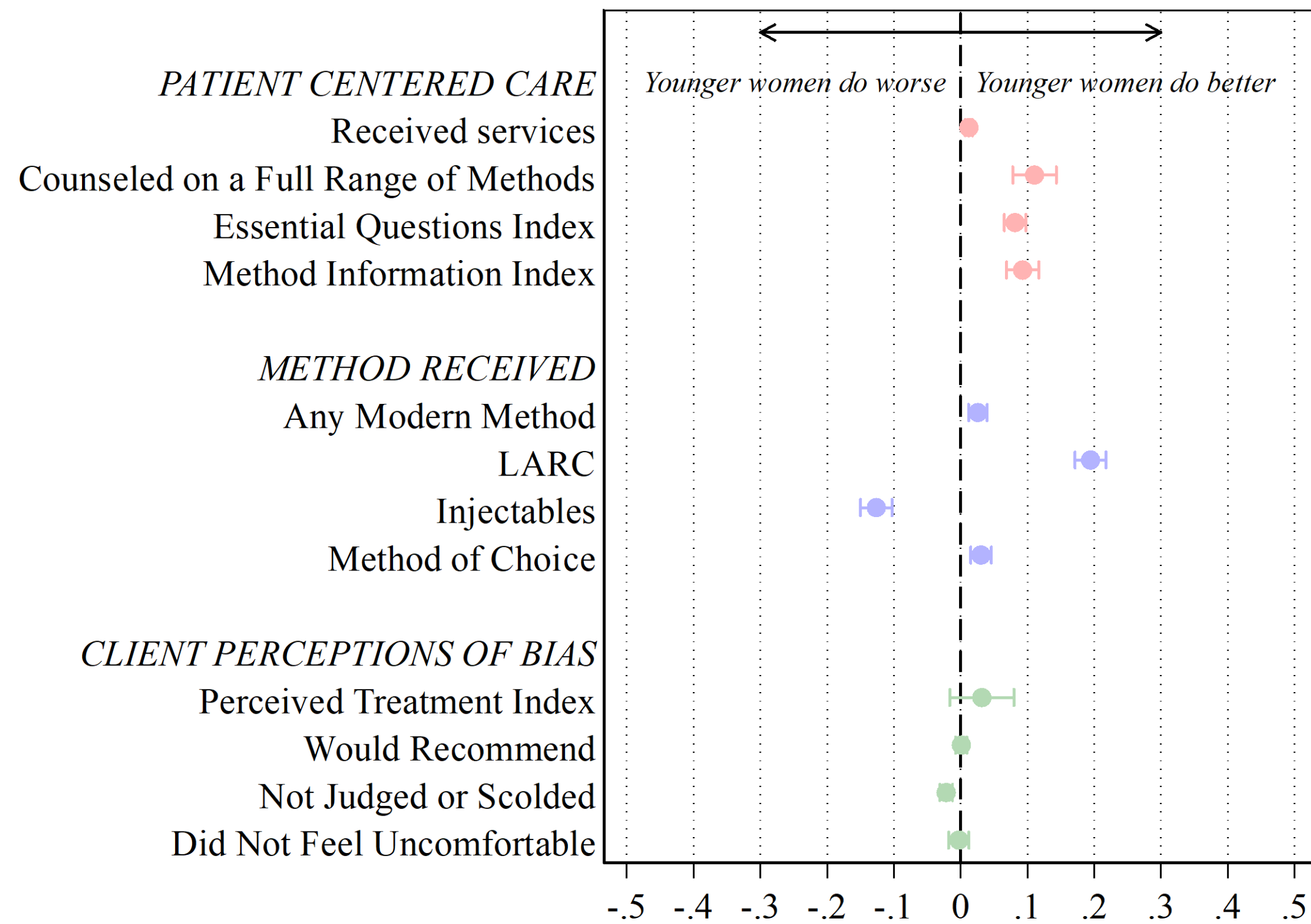
SUMMARY OF AGE/MARITAL STATUS/PARITY EFFECTS

- The average effects of age, marital status, or parity were not as large as expected or absent in the control group for most outcomes
- Improvements in counseling and perceived treatment were similar across demographic characteristics (i.e. improved for all clients).
- Suggestive evidence of disparities in control group for nulliparous clients and that these disparities were eliminated by intervention, but this is inconsistent across data sources (only present in mystery client data).
- Qualitative data reveals several instances of differential treatment based on age/marital status/parity in both the intervention and control group, but quantitative results suggest these instances are not as frequent as expected and do not lead to large disparities in client outcomes.

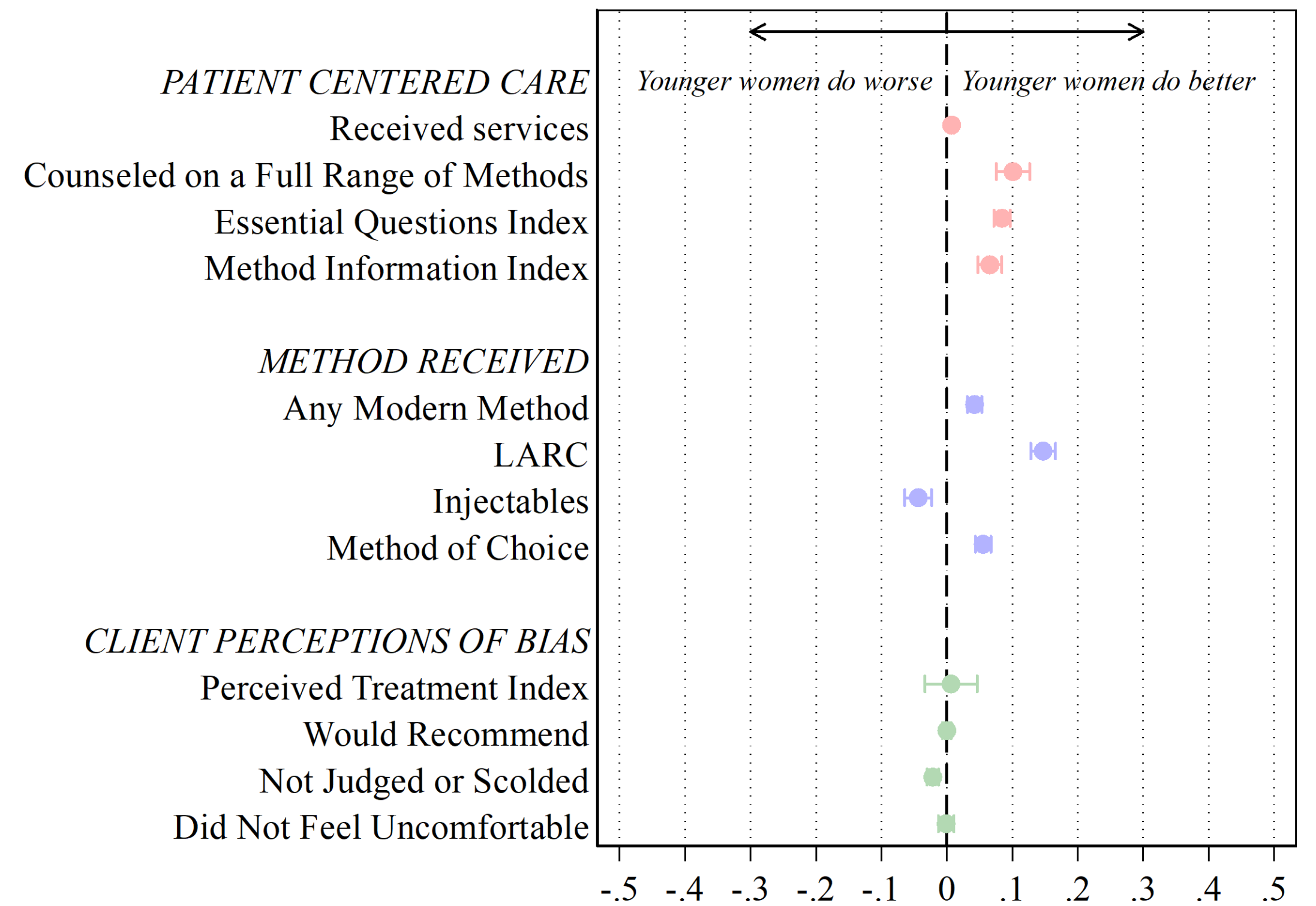
DISPARITIES BY AGE (EXIT SURVEY)

Difference between age <20 and age 25+

Control Group



Treatment Group

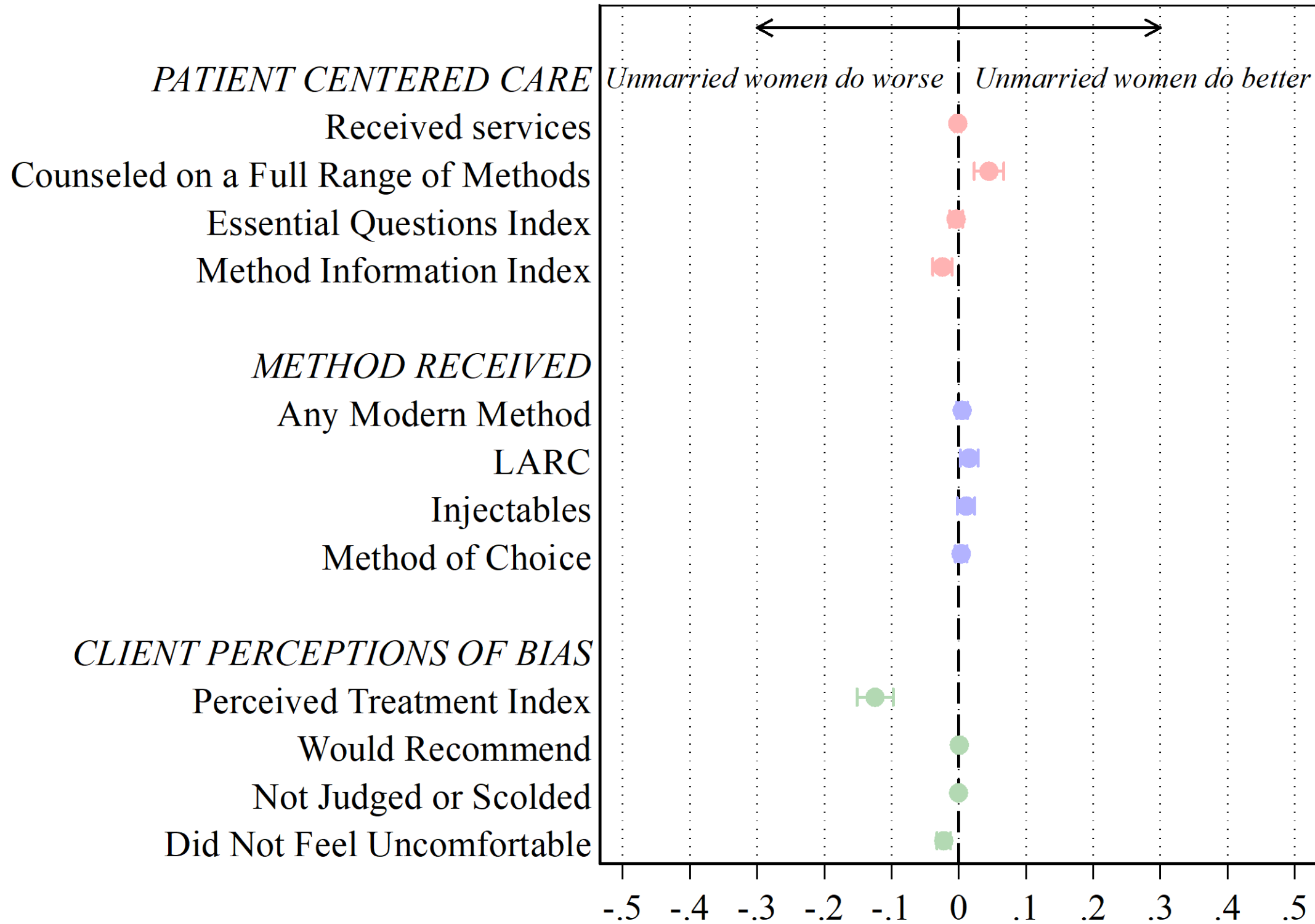


All countries pooled

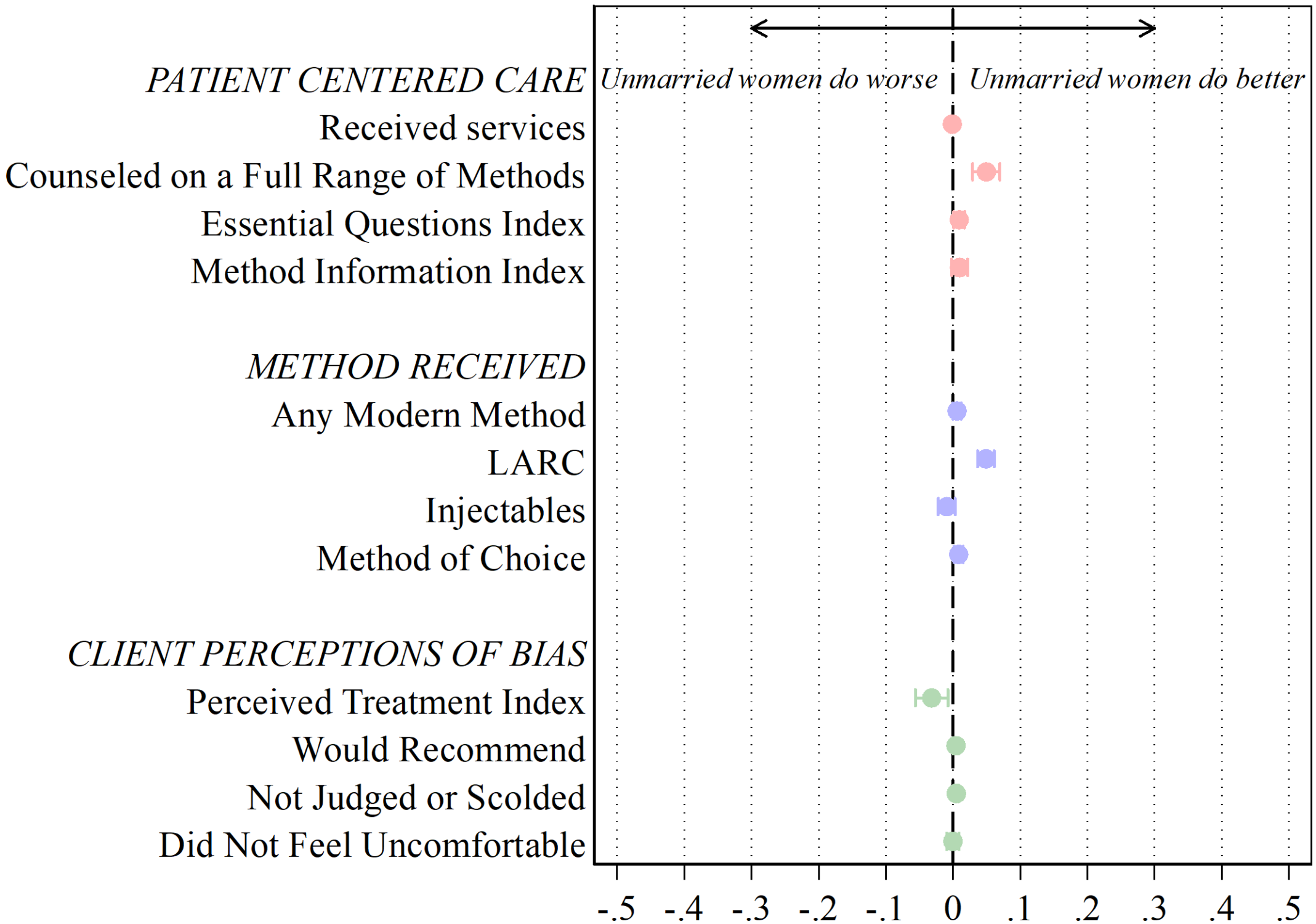
DISPARITIES BY MARITAL STATUS (EXIT SURVEY)

Difference between unmarried and married women

Control Group



Treatment Group

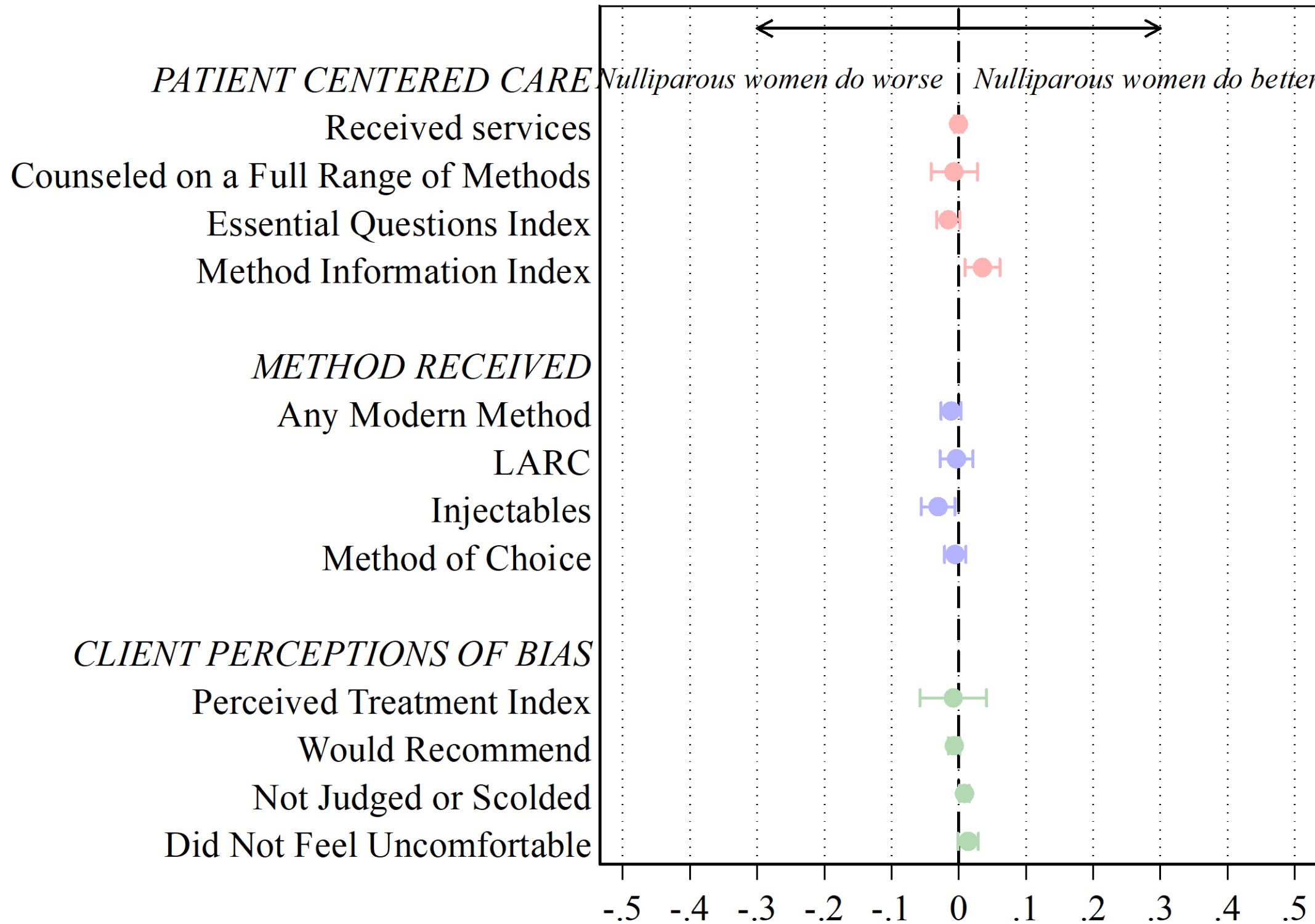


All countries pooled

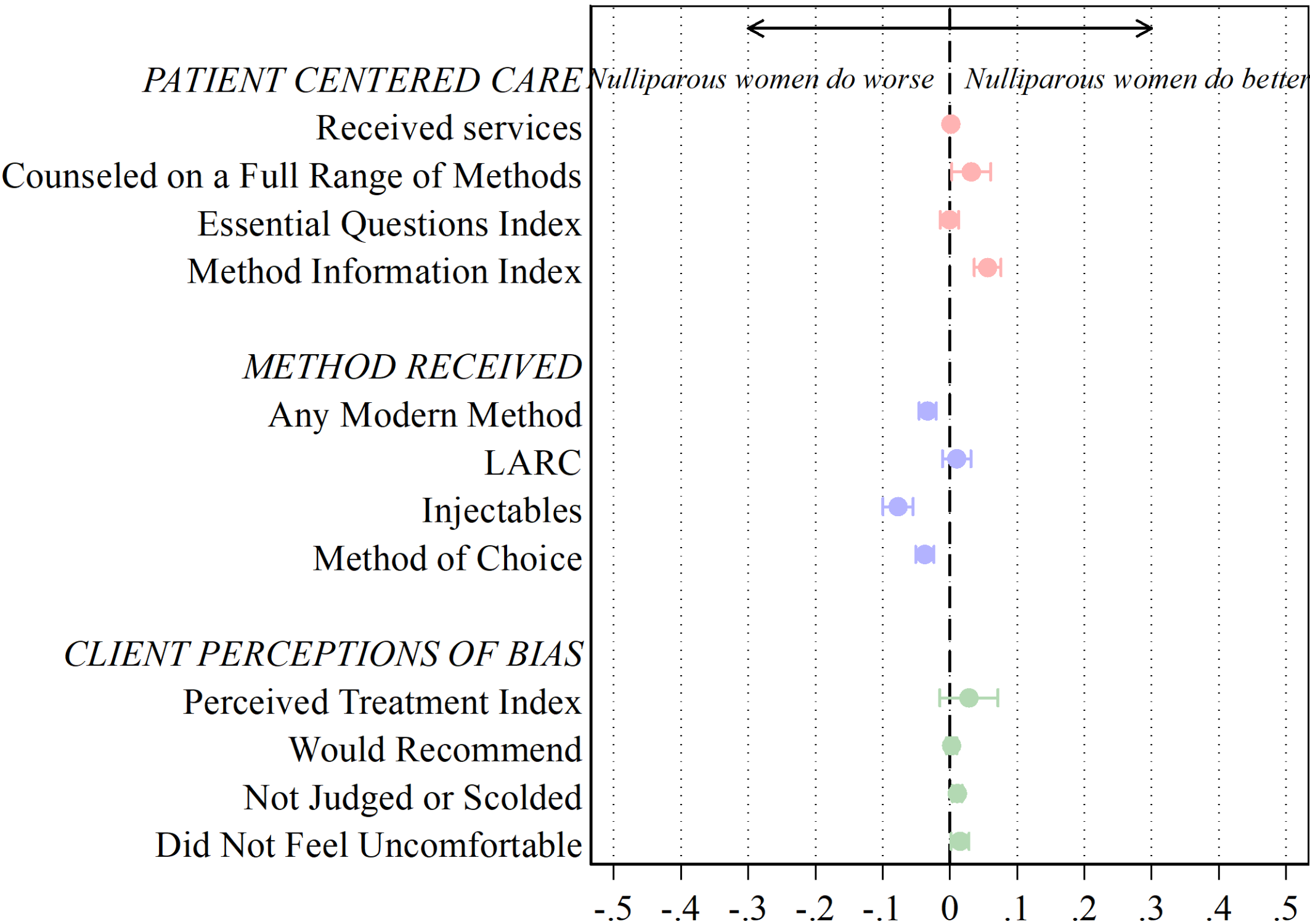
DISPARITIES BY PARITY (EXIT SURVEY)

Difference between nulliparous and parous women

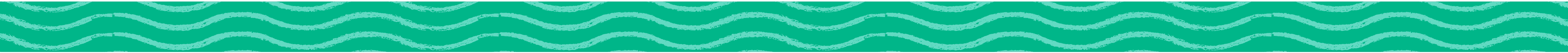
Control Group




Treatment Group



All countries pooled

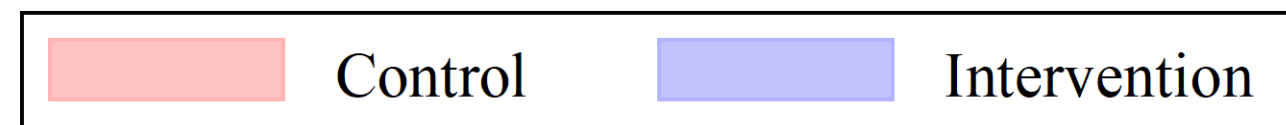
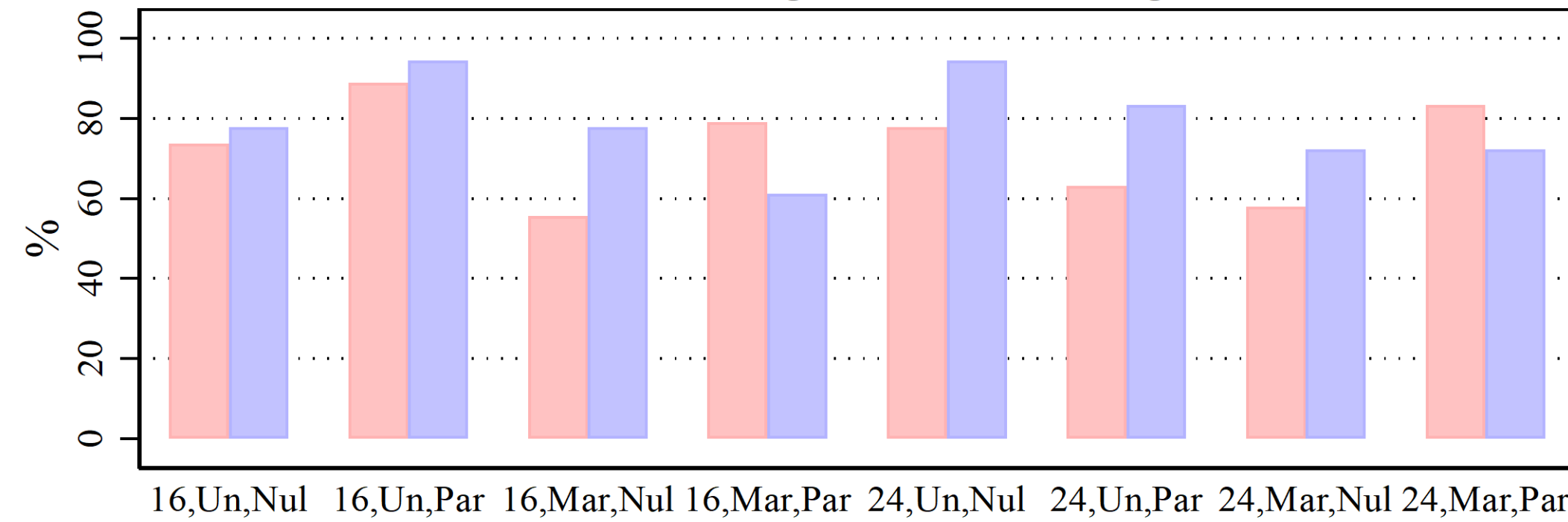


INTERSECTION OF AGE/MARITAL STATUS/PARITY

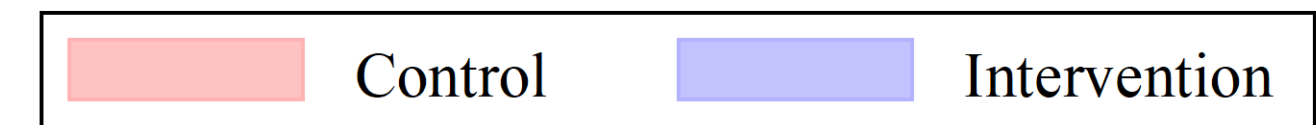
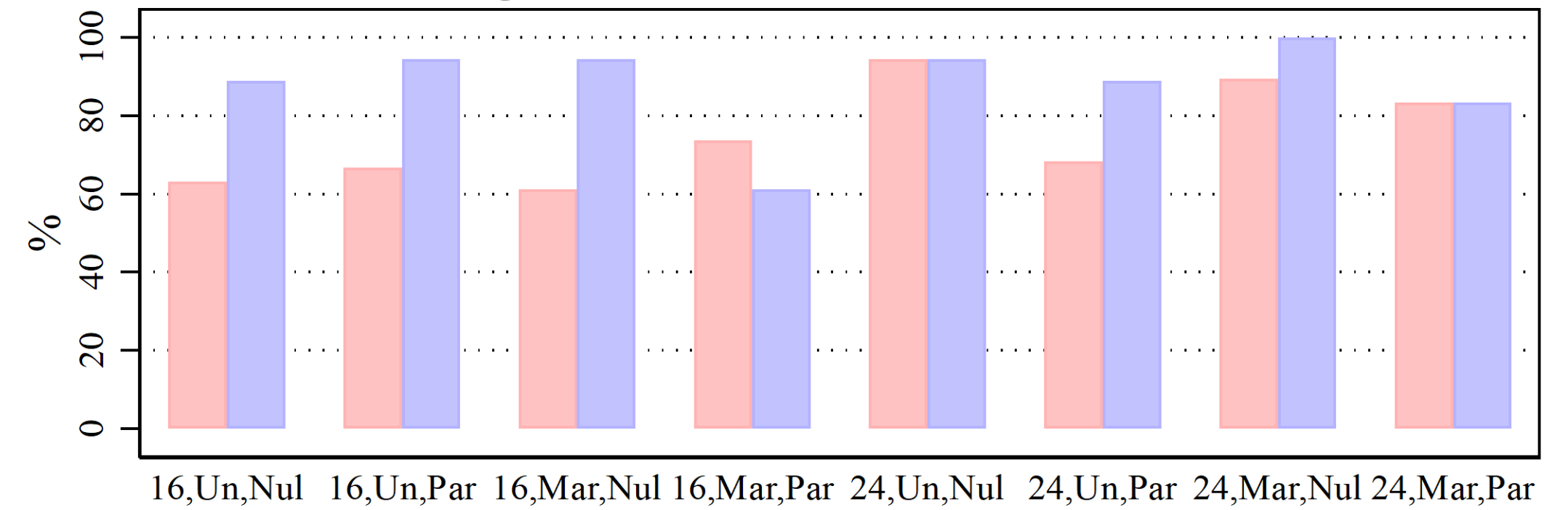
- We had limited statistical power to assess intersectionality due to small sample sizes for some specific combinations.
 - Only 40 MC visits per profile in each country
 - Some profiles in exit data were very rare
 - In TZ and PK, women who are married and do not have children received the worst care in the control group (regardless of age), and intervention impacts were particularly large for these profiles
 - In Burkina Faso, there are not any clear patterns of disparities or intervention impacts for specific client attribute combinations
 - Qualitative evidence revealed contraception was generally thought of as more appropriate for young women if they were also a student
- 

OUTCOMES FOR EACH PROFILE IN TANZANIA

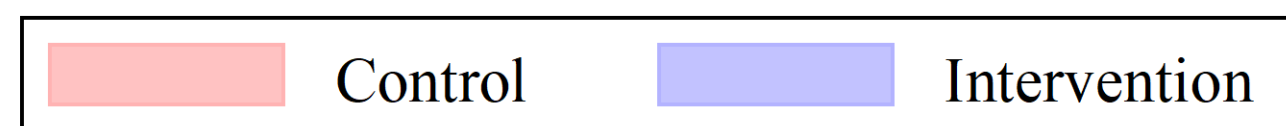
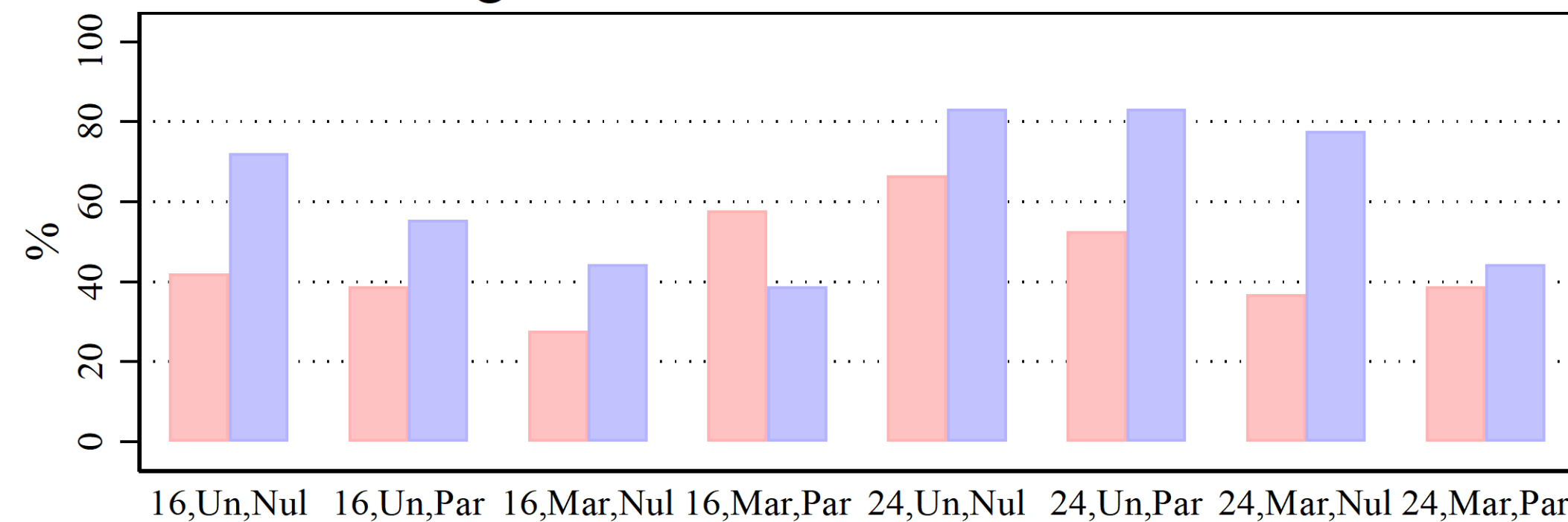
Counseling on Full Range



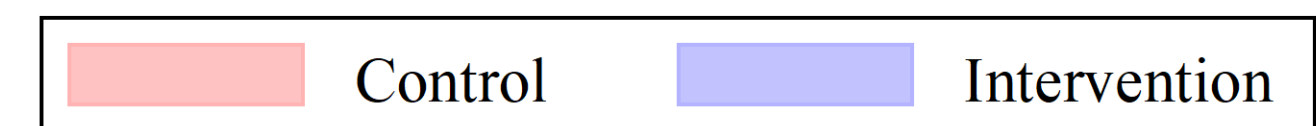
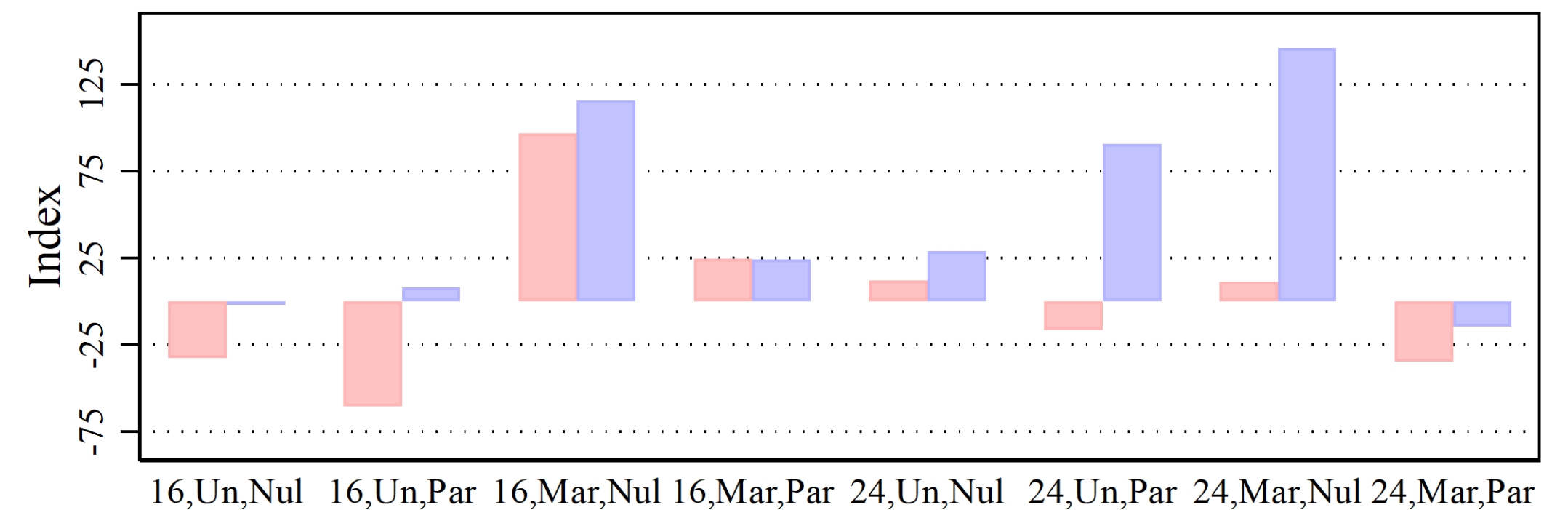
Thought Could Take Modern Method



Thought Could Take Method of Choice



Perceived Treatment Index



Average outcomes among control facilities by client profile in Tanzania

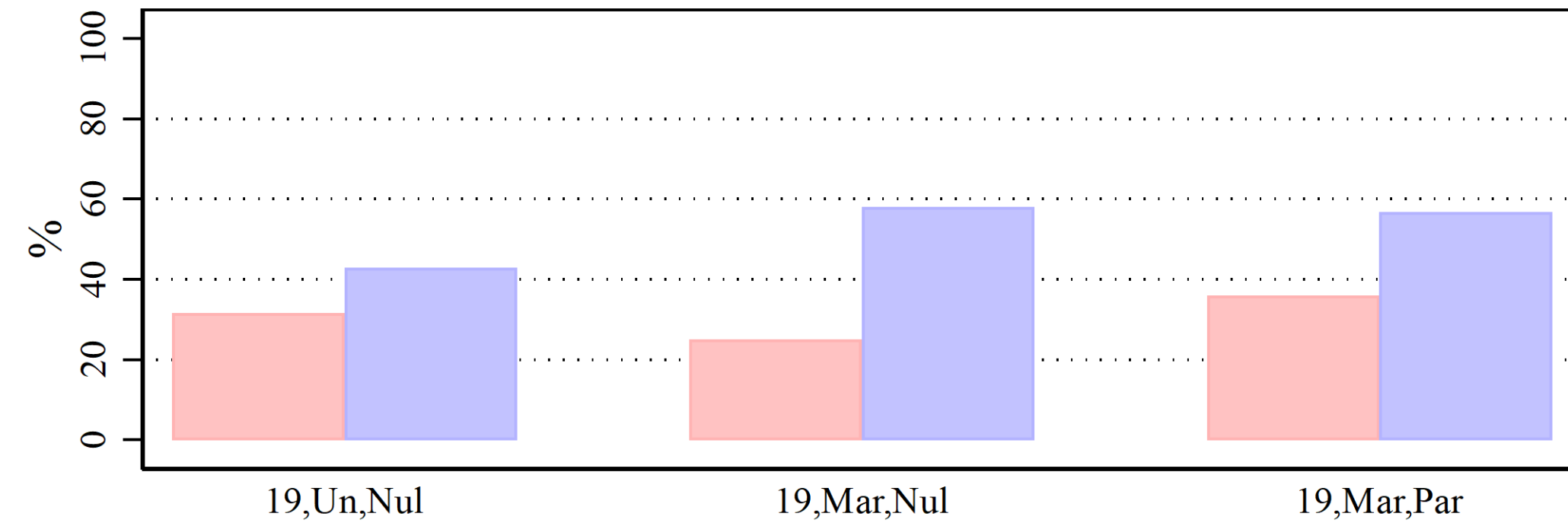
Profile	N	Outcomes Index	Counseling on a full range of methods	Received modern method	Received method of choice	Perceived treatment index
	Exit survey					
25+ Married Nulliparous	10	-1.006	0.000	0.714	0.714	-0.183
25+ Married Parous	6101	-0.062	0.371	0.890	0.862	0.039
25+ Unmarried Parous	1876	-0.052	0.406	0.872	0.849	-0.150
<20 Married Nulliparous	17	0.159	0.444	0.923	0.923	0.213
<20 Unmarried Nulliparous	239	0.272	0.554	0.936	0.914	0.009
<20 Unmarried Parous	295	0.279	0.567	0.931	0.917	0.016
<20 Married Parous	187	0.355	0.583	0.957	0.925	0.145
25+ Unmarried Nulliparous	26	0.355	0.583	0.846	0.840	0.221
	Mystery Clients					
24 Married Nulliparous	19	-0.253	0.579	0.895	0.368	0.111
24 Unmarried Parous	19	-0.231	0.632	0.684	0.526	-0.166
16 Unmarried Nulliparous	19	-0.069	0.737	0.632	0.421	-0.324
16 Married Nulliparous	18	-0.044	0.556	0.611	0.278	0.969
24 Married Parous	18	0.117	0.833	0.833	0.389	-0.344
24 Unmarried Nulliparous	18	0.145	0.778	0.944	0.667	0.123
16 Unmarried Parous	18	0.150	0.889	0.667	0.389	-0.605
16 Married Parous	19	0.204	0.789	0.737	0.579	0.244

Average treatment effect by client profile in Tanzania

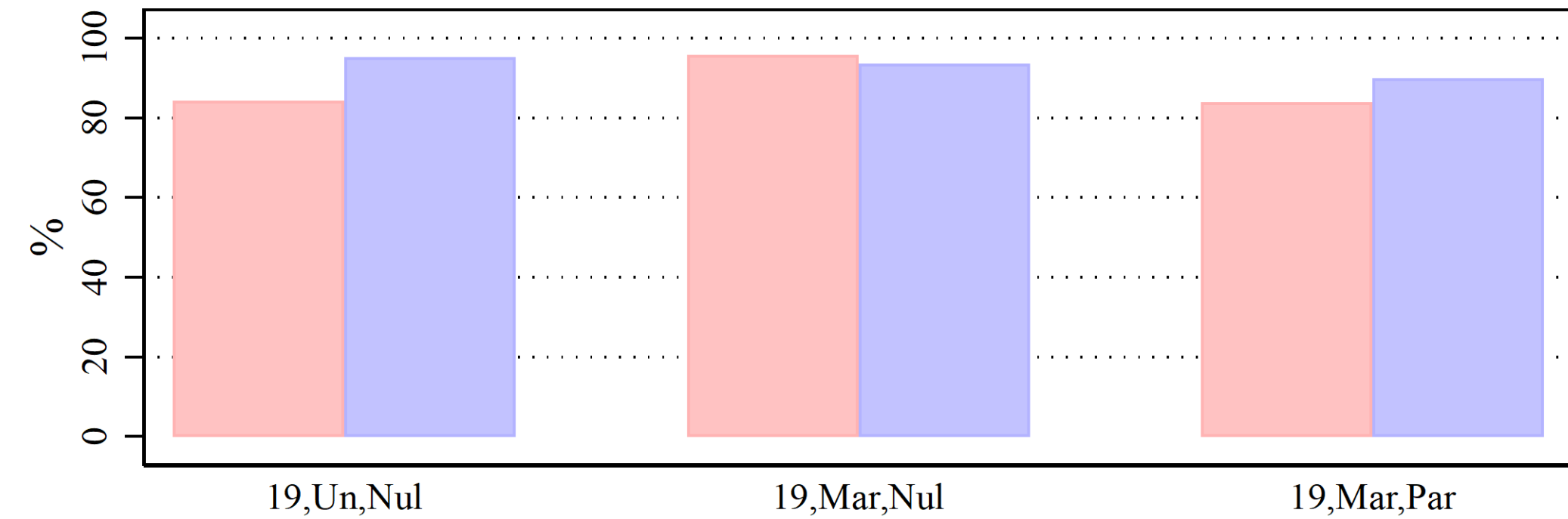
Profile	N	Outcomes index	Counseling on a full range of methods	Received modern method	Received method of choice	Perceived treatment index
	Client Exit					
25+ Married Nulliparous	21	1.584***	0.667***	0.063	0.063	0.400
<20 Married Nulliparous	39	0.543	0.306	0.077	-0.014	0.189
<20 Unmarried Nulliparous	706	0.353*	0.121	0.042*	0.055**	0.438*
<20 Unmarried Parous	689	0.230	0.084	0.033	0.042	0.253*
25+ Married Parous	11847	0.230	0.104	0.052**	0.055**	0.137
<25+ Unmarried Parous	3526	0.211	0.085	0.060	0.056	0.209
<20 Married Parous	416	0.158	0.064	0.002	0.007	0.181
25+ Unmarried Nulliparous	37	0.043	-0.083	0.154**	0.160*	0.385
	Mystery Clients					
24 Unmarried Parous	37	0.719**	0.202	0.205	0.307**	1.074***
24 Married Nulliparous	37	0.685*	0.143	0.105	0.409***	1.348***
16 Married Nulliparous	36	0.496	0.222	0.333**	0.167	0.184
24 Unmarried Nulliparous	36	0.380	0.167	0.000	0.167	0.168
16 Unmarried Parous	36	0.313	0.056	0.278**	0.167	0.683**
16 Unmarried Nulliparous	37	0.172	0.041	0.257*	0.301*	0.304
24 Married Parous	36	-0.161	-0.111	0.000	0.056	0.201
16 Married Parous	37	-0.355	-0.178	-0.126	-0.190	-0.004

OUTCOMES FOR EACH PROFILE IN PAKISTAN

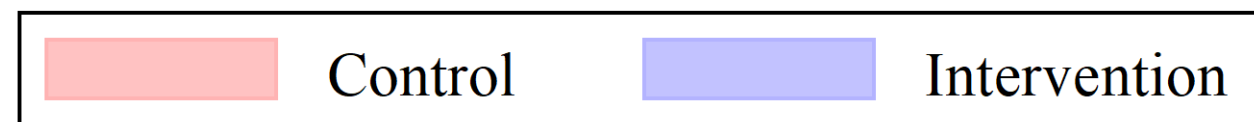
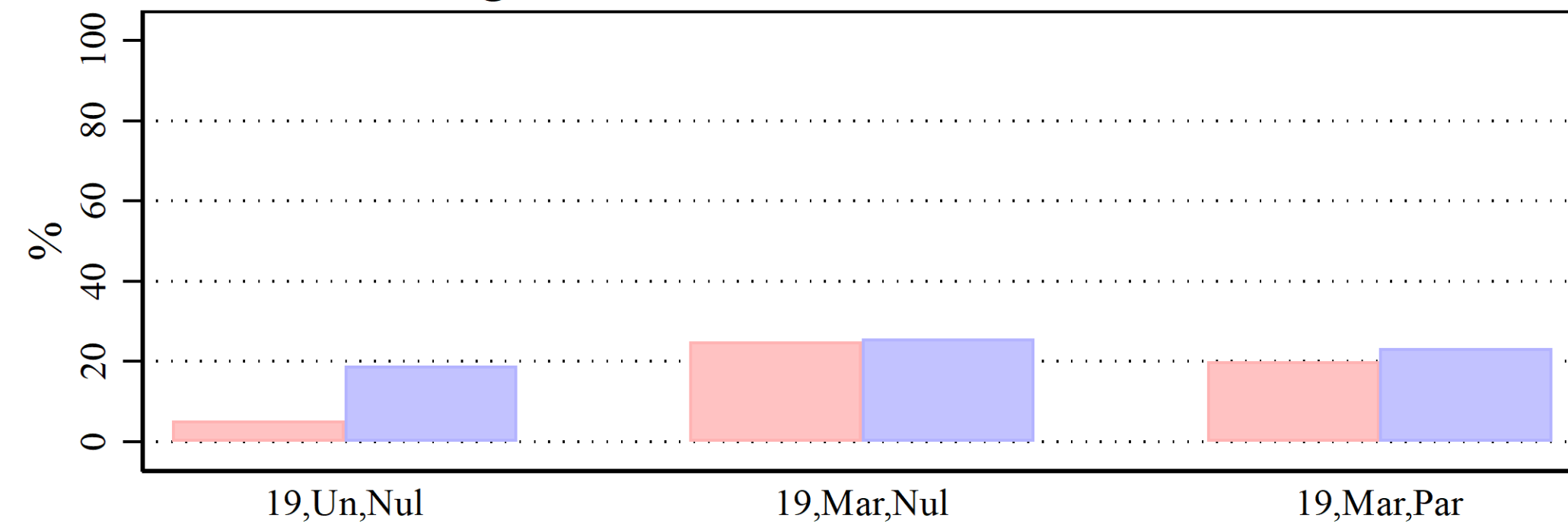
Counseling on Full Range



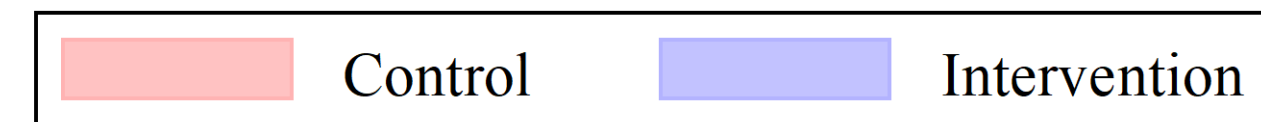
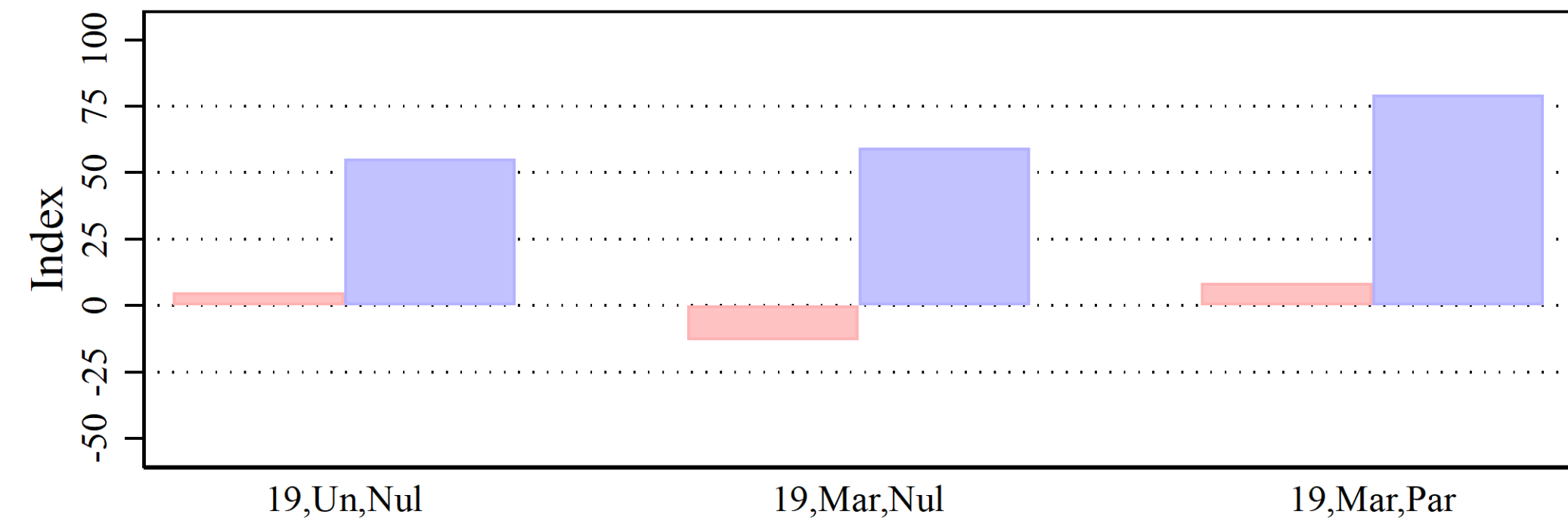
Thought Could Take Modern Method



Thought Could Take Method of Choice



Perceived Treatment Index



Average outcomes among control facilities by client profile in Pakistan

Profile	N	Outcomes Index	Counseling on a full range of methods	Received modern method	Received method of choice	Perceived treatment index
	Exit Survey					
25+ Married Nulliparous	6	-0.440	0.000	0.833	0.833	-0.233
<20 Married Parous	115	-0.158	0.045	0.922	0.875	0.505
<20 Married Nulliparous	12	-0.061	0.091	0.833	0.833	0.356
25+ Married Parous	1691	0.018	0.178	0.795	0.721	-0.015
	Mystery Clients					
19 Married Nulliparous	24	-0.143	0.250	0.958	0.250	-0.129
19 Unmarried Nulliparous	19	0.027	0.316	0.842	0.053	0.051
20 Married Parous	25	0.117	0.360	0.840	0.200	0.086

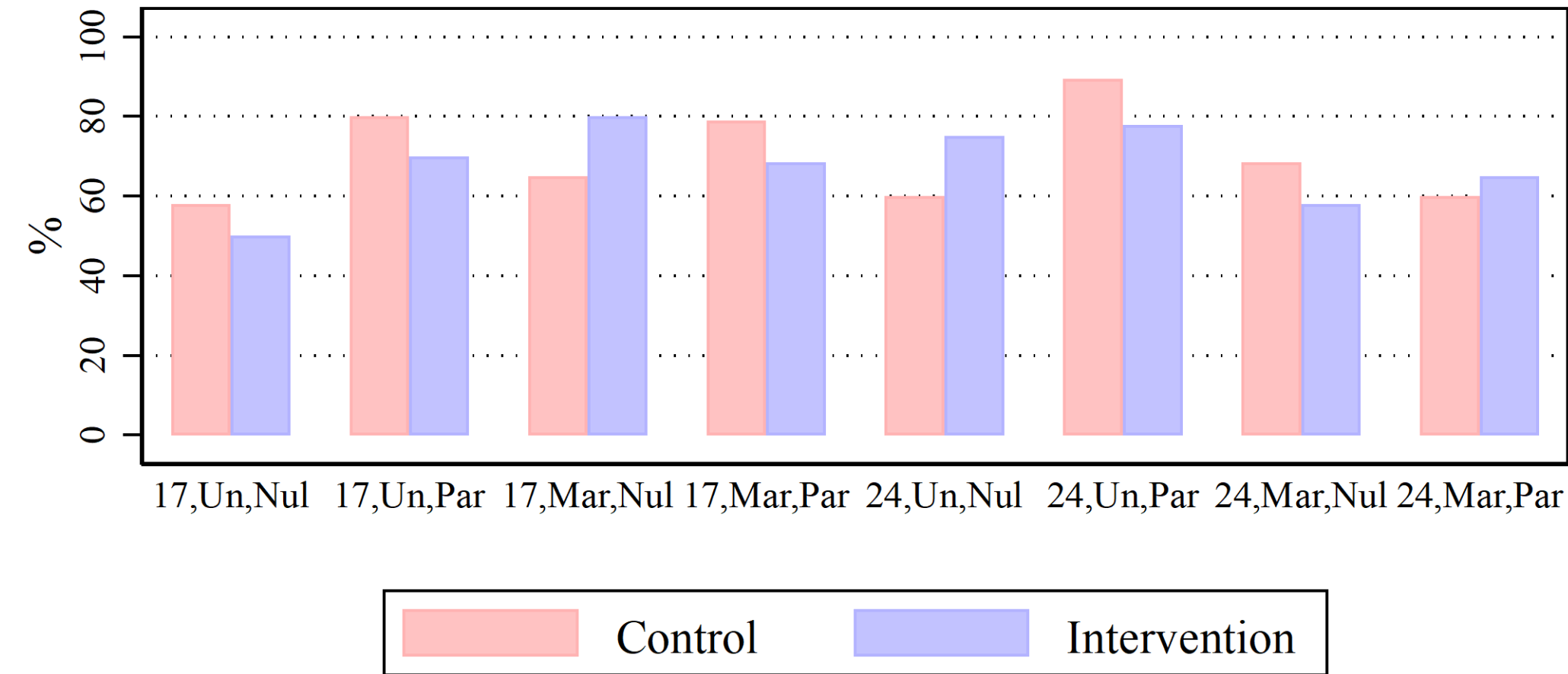
Average treatment effect by client profile in Pakistan

Profile	N	Outcomes Index	Counseling on a full range of methods	Received modern method	Received method of choice	Perceived treatment index
	Client Exit					
25+ Married Nulliparous	31	0.845**	0.350***	-0.433*	-0.473**	0.177
<20 Married Nulliparous	100	0.637**	0.268***	-0.163	-0.186	0.176
<20 Married Parous	701	0.286**	0.114*	-0.048	-0.010	0.015
25+ Married Parous	5131	0.032	0.005	-0.040	-0.015	0.273
	Mystery Client					
19 Married Nulliparous	55	0.804***	0.331**	-0.023	0.008	0.725***
20 Married Parous	55	0.574*	0.207	0.060	0.033	0.709**
19 Unmarried Nulliparous	40	0.346	0.113	0.110	0.138	0.502**

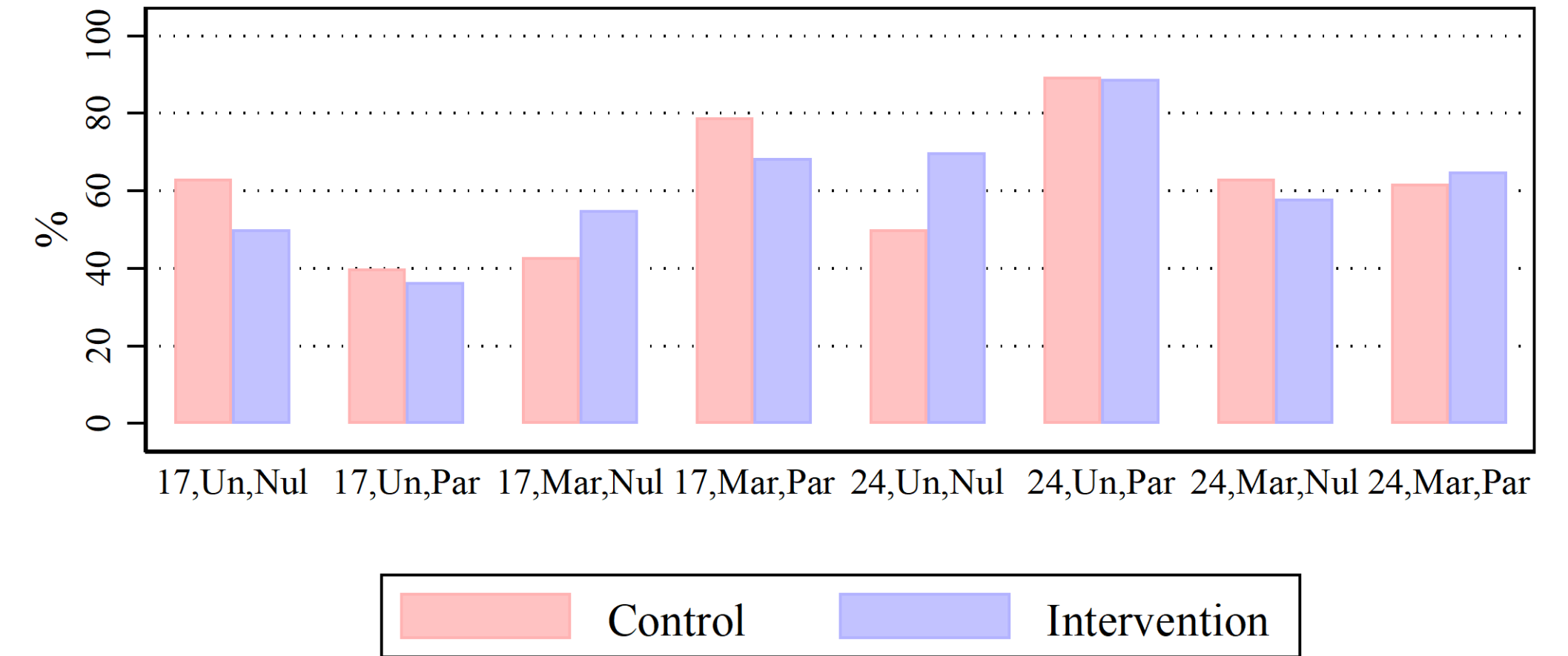


OUTCOMES FOR EACH PROFILE IN BURKINA FASO

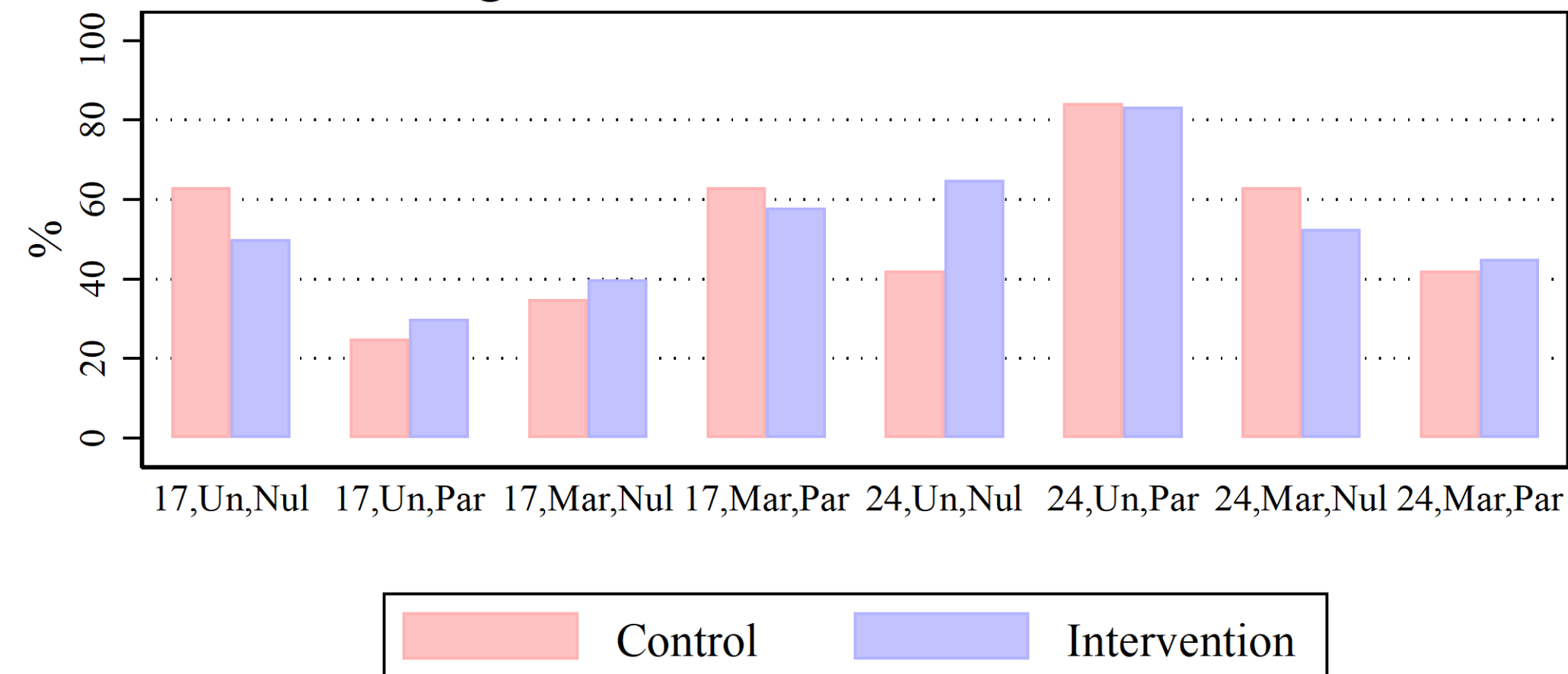
Counseling on Full Range



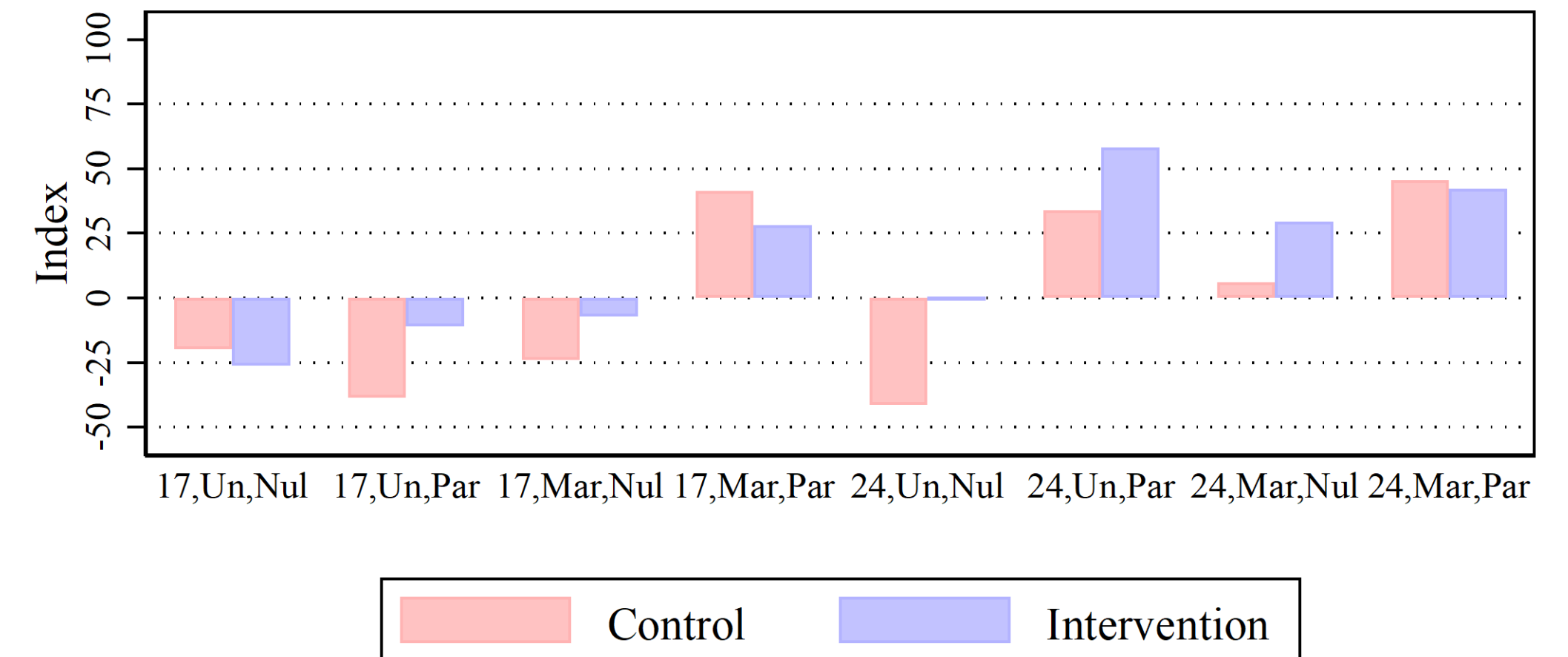
Thought Could Take Modern Method



Thought Could Take Method of Choice



Perceived Treatment Index



Average outcomes among control facilities by client profile in Burkina Faso

Profile	N	Outcomes Index	Counseling on a full range of methods	Received modern method	Received method of choice	Perceived treatment index
	Exit survey					
25+ Married Parous	10478	-0.073	0.589	0.925	0.912	0.086
<20 Married Nulliparous	58	-0.071	0.600	0.794	0.794	-0.248
25+ Unmarried Parous	1056	-0.015	0.655	0.934	0.907	0.049
<20 Unmarried Nulliparous	909	0.036	0.679	0.938	0.936	-0.085
<20 Married Parous	599	0.128	0.690	0.913	0.902	0.082
<20 Unmarried Parous	438	0.264	0.798	0.925	0.904	-0.066
25+ Unmarried Nulliparous	94	0.281	0.750	0.871	0.835	0.272
25+ Married Nulliparous	20	0.425	0.800	1.000	0.909	0.407
	Mystery Clients					
24 Unmarried Nulliparous	20	-0.300	0.600	0.500	0.421	-0.414
17 Unmarried Nulliparous	19	-0.278	0.579	0.632	0.632	-0.199
17 Married Nulliparous	21	-0.157	0.650	0.429	0.350	-0.238
24 Married Parous	21	-0.053	0.600	0.619	0.421	0.455
24 Married Nulliparous	19	-0.010	0.684	0.632	0.632	0.060
17 Unmarried Parous	20	0.077	0.800	0.400	0.250	-0.387
17 Married Parous	19	0.285	0.789	0.789	0.632	0.414
24 Unmarried Parous	19	0.459	0.895	0.895	0.842	0.340

Average treatment effect by client profile in Burkina Faso

Profile	N	Outcomes index	Counseling on a full range of methods	Received modern method	Received method of choice	Perceived treatment index
	Client Exit					
25+ Unmarried Nulliparous	200	0.194	0.112	0.049	0.065	-0.024
<20 Unmarried Nulliparous	1917	0.190*	0.096*	-0.020	-0.035	0.018
<20 Married Nulliparous	117	0.129	0.090	0.050	0.050	-0.007
<20 Married Parous	1374	0.116	0.083	0.037**	0.038**	-0.136
<25+ Unmarried Parous	2379	0.091	0.015	0.013	0.027*	0.095
25+ Married Parous	22434	0.038	0.022	0.008	0.010	0.029
<20 Unmarried Parous	883	-0.021	-0.014	0.022	0.034*	-0.054
25+ Married Nulliparous	36	-1.121**	-0.467*	-0.083	0.008	-0.620***
	Mystery Client					
24 Unmarried Nulliparous	40	0.393	0.150	0.200	0.229	0.409
17 Married Nulliparous	41	0.324	0.150	0.121	0.050	0.166
24 Married Parous	41	0.083	0.050	0.031	0.029	-0.032
17 Unmarried Parous	42	-0.107	-0.100	-0.036	0.050	0.276
24 Married Nulliparous	38	-0.128	-0.105	-0.053	-0.105	0.235
24 Unmarried Parous	37	-0.147	-0.117	-0.006	-0.009	0.242
17 Unmarried Nulliparous	37	-0.163	-0.079	-0.132	-0.132	-0.061
17 Married Parous	38	-0.232	-0.105	-0.105	-0.053	-0.132

QUALITATIVE RESULTS

QUALITATIVE RESULTS: TANZANIA

- Providers were very positive about Beyond Bias.
 - Summit was lauded as a unique, impactful and enjoyable experience;
 - providers liked learning from their peers at other facilities via Connect (WhatsApp)
 - and Rewards was motivating both to those who did and did not receive an award.
- Many providers spoke about changes to their knowledge and attitudes about FP for young people
- Some facilities made workflow changes, e.g. prioritizing young clients for faster services, and new youth-friendly operating hours.
- Program and policy stakeholders mentioned some implementation challenges including the mix and engagement of partners.
- Providers mentioned systemic implementation challenges, including space constraints and staff shortages

QUALITATIVE RESULTS: TANZANIA

- There was widespread enthusiasm about scale-up among providers, managers and stakeholders
- Recommended that this should be done by the government as an institutionalized service and following engagement of diverse stakeholders from youth, civil societies, several Ministries, and community groups.
- Providers at control sites, and clients at both intervention and control sites, shared numerous examples of biased FP services
 - encouraging particular methods for young people for quicker return to fertility
 - married women needing partner permission
 - nulliparous women who are married should begin childbearing

QUALITATIVE RESULTS: PAKISTAN

- BB activities were well-received by providers in Pakistan, although many faced challenges in participating with Connect.
 - Appreciated connection to a community of like-minded FP providers.
 - Participating in Beyond Bias increased their responsibilities or added new challenges although for some.
- Providers cited ways in which their knowledge increased due to participating in the intervention (including appropriate use of IUDs)
- Providers reported ways in which they modified their approach to FP counseling including ensuring privacy and focusing on informed choice as well as fewer service refusals.
- Some providers mentioned increased courage to resist social norms about FP use.

QUALITATIVE RESULTS: PAKISTAN

- Both providers and program and policy stakeholders were positive about the idea of scaling up the intervention
 - concerns included resource needs and whether there would be the necessary level of buy-in and engagement of different stakeholders.
- Some providers at both intervention and control facilities shared persisting biased attitudes and behavior, including refusing services to certain women for religious or other social reasons.
- Clients at both intervention and control facilities expressed a high degree of satisfaction with their FP care, although several felt that women of different attributes (young, nulliparous, unmarried) would (hypothetically) be treated worse

QUALITATIVE RESULTS: BURKINA FASO


- Providers enjoyed participating in the intervention and found implementation smooth
- Many providers discussed how their knowledge and attitudes were changed by the intervention.
- Provider discussed specific ways that their counseling behavior has changed (e.g., offering a wider range of methods, stopping service refusals), and new structural/operational changes like a youth-only space, and expanded operating hours for youth.
- Some structural challenges (space constraints, commodity stockouts)

COST ANALYSIS (12 MONTHS)


	TZ		PK		BF	
	Cost	%	Cost	%	Cost	%
Labor	\$94,328	47%	\$52,874	37%	\$63,520	27%
Materials and Resources	\$31,444	16%	\$21,156	15%	\$15,170	7%
Intervention Activities	\$75,641	38%	\$70,754	49%	\$154,237	66%
<i>Rewards</i>	<i>\$58,017</i>	<i>29%</i>	<i>\$69,288</i>	<i>48%</i>	<i>\$114,386</i>	<i>49%</i>
<i>Summit and Connect</i>	<i>\$17,624</i>	<i>9%</i>	<i>\$1,466</i>	<i>1%</i>	<i>\$39,851</i>	<i>17%</i>
Total	\$201,413		\$144,784		\$232,927	
Cost per clinic	\$5,444		\$3,531		\$5,972	
Cost per provider	\$1,352		\$3,531		\$523	
Cost per new client exposed	\$2.12		\$13.83		\$4.61	
Total (w/o enumerators)	\$159,573		\$80,850		\$150,634	
Cost per clinic (w/o enumerators)	\$4,313		\$1,972		\$3,862	
Cost per provider (w/o enumerators)	\$1,071		\$1,972		\$339	
Cost per new client exposed (w/o enumerators)	\$1.68		\$7.72		\$2.98	

DISCUSSION

SUMMARY OF RESULTS

- The intervention led to less-biased attitudes and beliefs in all three countries
 - In TZ and PK, intervention led to more comprehensive counseling, and better treatment from providers from the perspective of young clients
 - Effects on these outcomes are mostly small and insignificant in BF
 - We find limited evidence of changes in FP method uptake, the types of FP methods received by clients, or the likelihood that clients receive their method of choice
 - This lack of change in uptake and method of choice is partly explained by very high rates of these outcomes in the control group leaving little room for improvement.
 - The intervention mostly did not change the effect of age, marital status, or parity on FP outcomes
 - improvements in counseling and perceived treatment occurred regardless of age/marital status/parity
 - Suggestive evidence of reducing the married+nulliparous effect
- 

DIFFERENCES BY COUNTRY

- Most promising in Tanzania
 - country where we see significant improvements in every outcome domain, and effects were mostly consistent across data sources
 - Engagement was strong
 - In Pakistan, the intervention showed promise
 - Effects were not as consistent across data sources, and there was no impact on method dispensing
 - Engagement was much lower than in Tanzania
 - Implementation challenges such as refusal to participate and provider attrition
 - Challenging to work with private clinics with just one provider
 - Least promising in Burkina Faso
 - Improved attitudes and beliefs not in care quality or perceived treatment
 - Less bias at baseline and therefore less room for improvement
 - Engagement lower than in TZ
 - Providers very busy, not enough space for privacy, and method supply issues
- 

WHY LIMITED EFFECTS IN BURKINA?


- Similar improvement in provider attitudes and beliefs but limited improvements in clients facing outcomes. Why might this be?
- Relatively unbiased attitudes in absence of the intervention: higher average scores on unbiased index and instances of bias were rare in the qualitative data
- Providers might have engaged less with the intervention: only 65% attended summit* compared to over 80% in other countries
- Systemic issues that could not be addressed by the intervention: Qual interviews revealed that providers were very busy, did not have space for privacy, and had method supply issues.

**Note: The low summit attendance in Burkina is partly driven by the sizable proportion (~16%) of providers that have recently joined the clinic (ie. worked in the clinic <12 months). Removing "new" providers from this analysis, exposure to summit attendance goes up to 77% in Burkina.*


LACK OF CHANGE IN METHOD DISPENSING (?)

- Little room to improve in method uptake or method of choice (over 90% of women received a method and 88% received method of choice)
 - Not necessarily a failure of the intervention but just an outcome that had no scope for improvement
 - Method of choice is very challenging to measure because clients might not know the correct response or just give the socially desirable response
- Unclear why counseling improved but the types of methods dispensed did not change
 - women could already be receiving their method of informed choice (??)
 - intervention providers might provide more method information than control providers but still encourage the same set of methods as control providers (??)
- Mystery clients perceived a significantly greater likelihood of taking a modern method and their method choice when visiting intervention clinics (TZ and PK only)
 - Not clear how to interpret this, but they certainly thought they had access to a wider range of methods at intervention clinics

EFFECT OF AGE/MARITAL STATUS/PARITY (?)

- Little evidence that age, marital status, or parity alone had a large effect on key outcomes (on average) in absence of the intervention, so no room to reduce the effect of these client characteristics.
 - This suggests that any intervention that targets youth who are already coming into FP clinics in our study setting is unlikely to lead to a large reduction in disparities for young women that have been observed at the population level
 - Could be that young women who come to the clinic are the most confident/determined or have private information that that makes their situation more socially acceptable
 - Most providers (especially in TZ and BF) have already received training and other inputs to help provide Youth Friendly Services through other Pathfinder programs; could uphold standards of care even if have biased beliefs
 - In TZ and PK, women who are married and do not have children received the worst care in the control group (regardless of age), and intervention impacts were particularly large for these profiles (but limited statistical power for this analysis)
- 

IMPLICATIONS

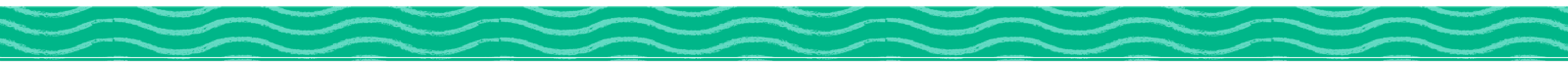
- Do we care about the positive aspects of this intervention if there is no effect on the methods women receive? YES!
 - Improved attitudes/beliefs, counseling quality, and client experiences could cause more young women to come into the clinic (we do not find increased volume after 12 months but there were no outreach efforts)
 - Disparities in FP uptake seem to exist because young women avoid the clinics in fear of experiencing bias: Only 8% percent of clients were age 15-19 and only 6% did not have a child; less than 1 percent of clients were unmarried in Pakistan.
 - Intervention providers in PK reported less restrictive care for unmarried women, but that does not show up in client data because they don't come to the clinic
 - A recent study from Senegal shows that women avoid clinics where there is greater provider bias (Speizer et al., 2022).
 - Over time, more women who traditionally avoid FP clinics could seek care when they learn of care improvements, thus reducing disparities.
- 

LIMITATIONS

1. Provider bias is challenging to measure, possible we did not measure pick up all types of bias in quantitative surveys
2. Method of choice is hard to measure: 1) social desirability bias, 2) clients might not know if other methods would have been better
3. Not enough statistical power to fully explore intersectionality
4. Surveys all rely on self reports and there is potential for recall and social desirability bias
5. No baseline data for many outcomes
6. No data at community level



FUTURE WORK

- Future work should explore coupling the Beyond Bias intervention with outreach efforts to inform the community about clinics that have less biased care (e.g., by making rewards scores public).
 - Measuring effects at the **community level** (changes in community perceptions of bias, unmet need, care seeking, do women seek care at better performing facilities?)
 - Social networking effects of biased care (clients and providers seem to think that care is more biased than actually plays out with clients). How many clinic visits does one biased interaction deter?
 - More power to better explore intersectionality – what profiles of clients experience the most bias by context?
 - Cost-effective ways of collecting credible and reliable client facing data.
 - Better measures of whether client received method of choice.
 - How do we shift the types of methods clients receive (and do we need to?)
- 

ACKNOWLEDGMENTS

Beyond Bias Team

- Evaluation Team: Zachary Wagner (PI, RAND Corporation), Corrina Moucheraud (UCLA), Alexandra Wollum (UCLA), Willa Friedman (U of Houston), Manisha Shah (UCLA), William Dow (UC Berkeley)
- Ylabs (Design Team): Theo Gibbs, Caroline Wong, Jordan Levine, Rebecca Hope
- Camber Collective (Segmentation Team): Nick Bennette, Sarah Burgess
- Pathfinder International (Prime/Implementation team):
 - Global team : Lydia Murithi, Mohamad (Bram) Brooks, Xaher Gul, Robert Kim, Cecelia Angelone
 - Tanzania Team: Upendo Laizer, George Humba, Wilfred Nyange, Eveline Kivuyo, Victor Dotto, Isihaka Mwandalima
 - Pakistan Team: Madiha Latif, Sonia Surani, Muhammad Sharjeel
 - Burkina Faso Team: Bakiono Bagnomboe, Daouda Son, Nestor Waongo, Piézan Ganou, Sie Severin Kambire, Rodrigue Zagre, Bakary Mollogo, Bruno Ki



QUESTIONS?

APPENDIX

Average outcomes among control facilities by client profile in Tanzania

Profile	N	Outcomes Index	Counseling on a full range of methods	Received modern method	Received method of choice	Perceived treatment index
	Exit survey					
25+ Married Nulliparous	10	-1.006	0.000	0.714	0.714	-0.183
25+ Married Parous	6101	-0.062	0.371	0.890	0.862	0.039
25+ Unmarried Parous	1876	-0.052	0.406	0.872	0.849	-0.150
<20 Married Nulliparous	17	0.159	0.444	0.923	0.923	0.213
<20 Unmarried Nulliparous	239	0.272	0.554	0.936	0.914	0.009
<20 Unmarried Parous	295	0.279	0.567	0.931	0.917	0.016
<20 Married Parous	187	0.355	0.583	0.957	0.925	0.145
25+ Unmarried Nulliparous	26	0.355	0.583	0.846	0.840	0.221
	Mystery Clients					
24 Married Nulliparous	19	-0.253	0.579	0.895	0.368	0.111
24 Unmarried Parous	19	-0.231	0.632	0.684	0.526	-0.166
16 Unmarried Nulliparous	19	-0.069	0.737	0.632	0.421	-0.324
16 Married Nulliparous	18	-0.044	0.556	0.611	0.278	0.969
24 Married Parous	18	0.117	0.833	0.833	0.389	-0.344
24 Unmarried Nulliparous	18	0.145	0.778	0.944	0.667	0.123
16 Unmarried Parous	18	0.150	0.889	0.667	0.389	-0.605
16 Married Parous	19	0.204	0.789	0.737	0.579	0.244

Average treatment effect by client profile in Tanzania

Profile	N	Outcomes index	Counseling on a full range of methods	Received modern method	Received method of choice	Perceived treatment index
	Client Exit					
25+ Married Nulliparous	21	1.584***	0.667***	0.063	0.063	0.400
<20 Married Nulliparous	39	0.543	0.306	0.077	-0.014	0.189
<20 Unmarried Nulliparous	706	0.353*	0.121	0.042*	0.055**	0.438*
<20 Unmarried Parous	689	0.230	0.084	0.033	0.042	0.253*
25+ Married Parous	11847	0.230	0.104	0.052**	0.055**	0.137
<25+ Unmarried Parous	3526	0.211	0.085	0.060	0.056	0.209
<20 Married Parous	416	0.158	0.064	0.002	0.007	0.181
25+ Unmarried Nulliparous	37	0.043	-0.083	0.154**	0.160*	0.385
	Mystery Clients					
24 Unmarried Parous	37	0.719**	0.202	0.205	0.307**	1.074***
24 Married Nulliparous	37	0.685*	0.143	0.105	0.409***	1.348***
16 Married Nulliparous	36	0.496	0.222	0.333**	0.167	0.184
24 Unmarried Nulliparous	36	0.380	0.167	0.000	0.167	0.168
16 Unmarried Parous	36	0.313	0.056	0.278**	0.167	0.683**
16 Unmarried Nulliparous	37	0.172	0.041	0.257*	0.301*	0.304
24 Married Parous	36	-0.161	-0.111	0.000	0.056	0.201
16 Married Parous	37	-0.355	-0.178	-0.126	-0.190	-0.004

Average outcomes among control facilities by client profile in Pakistan

Profile	N	Outcomes Index	Counseling on a full range of methods	Received modern method	Received method of choice	Perceived treatment index
	Exit Survey					
25+ Married Nulliparous	6	-0.440	0.000	0.833	0.833	-0.233
<20 Married Parous	115	-0.158	0.045	0.922	0.875	0.505
<20 Married Nulliparous	12	-0.061	0.091	0.833	0.833	0.356
25+ Married Parous	1691	0.018	0.178	0.795	0.721	-0.015
	Mystery Clients					
19 Married Nulliparous	24	-0.143	0.250	0.958	0.250	-0.129
19 Unmarried Nulliparous	19	0.027	0.316	0.842	0.053	0.051
20 Married Parous	25	0.117	0.360	0.840	0.200	0.086

Average treatment effect by client profile in Pakistan

Profile	N	Outcomes Index	Counseling on a full range of methods	Received modern method	Received method of choice	Perceived treatment index
	Client Exit					
25+ Married Nulliparous	31	0.845**	0.350***	-0.433*	-0.473**	0.177
<20 Married Nulliparous	100	0.637**	0.268***	-0.163	-0.186	0.176
<20 Married Parous	701	0.286**	0.114*	-0.048	-0.010	0.015
25+ Married Parous	5131	0.032	0.005	-0.040	-0.015	0.273
	Mystery Client					
19 Married Nulliparous	55	0.804***	0.331**	-0.023	0.008	0.725***
20 Married Parous	55	0.574*	0.207	0.060	0.033	0.709**
19 Unmarried Nulliparous	40	0.346	0.113	0.110	0.138	0.502**



Average outcomes among control facilities by client profile in Burkina Faso

Profile	N	Outcomes Index	Counseling on a full range of methods	Received modern method	Received method of choice	Perceived treatment index
	Exit survey					
25+ Married Parous	10478	-0.073	0.589	0.925	0.912	0.086
<20 Married Nulliparous	58	-0.071	0.600	0.794	0.794	-0.248
25+ Unmarried Parous	1056	-0.015	0.655	0.934	0.907	0.049
<20 Unmarried Nulliparous	909	0.036	0.679	0.938	0.936	-0.085
<20 Married Parous	599	0.128	0.690	0.913	0.902	0.082
<20 Unmarried Parous	438	0.264	0.798	0.925	0.904	-0.066
25+ Unmarried Nulliparous	94	0.281	0.750	0.871	0.835	0.272
25+ Married Nulliparous	20	0.425	0.800	1.000	0.909	0.407
	Mystery Clients					
24 Unmarried Nulliparous	20	-0.300	0.600	0.500	0.421	-0.414
17 Unmarried Nulliparous	19	-0.278	0.579	0.632	0.632	-0.199
17 Married Nulliparous	21	-0.157	0.650	0.429	0.350	-0.238
24 Married Parous	21	-0.053	0.600	0.619	0.421	0.455
24 Married Nulliparous	19	-0.010	0.684	0.632	0.632	0.060
17 Unmarried Parous	20	0.077	0.800	0.400	0.250	-0.387
17 Married Parous	19	0.285	0.789	0.789	0.632	0.414
24 Unmarried Parous	19	0.459	0.895	0.895	0.842	0.340

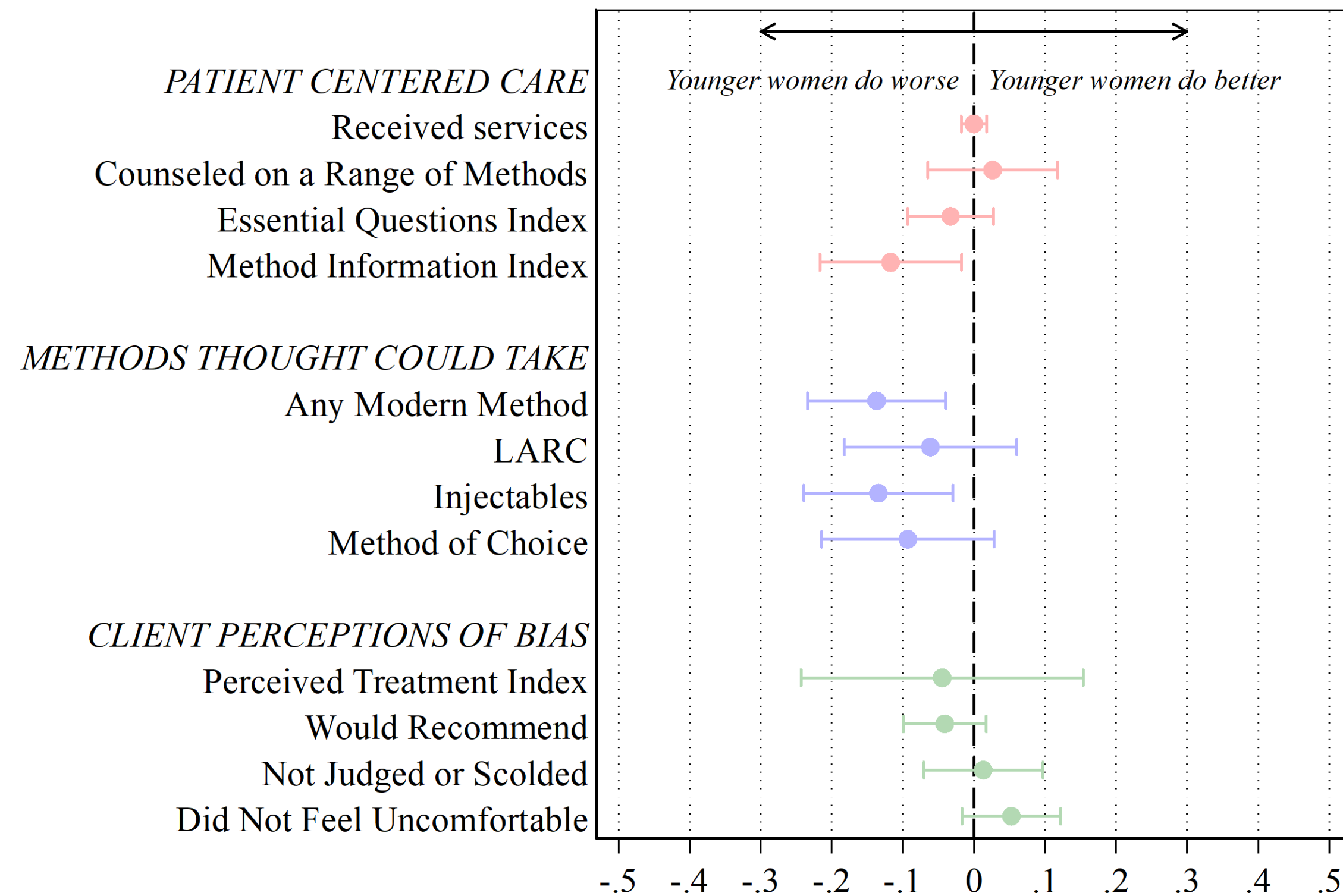
Average treatment effect by client profile in Burkina Faso

Profile	N	Outcomes index	Counseling on a full range of methods	Received modern method	Received method of choice	Perceived treatment index
	Client Exit					
25+ Unmarried Nulliparous	200	0.194	0.112	0.049	0.065	-0.024
<20 Unmarried Nulliparous	1917	0.190*	0.096*	-0.020	-0.035	0.018
<20 Married Nulliparous	117	0.129	0.090	0.050	0.050	-0.007
<20 Married Parous	1374	0.116	0.083	0.037**	0.038**	-0.136
<25+ Unmarried Parous	2379	0.091	0.015	0.013	0.027*	0.095
25+ Married Parous	22434	0.038	0.022	0.008	0.010	0.029
<20 Unmarried Parous	883	-0.021	-0.014	0.022	0.034*	-0.054
25+ Married Nulliparous	36	-1.121**	-0.467*	-0.083	0.008	-0.620***
	Mystery Client					
24 Unmarried Nulliparous	40	0.393	0.150	0.200	0.229	0.409
17 Married Nulliparous	41	0.324	0.150	0.121	0.050	0.166
24 Married Parous	41	0.083	0.050	0.031	0.029	-0.032
17 Unmarried Parous	42	-0.107	-0.100	-0.036	0.050	0.276
24 Married Nulliparous	38	-0.128	-0.105	-0.053	-0.105	0.235
24 Unmarried Parous	37	-0.147	-0.117	-0.006	-0.009	0.242
17 Unmarried Nulliparous	37	-0.163	-0.079	-0.132	-0.132	-0.061
17 Married Parous	38	-0.232	-0.105	-0.105	-0.053	-0.132

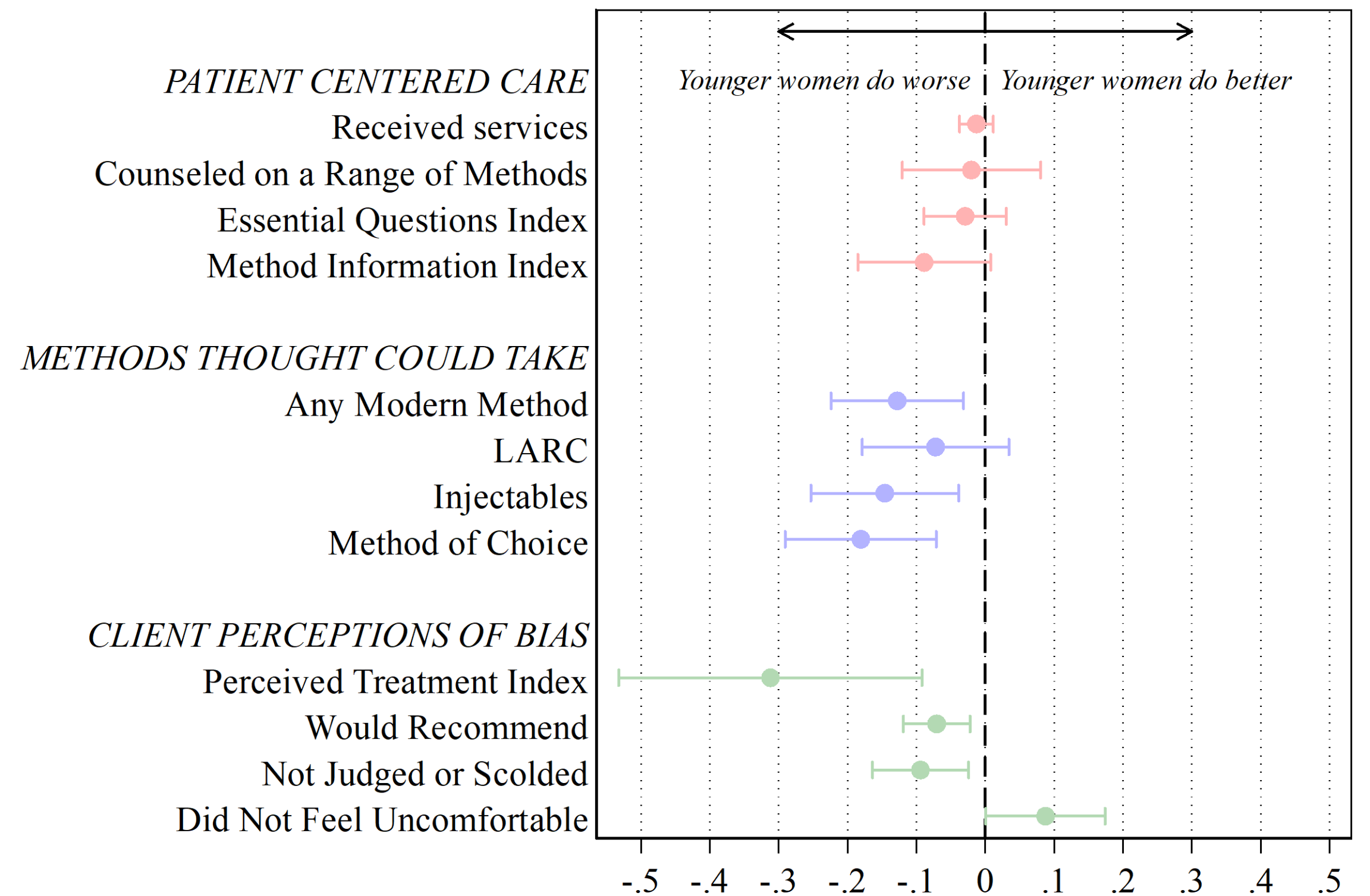
DISPARITIES BY AGE (MYSTERY CLIENTS)

Difference between age 16/17 and age 24

Control Group



Treatment Group

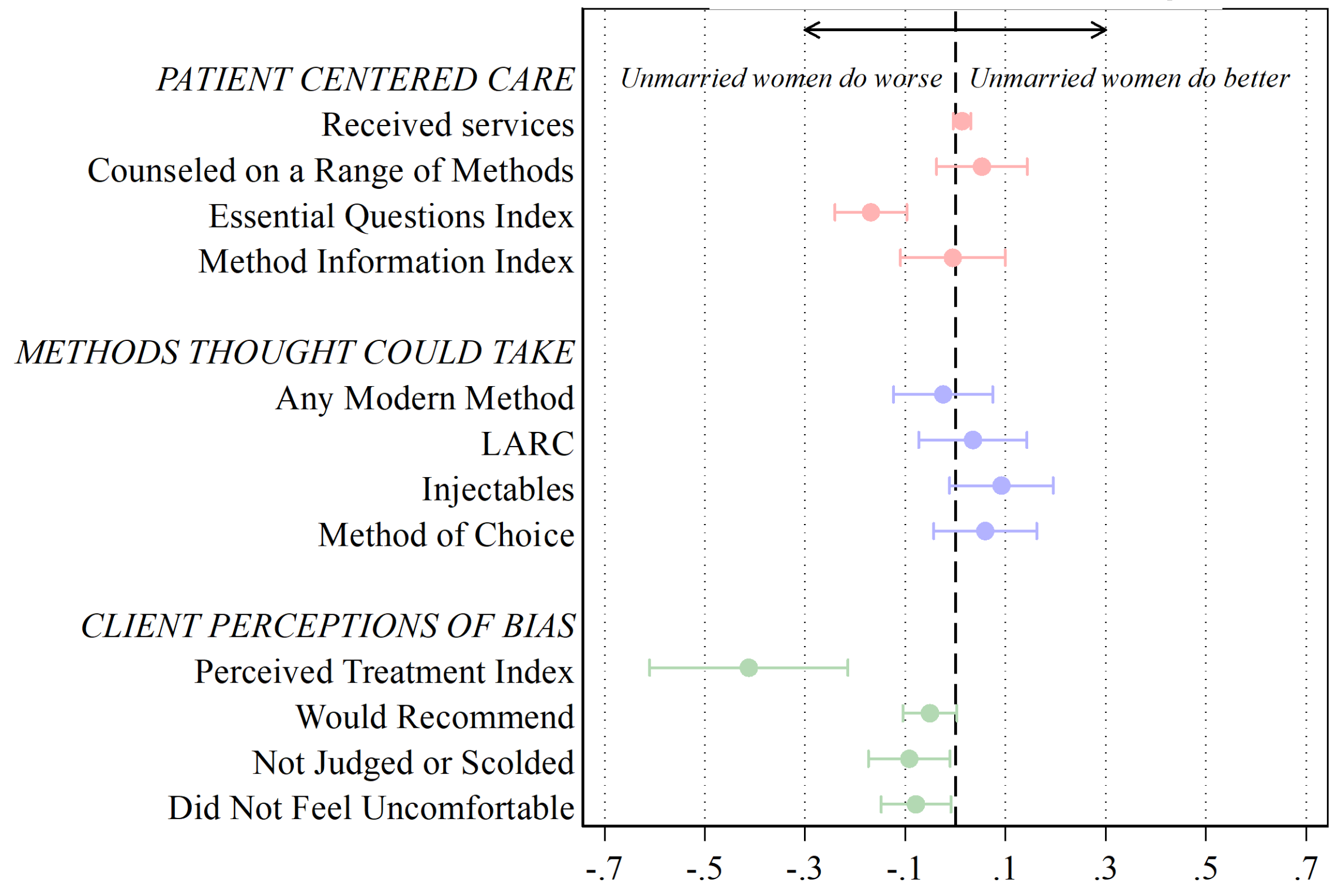


All countries pooled

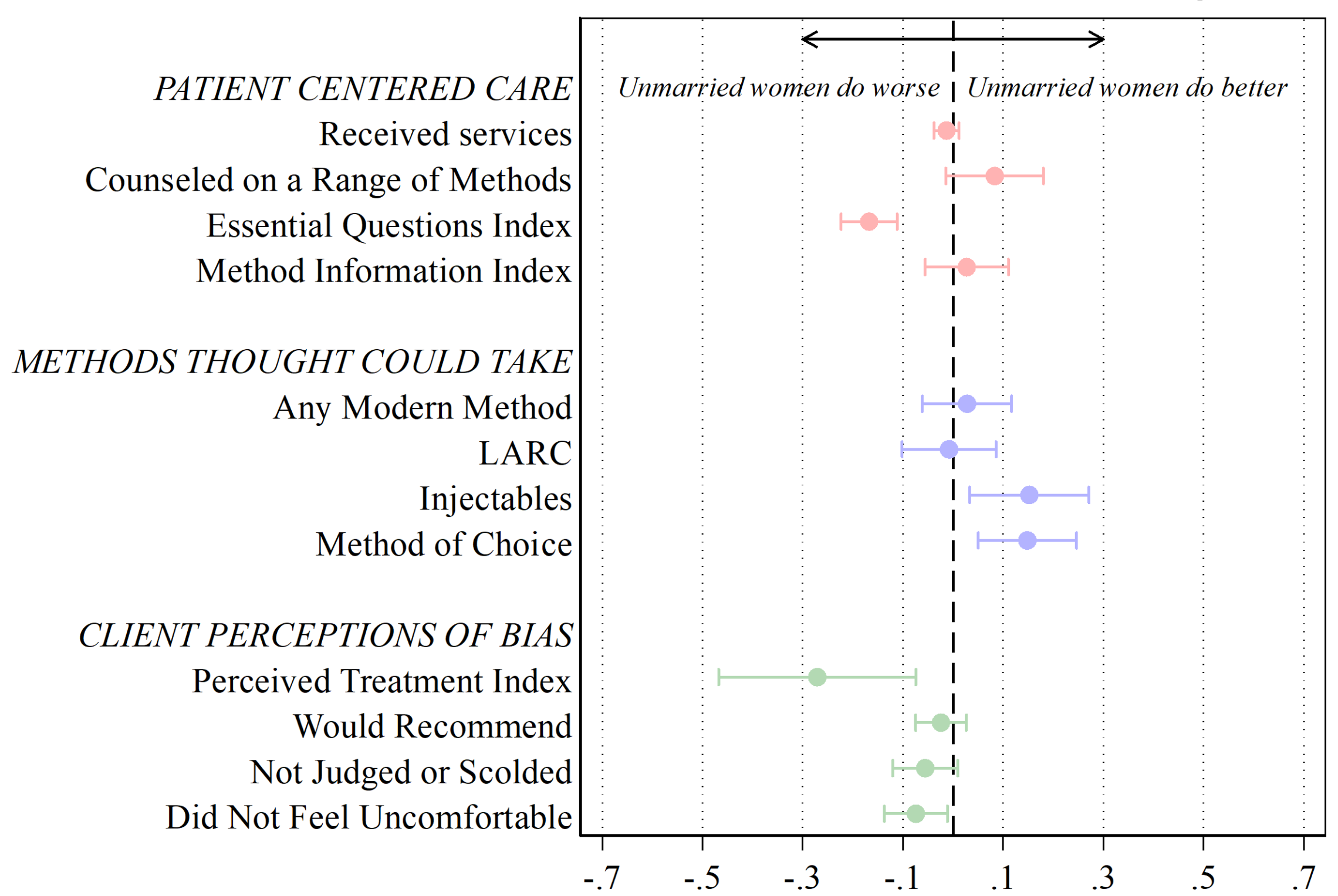
DISPARITIES BY MARITAL STATUS (MYSTERY CLIENTS)

Difference between unmarried and married women

Control Group



Treatment Group

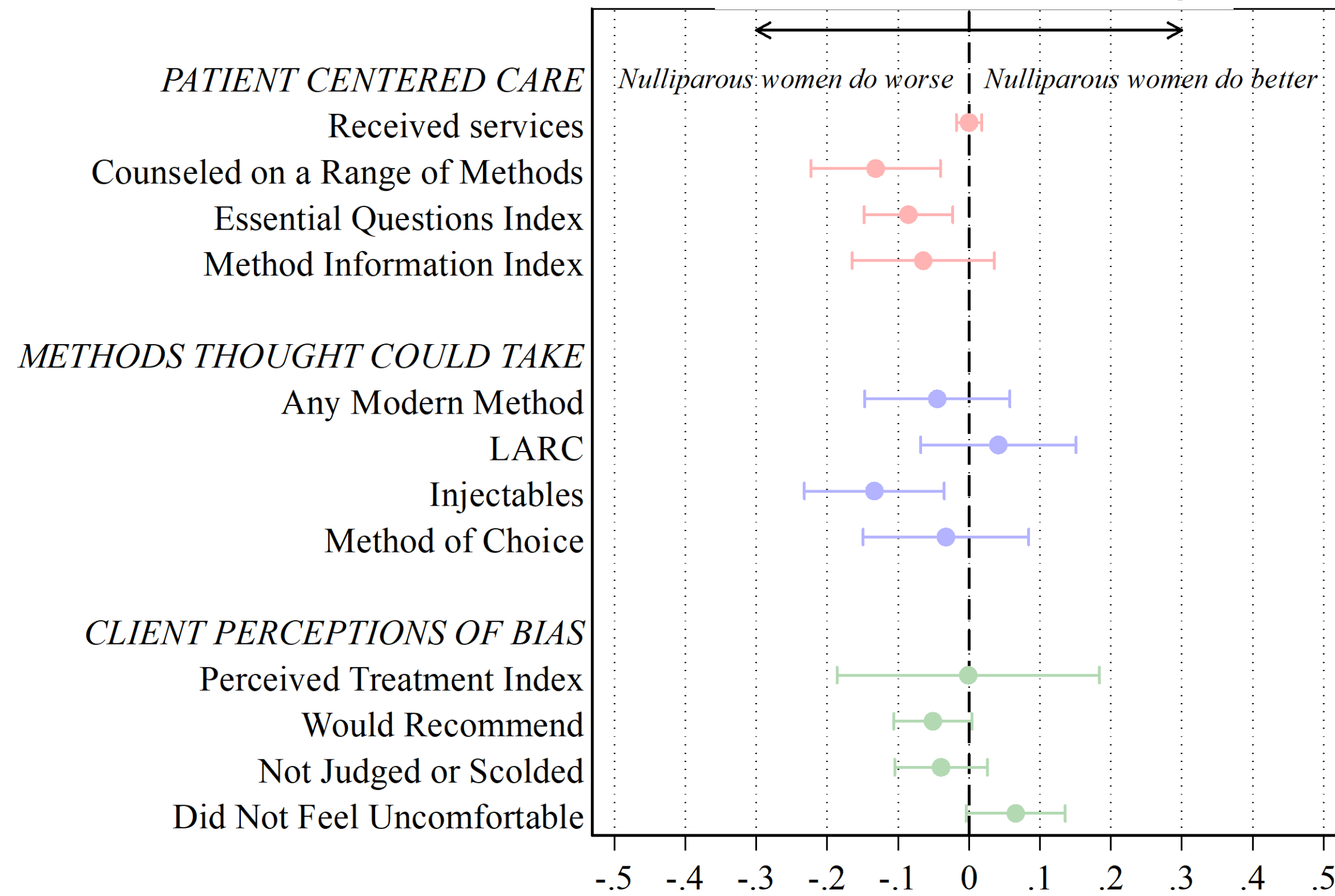


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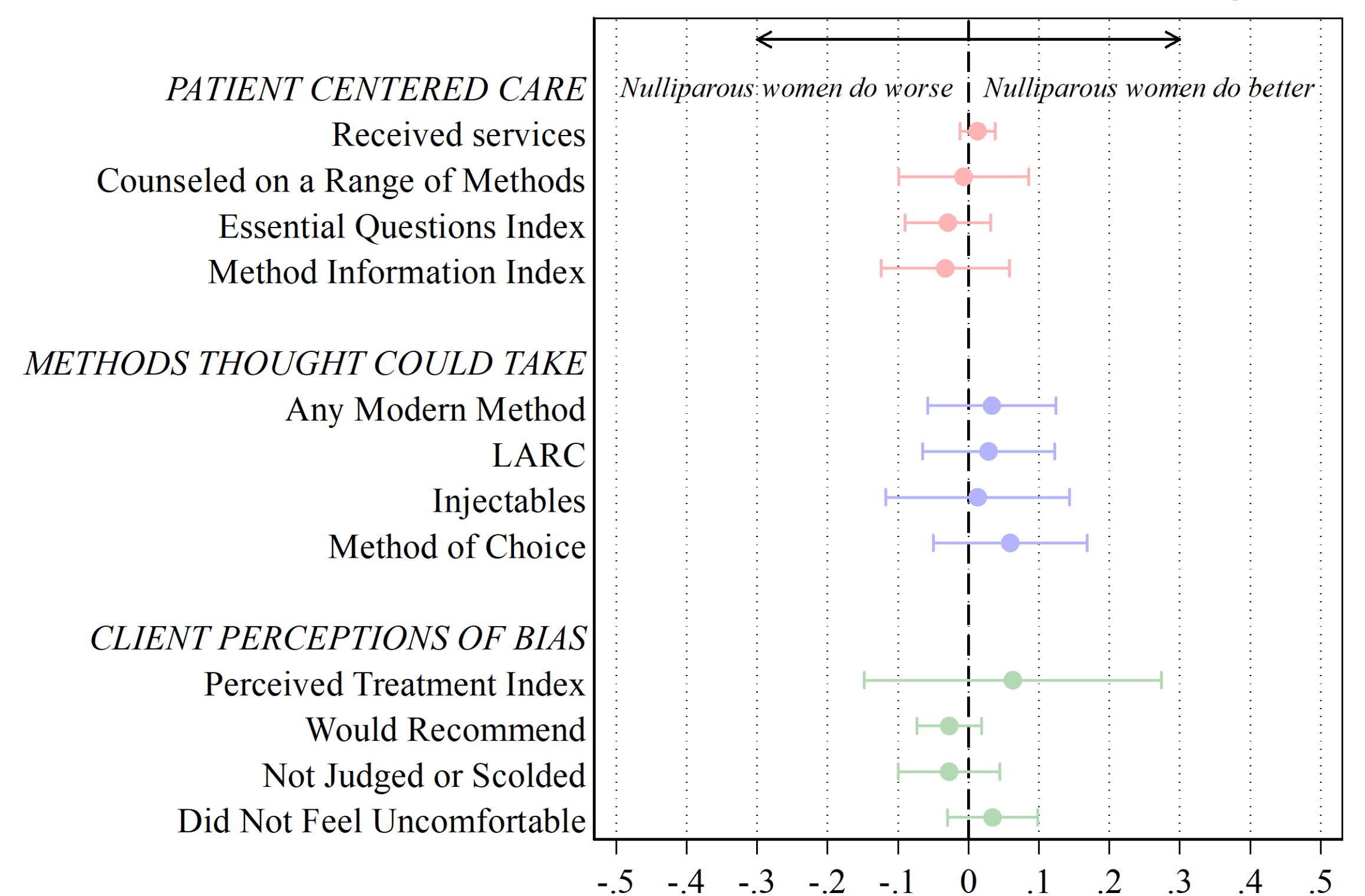
DISPARITIES BY PARITY (MYSTERY CLIENTS)

Difference between nulliparous and parous women

Control Group

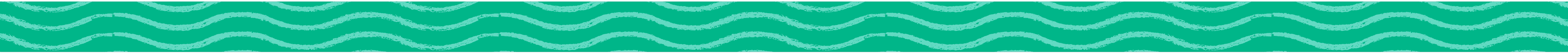
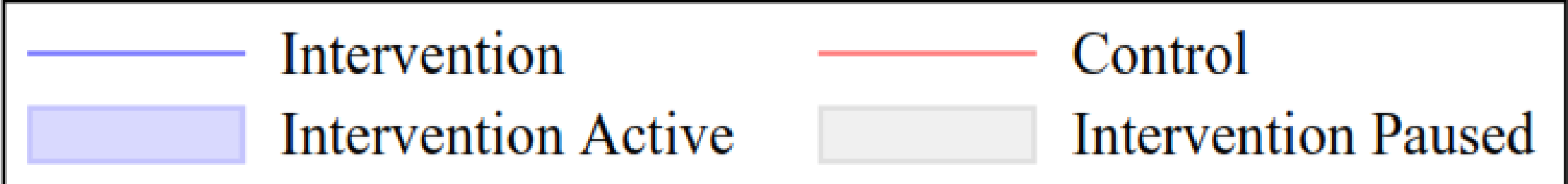
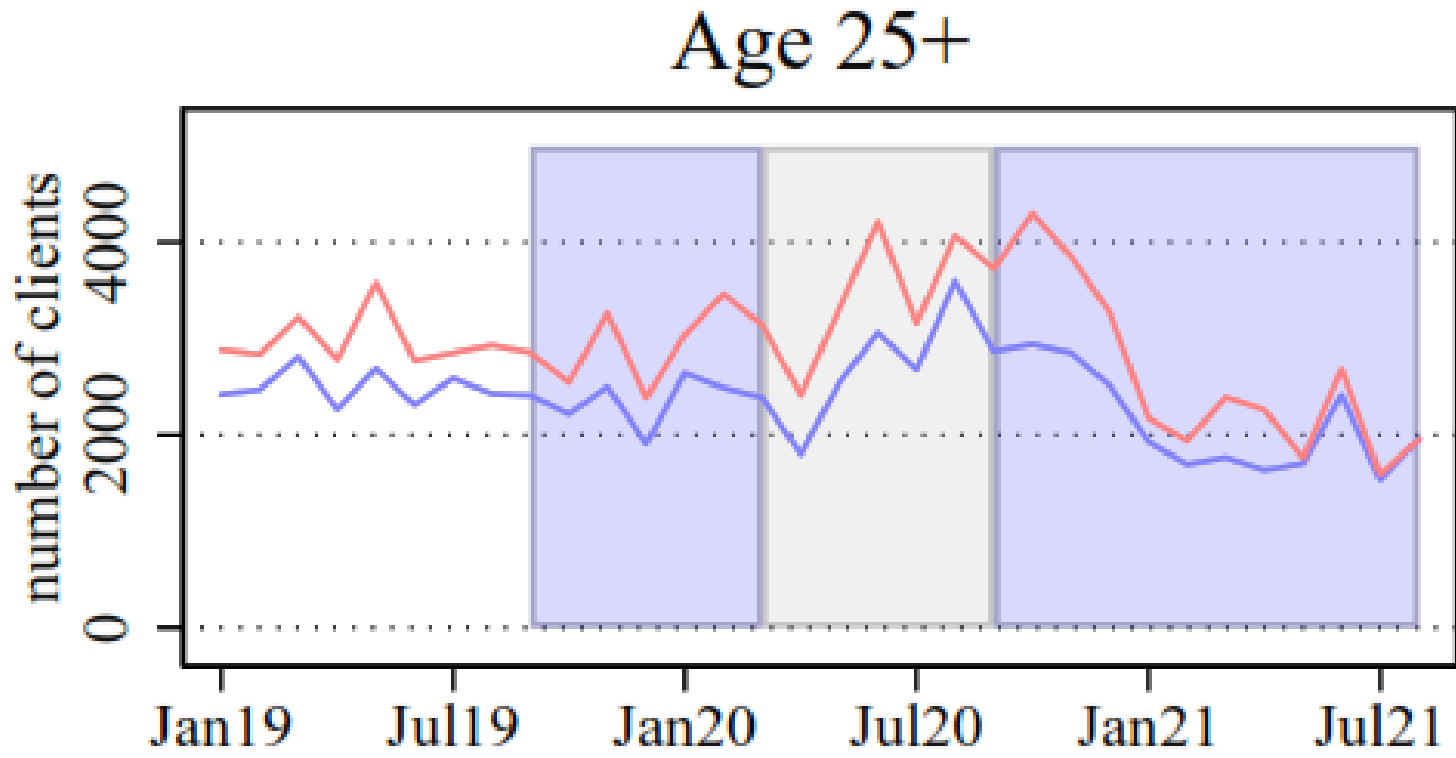
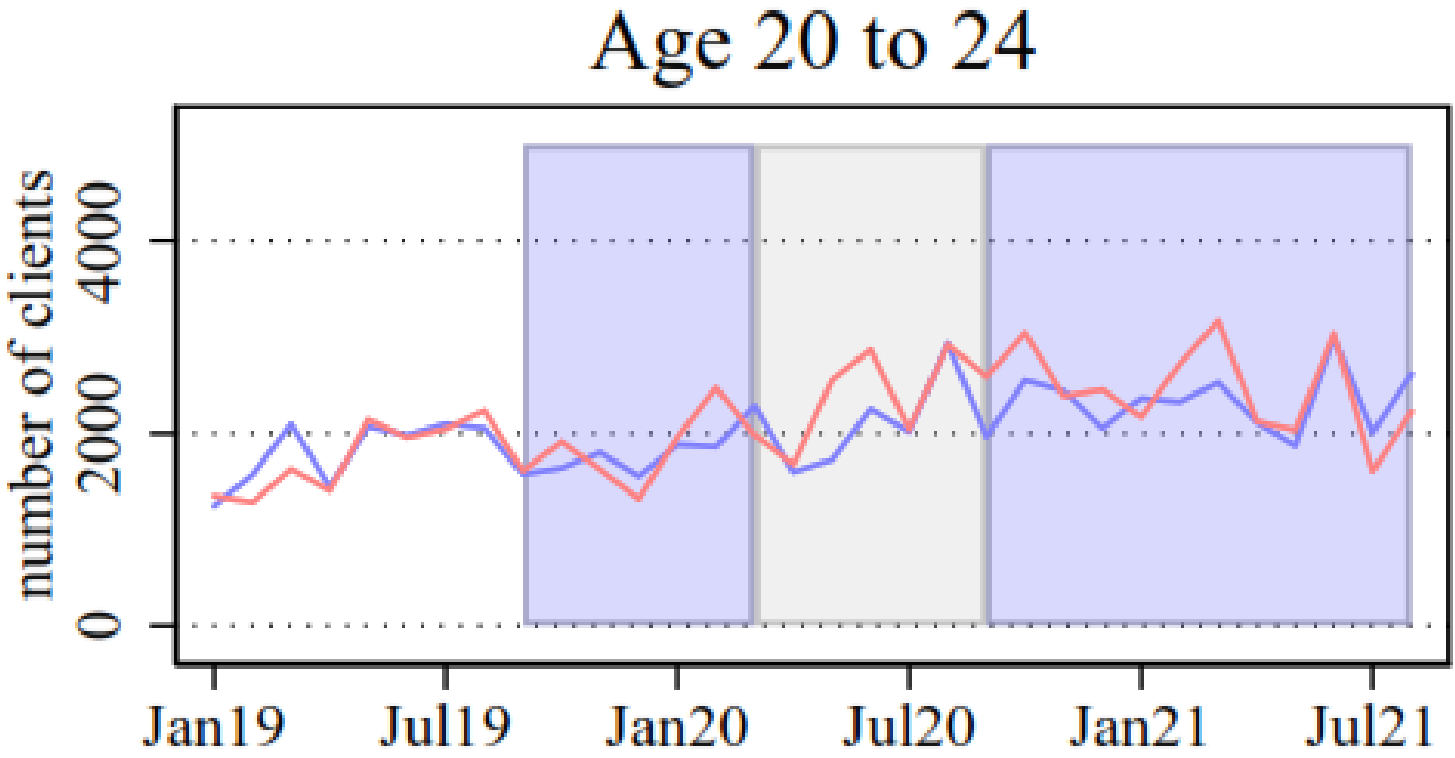
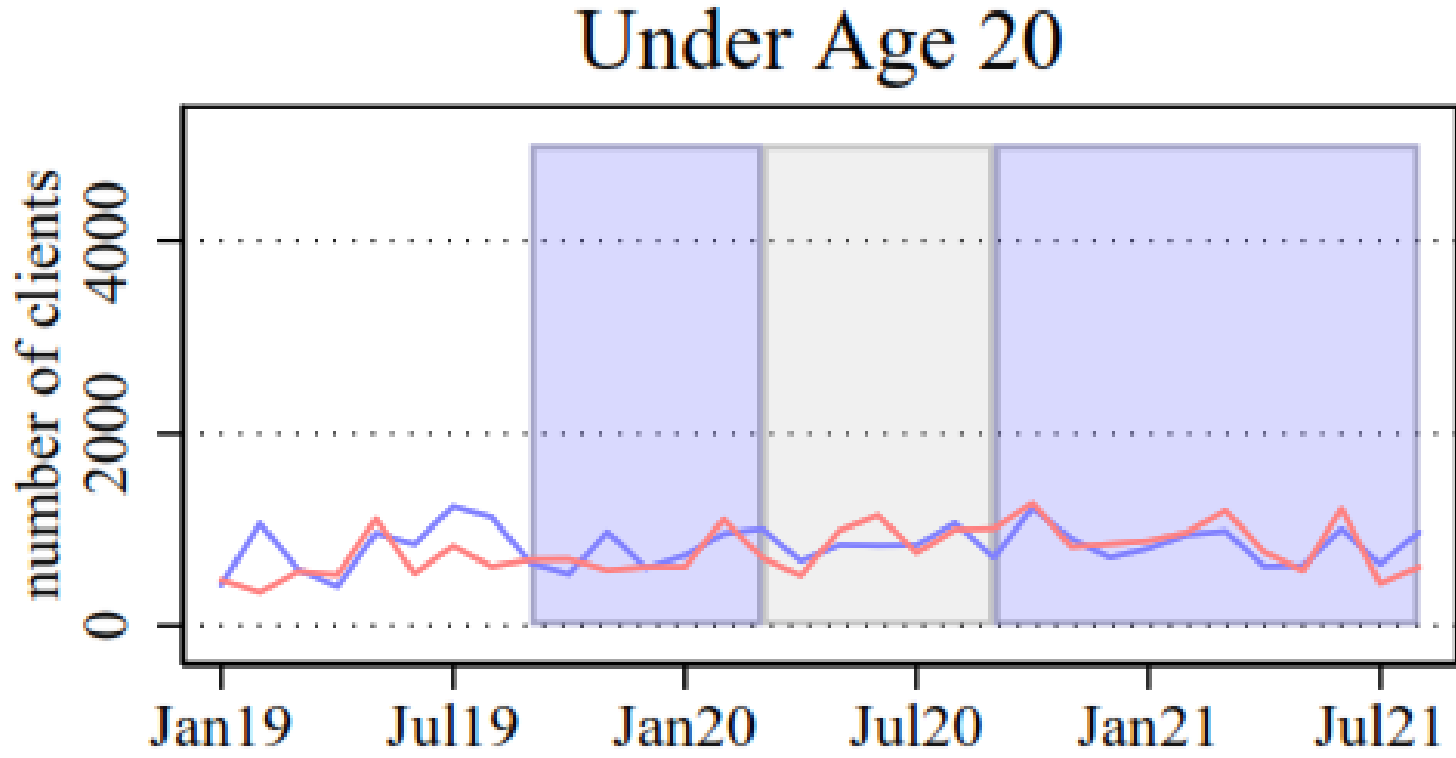


Treatment Group

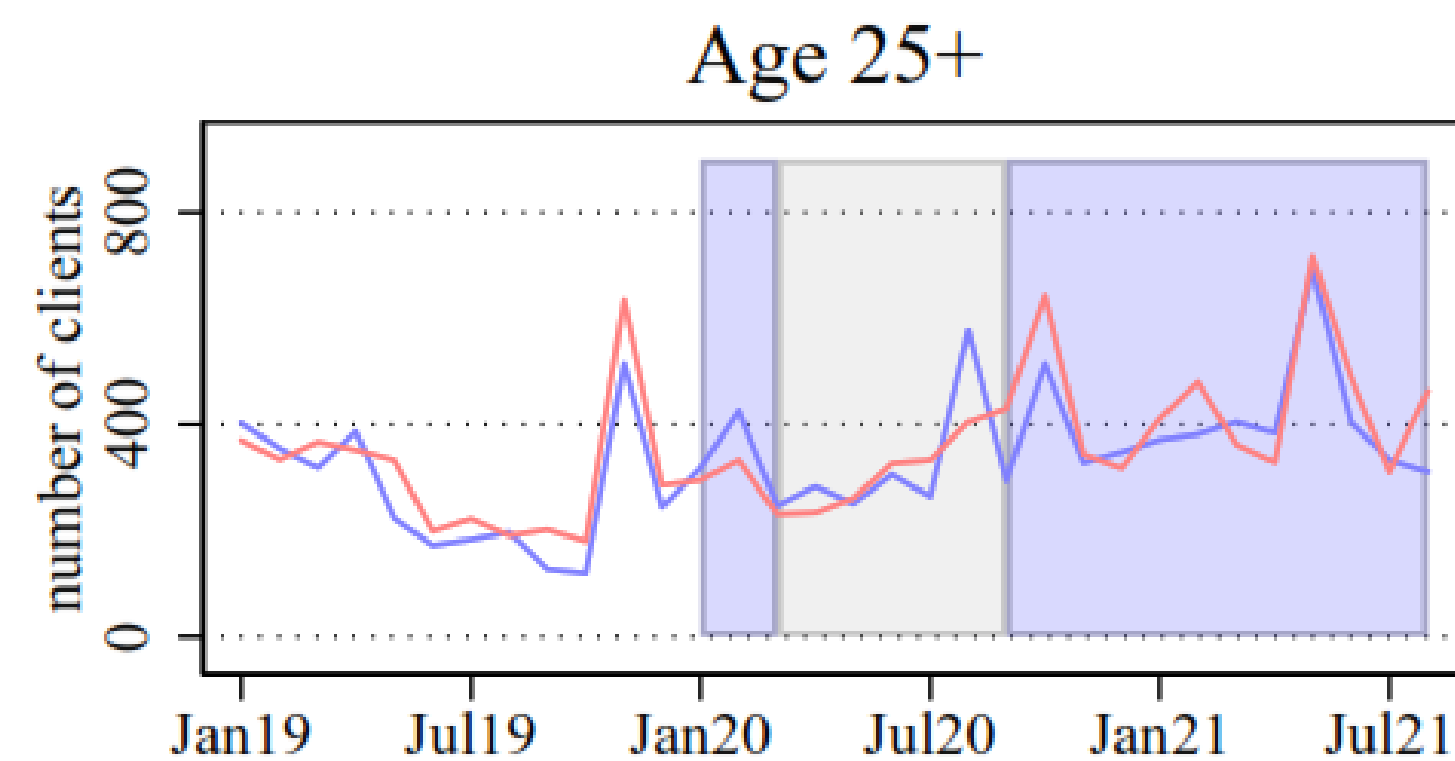
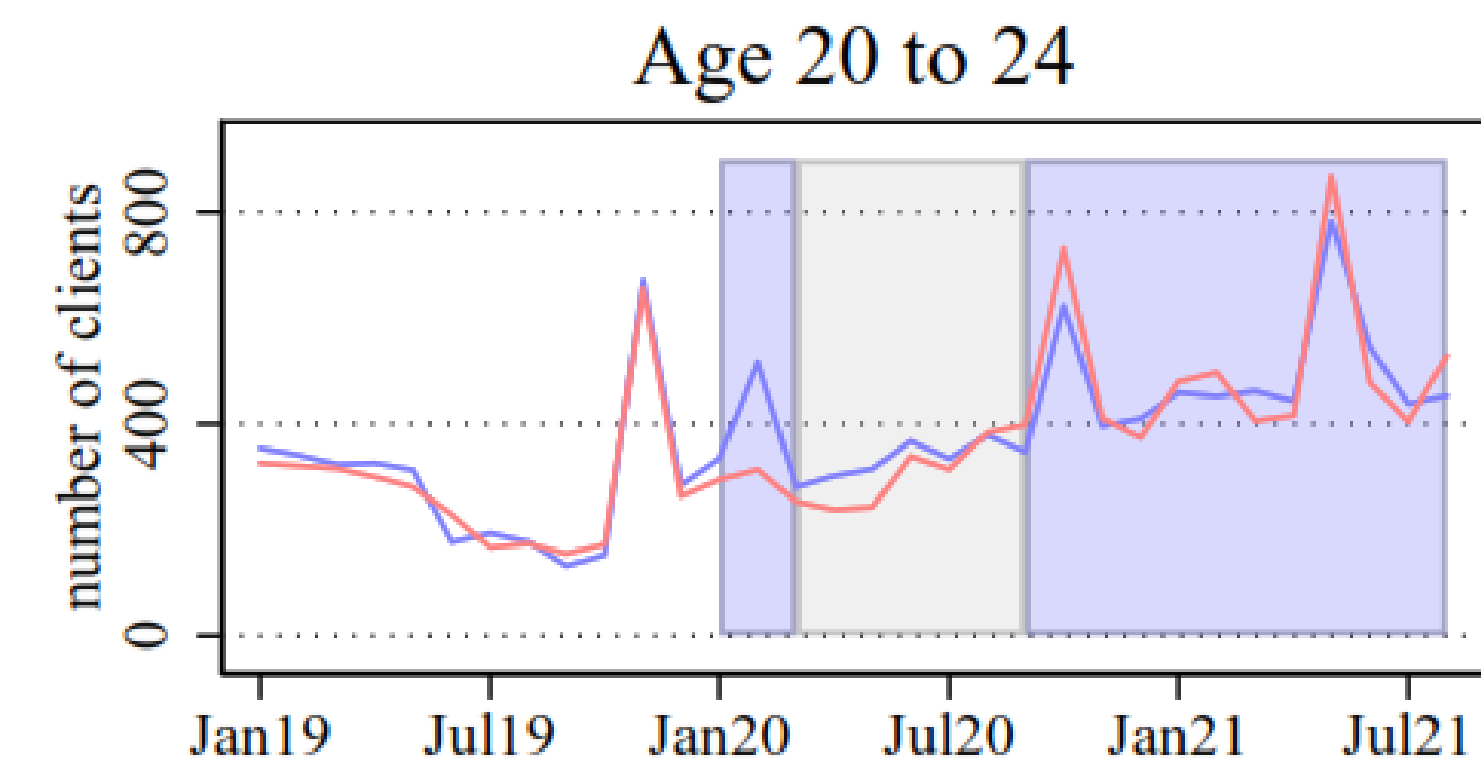
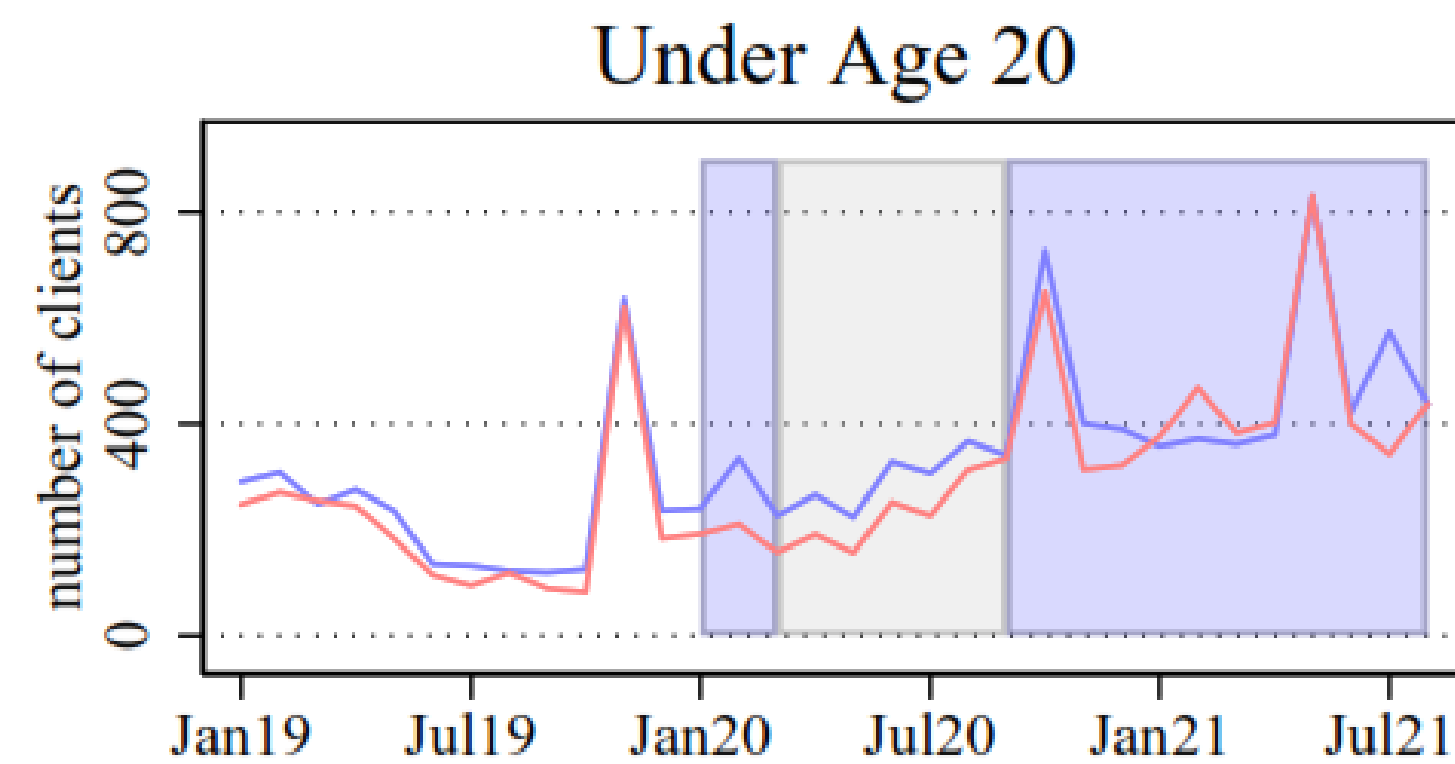


All countries pooled

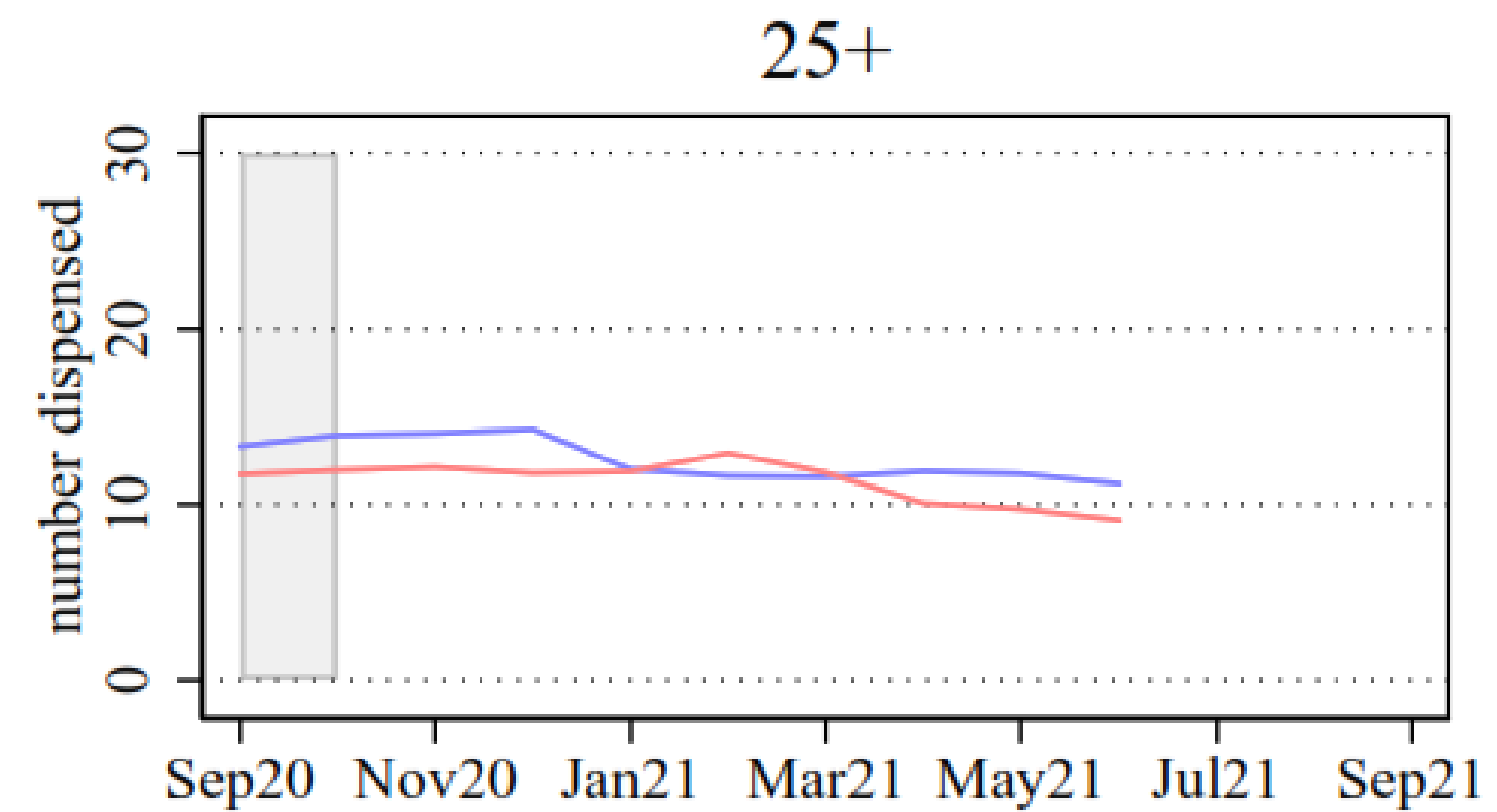
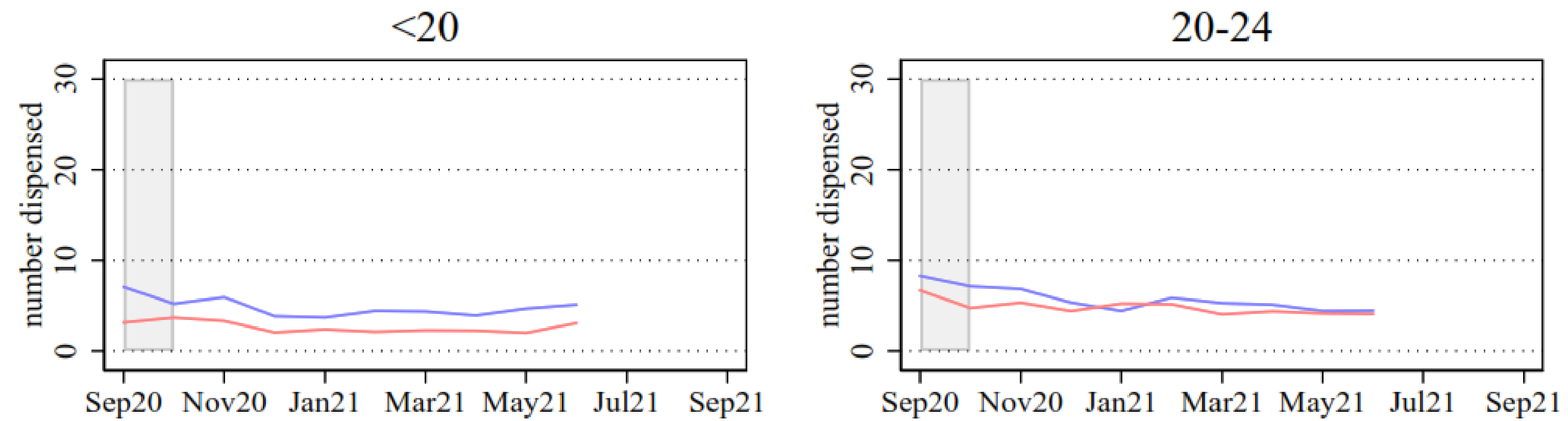
NEW CLIENT VOLUME OVER TIME IN TANZANIA



NEW CLIENT VOLUME OVER TIME IN BURKINA FASO



NEW CLIENT VOLUME OVER TIME IN PAKISTAN



— Intervention — Control

PARTICIPATION IN INTERVENTION (%) (PROVIDER SURVEY)

Participation	TZ	BF	PK
Any Participation	94.1	90.6	86.8
Attended Summit+	89.8	65.4	81.6
Participated in Connect	88.1	86.2	86.8
Attended Rewards Ceremony*	49.2	25.2	86.8
Participated in All Three	46.6	21.4	86.8
+Some providers did not attend Summit because they were new to the clinic *Only facility managers were invited to the Rewards ceremony in TZ and BF			

PPCFP SCALE RESULTS (INTERVENTION EFFECTS)

	<i>Exit Survey</i>			
	<i>Pooled</i>	<i>Tanzania</i>	<i>Pakistan</i>	<i>Burkina Faso</i>
<i>Number of clients</i>	<i>32307</i>	<i>11477</i>	<i>4699</i>	<i>16131</i>
Full scale	0.087	0.226	0.091	-0.011
Method information subscale	0.157*	0.202	0.064	0.145
Provider interaction subscale	0.087	0.226	0.091	-0.011
Verbal communication	0.1	0.266*	-0.116	0.03
Non-verbal communication	0.098	0.195	0.003	0.049
Perceived disrespect and abuse	-0.001	0.041	0.286	-0.094
	<i>Mystery Clients</i>			
	<i>Effect</i>	<i>Effect</i>	<i>Effect</i>	<i>Effect</i>
<i>Number of visits</i>	<i>756</i>	<i>292</i>	<i>150</i>	<i>314</i>
Full scale	0.330***	0.517***	0.634***	0.009
Method information subscale	0.232***	0.332***	0.483***	0.011
Provider interaction subscale	0.312***	0.509***	0.573***	0.001
Verbal communication	0.261***	0.312**	0.626***	0.038
Non-verbal communication	0.395***	0.596***	0.691***	0.063
Perceived disrespect and abuse	0.114	0.274**	0.139	-0.05