Can personalized digital counseling improve consumer search for modern contraceptive methods? All Tables and Figures

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Table 1: Client characteristics.

	(1)	(2)	(3)
		Pilot Data	
	Full Sample Mean/(SD)	**FP** Mean/(SD)	**Mat./Gyn.** Mean/(SD)
Age	29.27(7.03)	29.64(7.05)	28.78(6.98)
Adolescent	0.09	0.07	0.10
BMI	27.54(4.86)	27.45(4.97)	27.65(4.71)
Unmarried couple cohabiting	0.37	0.33	0.41
Married	0.33	0.39	0.26
Education: Tertiary	0.42	0.47	0.35
Education: Secondary	0.23	0.22	0.24
Education: Primary/Lower sec.	0.33	0.29	0.38
Salaried employee	0.32	0.34	0.28
Self-employed	0.21	0.19	0.24
Student	0.21	0.21	0.22
Pregnancies, total	3.69(2.33)	3.65(2.32)	3.74(2.35)
Children alive today	2.75(1.81)	2.73(1.80)	2.78(1.83)
Ever gave birth (live or still)	0.94	0.94	0.94
Gave birth $\leq$3 months	0.56	0.34	0.84
Wants no more children	0.25	0.24	0.27
Wait 1 to 3 yrs before next preg.	0.36	0.36	0.36
Wait >3 years before next preg.	0.39	0.40	0.37
Currently using a LARC	0.03	0.05	0.01
Currently using a SARC	0.04	0.05	0.02
Currently using other method	0.05	0.08	0.01
MiM	0.49	0.56	0.39
N	784	448	336

Notes: This table shows client characteristics for everyone and by department in the study sample, and in the Demographic and Health Survey (DHS) of Cameroon in 2018; column 1 includes the full sample of clients in the study sample; columns 2 includes clients who received a consultation at the family planning department, i.e. who visited the family planning unit through their own personal initiative; column 3 includes clients who visited another hospital department, primarily maternity and gynecology; and column 4 includes only individuals from the Yaoundé stratum of the DHS. MiM refers to *Method in Mind* clients, who are individuals that visited the hospital seeking a specific method, which they either wanted to adopt or renew; this category is not present in the DHS data. Adolescent refers to individuals between ages 15 and 19. In the DHS, data on the Body Mass Index (BMI) is only collected for mothers of children born in the three/five years preceding the survey (months 0 to 59 before the survey) for a total of 467 respondents. Both DHS and the study sample are restricted to women ages 15-49, who are not pregnant, and do not want to become pregnant within the next 12 months.

Table 2: Heterogeneity of treatment effects by the internal ranking of methods

	(1)	(2)	(3)	(4)	(5)	(6)
	1st-Ranked-Method - 2nd-Ranked-Method					All
	IUD-Implant	Implant-IUD	IUD-SARC	IMP-SARC	Other	
Panel A. Number of methods discussed						
IDM	1.033	1.071	1.175	1.313	1.414	1.149
SDM	1.788	1.318	1.845	1.692	1.833	1.696
SDM-IDM	0.755	0.247	0.670	0.380	0.420	0.547
	(0.133)	(0.128)	(0.207)	(0.307)	(0.274)	(0.084)
Panel B. Discussed top ranked method						
IDM	0.300	0.661	0.425	0.500	0.241	0.433
SDM	0.827	0.909	0.810	0.923	0.708	0.832
SDM-IDM	0.527	0.248	0.385	0.423	0.467	0.400
	(0.081)	(0.082)	(0.091)	(0.159)	(0.124)	(0.045)
Panel C. Discussed second ranked method						
IDM	0.483	0.179	0.300	0.250	0.345	0.323
SDM	0.654	0.182	0.379	0.308	0.375	0.403
SDM-IDM	0.171	0.003	0.079	0.058	0.030	0.080
	(0.093)	(0.078)	(0.099)	(0.173)	(0.135)	(0.049)
Panel D. Discussed third- or lower-ranked method						
IDM	0.250	0.214	0.425	0.563	0.655	0.358
SDM	0.192	0.159	0.500	0.385	0.583	0.340
SDM-IDM	-0.058	-0.055	0.075	-0.178	-0.072	-0.018
	(0.079)	(0.080)	(0.103)	(0.190)	(0.136)	(0.048)
Panel E. Adopted a LARC						
IDM	0.283	0.357	0.200	0.063	0.138	0.249
SDM	0.365	0.455	0.259	0.308	0.333	0.346
SDM-IDM	0.082	0.097	0.059	0.245	0.195	0.097
	(0.089)	(0.099)	(0.088)	(0.138)	(0.115)	(0.046)
Panel F. Adopted a LARC that was top-ranked method						
IDM	0.133	0.339	0.075	0.063	-	0.154
SDM	0.038	0.386	0.138	0.231	-	0.157
SDM-IDM	-0.095	0.047	0.063	0.168	-	0.003
	(0.054)	(0.098)	(0.065)	(0.129)	-	(0.037)
Panel G. Adopted a LARC that was second-ranked method						
IDM	0.150	0.018	-	-	-	0.050
SDM	0.327	0.068	-	-	-	0.105
SDM-IDM	0.177	0.050	-	-	-	0.055
	(0.079)	(0.040)	-	-	-	(0.027)
Panel H. Adopted a LARC that was third- or lower-ranked method						
IDM	-	-	0.125	0.000	0.138	0.045
SDM	-	-	0.121	0.077	0.292	0.079
SDM-IDM	-	-	-0.004	0.077	0.154	0.034
	-	-	(0.068)	(0.069)	(0.112)	(0.024)
Obs.	112	100	98	29	53	392

Notes: Standard errors in parenthesis. The injectable was never the top-ranked nor the second-ranked method. For the purpose of grouping the two methods commonly ranked at the top, SARC includes Pill and LAM in this table, while Other includes the following combinations: Pill-IUD, Pill-Implant, LAM-IUD, and LAM-Pill. IDM row represents the mean value of the outcome for the IDM group. SDM row represents the mean value of the outcome for the SDM group. SDM-IDM is the differences of mean between SDM and IDM. While there are 399 clients who were randomized into IDM or SDM in our analysis, we have incomplete information on the discussion of methods for 7 clients, leaving us a sample size of 392 for the analysis required for this table.

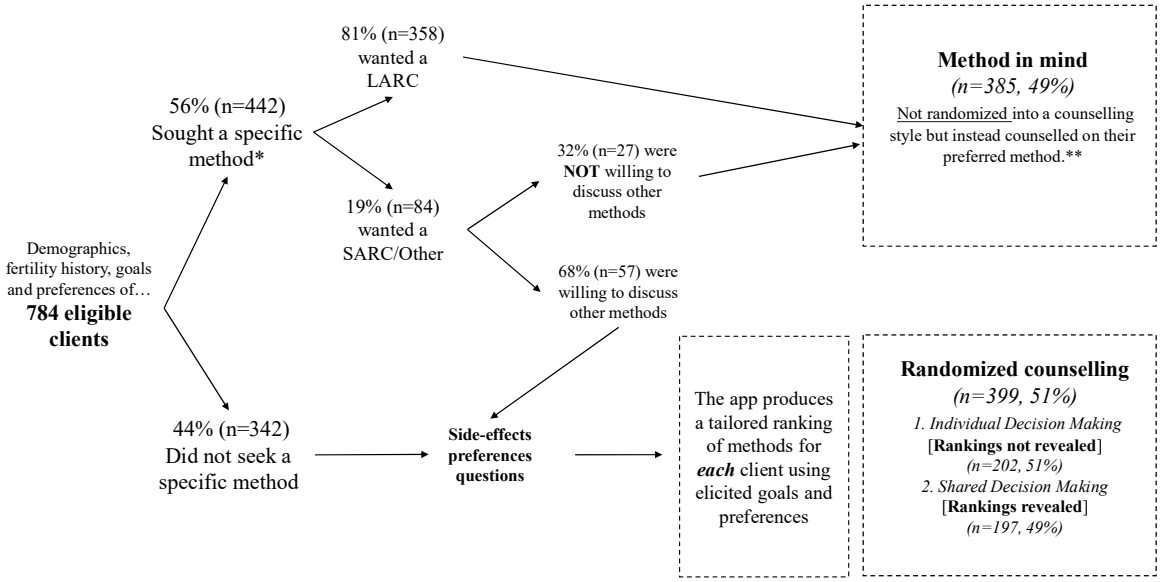

Figure 1: Family Planning counseling flowchart. * Or wanted to renew their current method without discussing other methods (approximately 10% of this group of clients). ** In rare cases where a client's where a client's preferred method is contra-indicated they were counselled on the next most suitable method according to a default ranking.

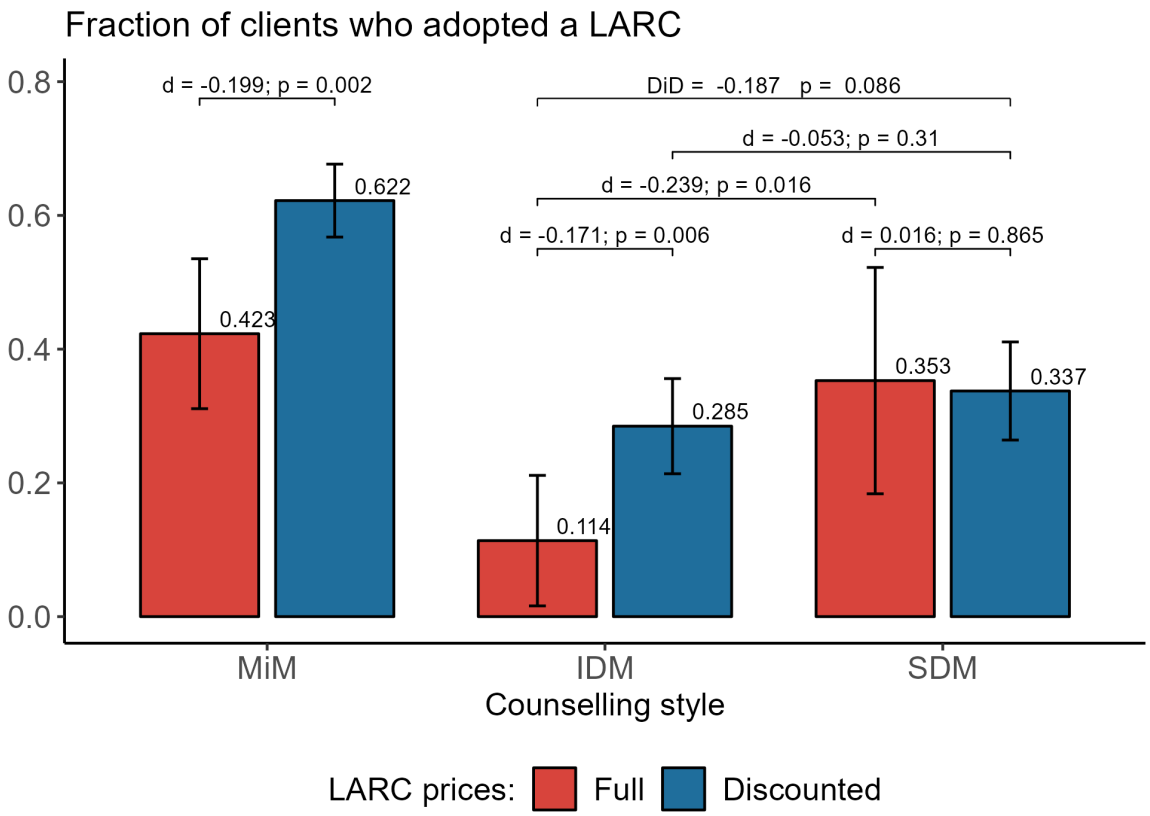

Figure 2: Fraction of clients who adopted a LARC. The figure shows the fraction of clients who adopted a LARC during the study period under *Discounted* and *Full* LARC prices across counseling styles. The lines above the bars show the estimate (d) and p-value (p) from a t-test of the difference in means between the two indicated groups. The bar labeled *DiD* indicates the difference-in-differences estimate between the two randomized counseling interventions (*IDM-SDM*) and LARC price discounts (*Full-Discounted*).

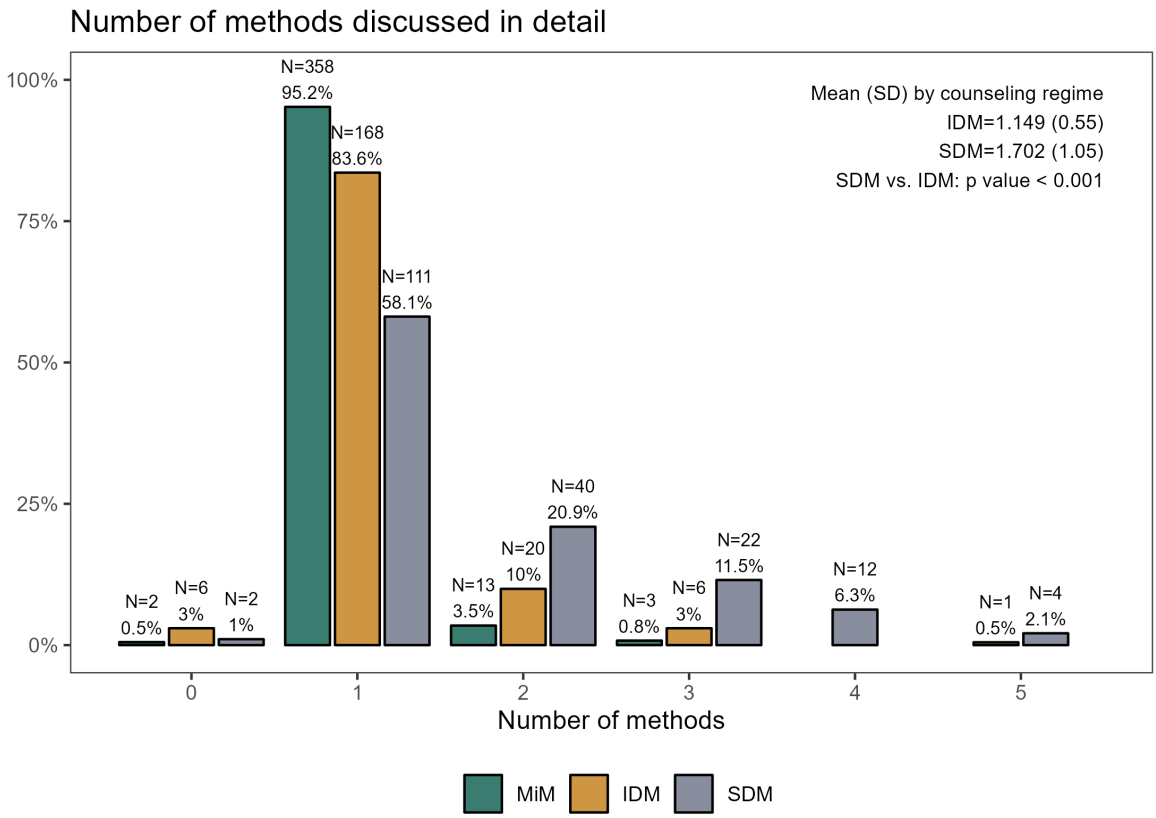

Figure 3: Number of Methods Discussed in Detail. This figure shows the number of methods discussed in detail under each counselling style. The p-value in the top right corner refers to a t-test of the equality of means in the IDM and SDM groups.