Improving Reproductive Autonomy through ARCHES Intervention in Humanitarian Setting

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Date: 24/10/2024

SVRI Forum 2024, Cape Town, South Africa

Ipas Partners for Reproductive Justice

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Background

Approximately 994,124 Forcibly Displaced Myanmar Nationals (FDMNs) in Bangladesh are highly vulnerable, experiencing trauma and sexual assault.

Women in humanitarian settings face significant barriers to prevent unwanted pregnancies and addressing sexual and reproductive health needs.

One in five refugee women has experienced sexual violence.

Intimate partner violence (IPV) and reproductive coercion (RC) lead to poor reproductive health outcomes, including unintended pregnancies.

IPV and RC, normalized in society, undermine women's health, well-being, and autonomy.

The uncertain conditions in refugee camps further limit women’s ability to control their reproductive lives.

Addressing IPV and RC is essential to improving reproductive health and restoring women’s autonomy.

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Aim and Objective of the Project

Aim	• Improve reproductive autonomy by reducing RC and IPV
Objective	• Adapt the ARCHES clinic-based in humanitarian settings. • Identify gaps in addressing IPV and RC and how the ARCHES model can bridge them. • Assess changes in self-efficacy for contraception, access to IPV services, and attitudes toward RC after the ARCHES intervention.
Duration	• February'21-October'22
Funding	• Elrha's Humanitarian Innovation Fund (HIF) Grant

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ARCHES Model

Empowerment Counseling on RC + FP

- Universal empowerment counseling; RC and FP methods with reduced risk of detection

Supported GBV Screening + Referral

- Opportunity to disclose RC and IPV; supportive, validating response; supported linkage to local IPV services if disclose IPV

Empowerment to Educate

- Booklet on right to use FP, RC, FP methods that have reduced risk of detection, IPV and local IPV services; encouraged to share

Increased Reproductive Autonomy + Decreased GBV

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Methodology

Formative Phase

In-depth Interviews with Women and Girls (n=15), Community Advisory Group Members (n=4) and Key Stakeholders (n=6)

Nov'21-Jan'22

Adaptation Phase

2-Stage User Center Design (UCD) Approach

Stage-1: Look and Listen Phase

Stage-2: 3 rounds of Co-design Sessions

March'22-Jun'22

Implementation & Evaluation Phase

Implemented in four health facilities in humanitarian setting

Pre-post Evaluation
Baseline-exit & 30 days follow-up survey with FP/MR/PAC clients

In-depth Interviews with Clients, Service Providers, Community Health Workers

Jul – Nov'22

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Formative Study

Objective Identify reproductive coercion (RC) and contraception barriers in humanitarian settings and access how the ARCHES model can address these issues.

Types of RC

- Contraceptive Sabotage
- Pregnancy Coercion
- Pregnancy Threats

RC Perpetrators

- Husbands
- In-laws
- Family Members
- Neighbors

Reasons for RC

- Method-Related Misconception
- Religious Barrier
- Power Dynamics
- Insecurity
- Economic Pressure

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Adaptation of ARCHES Model in Humanitarian Context

Objective Adapt the ARCHES model by using User Center Design (UCD) approach

Look & Listen Phase	**Co-design Session**	**Pilot of Adapted ARCHES Model**
•Formed Research Group & Community Advisory Group •Collected existing FP/MR/PAC counseling materials and information •Developed co-design session modality guideline	• Develop Low Fidelity Prototype • Develop Medium Fidelity Prototype • Develop High Fidelity Prototype	• Two-weeks run-in in 4 facilities. • Finalized ARCHES model and materials for implementation.

Adapted ARCHES Clinic-based Model for Humanitarian Setting

Establishing privacy and confidentiality	Counseling (RC & IPV; Strategies for using FP & MR privately, if desired	Offer family counseling	Screening for RC & IPV (Warm referral for IPV services)	Provision of Information Card

Doctor/Paramedic		Pre-Procedure Counseling				Procedure	Post-Procedure Counseling
G •Greet client with family members, if accompanying	**A** •Ask client about her needs •**Establish privacy** •**Assure confidentiality** •Introduction to MR/PAC and FP methods	**T** •**Assure confidentiality** • Note health details •Tell/show her MR/PAC methods **include private use** •Tell/show her FP methods **include private use**	**T** •**Talk to her about RC and IPV** •**If she discloses IPV, discuss referral options and ask if she wants referral**	**H** •Help her select an MR/PAC and FP method •**Explains positives and negatives of family counseling and offer to counsel family**	**E** •Explain how MR/PAC and FP method works **and ways to use privately**		**R** •**Warm referral, if requested** •How to use FP method **and ways to use privately** •**Review Information Card**

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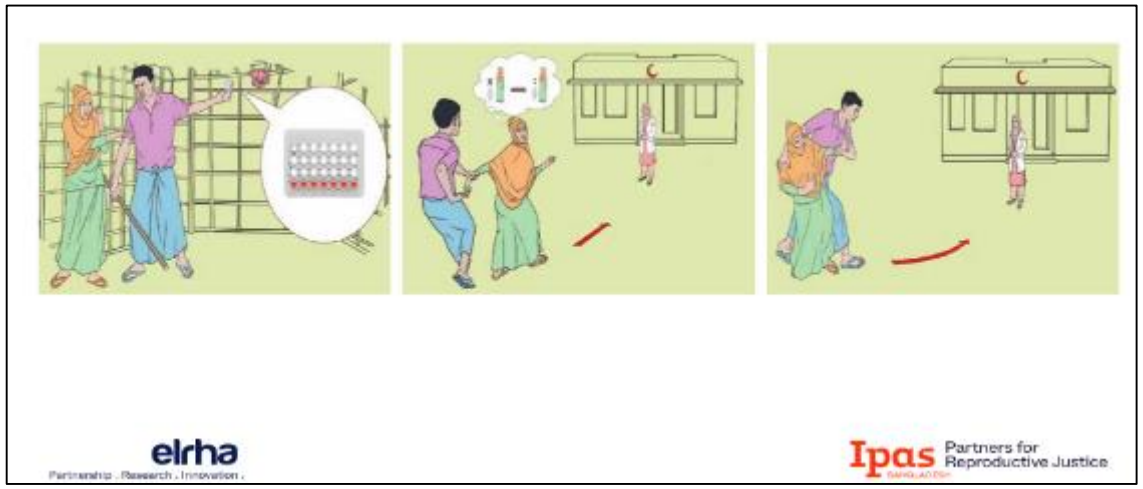
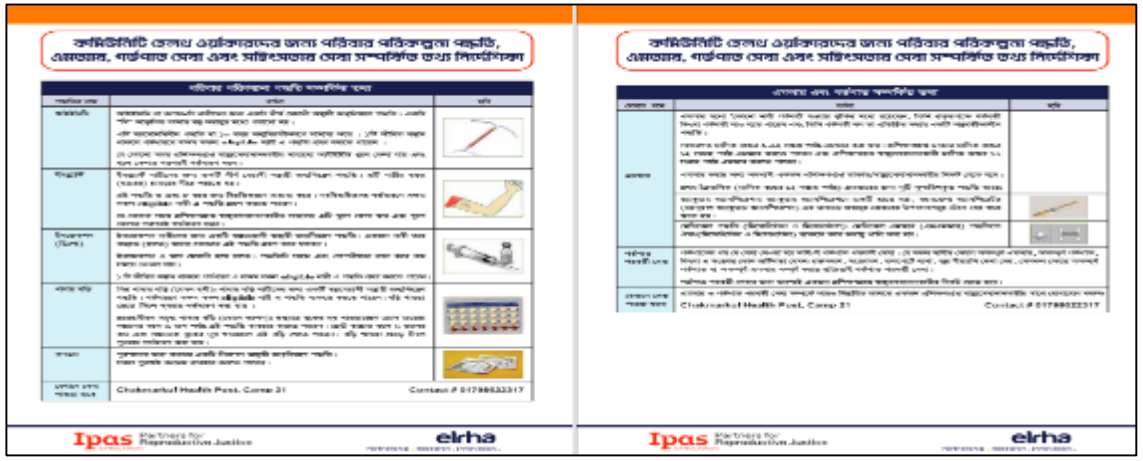
Adapted ARCHES Counseling Materials



Flipbook

Information Card

Job Aid



CHW Guideline

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Evaluation of the Effectiveness of ARCHES Humanitarian Intervention

Primary Outcome	To assess changes in-	Self-efficacy to use contraception Self-efficacy to access IPV services if needed, Attitudes about RC after the ARCHES intervention

Implementation	In four health facilities in Cox's Bazar, Bangladesh
Participant Enrollment	602 clients enrolled; 593 completed baseline and 30 days follow-up surveys 90% FP Clients (533) and 10% MR/PAC Clients (59)
Data Analysis	Bivariate and multivariate analyses performed using Stata 15.0

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Background Characteristics

Background	(n=592) n	%
Age		
18-24 years	355	60.0
25+ years	237	40.0
Education		
None/less than primary	302	51.0
Primary	255	43.0
Secondary or higher	30	5.0
IPV & RC Experience		
Experienced IPV	414	70.0
Experienced RC	130	22.0
Other Background Characteristics		
Married	587	99.0
Religion: Islam	592	100.0
Worked in Past 12 Months	47	8.0

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High Rates of ARCHES Implementation

ARCHES Component	Participants (n=592)
Screened for RC	95.4%
Screened for IPV	95.9%
Counseled on private FP use	84.9%
Counseled on private MR use	84.4%
Offered family counseling	87.1%
Offered Information Card	95.3%

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High Rates of ARCHES Implementation

ARCHES Components	Participants (n=592)
Participants exposed to all intervention components	85%
Participants who reported IPV at baseline disclose IPV to the service provider	87%
Participants who reported RC at baseline disclose RC to the service provider	96%
Participants who were offered a referral for IPV support services after disclosing IPV to their provider	27%
Participants who accepted referral after being offered	78%

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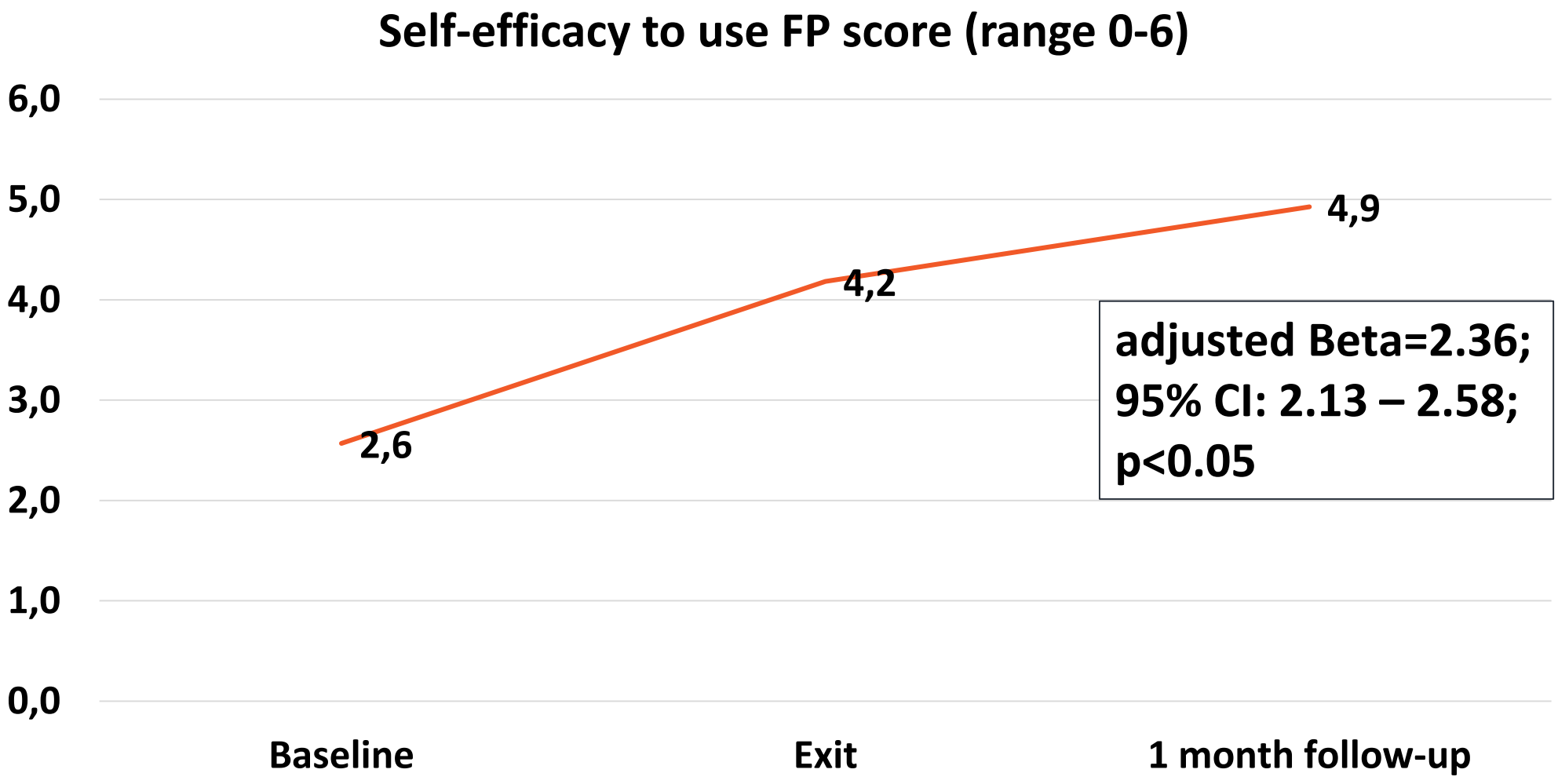
Contraceptive self-efficacy in the face of RC (Mean score)



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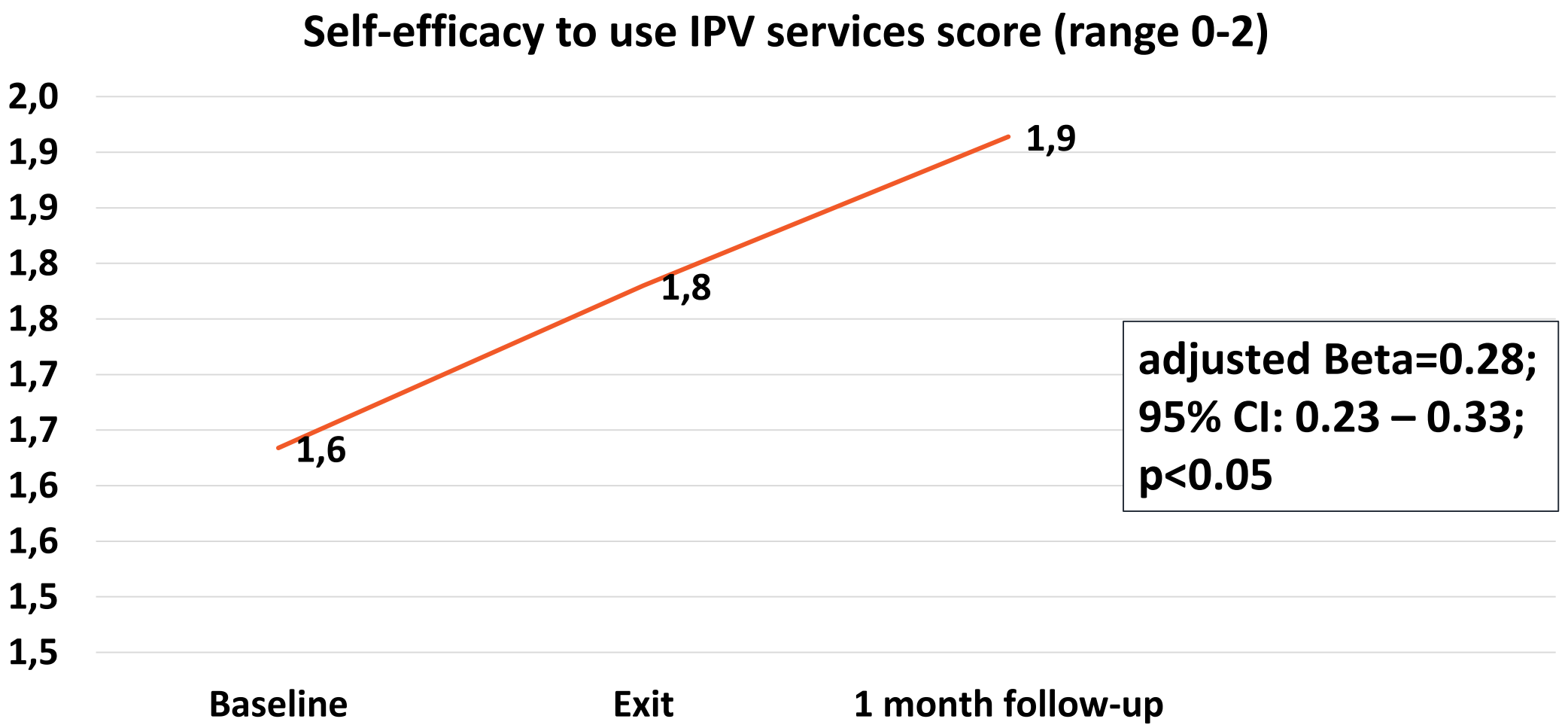
Self-efficacy to use IPV support services (Mean Score)



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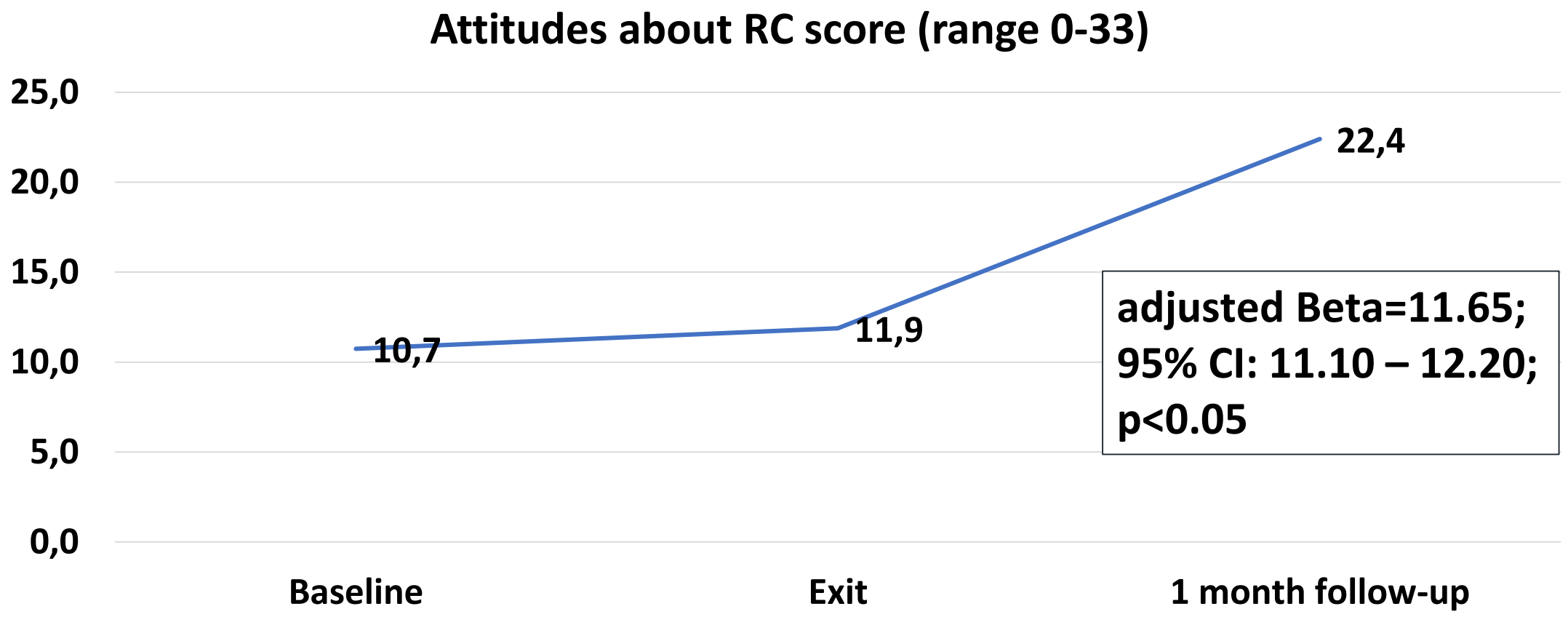
Attitudes about RC (Mean Score)



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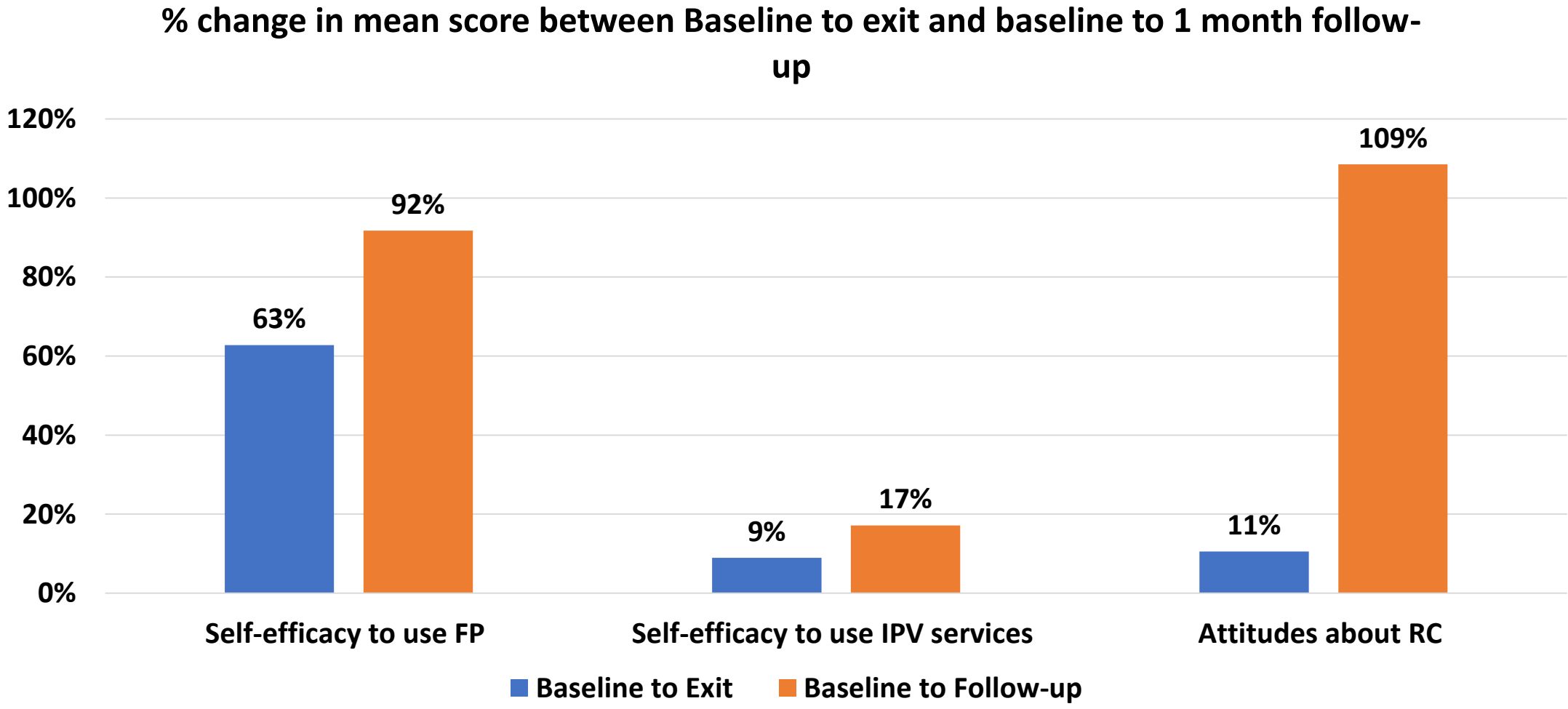
Effectiveness of ARCHES



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Conclusion & Recommendation

Expanding the ARCHES intervention in health facilities and communities is essential for improving attitudes, self-efficacy and increasing contraceptive use.

Scaling up the intervention will effectively tackle reproductive coercion (RC) and intimate partner violence (IPV).

Study evidence indicates that broader implementation will lead to sustained improvements in reproductive health outcomes.

Continuous training and evaluation are essential for maintaining the intervention's effectiveness and fidelity.

Integrating ARCHES into reproductive health strategies is vital for humanitarian contexts.

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Thank You

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Co Design Session with CAG Members

Co Design Session with Service Providers

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