Adaptation of a Clinic-based Model to reduce Reproductive Coercion, Intimate Partner Violence, and Unintended Pregnancy: ARCHES Kenya

Jay Silverman and Nicole Carter
Center on Gender Equity and Health, UC San Diego
Chi-Chi Undie
Population Council, Nairobi
Seri Wendoh
International Planned Parenthood Federation
IPV AND FAMILY PLANNING

Women and girls who experience Intimate Partner Violence (IPV) experience reduced reproductive autonomy and increased unintended pregnancy.¹

IPV associated with both increased and decreased FP use²,⁴
- Method-specific - Male vs. Female-controlled methods
  - South Asia - IPV relates to reduced condom use, increased use of pills and injections²

IPV also relates to increased contraceptive failure (i.e., attempting to use FP at time of pregnancy)¹,³

IPV is often a marker for other partner behaviors that more directly limited women’s and girls’ ability to use FP⁵⁻⁸
REPRODUCTIVE COERCION (RC)

A set of specific behaviors that directly or indirectly interfere with contraceptive decisions, access, or use; or with decisions or access to safe abortion.

PREGNANCY COERCION

• Pressure or threats to coerce a woman to comply with demands that she become pregnant when she does not want to become pregnant.
• Blocking access to family planning services.
• Preventing access to safe abortion services.

CONTRACEPTIVE SABOTAGE

• Hiding, withholding, destroying, or removing (personally or via a provider) female-controlled contraceptives (e.g., pills, implants, IUD).
• Breaking or removing a condom during sex or failing to withdraw in an attempt to promote pregnancy when a female partner does not want to become pregnant.
ARCHES: Addressing Reproductive Coercion in Health Settings

Brief intervention implemented within existing routine family planning practice and delivered by existing family planning personnel.

Found effective in two US-based RCTs

- > 4000 women and girls across two states\textsuperscript{13,14}
- Increased self-efficacy to enact behaviors to increase control over FP\textsuperscript{14}
- 71\% reduction in odds of reproductive coercion from a male partner\textsuperscript{13}
- Greater reductions in RC based on greater experiences of RC at baseline\textsuperscript{14}
- 60\% more likely to end a relationship because it felt unsafe or unhealthy\textsuperscript{13}
- Increased use of IPV services and sharing of IPV service information\textsuperscript{14}

Uses educational and harm reduction messages to...

- Improve reproductive autonomy via increasing female control over FP
- Reduce IPV via education and warm referral

Sustainable and scalable
ARCHES MODEL

**Intervention Components**

- Education & Risk Assessment (Screening)
- Harm Reduction Counseling
- ‘Warm’ Referral & Self-assessment Pamphlet/Card

**Outcomes**

- Increased awareness of discreet FP use, client trust, and RC and IPV disclosure
- Increased knowledge, self-efficacy to use, and use of harm reduction behaviors to decrease RC
- Increased knowledge, self-efficacy to use, and use of IPV services; awareness and communication re: RC and harm reduction strategies

**Impact**

- Increased reproductive autonomy
- Decreased unintended pregnancy and unsafe abortion
ARCHES: ADAPTATION TO DATE

**CALIFORNIA & PENNSYLVANIA, USA**
Partner: Futures Without Violence, PPFA
Funder: NIH (Elizabeth Miller, UPitt)
The original ARCHES intervention was tested via two cluster RCTs with >4000 women and girls to establish positive effects before being adapted to other global contexts.

**NAIROBI, KENYA**
Partners: IPPF/ARO, Population Council
Funder: IPPF via SIFPO – USAID
In this first adaptation of ARCHES outside of the US, the model is being tailored to the urban Kenyan context, and tested via a controlled trial in four IPPF clinics.

**DHAKA, BANGLADESH**
Partner: Ipas
Funder: Society for Family Planning
With the lessons learned from ARCHES Kenya as a guide, ARCHES Bangladesh will involve adaptation and a cluster RCT of the model for post-abortion care.
ARCHES KENYA

Partners:

• IPPF/ARO – Family Health Options of Kenya
• Population Council, Nairobi

• First adaptation of ARCHES in LMIC context
• Formative research to understand forms, meaning of reproductive coercion and how addressed by FP providers
• Adaptation of protocols, training, materials, assessments
• Clustered trial in four IPPF/FHOK clinic (N=500 women and girls)

Desired Outcomes of ARCHES Kenya

1. Increase successful utilization of voluntary FP methods
2. Reduce reproductive coercion
3. Reduce IPV and increase access to related services.
In-Depth Interviews & Focus Group Discussions with FP Clients and FP Providers

- “[My] friend has had it rough. There are times that...he refuses to open the door for her. He says he will only open it on the condition that she stops using family planning methods. One day, he threw her clothes out.” - FP Client, Kibera FHOK Clinic

- “I know of one man who put his wife’s pills in hot water to reduce their effectiveness, and she conceived. Later, when she started getting nauseous, her husband told her that she might be pregnant, and disclosed what he did.” - FP Client, Jerusalem FHOK Clinic
ARCHES-KENYA ADAPTATION: “My FP Choice, My Right” TOOLKIT

Provider Job Aids

Provider Training Guide
- 1.5 days training
- Uses real-life scenarios & role play
- Provide self-care strategies & ongoing social support

Intervention & Counseling Flow
- GATHTER – modified
- Includes RC/IPV screening questions
- Scripts for client interaction

FP Methods Counseling & Strategies
- Partner Detection FP info
- Coping strategies for discrete use of FP method of choice

Client Support & Information

‘Warm’ Referral to GBV Support Services
- Link client to post-GBV care provider at external clinic
- Not just a phone number or address, but a human connection
- Reduce missed opportunities for creating meaningful linkages

Take-home Booklet
- For reflection outside the clinical setting
- Information for sharing with peers/family members experiencing IPV or RC
- Resources for getting support

Posters
- Placed in waiting room
- Simple messages w/ FP method mix
- Reflect on challenges with partners
ARCHES KENYA TOOLKIT: Training Guide and Poster
ARCHES KENYA TOOLKIT: Provider Job Aid

MY FP CHOICE ○ MY RIGHT
Provider Job Aid for ARCHES Kenya

G.A.T.T.H.E.R

G – GREET THE CLIENT + ASSURE CONFIDENTIALITY
Always reassure client's confidentiality. Follow protocols to assure privacy with male partners.

T – TELL HER ABOUT METHODS + PARTNER DETECTION
Refer risk of partner detection from ARCHES Method Counseling Card.

G.T.T.H.E.R

T – TALK TO HER ABOUT RC
Establish Confidentiality & Normalize RC Screening:
- Have you ever felt pressured or forced by your current partner to become pregnant when you did not want to be?
- Has your current partner ever made it difficult for you to get family planning or to use family planning (e.g., destroy, take away, or hide your contraception)

R – REFERRALS + ARCHES BOOKLET + RETURN APPOINTMENT
Provide warm referral for FP positive women

T – TALK TO HER ABOUT IPV
Establish Confidentiality & Normalize IPV Screening:
- Are you currently in a relationship with a partner who physically hurts you?
- Are you currently in a relationship with a partner who threatens, frightens, insults you, or treats you badly?
- Are you currently in a relationship with a partner who forces you to have sex or to do something sexual that makes you feel uncomfortable?

IPV PRESENT
1. Provide supportive (not blaming) and validating response.
2. Thank her for sharing.
3. Tell her that at the end of the appointment you will connect her to helpful services.

IPV NOT PRESENT
1. Tell her you are happy to hear this.
2. Establish clinic as safe people to talk to and be connected with helpful services in the future.

DOCUMENT RESPONSES IN THE EMR.

H – HELP THE CLIENT SELECT A METHOD
Refer to coping strategies from ARCHES Method Counseling Card.

E – EXPLAIN HOW TO USE THE METHOD + COPING STRATEGIES

R – REFERRALS + ARCHES BOOKLET + RETURN APPOINTMENT

TALK TO HER ABOUT IPV

Because so many of the women and girls that we talk to are treated badly by their partners and husbands, and because we can connect women with helpful services, we talk about these experiences with all of our clients.

The goal is education, NOT disclosure!

The goal is education, NOT disclosure!
**ARCHES KENYA TOOLKIT:** Method Counseling Card

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**MY FP CHOICE ○ MY RIGHT**

ARCHES Method Counseling Card.

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<th>Coping Strategies</th>
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<td>82%</td>
<td>GUARANTEED</td>
<td>This method cannot be kept private from a partner.</td>
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<td>Female Condom</td>
<td>79%</td>
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<td>Standard Days</td>
<td>88%</td>
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<td>This method requires that women have complete control over when they will have sex with their partner.</td>
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<td>Two Days</td>
<td>86%</td>
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"My husband did not approve of me using family planning... But the doctor gave me an injection that lasts for 3 months. So my husband now thinks that I’m not using contraception”

— FHOK Client
ARCHES KENYA TOOLKIT: Client Take-home Booklet
NEXT STEPS!

1. Implement clustered trial of ARCHES Kenya
2. Assess provider and client experiences of ARCHES Kenya
3. Disseminate findings broadly
4. Refine ARCHES tools and protocols based on findings
5. Expand to government clinics in Kenya, test and scale
6. Expand adaptation projects to other LMIC contexts (e.g., Bangladesh)


