CHARM2
COUNSELING HUSBANDS & WIVES TO ACHIEVE REPRODUCTIVE HEALTH & MARITAL EQUITY

Applying theory to practice: The CHARM2 Intervention

Counseling Husbands and Wives to Achieve Reproductive Health and Marital Equity

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Presentation Objectives

- Theories that informed CHARM2
- Application of theory to intervention & evaluation design
- Impact of theory-driven intervention on FP and IPV

Theoretical frameworks

The CHARM2 intervention is based on (among others):

- Bandura's Social Cognitive Theory (SCT) (Bandura, 1986)
  - Reviews on use of theory for FP intervention support effectiveness when using the SCT (Warriner, 2012)
- Theory of Gender and Power (TGP) (Connnell, 1987)
- Gender synchronized & gender-transformative approach (Kraft, 2014)
- Person centered counseling as used in the Balanced Counseling Strategy (BCS) (Sudhinaraset, 2017; Population Council, 2015; Sapkota 2017)

Social Cognitive Theory

- Self-generated mental processes of **proactive belief in oneself and feedback mechanisms from environmental** events
  - Individual level: self-efficacy, self-esteem, and aspirations/goals, etc.
  - Social level: environmental influence such as decision-making control, discussion including negotiation, perceived social attitudes, and participating in social groups, etc.
- Social cognitive theory-based interventions have resulted in significant impact on use of contraception
- But there is some **critique of lack of structural or sociological antecedents**, such as gender dynamics

Theory of Gender and Power

- A social-structural theory that posits that **the gender-based power dynamics inherent to many heterosexual couples are due to societally reinforced social norms**

- Social norms in the Indian context can reduce women's control over their body and environments
  - Men often control decision making over SRH and FP use
  - IPV can also be used as a means to control women

Gender-Synchronized / Gender-Transformative Approach

- Previous iteration of intervention focused on male engagement; current intervention aimed for synchronized engagement of **both** members of couple

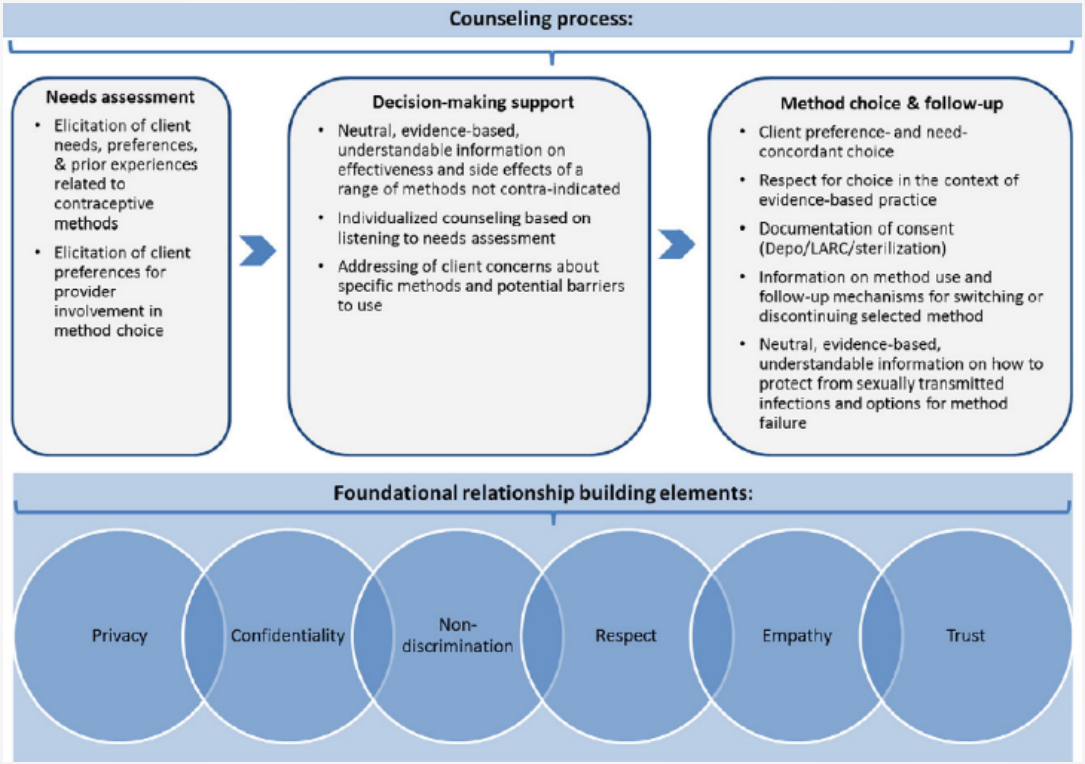
- Gender-matched providers counsel both men and women in the couple separately, and then jointly

- Counseling content is both informed by and directly addressing normative beliefs and gender equitable family planning
  - E.g. Healthy relationships, joint decision-making

Person-Centered Counseling / Balanced Counseling Strategy

- Provide preference-sensitive contraceptive counseling
- Joint decision making (provider-woman) to support contraceptive choice
- Offer women the full range of contraceptive options
- Assess for intimate partner violence (IPV)
- Assess for reproductive coercion
- Ensure reproductive autonomy

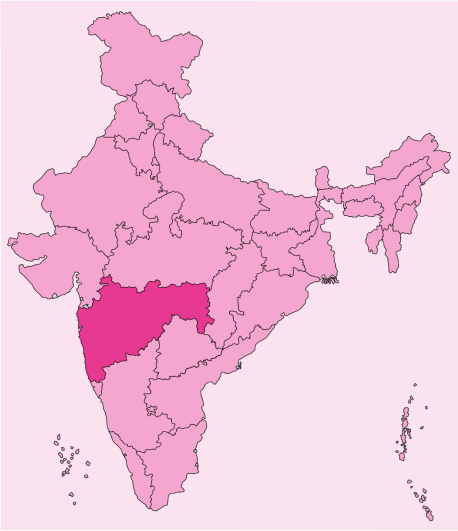
Person-Centered Counseling / Balanced Counseling Strategy



Source: Holt et al., 2017

Study context – why Pune, India?

- 1 in 4 girls married before age 18 years (15.5 million)
  - More likely among the rural poor
- Among married women, 48% have used a modern contraceptive
  - 36% of women report female sterilization
  - Non-use of spacing contraceptives most common in rural India
  - Pune had supply and higher than average IUD use.



Gender inequalities are linked with lower reproductive autonomy

- India is ranked 127 of 189 nations on the Gender Inequality Index
- Gender inequalities linked with no or inconsistent spacing contraceptive use, low FP communication, low FP decision-making control:
  - no formal education: 31%
  - marital violence: 29%
  - no income generation: 75%

CHARM2 Intervention

Goal: To evaluate a gender equity (GE) + family planning intervention with rural married couples via a two armed RCT

- **CHARM2**: 2017-2021, Junnar Taluka, Pune, Maharashtra, India
  - 5 FP+GE counseling sessions; 2 with men, 2 with women, 1 joint couple session, with gender-matched providers
    - Includes FP, GE, violence, communication content
    - Utilizes flip charts and FP method cards
    - Female provider offers intimate partner violence and reproductive coercion screening and counseling with women
    - Increase access to broader array of contraceptives, including LARC
    - Ensure person-centered care and high-quality FP counseling

Application of Social Cognitive Theory

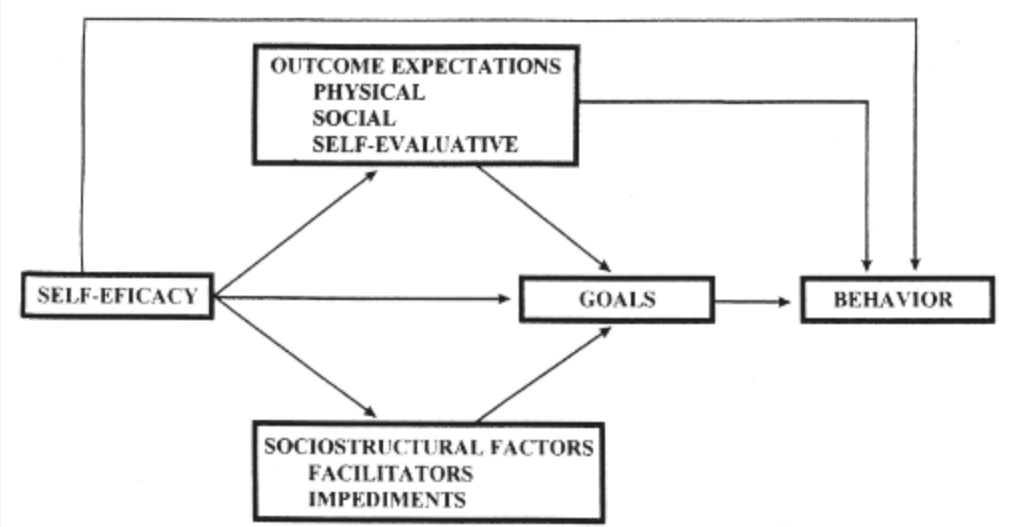


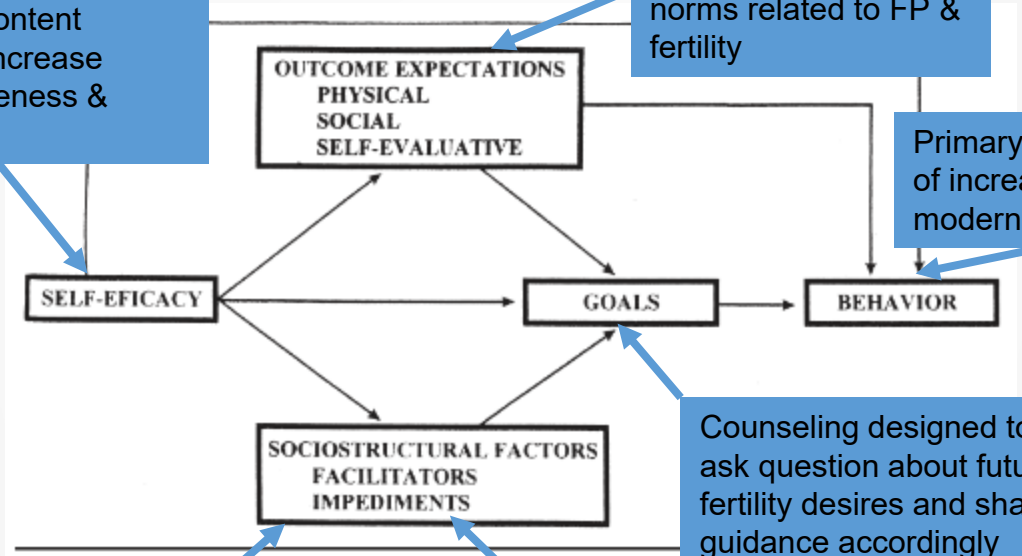
Figure 1. Structural paths of influence wherein perceived self-efficacy affects health habits both directly and through its impact on goals, outcome expectations, and perception of sociostructural facilitators and impediments to health-promoting behavior.

Application of Social Cognitive Theory to FP Study Design

Counseling content focused on gender norms related to FP & fertility

Counseling content designed to increase method awareness & knowledge

Primary outcome of increasing modern FP use



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Counseling designed to ask question about future fertility desires and shape guidance accordingly

Provision of methods at sessions and/or direct link to FP care

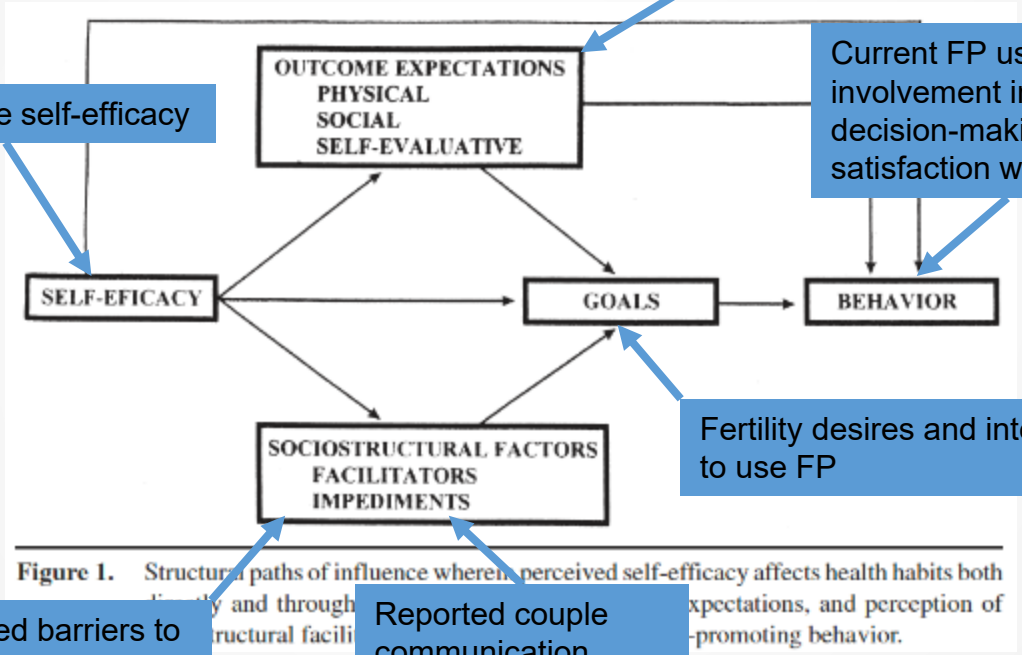
Simultaneous content designed to encourage couple FP communication

Application of Social Cognitive Theory to FP Study Evaluation

FP norms and attitudes

Contraceptive self-efficacy

Current FP use; involvement in FP decision-making; satisfaction with method



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Fertility desires and intent to use FP

Reported barriers to FP use

Reported couple communication

Impact of theory-driven design on FP

- Intervention significantly increased awareness, knowledge, self-efficacy, and communication
- Intervention improved gender-equitable attitudes of men (GEMS scale)
- Intervention increased uptake of condoms, and decreased uptake of sterilization
- Intervention did *not* have measured impact on IPV (low reported rates at baseline, however)
- Intervention did *not* increase LARC or other modern FP use
- Intervention did *not* decrease unintended pregnancy

Conclusion

- Theory can and should inform both study **and** evaluation design

- Reality is more complex than theoretical frameworks and is highly context-specific (e.g. mother-in-laws)

- Use of theory in practice should be an iterative process – study findings can inform theory, revised theory can inform revised intervention

THANK YOU!

Community health workers in Maharashtra, India

Supplemental Slides

CHARM Interventions

Goal: To evaluate a gender equity (GE) + family planning intervention with rural married couples via a two armed RCT

- **CHARM**(1): 2012-2015, Thane District, Maharashtra, India
  - 3 FP+GE counseling sessions with men (sessions 1 & 2) and couple (session 3) delivered by a male health provider
    - **+** Improved contraceptive communication and use of condoms
    - **+** Reduction in marital violence
    - **-** No impact on unintended pregnancy; low couple participation

- **CHARM2**: 2017-2021, Junnar Taluka, Pune, Maharashtra, India
  - Addition of 2 female-only counseling sessions delivered by ANM (gender synchronization)
    - Female provider offers intimate partner violence and reproductive coercion screening and counseling with women
    - Increase access to broader array of contraceptives, including LARC
  - Ensure person-centered care and high-quality FP counseling

CHARM2 Evaluation Design

Cluster-randomized controlled trial for evaluation of CHARM2 efficacy

- 20 geographic clusters, randomly assigned to intervention or control
- Households within clusters randomly approached & screened/recruited
  - Non-sterilized married couples with wife age 18-30
- 60 couples / cluster for 1200 total couples
- Baseline, 9-month, and 18-month quantitative surveys; pregnancy tests
- Qualitative interviews of participants, providers, and MIL focus groups

Process evaluation for quality control and pragmatic feedback

- Pre-post provider training evaluation to asses weak topics needing booster
- Session observation forms to assess adherence to curriculum
- Participant satisfaction survey to assess participant response to program components
- Study area healthcare provider survey & mapping for contextualization

Health care context assessment to understand access to care in context

- Study area healthcare provider survey
- Mapping of public and private health care resources for contextualization

CHARM2 Intervention

Session 1

Husbands by male health provider, **Wives** by female health provider

Family planning methods, risk assessment, health and financial benefits of family planning, provision of condoms and pills

Session 2

Husbands by male health provider, **Wives** by female health provider

Gender equity concepts such as son preference, intimate partner violence, joint-decision-making regarding sexual behavior and contraception use

Session 3

Couples by male or female health provider

Overview of benefits of FP and methods, assess family goals, GE issues on son preference, reproductive control, marital communication and joint decision making, method provision and referral

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