

Family Planning and Abortion

A Household and Community Health Worker Survey in Madhya Pradesh, India (2019)

Previous research across India has shown that drivers and barriers to family planning uptake are complex and vary by household. Factors such as fear of side effects or desire for a male child often deter use, while desire to control family size and space childbearing leads some households to adopt methods. Research on abortion and post-abortion care found that women often go through many attempts before completing their abortion. Along this pathway, quality of care is poor and knowledge of correct practices is limited. The Clinton Health Access Initiative and Surgo Ventures have teamed up to develop a new study to look holistically at the potential barriers and drivers of family planning and safe abortion use in families in Madhya Pradesh (MP). The results of this study will be used to inform program strategies and interventions.

In MP, there is some data available around MP family planning and abortion use at the community level through sources such as NFHS, AHS, and GoMP HMIS, **but these surveys provide only a snapshot of various indicators** such as the fertility rate, uptake of different family planning methods, and rate of abortion service. **They do not give us a holistic and quantitative picture of ‘why’.** Why are couples choosing one FP method or the other? Why are families choosing (or not choosing) to have a certain number of children? What is the relative importance of each driver of FP decision-making? Who in the family is making FP decisions? Where are families getting their FP information from? Where and why do they choose to seek care for abortion services? What role does the ASHA channel play in driving FP and in helping women get access to safe abortion care? Several of the available studies provide some insights into aspects of these questions, but no comprehensive, quantitative, state-wide consumer and ASHA-focused studies exist that answer all of the questions above.

Answering these questions is key to designing interventions to increase uptake of family planning and reduce unsafe abortions. **Without a holistic understanding of what drives or prevents households from taking up FP or choosing a certain abortion method, interventions may target the wrong driver or influencer.** For example, while past interventions have focused on raising awareness of modern methods, our research in Uttar Pradesh revealed that lack of awareness was not a main barrier to use. As many studies and data sources show, family planning and abortion decision-making is complex, differs by method, often involves several people in the household and beyond, and is quite heterogenous; all of these need to be understood.

Key questions the study will answer	How this research will bring new insights
What is the prevalence and relative importance of drivers of modern FP method use and abortion services, both perceptual (such as risk perceptions and perceived access) and contextual (such as commodity supply or distance to facility)?	Provides a holistic view of both perceptual and contextual drivers of FP and abortion services and it will quantify the prevalence and relative importance of drivers of modern FP method use and abortion services, instead of relying on qualitative data

<p>How do the decision dynamics vary for couples who use different methods? What is the role of influencers in this process – family, ASHAs, providers, media channels?</p>	<p>Includes women, husbands, and ASHAs in order to generate deep insights on the decision dynamics and the role of influencers in this process</p>
<p>Are there different segments of people based on what drives or prevents their family planning usage?</p>	<p>Leverage psycho-behavioural segmentation to identify actionable segments of people based on what drives or prevents uptake of family planning</p>
<p>What are the decision-making dynamics for abortion and the enablers and barriers to uptake of safe abortion practices¹?</p>	<p>Quantifies the abortion-making pathways – where do they go, in what order, and why? By including detailed questions on both family planning <i>and</i> abortion, connections can be made between the beliefs that households hold about the two practices</p>
<p>What are the ASHA beliefs, perceptions, efficacy and actions around family planning and abortions vis-à-vis the various other tasks that she is entrusted with? How are her actions are perceived in the community?</p>	<p>Links household data to ASHA data in order to generate insights on what the ASHAs are doing, messages they are using, community expectations, ASHA effectiveness in driving family planning and safe abortion</p>
<p>What is the potential market size of different contraceptives based on consumer demand?</p>	<p>Allows for demand-based forecasting of the potential market size for new contraceptive products. Current forecasting models are based on uptake of products, not necessarily customer demand.</p>

The questionnaires contain sections on

- Household composition and sociodemographic profile
- Intentions and motivations for planning future family size and understanding of spacing, awareness of family planning methods and the female cycle (especially in regard to a new type of contraceptive pill and recently introduced injectables)
- Current methods used and related decision paths
- History of abortion including decision pathways, complications and general perceptions, interactions and communication with health care providers (both within facilities and ASHAs)
- Household decision-making patterns, decision dynamics within the married couple, and influences on decisions
- Beliefs around side effects (especially infertility) and effectiveness of different methods. Perceptions and norms around discussing, procuring, and using different methods. ASHA knowledge and perceptions around reproductive, maternal, and child health behaviors, especially FP and abortion
- ASHA perceptions around her role and the incentives she can achieve
- ASHA influencers and interactions with household members

¹ Both public and private sector

The surveys were administered in a statewide and district level sample of eligible family planning respondents (married women aged 18-39 and their husbands aged 18+) across rural and urban (select areas) Madhya Pradesh districts, as well as their ASHAs in 2019. We interviewed 16,105 women, 5125 husbands and 1409 ASHAs. The study was designed such that we are able to link the ASHA data with the household data by using the ASHA catchment area as the primary sampling unit and selecting eligible couples within that catchment area. This enables us to understand the dynamics that are in play between ASHAs and households and assess how if at all, the ASHA channel can be made more effective to achieve family planning outcomes and safe abortion practices in communities.

Given the novel insights around abortion pathways, segmentation, demand-based forecasting, and measurement of relative importance of drivers, we believe the insights will provide strong value to the India and global family planning communities. The results of this study will be used to inform interventions in MP to improve sexual and reproductive health outcomes. This includes informing the design of several pilot interventions to increase the uptake of modern family planning methods including OCP, injectables, and IUCD in high-priority districts of MP.

The annex below goes into greater detail about the survey sections and questions.

Annex - FP and Abortion Household Survey Detail

I - Survey Sections and Related Questions

Below outlines the survey sections and an outline of the questions.

1. Household composition and children

- Who lives in the households of respondents, are they pregnant, how many children do they have, how old are they, have they had any children that have died, how many planned and unplanned pregnancies have they had, how long have they been married?

2. Family size intentions

- Limiting - How many children do respondents want overall? How many sons/daughters? Do they think they agree with their spouse on this? What do they think important reasons for waiting after marriage, or not waiting, are? What were the most important reasons to wait or not wait for them?
- Spacing - How long would they want to wait before the birth of another child? How long do they think couples should wait between pregnancies, and after marriage to have the first child? What were the most important reasons to wait or not wait for them?

3. Methods and cycle awareness

- Which methods to avoid getting pregnant do they know? Do they know any couples that use them? Which methods do they think are suitable if a couple only wants to pause for a few years? Awareness: side effects: What side effects do they think might occur for each method they know? Which (temporary) method do they think is most likely to cause bleeding? Which method is most likely to cause infertility? Which method is most likely to cause weight gain? Which kinds of side effects would most make them want to stop a method?
- Cycle Awareness: Are there days when women are more likely to get pregnant? When

are those? How many days should a normal period last? If the cycle is delayed or long, will it impact the woman's fertility? What would a woman do if she bled longer than normal?

4. Current methods use and healthcare system influencers

- When did they first have sex (and last with their spouse), how often in a typical month?
- Have they ever used any method? Which ones?
 - If permanent or injection—did an ASHA accompany to procedure?
 - For respondent who stopped using method—how long ago did they stop using any method to avoid getting pregnant? Why did they stop using a method?
 - For respondents who do not want children but aren't using any method: why not [many options corresponding to many drivers]? Where did you get this method? How long did it take to get there and how did they get there?
 - To see if habit formation is an issue - If they said they used the pill but not using it anymore, did they forget and/or had discomfort?
- Which methods if any are you using now? How long for?
- Which method(s) if any have they had bad experiences with?
- Did you have a preference when getting that method, or was it recommended to you? • What are the reasons for choosing this method? [many response options corresponding to many drivers]
- Do they know where to get methods from? Which places and what can you get there? • When getting the method, were they told about side effects and what to do about them? Were they told about alternatives? Would they return to that provider/place?
- Are they experiencing any complications now, which ones, and what did they do about them? • When was the woman's last period? What menstrual hygiene products do they use, if any? • Male perceptions on male sterilization and condom use [husbands only]

5. Influencers: Deep dive on community health workers (CHW)

- Have they met with some of the AAA in the last year? Which ones, and did any of them discuss FP?
- What was the content of those communications for each AAA: did they ask about plans, discuss specifics of methods, recommend any in particular [and more], which side effects if any did they mention?
- When they think back, did they feel ashamed having those conversations, did they change their intentions in response, did the CHW seem comfortable discussing the topic, did they give useful information?
- Which family planning methods did the ASHA discuss? Did the ASHA distribute any FP methods? Which methods?
- Do they think each of the AAA is a good source of FP information?
- Do they think a chemist is a good source of FP information?

6. Influencers: HH and community

- Is there anyone they know who had a good or bad experience with a method (e.g. family member, friends, neighbors)? Which method?
- Who in their household and outside do they talk to about FP? Who decides and who is most in charge of deciding how many children to have, when to have children, what methods to use, and how money is spent? Who outside the HH do you most trust when

talking about FP? [all these questions also include CHW options] Any support from a self-help group?

- Spousal communication: how comfortable are husbands/wives talking to their spouse about adopting new methods /changing methods/ facing complications?
- In the last 4 weeks, has the wife gone to visit people or had visitors?

7. Influencers: Media

- Have they seen anything on FP on any of a variety of media channels? Which ones do they pay attention to and which ones do they trust on informing them correctly?

8. Influencers: Husband [for wife only]

- Is the wife allowed to leave her house? Where can she go and does she need to be accompanied?
- Is the wife afraid of her husband, does the husband hit her?

9. New methods deep-dive

- Focused on new OCP (Chhaya) and injectables: perceptions of new methods (access, convenience, side effects, friends/family expectations, shameful...)? How would price/timing/availability influence new method intention? How likely would a specific type of injection and new OCP be to be used, and why?
- Impact of current sterilization incentives – how would changes impact intention?

10. Beliefs: Expected outcomes (re: various methods, perceived access)

- For methods respondents have used or know about, rate their safety, effectiveness, and how embarrassing they are to use or obtain.
- How is pregnancy and methods risk perceived by the respondents – perceived as something bad for the family? Do they think it's likely that FP methods will have side effects? How likely do they think they are to get pregnant if not using any method?
- How confident are they that if they want to use FP, they can access their method of choice/do something about side effects?
- In general, are they usually good at sticking to plans, etc [conscientiousness measure]

11. Social norms

- Do they think that most people they know would agree or disagree on a host of statements e.g. having many children, having at least one male child, ...
- Is it appropriate in their community to discuss FP?
- Are wives allowed to refuse sex in some circumstances, if any?

12. Abortion – For female respondents with personal abortion experience (only women are asked questions about their own pathway)

- History of past abortions? How many abortions and abortion attempts within the past 3 years? Why do women choose to have abortions? Whose opinions do women trust as they go through the abortion process? Who makes the ultimate decision?
- Where do women go for abortions and why? Were abortions successful? Who performs abortions? What methods were used, and how were pills taken?
- How are women treated in clinics? Do medical professionals explain the procedure or potential side effects and complications? How are follow-ups and complications

handled?

- Who prescribed medication for abortion? Where did they fill prescriptions? Did someone explain medication/surgical procedure or potential side effects and complications? Were there side effects or complications, and how were they handled?
- Were respondents using a FP method at the time they got pregnant? Did they use one after the abortion? Which one? Was family planning recommended after abortion?

13. Abortion – Knowledge and perceptions (for all respondents)

- Under what circumstances could abortion be a consideration for respondents?
- Whose opinions do spouses trust talking about abortion? Who would make the ultimate decision?
- How well are abortion laws understood?
- How well are the mechanisms and options of abortion understood?
- In general, what reasons are viewed as justifiable to have an abortion? How common do abortions seem? How stigmatized are abortions?
- How safe and effective are different procedures viewed? Is abortion seen as a method of birth control?

14. Socio-economic profile

- Healthcare accessibility: How long does it take a respondent to get to the nearest ASHA, ANM, Chemist, RMP, private health facility, and public health facility?
- Socio-economic background (caste, religion, profession, living conditions), media availability and habits