

ACCELERATING CONTRACEPTIVE UPTAKE THROUGH POST-PREGNANCY-CARE MODELS IN INDIA

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INTRODUCTION

The unmet need for contraception remains a critical factor contributing to unintended pregnancies and induced abortions. Globally, it is well-recognized that post-abortion intervention in the provision of information and access to contraceptive methods help in preventing unwanted pregnancies (Mbehero et al, 2022; HIP-USAID, 2019), as well as uptake in contraceptive adoption (Kumar et al, 2019; Tong et al, 2023). However, in India, the landscape of post-abortion contraceptive choices for women is not straightforward, and so far, there is no specific program focused on the provision of post-abortion family planning (FP) counseling and support for women who have undergone induced abortion using self-managed medical abortion (MA), unless they present themselves to a clinic. In a situation where most of the induced abortions in India take place through medical abortion, without any health system touchpoint, addressing the post-abortion contraceptive needs of women is critical. This is particularly important when post-abortion contraceptive use in India is very low (Francis et al, 2012; Gaur et al, 2022). Furthermore, globally it is evident that women who had received formal abortion services were more likely to adopt modern contraceptive methods compared to those who self-managed abortion (Mbehero et al, 2022; WHO, 2018).

This technical brief documents the pivotal outcomes of a randomized control trial (RCT) conducted to assess the effect of a targeted intervention program designed to support women who had undergone self-managed medical abortion in the Agra and Lucknow districts of Uttar Pradesh, India. The outcomes were to improve postabortion contraceptive adoption and its' continuation.

PROGRAM INTERVENTION

The program aimed to develop scalable and effective solutions for increasing the uptake and continuation of contraception

after self-use of medical abortion. The intervention, implemented by the Ipas Development Foundation (IDF) and Population Service International (PSI), included involving pharmacists in the study districts to provide information about the availability of a helpline (namely, Saksham) by packaging the MA kit with an information leaflet containing the helpline number and other basic information on contraceptive choices and establishing the helpline with trained tele-counselors to provide support to callers in choosing appropriate contraception, availability of methods near women's residence and access to a provider, if asked for. This intervention employed a range of communication methods, including phone calls, messages, IVRS, and the helpline remained engaged through regular check-in calls, reminders, and sharing resources for up to four months after the first inbound call to the helpline.

STUDY DESIGN

The study employed a two-armed, single-blinded, randomized controlled trial to assess the impact of the intervention provided to women/girls who contacted the Saksham helpline for information on abortion-related issues and contraception. Inbound callers were randomly assigned to intervention or control groups after taking their consent to participate in the study. All callers received a set of standard information and support when they called

the helpline. In contrast, callers randomized to the intervention group received the modeled intervention, including follow-up calls by the helpline. Married women aged 15-49 years and unmarried girls aged 18 or above who self-managed abortion and consented to participate in the study were included. The study was conducted between October 2021 and May 2023. The study aimed to examine the effect of the intervention on the uptake and continued use of modern contraceptive among women at 1st, 6th, and 12th months following the self-administration of medical abortion drugs purchased from the pharmacy. The participants were interviewed for the first time after one month of medical abortion and then on the 6th and 12th month, respectively. The research team had taken separate consent before each round of interviews.

DATA AND ANALYSIS

This brief included results from the three rounds of panel interviews conducted with women who had undergone self-managed MA during August-September 2021. The number of women interviewed was 897, 776, and 750 after the 1st, 6th, and 12th month, respectively, following the abortion. The follow-up rate was 87% at the second interview and 97% at the third and final interview. The statistical analyses included bi-variate analysis and multivariate generalized linear models using retrospective calendar data.

Table 1. Socio-demographic profile of study respondents by intervention and control group

	All women	Intervention	Control
Age of respondent – mean (sd)	27.9 (4.5)	27.8 (4.7)	27.9 (4.4)
Age at marriage – mean (sd)	19.1 (3)	19.2 (3.0)	19.0 (3.0)
Years of schooling – mean (sd)	8.7 (5.2)	9.1 (5.1)	8.4 (5.3) *
Number of living children – mean (sd)	2.2 (1.0)	2.2 (1.0)	2.3 (1.0)
Number of pregnancies – mean (sd)	4.4 (2.0)	4.3 (2.2)	4.4 (1.8)
Age of husband/ partner – mean (sd)	31.2 (5.2)	31.1 (5.3)	31.3 (5.2)
Belonged to SC/ST caste – %	27.1	29.5	25.0
Belonged to Hindu religion – %	90.0	91.2	89.0
Used a modern method in 6 months prior to abortion – %	42.5	44.6	40.6
Number of respondents	750	352	398

Note: *p<0.05

FINDINGS

Sample profile

The average age of the respondent was 28 years. Almost all sampled respondents were married, and the mean age at marriage was about 19 years. On average, women had two children at the time of the first interview and had at least eight years of schooling. About four in ten women used a modern method in the six months prior to abortion. A comparison of the profile between the intervention and control groups indicates that the sample was comparable between the two study groups (Table 1).

Abortion-related decision making

Universal spousal communication on abortion-related decisions was evident—as almost all respondents reported discussing the termination of the pregnancy with their spouses/partners. However, six in ten (60%) women reported that they decided on the pregnancy termination. The decision on termination, as well as actual termination, occurred in close succession. On average, pregnancies were confirmed after five weeks of gestation, and the abortion took place within a week of the confirmation of pregnancy. Most women (89%) did not consult a healthcare provider before approaching pharmacists to buy MA kits (Figure 1).

Exposure to the intervention

First contact with helpline: During the first contact with the Saksham helpline when women called in, they mostly discussed the correct way of consuming MA pills (83%), side-effects of MA pills (34%), confirmation about completion of abortion (17%). Only 6% women reported that they discussed FP with a tele-counselor during the first call (Figure 2).

Follow-up interaction with helpline within the first month of abortion: As reported by respondents, on average, within the first month of taking abortion pills, women had four interactions with the Saksham helpline after the first call they made – they made one call to the Saksham helpline (inbound calls), and Saksham made three calls to women (outbound calls). During the inbound calls, most of the discussion focused on the correct way of consuming the pills (80%), side effects (39%), completion of the abortion (25%), and a few discussed family planning (15%). However, during the outbound follow-up calls by Saksham, most of the discussion happened around family planning (90%) and relatively few on MA-related topics (17%-29%) (Figure 3).

Figure 1. Abortion experience of all women

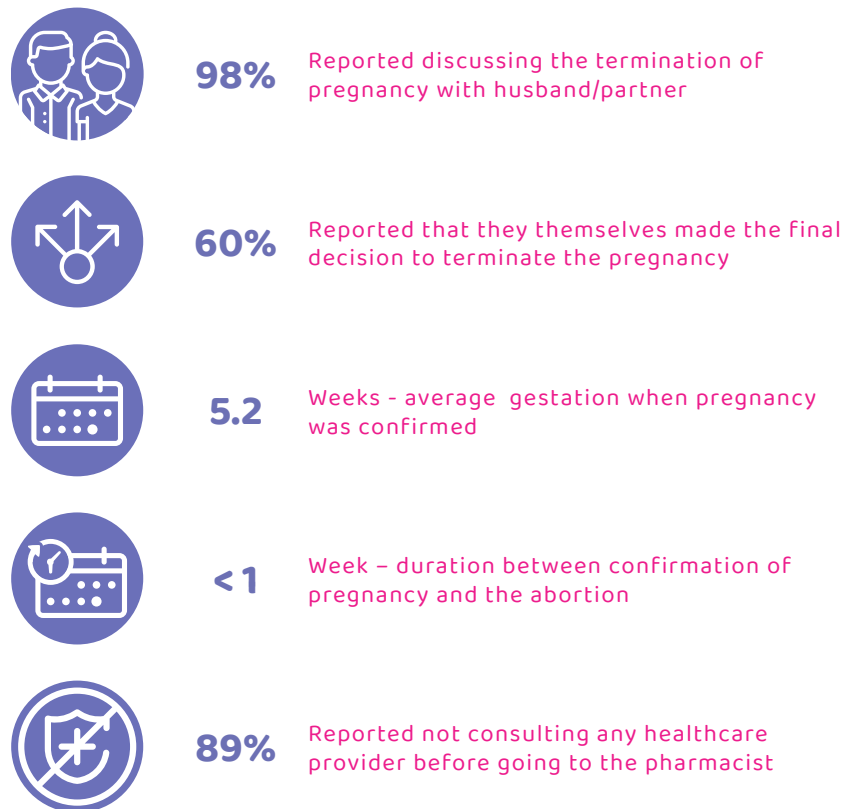


Figure 2. Content of 1st inbound call made by the women to Saksham helpline.

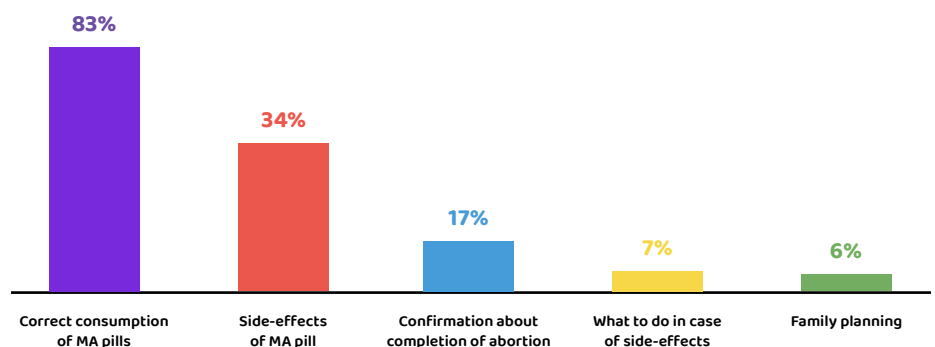
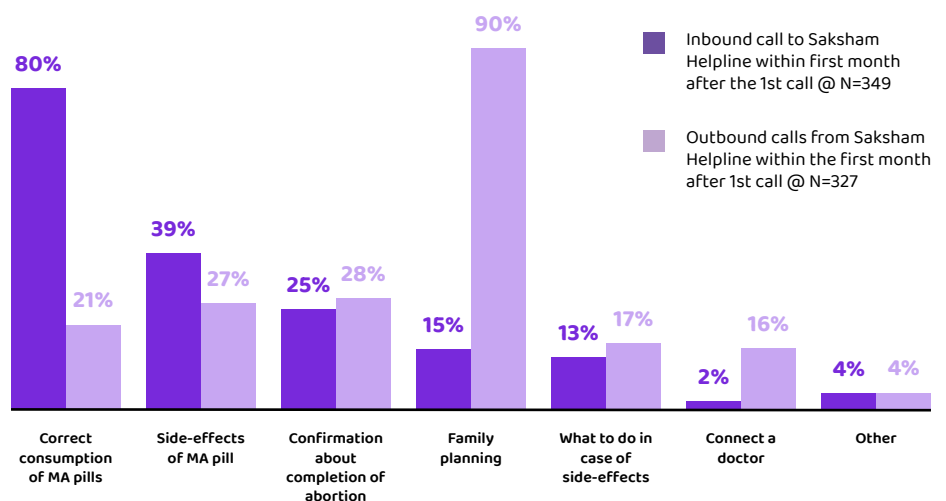


Figure 3. Content of in-and out-bound calls within the first month after the women's first call to the Saksham helpline in the intervention group.



Note: @ Categories are not mutually exclusive

Effect of intervention

Adoption of modern contraceptives post self-use of MA improved significantly among the intervention arm compared to the control arm by 6th month, but the differences narrowed thereafter.

Post-abortion contraceptive adoption:

Post-abortion modern contraceptive adoption was higher among the intervention group compared to the control group at each follow-up round. However, it was statistically significant in the 6th month only (Figure 4). At each point of follow-up, the condom was the most adopted method among both intervention (34%, 57%, and 55% at 1st, 6th, and 12th month, respectively) and control groups (31%, 48% and 50% at 1st, 6th and 12th month, respectively), followed by oral pills. The multivariate generalized estimating equation (GEE) model was applied to examine the effect of intervention accounting for time and other socio-demographic covariates, and the results remained consistent with bi-variate analysis. For instance, compared to the control group, the odds of adopting a modern method by women in the intervention group at the 6th month follow-up were significantly higher (OR: 1.5; CI: 1.1-2.1; $p < 0.005$). The odds were also higher in the 12th month (OR: 1.3; CI: 0.9-1.8) but were not statistically significant. The findings further indicated that among the intervention group, adoption of modern methods was significantly earlier compared to the control group (7.2 weeks versus 9.2 weeks, respectively).

Contraceptive continuation: The continuation rates of the modern method were a little higher among women from the intervention groups. However, the differences were not statistically significant (Table 2), indicating that intervention had no significant role in method continuation despite specific efforts were made to sustain use of modern method among the intervention group.

The intervention was effective in adding new adopters of modern contraceptive methods and was successful in persuading traditional users to use modern methods.

New adopters of modern methods and switchers to modern methods: The success of the program is notably reflected in its capacity to achieve two key outcomes: firstly, converting non-users into modern method users (referred to as new adopters), and secondly, transitioning individuals who were initially using traditional methods into the realm of

Figure 4. The proportion of women who adopted a modern contraceptive after abortion by each follow-up.

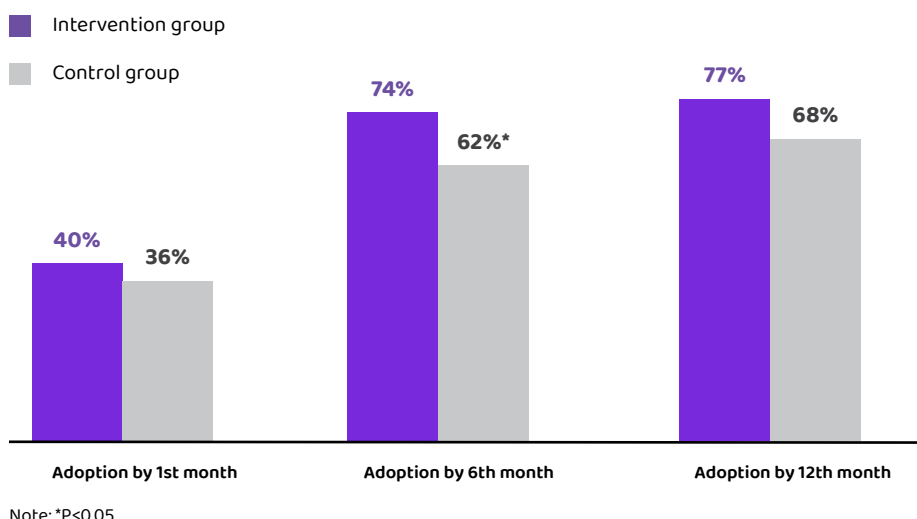


Table 2. Continuation rate among the women who adopted a modern method in the first month after abortion.

	Intervention	Control
Rate of continuation at 6 months	73.6	70.8
Rate of continuation at 9 months	67.5	64.4
Rate of continuation at 12 months	65.0	59.8

Table 3. Proportion of women who were not using any method (new adopter) and women using a traditional method (switchers) prior[#] to abortion and adopted a modern method post-abortion by month of interview and study groups.

	Intervention	Control	Difference
No method to modern method			
1st month	28.6	27.1	1.4
6th month	70.3	55.1	15.2*
12th month	72.5	61.7	10.8
Traditional to modern method			
1st month	25.0	18.6	6.4
6th month	55.7	39.5	16.5*
12th month	59.6	46.5	13.1*

Note: * $P < 0.05$, [#]6 months before the abortion

modern contraceptive methods (termed converted users).

On both counts, significantly higher proportions of new adopters and converted users were observed among the intervention group compared to the control group (Table 3). For instance, among women who were not using a modern method before the abortion, 70% in the intervention adopted a modern method by

6th month after the abortion compared to 55% in the control group ($p < 0.05$). Similarly, the difference in the proportion of converted users between intervention and control was 16% ($p < 0.05$) at the 6th month and 13% ($p < 0.05$) at the 12th month.

RECOMMENDATIONS

The study demonstrates the success of the intervention on several counts. It prompted women in the intervention group to adopt modern contraceptive methods earlier than the control group. A higher proportion of women in the intervention group adopted modern methods, and more non-users and traditional method users in the intervention group transitioned to modern methods compared to the control group. These encouraging results fuel optimism regarding the potential scalability of this model for a larger population, albeit with some strategic refinements. Drawing from the valuable insights gleaned from the study, the following recommendations for the program are made to optimize its impact and efficacy further:

Enhance helpline support by strengthening follow-up: Given that a significant percentage of women reached out to the helpline for information on the medical abortion process and advice on the postabortion method used, there is a clear demand for such services, particularly since a large number of abortion seekers are self-users of medical abortion. Establishing a helpline offering comprehensive sexual and reproductive health information accessible to all women could be valuable. The study indicates that a higher number of follow-up interactions play a crucial role in providing additional information and support and getting more women to use the contraceptive method postabortion. Thus, continuing to focus on strengthening follow-up of initial callers may be an effective strategy for increasing FP adoption and continuation, particularly among postabortion clients.

Targeted strategies: The study illuminates the intervention's effectiveness in both adding new adopters and persuading traditional method users to switch to modern contraceptive methods. This suggests that interventions may be tailored to such specific groups and their unique needs and concerns to maximize their transition to using modern methods.

Sustaining long-term impact: The study showed that the adoption of modern contraceptive methods improved significantly in the intervention group by the 6th month. To sustain these positive effects, continued support and interventions through periodic follow-up calls beyond the initial six months are recommended, which may further encourage continued use of modern contraceptive methods.

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PROJECT IMPLEMENTATION PARTNERS



EVALUATION PARTNER

