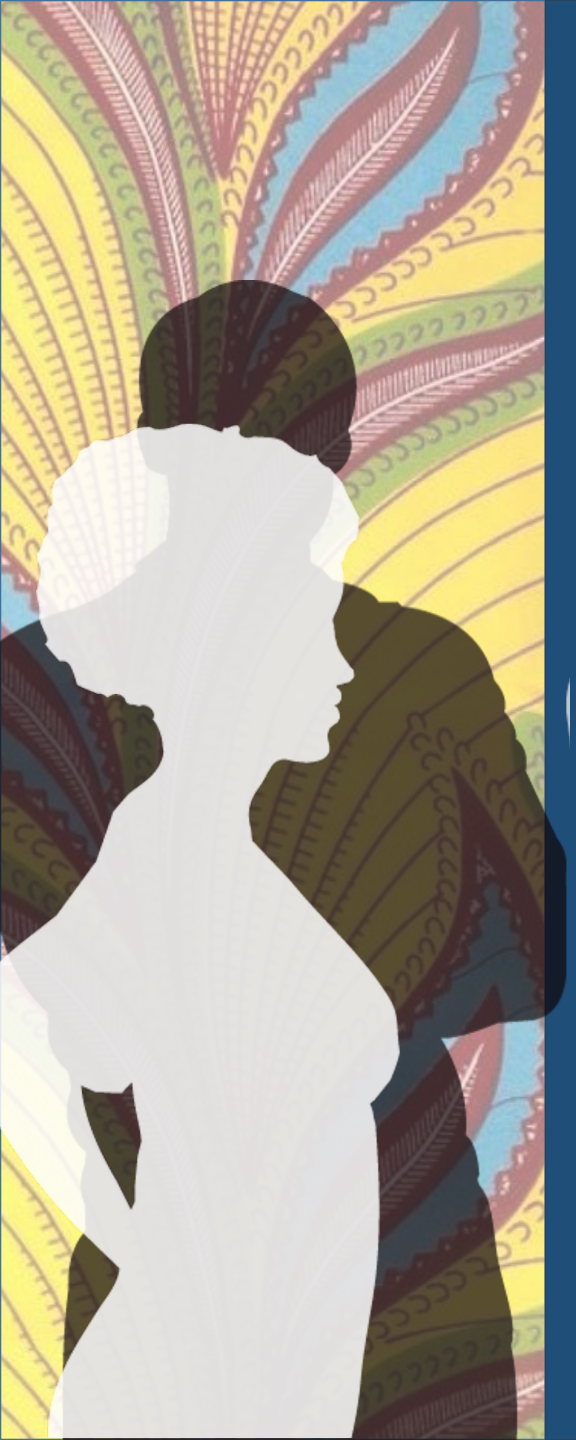




Adaptation of a Clinic-based Model to reduce Reproductive Coercion, Intimate Partner Violence, and Unintended Pregnancy: **ARCHES Kenya**

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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 use**^{2,4}

- 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)

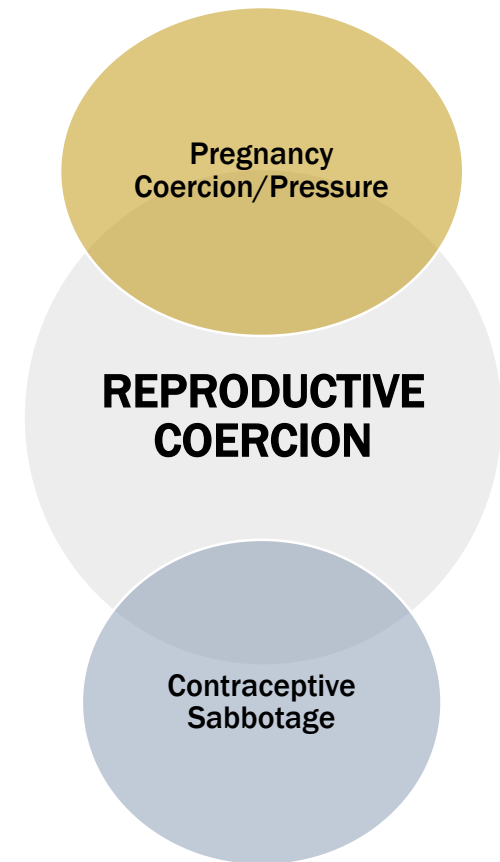
A set of specific behaviors that directly or indirectly interfere with contraceptive decisions, access, or use; or with decisions or access to safe abortion.

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 ^{7, 8}
- Blocking access to family planning services ⁷
- Preventing access to safe abortion services ^{9, 10}

CONTRACEPTIVE SABOTAGE

- Hiding, withholding, destroying, or removing (personally or via a provider) female-controlled contraceptives (e.g., pills, implants, IUD) ^{10, 11, 12}
- 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 ^{6, 7}





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

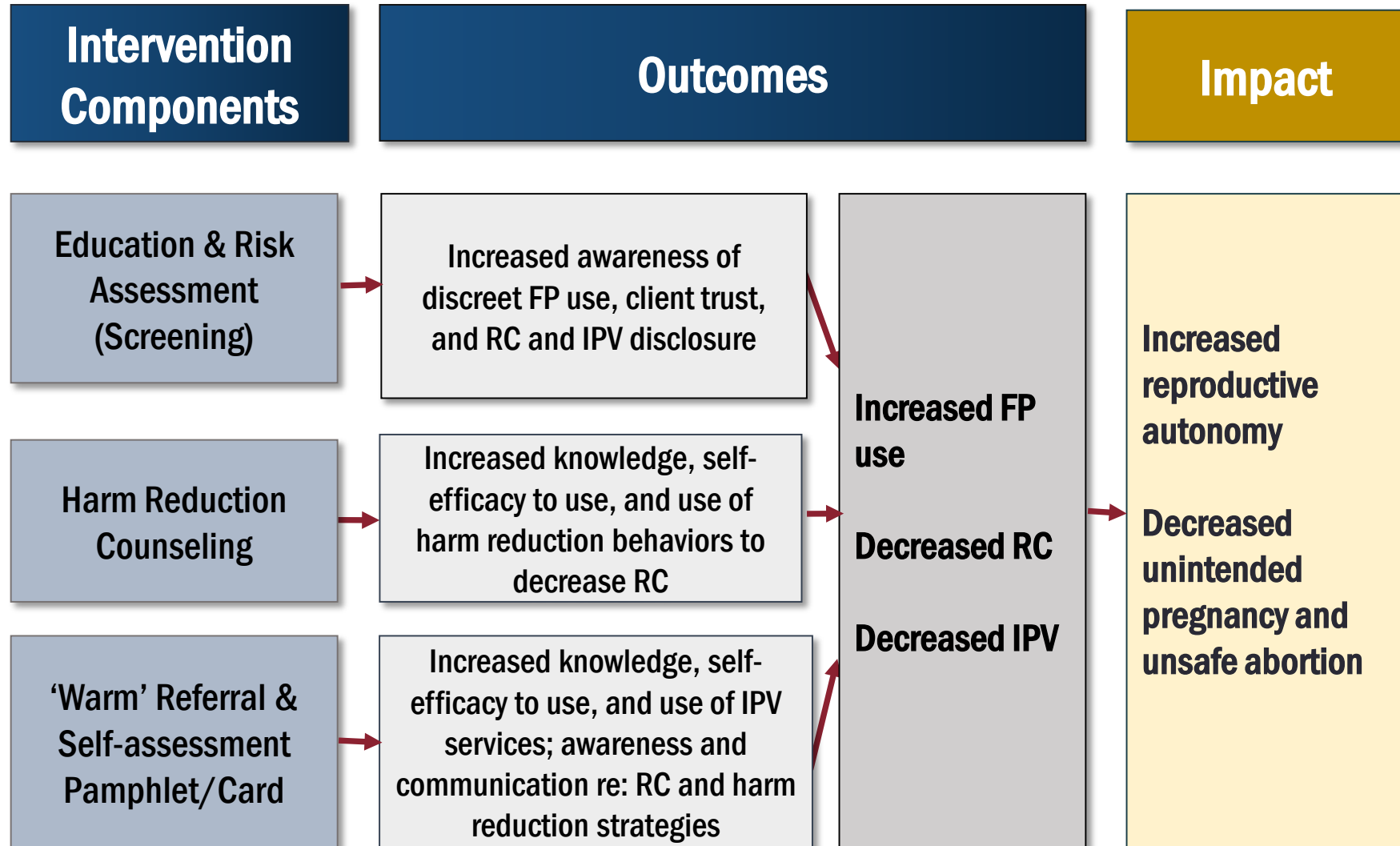
- > 4000 women and girls across two states ^{13,14}
- Increased self-efficacy to enact behaviors to increase control over FP ¹⁴
- 71% reduction in odds of reproductive coercion from a male partner ¹³
- Greater reductions in RC based on greater experiences of RC at baseline ¹⁴
- 60% more likely to end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



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.



ARCHES KENYA: **FORMATIVE RESEARCH** ¹⁵

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

- GATHER – 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

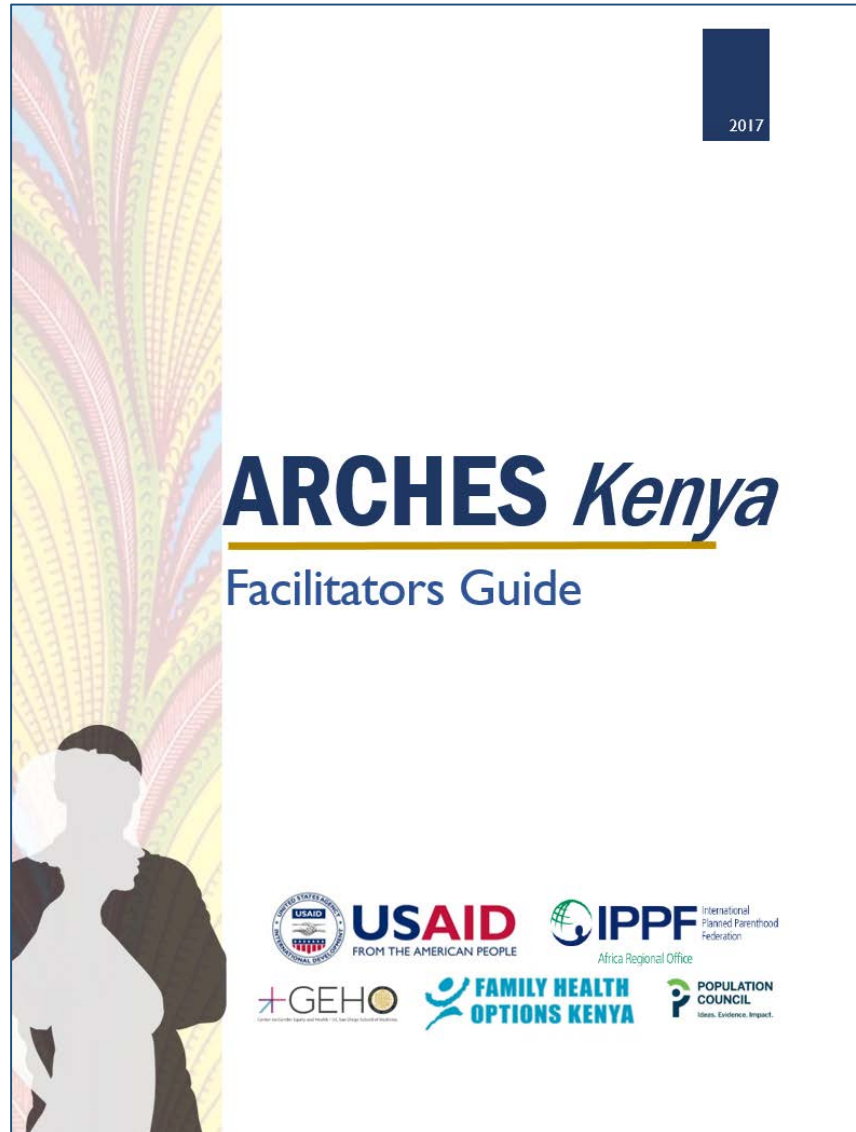
Take-home Booklet

- 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

A

Ask about FP needs

T

Tell her about methods + partner detection

T

Talk to her about RC and IPV

H

Help the client select a method

E

Explain how to use method + coping strategies

R

Referral + booklet + Return appointment

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.

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)

"Unfortunately, many women have a difficult time using family planning with their partners, so we ask these questions of all our clients. Please know that everything we discuss is confidential."

The goal is education NOT disclosure!

RC PRESENT

1. Thank her for sharing.
2. Supportive (not blaming) and validating response.
3. Tell her it's not her fault and she has a right to make her own choices.

RC NOT PRESENT

1. Happy to hear this is not happening.
2. Establish clinic as safe space to talk about this and seek help if occurs in future.

UNSURE

1. Ask follow-up with example: Are there any things that he does that make using FP hard for you?
2. Refuse to answer is OKAY!
3. Establish clinic as safe space to talk about this, receive education, and seek help if occurs in future.

DOCUMENT RESPONSES IN THE EMR.

T – TALK TO HER ABOUT IPV ESTABLISH CONFIDENTIALITY & NORMALIZE IPV SCREENING:

"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!

- 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 and be connected with helpful services in the future.

NOT RESPONSIVE

1. Ask follow-up with example: Does he ever hurt you (slap, kick, punch) or make you feel badly (insult, isolate, degrade) you?
2. Refuse to answer is OKAY!
3. Establish clinic as safe people to talk, receive education, and be connected with helpful services in the future.

DOCUMENT RESPONSES IN THE EMR.

H – HELP THE CLIENT SELECT A METHOD

E – EXPLAIN HOW TO USE THE METHOD + COPING STRATEGIES

Refer to coping strategies from ARCHES Method Counseling Card.

R – REFERRALS + ARCHES BOOKLET + RETURN APPOINTMENT

PROVIDE WARM REFERRAL for IPV POSITIVE WOMEN

1. Offer to call colleague
2. If client consents, call and introduce yourself and the client.
3. Hand the phone to client to complete referral.
4. Document warm referral in EMR.

"My colleague [NAME] who works at [MSF or GBVRC] has been a great help to many of my clients who are experiencing difficult situations. Would you be interested to talk with them? [She] will keep anything you talk about completely confidential. I'm happy to call her right now and connect you if you would like. Would that be okay?"

Clinic	Contact
Gender Based Violence Resource Center (GBVRC)	0202726300 0709854000
Médecins Sans Frontières (MSF) Lavender Clinic	0711400506

OFFER BOOKLET To All Clients

"Many women find the information in this booklet helpful, for both themselves and to share or discuss with other women they know. We encourage our clients, to share this information with other women who may need help. But not everyone feels safe to take this with them, so you can also read it here and leave it, or come back another time to read it if you would like."

ARCHES KENYA TOOLKIT: Method Counseling Card

MY FP CHOICE ○ MY RIGHT

ARCHES Method Counseling Card.

Method	Effectiveness	Partner Detection	Coping Strategies
Coil [IUD] Copper Hormonal	99%	LOW	- Provider cut strings short to 2-3 cm (pre-insertion). - If partner detects the method post-insertion remove the coil and insert a new one or change methods based on her preference.
Injection	99%	LOW	- Come to the clinic when your husband is away. - Client may hide clinic card outside home or create some other system to remind themselves but not alert their partner (e.g., putting on calendar as <u>chamas</u> meeting).
Morning After Pill [Emergency Contraceptives]	89%	LOW	- Take pill out of its packaging and put in an unmarked envelope or empty Tylenol bottle to hide it. - Pills can be purchased at the chemist so it is a good, accessible backup option for women who are experiencing rape or if their regular method failed.
LAM [Lactation Amenorrhea Method]	76%	LOW	If their partner asks you why you are still breastfeeding explain that it is for the babies health and they may get sick if another child comes too early.
Pills [Contraceptive Pills]	91%	MEDIUM	- Hide the pills in a place the partner would not look. - Take the pills every day when he is out of the house. - Hide the pills in a safe location outside the home (e.g. coal bag, friend's house). - Hide the pills where they could blend in with another more acceptable medication.
Implant	99%	MEDIUM	- Wear long sleeves or other garment that covers the injection site. - Tell partner the scar is from another accident.
Patch	91%	HIGH	- Attempt to keep the patch hidden under clothes. Do NOT remove patch or clients will not be protected from pregnancy. - Mark the day that clients need to get a new patch in their phone or with a women's only event so their partner does not know (e.g. <u>chamas</u> meeting).
Ring	91%	HIGH	- Attempt to remove the ring before sex. Then reinsert privately. - Do not try to have sex with this method inside the vagina if client is keeping use private. Partners will be able to feel it. - Client may create some system to remind themselves to insert a new ring but not alert their partner.

Method	Effectiveness	Partner Detection	Coping Strategies
Male Condom	82%	GUARANTEED	This method cannot be kept private from a partner.
Female Condom	79%	GUARANTEED	This method cannot be kept private from a partner.
Standard Days	88%	GUARANTEED	This method requires that women have complete control over when they will have sex with their partner
Two Days	86%	GUARANTEED	This method requires that women have complete control over when they will have sex with their partner.
Withdrawal	73%	GUARANTEED	This method requires cooperation from partner to ensure full withdrawal prior to ejaculation during intercourse.

"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)



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