



# **The CHARM2 Intervention: Counseling Husbands and Wives to Achieve Reproductive Health and Marital Equity**

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# Presentation Objectives

- Overview of family planning context in rural India
  - CHARM2 intervention and evaluation design
- Preliminary findings on sample and context



# Marriage and Contraceptive Use in India

- By age 45-49, 99% of women have married
- 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



## **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%



# 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)

# CHARM2 Intervention



# 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 assess 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



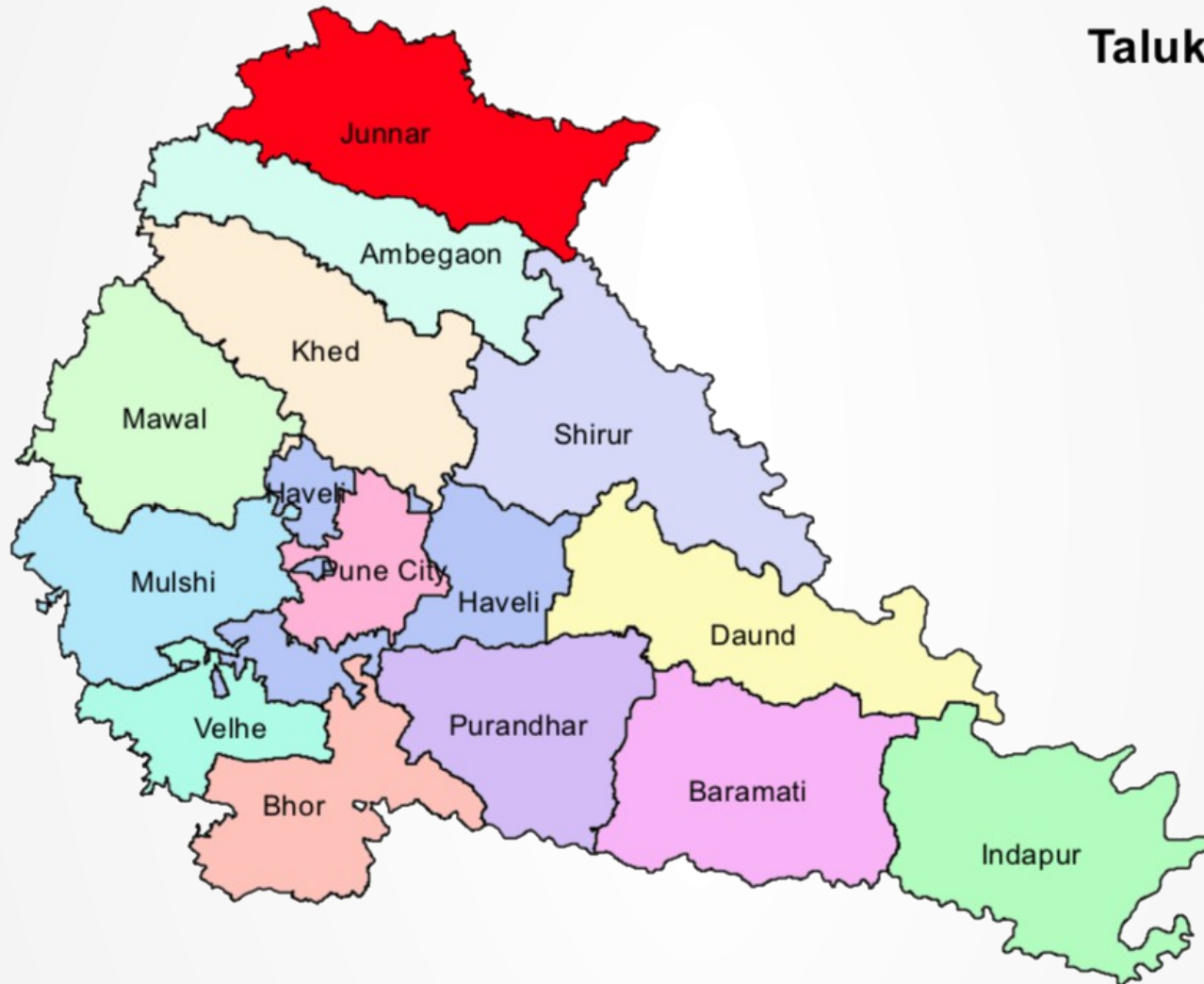
# CHARM2 Study Site





# CHARM2 Study Site

Taluka Index

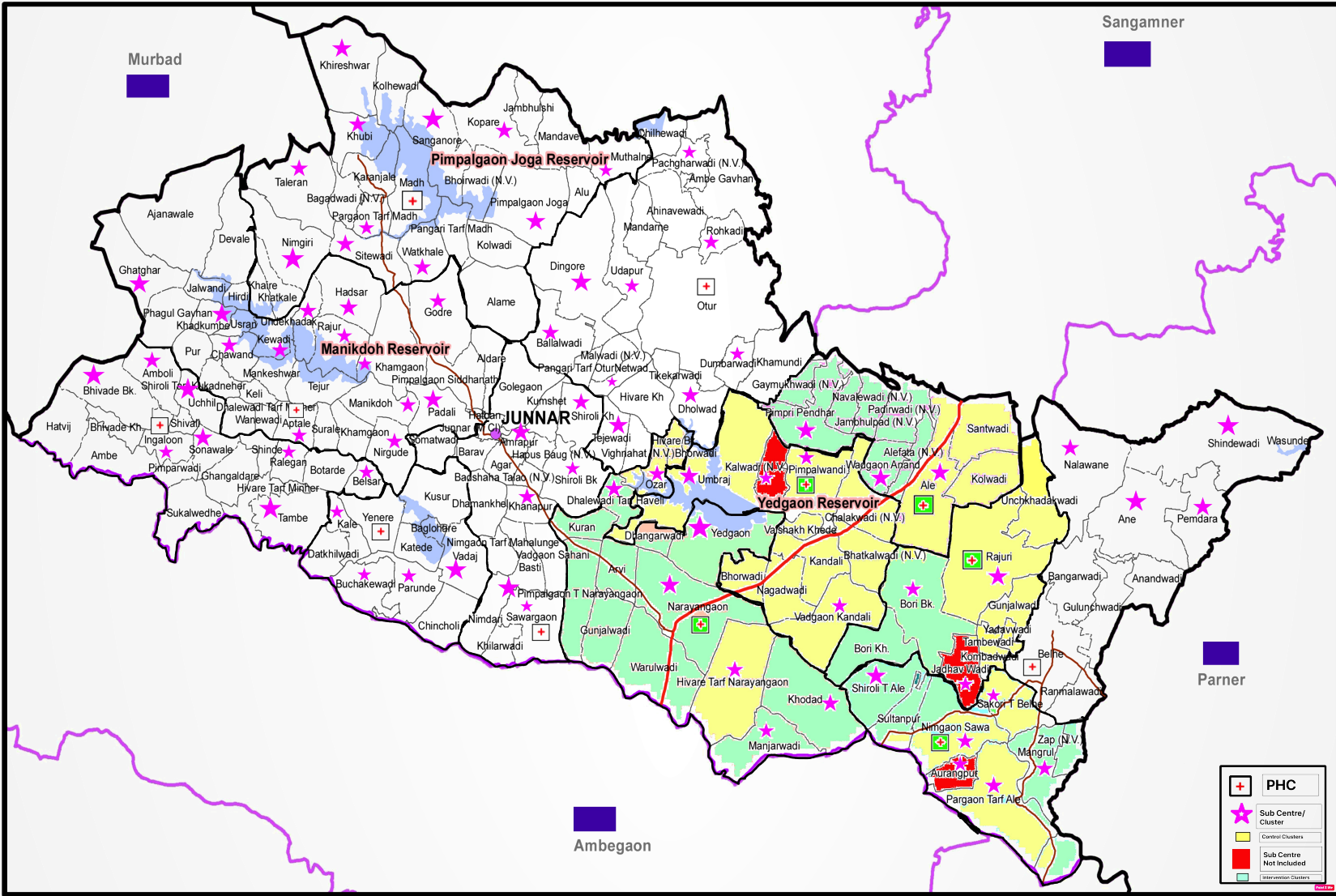


**District: Pune**

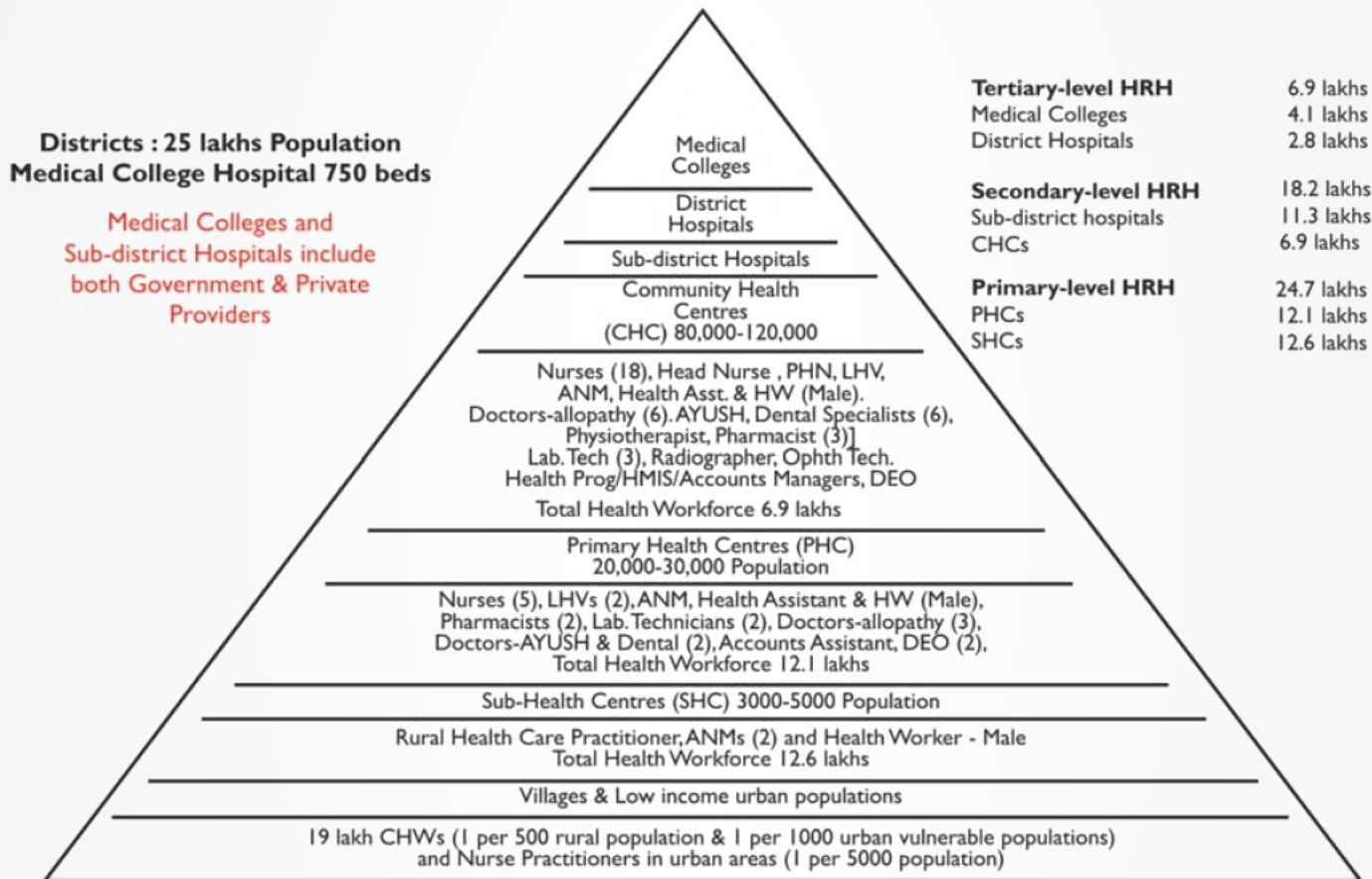




# CHARM2 Study Site



# Health System Structure



**Figure 1.** Indian Public Health System. Reprinted with permission from National Rural Health Mission, Ministry of Health and Family Welfare, Government of India.<sup>21</sup>

Chokshi et al., 2016

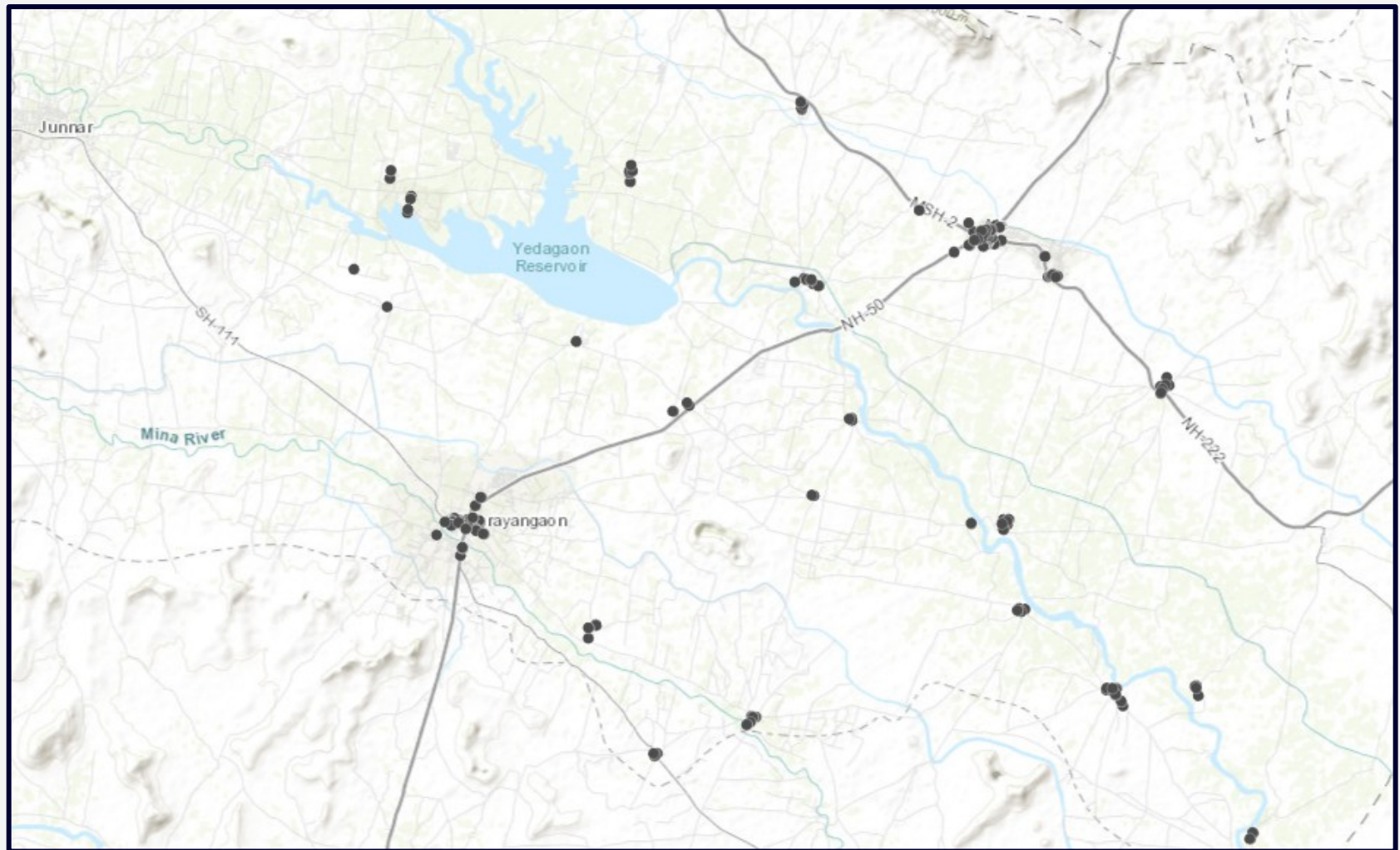


# Study Area Health System

- 304 providers/facilities in study area
- Providers available in all 20 study area clusters (subcenters), but wide range in number (4 to 70) & type of providers available
- Most commonly: pharmacist/chemists (34%) Ayurvedic/homeopathic (35%)
- Allopathic providers less common: 16% of providers MBBS/MD, and almost all (90%) were concentrated in just 3 of the 20 study area subcenters
- 11% of all study area providers participated in CHARM2 intervention
- 50% of all study area providers provide FP counseling
- Among those that provide FP, 30% do not provide any information when providing method



# Study Area Provider Distribution



# Sample Characteristics

1201 couples recruited (68% participation rate)

- Demographics

- Average age: wife 24, husband 29
- Average monthly income: 25,182 rupees (approx. \$352 USD)
- Education: Most had secondary or higher education (86% women, 86% men)
- Employment: Half (54%) women and all (100%) men worked within the past year
- Parity: 16% nulliparous, 54% 1 birth, 30% 2+births

- Pregnancy and contraceptive use

- Pregnancy: 17% self-reported pregnancy, and an additional 2.3% had positive pregnancy test
- Modern FP use: 58% had ever used a modern contraceptive method; 38% of non-pregnant women using a modern method currently
- Among current modern FP users, most used condom (67%), followed by IUD (23%) and pill (8%). Negligible use of injectable/EC, no reported use of LAM





# Current Status of Study

- Intervention Delivery: 87.5% received full intervention; 9.5% received partial; 3% received none
- Study Retention: 90% at 9-month follow-up; ~90% at 18-month follow-up (75% complete; study completion anticipated in December 2020)
- COVID-19 Management
  - Data collection ceased during government lockdowns
  - In person data collection involves use of masks by research team and participants, outdoor data collection in private area.
  - No staff or study participants infected, though family member of one research team member was infected. That team member was out of office per disease management protocols.
  - Health service access, including contraceptive and FP counseling access, was very low during shutdowns based on



# Program impact on marital communication and decision making



*Yes, When I aborted that child that time he had decided that we are not going to take another chance. I think he is becoming more caring for me. We also decided that we will spend money on my only son and we will nurture him properly.*

*Yes. I don't want child immediately and I want to keep some spacing between two children, and I think this thinking has changed after your program.*

*By using these family planning methods we can be safe. We don't have to go for abortions and all.*

*Yes, I have seen some difference. Whenever validity of my injections used to over after three months, I avoid sexual contact with my husband. Hence he used to feel guilty that why I am behaving like that, or sometimes he used to get angry on me. But now he understands me and he himself controls on it and now he doesn't say a word regarding this. And this happened after participating in programme. And this is right because I will have to suffer the consequences if we don't control on it. So before he didn't understand this but now he does.*



*Yes it is changed. Earlier we had more pressurize and feeling stressed. Now this has been changed. Now we sit together, think together, share together and discuss together and takes decision together. This kind of a change occurred in us. Of course we get benefitted from this program.*

*The questions which were asked about husband and wife. I was not allowing my wife to go outside. Earlier I use to take decision independently and she takes her decisions independently. Our thoughts are not matched with each other. Earlier we weren't getting agreed with each other. The things of daily life need to discuss with each other and need to behave accordingly. We have to explain the things need to understand to each other. We come to know all these things and thus we get benefitted from this program.*

*Before participating in it, we were unaware about the methods i.e. which methods can be used? What shall be done? We got information about Injections. Earlier we had our mindset about IUD. It is harmful to female. How IUD effects on the body of the female. But after attending the sessions, we got*



# Conclusions & Implications

There is need for CHARM2 and similar types of interventions for rural India

- Spacing contraceptive use is not a norm, with 42% of married women never having use any modern contraception.
- Spacing contraceptives used are most likely to be condoms, a less effective contraceptive.
- Marital violence is not uncommon, but less likely than that seen in national data. Overall, we are seeing declines in marital violence reports in India.
- The health care context is more heavily AYUSH providers and pharmacists rather than allopathic providers, with FP counseling available only among half of providers and no information offered by many providers delivering contraceptives
  - COVID-19 lockdowns affected contraceptive access, and likely use.

Intervention effects of CHARM2 will be available in Spring 2021



# Acknowledgements

*We would like to thank our participants, intervention providers, field staff, research partners, and funders.*

## **CHARM2 field research staff**

Milind Kailash Gavhande, Hari Ram Choudhary, Anagha Dhuri, Sarika Sahare, Sujit Pendbhaje, Priyanka Sorate, Jagruti Balode, Prafulla Wankhede, Shakil Shaikh, Suryakant Borade, Sonali Kailas Vanve, Mayuri Sunil Jamdade, Suraj Shivaji Harat, Kisan Sahebrao Khemnar, Kisan Sahebrao Khemnar, Kalyani Hanumant Kokate.

## **Research Partners**

*National Institute for Research in Reproductive Health: Dr. Shahina Begum*

*Population Council: Dr. Niranjan Saggurti*

*UC San Diego, Center on Gender Equity and Health: Dr. Mohan Ghule, Dr. Sarah Averbach, Anvita Dixit, Namratha Rao, Jennifer Yore, Nicole Johns, Gennifer Kully, Ricardo Vera-Monroy*

## **Funders**

NIH (grant numbers: R01HD084453- 01A1 and RO1HD61115, PI: Raj)



# Thank You

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