

MOMENTUM Safe Surgery in Family Planning and Obstetrics ICFP 2022 Abstract

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Abstract title

Programmatic Implications from a Rapid Assessment of Postpartum and Postabortion Family Planning and Long- Acting Reversible Contraceptive Services for Youth in India

Background

India has a 13% rate of unmet need for contraception among married women (NFHS-4 2015-16, DaVanzo et al. 2021) and the largest annual birth cohort: ~26 million births per year (Liu et al. 2019). The Government of India (GoI) has championed voluntary family planning (FP) interventions to promote reproductive health and reduce maternal, infant, and child mortality and morbidity. Government interventions have also focused on increasing availability of/access to a wide range of FP methods, improving service quality, enhancing male participation, and strengthening community-based schemes. Increasing institutional delivery rates (94.5% of all deliveries) have provided an impetus for revitalizing postpartum FP services (HMIS, 2022). Currently, contraceptive use remains heavily skewed toward female sterilization; almost 70% of contraceptive users select this method. Only 5% of young people use a long-acting and reversible contraceptive (LARC), despite wide availability. MOMENTUM Safe Surgery in Family Planning and Obstetrics in India seeks to support the GoI to sustainably build awareness of, equitable access to, and provision of high quality, voluntary, indicated, and consented safe surgical maternal health and FP care. The project works in six priority states within three technical areas: cesarean deliveries, surgical FP and, specifically, youth utilization of LARCs.

Main Question

The project conducted a rapid assessment to understand the existing landscape with respect to surgical obstetric and family planning services and to support implementation of postpartum and postabortion FP services within the public and private health sectors in India. The rapid assessment also investigated factors that influence the voluntary adoption of FP methods among youth, with an aim to understand the reasons for

adoption of LARCs among this cohort. Through this assessment, we identified key barriers and opportunities for implementation of the project activities.

Methodology

We implemented the rapid assessment between April and September 2021. Our methodology included a literature search and secondary data analysis. The literature search focused on published peer-reviewed articles and grey literature from the last 10 years. Our search used the following key words, including FP, postpartum family planning, postabortion family planning, contraceptives. We initially identified 9,086 articles, 14.1% of which were grey literature. After screening, we included 237 articles for detailed review; the selected literature focused on primarily on postpartum and postabortion FP (N=209), LARCs among youth (N=21), and social behavior change communication related to FP and LARCs among youth (N=7). The team extracted data available in the public domain from the National Health Management Information System (HMIS) between 2018 through to 2020 and the National Family Health Survey (NFHS) (2005-06, 2014-15, 2019-20). We imported data into MS Excel and analyzed this to present national and state-level FP indicators.

Results/key findings

Our review highlights that 22% of women delivering in health institutions adopt a surgical method of postpartum contraception; 18% postpartum intrauterine contraceptive devices (PPIUD), and 4% female sterilization (Say et al., 2014). It illustrated that family size, age, literacy status of female partner, religion, and social class were associated with postpartum adoption of family planning methods. Studies show that acceptance of PPIUD is higher in the age group of 26-30 years (35.3%), women with parity of two (42.8%) and those undergoing cesarean section (69.0%) (Shekhawat et al., 2016). Analysis of HMIS data showed that between 2019 and 2020, approximately 500,000 abortions were reported. Among postabortion clients, approximately 12% adopted a long acting or permanent method, of whom 7% adopted postabortion IUD and 4.7% postabortion female sterilization. Our review observed variations by state, with 75% to 97% of facilities offering postabortion contraceptive methods and information (Sahoo et al., 2020) There are significant variations in mCPR across project states in the method mix among adolescents and young women. Among youth, oral contraceptives and condoms dominate the method mix. IUD usage among youth is less than 2%, likely partially due to provider bias that LARCs are inappropriate for nulliparous women. Finally, our review validated that FP service-seeking behavior is significantly steered by socio-cultural beliefs and practices of communities and providers. Review also highlighted how specific social behavioral change (SBC) interventions to mediate provider bias, myths and misconceptions regarding available contraceptive options may be able to increase their accessibility and acceptability.

Knowledge Contribution

Increasing access to respectful, safe, high-quality FP care is vital to improving overall service delivery and client experience. Efforts to achieve this should include increased participation from private providers, address provider, client and community biases, strengthen data collection and management, and incorporate periodic quality checks and audits. Postpartum FP counseling and service provision should be integrated into all levels of health systems and overall postpartum care. Efforts to expand youth engagement for informed and voluntary uptake of modern contraceptives, particularly LARCs, can include workplace and social media interventions as well as youth-friendly clinics in private hospitals that may increase their comfort level and accessibility to services. The findings from the rapid assessment have identified potential gaps and opportunities and provided important contextual information necessary to inform and design targeted interventions.