ARCHES: Empowering Rohingya Refugee Women to Control their Reproductive Health

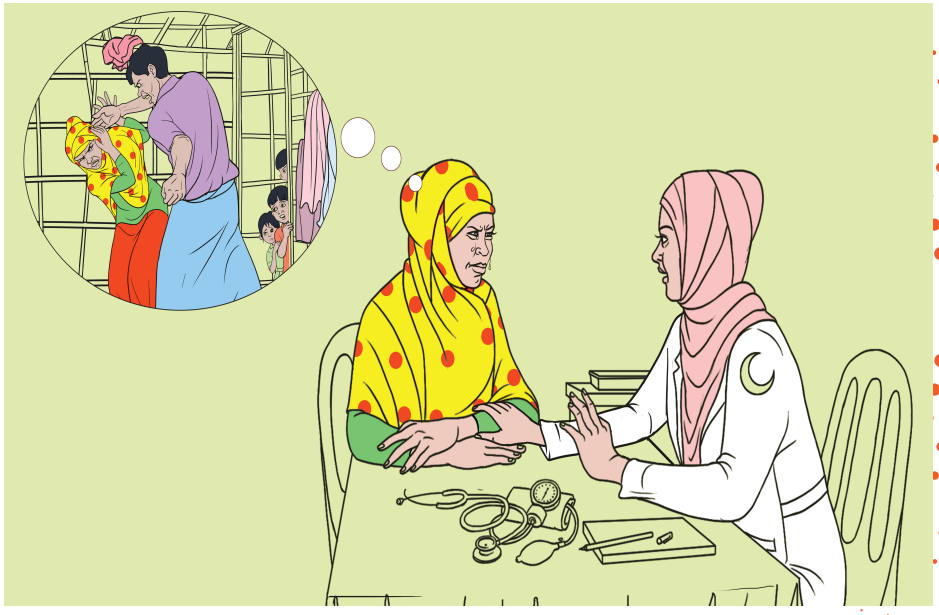
Results from a community-based pre-post study in Cox's Bazar district, Bangladesh

Summary

The Addressing Reproductive Coercion in Health Settings (ARCHES) intervention is a counseling approach designed to address reproductive coercion (RC) and connect clients with available intimate partner violence (IPV) services. ARCHES was adapted for use in Women-Friendly Spaces in Rohingya refugee camps in Cox's Bazar district, Bangladesh. ARCHES counseling resulted in:

- Increased self-efficacy to use FP in the face of RC
- Increased self-efficacy to use IPV support services
- Attitudes less accepting of RC

The ARCHES intervention resulted in improvements in attitudes and self-efficacy, which are important outcomes on the pathway to reproductive autonomy. Scale-up of ARCHES in Women-Friendly Spaces within camps in Cox's Bazar district should be considered .



What is ARCHES?

ARCHES is a counseling approach aiming to:

- Increase women's and girls' ability to use FP in the face of RC, facilitating women's voluntary FP uptake and continued use without interference
- Provide a safe and supportive environment for IPV disclosure and subsequent referral to support services

How is ARCHES delivered?

- Midwives working in Women-Friendly Spaces and Community health workers (CHWs) were trained on the ARCHES counseling approach, improving quality of FP counseling
- Midwives working in Women-Friendly Spaces offered group-based and 1:1 counseling in the context of menstrual regulation (MR), postabortion care (PAC), and FP services
- CHWs provided light touch counselling based on the issues of RC and IPV in women's homes and offered referrals to the Women-Friendly Spaces for group-based and 1:1 counseling on these issues

Background

Women living through humanitarian crises face significant barriers when trying to prevent unwanted pregnancy and meet their basic sexual and reproductive health needs. IPV and RC negatively impact women's health and well-being and are strongly associated with poor reproductive health including unintended pregnancy. In the uncertain environment of refugee camps, a woman's ability to manage her reproductive life is crucial to protecting her health and autonomy. ARCHES counselling sensitizes women to the issues of IPV and RC during home visits from CHWs, and women are referred to Women-Friendly Spaces where they receive additional counseling and reproductive health services (if desired) from midwives who empower them with strategies to address IPV and RC and control their pregnancy decisions.

Methodology

The ARCHES intervention was adapted for use in Women-Friendly Spaces with Rohingya women using a user-centered design approach that was overseen by the project's Community Advisory Board, consisting of community women, and Technical Advisory Group, which included government and camp officials and partner organizations. We conducted a pre-post evaluation of the adapted ARCHES intervention in three Women-Friendly Spaces in Ukhiya (Camp 7 and Camp 10) upazila of Cox's Bazar district between June and November 2024 .

All women aged 18-49 who attended Women-Friendly Spaces during the study period were eligible to participate. Women who consented to participate in the study completed a baseline survey and a 60+ days follow-up survey. Primary outcomes included self-efficacy to use FP in the face of RC, self-efficacy to use IPV support services, and attitudes about RC. Self-efficacy to use FP in the face of RC was measured using a sum score (range: 0-6) of three questions about confidence using FP in the face of opposition, measured on a three-point Likert scale (not at all confident, somewhat confident, very confident). Self-efficacy to access IPV support services was defined as one question that asked, "If experiencing violence, how confident are you that you could access support services?" measured on the same three-point Likert scale as described above. Attitudes about RC were measured using a sum score (range: 0-33) of 11 questions measured on a four-point Likert scale (strongly disagree, disagree, agree, strongly agree). All scales had Cronbach's alpha>0.8. Mean scores and percent change from baseline to 60+ days follow-up were calculated. The change in outcomes between baseline and 60+ days follow-up was assessed using mixed effects linear regression models adjusting for age, education, and paid work in the past 12 months, and accounting for repeated measures.midwives who empower them with strategies to address IPV and RC and control their pregnancy decisions.

Results

Baseline Sample Characteristics

A total of 307 Rohingya women completed the baseline, and 302 completed 60+ days follow-up surveys (97%). Two-thirds were aged 25 or older, and 33% were aged 18-24. All were Muslim, and 91% were currently married. Approximately 60% of women had no education. Only 7% of women had participated in paid worked in the past 12 months. Participants had been in Bangladesh for an average of 7 years (range: 1-28 years). Sixty percent reported having experienced IPV, and 21% had experienced RC.

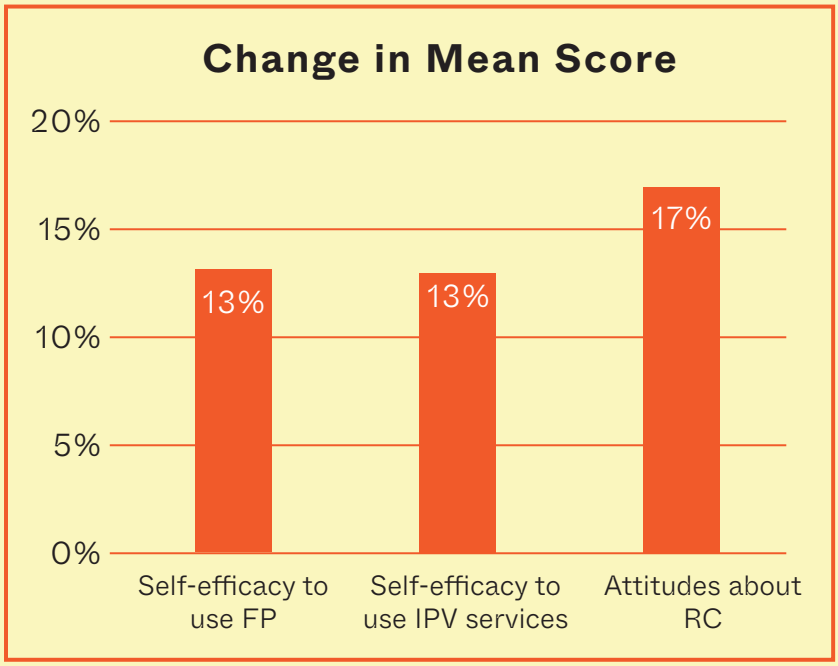
ARCHES Implementation

Disclosure of RC and IPV to the midwife was high among those who reported RC and IPV at baseline (63% and 68%, respectively). Among those who disclosed IPV, 80% were offered a referral for IPV support services, and among those offered a referral, 41% accepted. Among women who did not disclose RC or IPV to the midwife, most said they did not disclose because it happened long ago.

ARCHES resulted in high rates of disclose of RC and IPV and improvements in attitudes about RC and self-efficacy to use IPV support services and contraception in the face of partner opposition.

Effectiveness of ARCHES

Contraceptive self-efficacy in the face of RC increased from a mean score of 4.7 at baseline to 5.3 at follow-up, a 13% increase (adjusted Beta=0.66; 95% CI: 0.44 – 0.89). Self-efficacy to use IPV support services increased from a mean score of 1.6 at baseline to 1.8 at follow-up, a 13% increase (adjusted Beta=0.25; 95% CI: 0.18 – 0.31). Attitudes about RC also improved between baseline and follow-up from a mean score of 20.8 at baseline to 24.4 at exit, a 17% increase (adjusted Beta = 3.60; 95% CI: 2.93 – 4.27).



Suggested citation: Ipas. (2025). ARCHES: Empowering Rohingya Refugee Women to Control their Reproductive Health
Results from a community-based pre-post study in Cox's Bazar district, Bangladesh. Ipas: Chapel Hill, NC

Ipas works to advance reproductive justice by expanding access to abortion and contraception, using a comprehensive approach that addresses health, legal and social systems. We believe every person should have the right to bodily autonomy and be able to determine their own future. Across Africa, Asia and the Americas, we work with partners to ensure that reproductive health services, including abortion and contraception, are available and accessible to all.
Ipas is a registered 501(c)(3) nonprofit organization. All contributions to Ipas are tax deductible to the full extent allowed by law.