



## RESEARCH AT-A-GLANCE

# Addressing Reproductive Coercion in Health Settings (ARCHES) India Adaptation

## Situation

Reproductive coercion (RC) is a form of gender-based violence, comprising behaviors by a male partner or family members that reduce women's and girls' reproductive autonomy by interfering with contraceptive access or use or pregnancy decisions. RC is associated with intimate partner violence (IPV). Women receiving reproductive services report higher rates of RC and IPV than the general population. In India, RC is often perpetuated by husbands and in-laws to exert pressure to conceive early in marriage, have large families, and conceive sons. In Madhya Pradesh, approximately two in five women report physical, sexual, or emotional abuse in their lifetime.

## Snapshot

**Location:** Gwalior, Madhya Pradesh, India

**Duration:** 2024–2026

**Consortium Partners:** Center on Gender Equity and Health, UC San Diego, International Planned Parenthood Federation (IPPF) - Family Planning Association of India (FPAI)

**Funder:** USAID

## What We're Doing

USAID's Agency for All Project is adapting an evidence-based model, ARCHES (Addressing Reproductive Coercion in Health Settings), designed to increase the agency of women to achieve their reproductive goals in the face of violence and coercion from male partners and family members to the Indian context in Gwalior, Madhya Pradesh. ARCHES trains existing family planning providers to incorporate core strategies to address RC and IPV into routine contraceptive counseling with all women and girls with whom they can secure privacy, regardless of disclosure of violence. ARCHES core strategies include:

- Providing information on RC and how to use contraceptive methods without a male partner or family member knowing (i.e., covert contraceptive use)
- Providing opportunities for women to disclose experiences of RC and IPV with a supportive, rights-based response that establishes the provider/facility as a safe place for help in the future
- For women disclosing IPV, a supported "warm" referral over the phone or in person to a trained IPV survivor support counselor
- Offer of an educational mini booklet with information on RC, IPV, FP, and referral contacts
- Offer for women to bring their male partner and/or family member(s) back to the clinic for more information about contraceptives but without pressure to do so.

The study includes a landscape needs assessment, co-creation of the adapted ARCHES model based on results from the needs assessment, training of providers and implementation in both public (Government of India) and private (Family Planning Association of India) family planning service delivery settings, and completion of an implementation pilot for women of reproductive age (18–49 years old) seeking family planning services. The goal of this project is to establish feasibility of the model in the Indian context and barriers/facilitators to implementation to inform future testing of ARCHES in a large, hybrid, implementation-effectiveness trial and poise the model for scale-up in India.

This research overview and the Agency for All Project are made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement No. 7200AA22CA00003.



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## What We're Learning

- As the first ARCHES adaptation in both public and private settings simultaneously, this is a unique opportunity to understand how different implementation environments and resource constraints within the same state and local community-context may alter adaptation and implementation.
- The Indian context has multiple family planning service touch points in community and facility-based settings. To ensure the model fits the service environment(s), we will consider unique implementation strategies during co-creation: adaptations for facility- and community-based providers, and use of digital technology tools.

## Impact

Based on the results from this study, we will refine the ARCHES adaptation and design a subsequent hybrid, effectiveness-implementation trial to inform broader scaling in Indian public and private family planning service delivery contexts. The ultimate goal of this work is to develop a model that will support women's reproductive agency to use contraceptive methods, make reproductive decisions, and seek support for violence experiences within their family planning services and can be implemented and sustained at scale.

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