All-Party Parliamentary Group (APPG) on Sexual and Reproductive Health: Inquiry on access to contraception in England

Written evidence submission fromUniversity of Sussex academics:
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#### **EXECUTIVE SUMMARY**

- x We thank the AParty Parliamentary Group on Sexual and Reproductive Health for this opportunity to submiqualitative search findings on reproductive decision among women of Bangladeshi, Indian and Pakistani origin in the UK, which has a bearing on their access to contraception.
- x The qualitative research findings presented in this submission are part of a broader interdisciplinary stubbcusingon prenatal sexselection in the UK,

Women of

- 1.4 Contraceptive counselling inhorition care can raise conflicting priorities for women and providers when attempting to support decision (including the choice to decline contraception)
- The qualitative research draws on an analysis of over 90 interviews conducted amongst falines of Bangladeshi, Indian and Pakistani origin living in Manchester, Greater London, Peterborough and Sussex between January 2018 and January 2019. This included-but and foreighborn participants who are of Muslim, Hindu and Sikh religious backgrounds, as well as intermarried families. Participants ranged from 18 to 84 years wheage. conducted a further 16 interviews with sexual and reproductive healthcare providers to investigate issues around contraception in abortion care provision, for women anden of Bangladeti, Indian and Pakistani origin
  - 2. EVIDENCE FROM OUR RESEARCH STUDY REGARDING ACCESS TO CONTRACEPTION AMONGST WOMEN OF BANGLADESHI, INDIAN AND PAKISTANI ORIGIN LIVING IN ENGLAND

## Patient-provider dynamics

NHS sexual and reproductive health providers widely reported that Bangladeshi, Indian and Pakistani women would withhold information them if the hared a similar ethnic and religious background, fearing judgement or issues around confidentialitys Thas particularly the case for women in premarital or extranarital relationships. Having a diverse staff team was therefore viewed as a valuable aspect of healthcare delivery strategies, which could support women to disclose sensitive information at various stages of their care. Providers also reported that women would often access sexual and reproductive health care outside their home towns, to avoid being seen by family and friends from their ethnic or religious communities.

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- 2.4 Bangladeshi, Indian and Pakistani women in our study often relied on less effective methods of contraception (male condom; lactational amenorrhoea) due to fear of contraceptive sidects and misinformation around sideeffects. When childbearing is regad as the primary purpose of marriage and a woman s social status, long contraceptivese can present negative social implications for Bangladeshi, Indian and Pakistani women such as rumours that women are unable to conceive.-acting reversible contraception (LARCs) can be problematic for observant Muslim women intending to go offaj (pilgrimage), as the body should in a natural state (i.e. non-intervened).
  - Discreet access to contraception
- 2.5 Some women of Bangladeshi, Indian and Pakistani origin disclosed how they would take contraception without their husband s knowledge, particularly in abuse situations, indicating how women have varying levels of agency in contraceptive decisiomaking. Abortion care providers should have confidentiations with the woman concerned to identify the 2 0 Td [(()-6 51 El

childbearing pressures. They also requested that RSE programmes support parents with the life decisions that young people might make in order to offer continuity between home and school.

### 3. KEY FINDINGS AND RELATED RECOMMENDATIONS

- 3.1 Provider-patient relations: Sexual and reproductive health is a unique area of medicine where women of a Bangladeshi, Indian and Pakistani origin may value the choice to seek this care from providers who do not share their ethnic or religious backgroum require multiple referral pathways to contraceptive and abortion care due to perceived stigma in their communities and from their local GPs.
- 3.2 Contraceptive counselling in abortion provision: Contraceptive decision-making differs according to whetwomen of Bangladeshi, Indian or Pakistani origin are Ulborn or foreighorn. Having services that are responsive and flexible can support healthcare professionals to understand and work within the cultural context of contraceptive use. C(ont)4.3 (r)-6 (a)-2 (e.)-6

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Further information about our research project can be found at: <a href="http://www.sussex.ac.uk/anthropology/research/uksonpref">http://www.sussex.ac.uk/anthropology/research/uksonpref</a>

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# Supporting references

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