INTRODUCTION
CHARM2 Study (Counseling Husbands and wives to Achieve Reproductive health and Marital equity) intervention:
• Gender-synchronized, gender-transformative counseling
• Five 30-minute counseling sessions for married couples delivered over 4-6 months:
  • 2 male-only sessions with male provider
  • 2 female-only sessions with female provider
  • 1 joint couple session
• Person-centered counseling facilitated shared decision-making to guide family planning decision making, marital communication, and gender equity
• Delivered by providers within the local public health system, supplemented by local private providers
• Providers received 2-day training on gender equity, person-centered FP, and the CHARM2 intervention
• Tools included a visual flip chart and FP method cards
• Directly provided a broad array of contraceptive option

METHODS
• 2-armed cluster RCT in rural Maharashtra, India
• 1,201 young married couples; wife ages 18-29, non-sterilized
• Surveyed at baseline and 9- and 18-month follow-up
• Difference-in-differences mixed effects regression models to assess intervention effects on the interpersonal quality of family planning scale (IQFP)
• Mediation analysis assessing whether IQFP score mediated intervention effects on contraceptive use at 9-month follow-up

RESULTS
• Significant improvements in reported quality of care, measured by 5-point average IQFP scale score
  • 9-month score increase of 1.0 points, 95% CI 0.6-1.5
  • 18-month score increase of 0.5 points, 95% CI 0.1-0.9
• Evidence of partial mediation of the intervention effect on increased contraceptive use at 9-month follow-up
  • Indirect effect coefficient 0.29, 95% CI 0.07-0.50

CONCLUSION
• The person-centered, gender-equity focused CHARM2 intervention improved women’s perceived quality of care.
• Effects on quality of care mediate observed effects of the intervention on contraceptive use.
• FP interventions should focus on improving person-centered outcomes, such as quality of care, rather than contraceptive use targets.
• By focusing on improving person-centered care, interventions will improve contraceptive use among those who desire a method while meeting the holistic reproductive health needs of clients and couples.