

Ethnic and linguistic differences between patients and health care providers have been linked to health disparities for minority groups, although most of the research on this issue has been conducted in high-income settings. To address this gap in the literature, Mahesh Karra and colleagues matched data on ethnicity and spoken languages from 4,497 postpartum women in Sri Lanka with those from 245 primary health midwives to assess how concordance is associated with women's receipt of postpartum IUD counseling. The researchers found disparities in receipt of such counseling between minority women—Sri Lankan Tamils, Indian Tamils and Sri Lankan Moors—and women from the ethnolinguistic majority—Sinhalese women who speak Sinhala. Ethnic minority women had reduced odds of having received counseling whether they spoke only Tamil or both Tamil and Sinhala. The findings suggest that ethnic discordance—rather than linguistic discordance—is the primary driver of the disparities. Matching women and midwives on ethnicity, the researchers suggest, would likely improve postpartum family planning service provision in Sri Lanka.

Also in This Issue

- One commonly accepted tenet of survey design is that respondents are less likely to report stigmatized behavior, such as abortion, if they know their interviewer. To examine this assumption, as well as whether prior survey participation affects reporting of sensitive behavior, Suzanne O. Bell and David Bishai analyzed data from more than 6,000 women who had taken part in the 2017 Performance Monitoring and Accountability 2020 (PMA2020) survey conducted in Rajasthan, India. Overall, the 133 interviewers who had collected the data were acquainted with 61% of the women they surveyed, and found that nearly one in seven respondents had participated in the previous year's PMA2020 survey; 4% of women reported having had an abortion. In multilevel, multivariate models, the likelihood that a woman reported an abortion did not differ according to whether she was familiar with her interviewer or had taken part in the prior survey round. "These findings," according to the authors, "suggest that surveys can employ local [interviewers] and return to communities for repeated surveys (at least once) with limited concern for reduction in reporting of sensitive behaviors."
- The factors underlying contraceptive method choice are poorly understood in many countries, including Bangladesh. To explore whether specific perceived attributes of a contraceptive—such as

effectiveness at preventing pregnancy and ease of use—are associated with a woman's intention to use that method, Fauzia Akhtar Huda and colleagues analyzed 2016 survey data on 2,605 married women aged 15–39 living in the rural Bangladeshi area of Matlab. They found that among those who were fecund but not currently using a contraceptive method, the pill was generally viewed more positively than the injectable. Furthermore, the likelihood that a woman intended to use a method was positively associated with her perception that it is easy to use and does not cause serious health problems or affect long-term fertility. The authors conclude that negative beliefs not supported by evidence—particularly about the injectable—were associated with Bangladeshi women's intention to use a particular contraceptive method, and suggest that a better understanding of women's perceptions of contraceptive methods may be useful in improving contraceptive care, counseling and training.

- In India, female sterilization has been the dominant method of contraception for decades, making women's regret of the decision to undergo the procedure an especially important issue there. Building on his previous study of the correlates of sterilization regret among married female participants of the 2005–2006 National Family Health Survey (NFHS), Abhishek Singh used multiple rounds of NFHS data (1992–1993, 2005–2006 and 2015–2016) to examine trends in the prevalence of sterilization regret among ever-married women in India, as well as whether the correlates of regret have changed between the last two survey rounds. He found that the prevalence of sterilization regret had increased by 2.3 percentage points, from 4.6% in 2005–2006 to 6.9% in 2015–2016. Most variables associated with regret in 2005–2006 remained so in 2015–2016: For example, in both survey samples, women who lost a child after sterilization were more likely than those who had not experienced child loss to express regret. A few characteristics, however, were significantly associated with regret only in 2015–2016: Women informed that they would not be able to have children after sterilization had elevated odds of expressing regret, whereas women who were not currently married and those sterilized in a private rather than a public facility had decreased odds of the outcome. In light of the finding of increased sterilization regret over time, the author suggests that "India's family planning program should strive to balance the method mix by promoting the full array of contraceptive methods to all women seeking advice about family planning."

—The Editors