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Reproductive Health Services Research Brief

Ethnolinguistic Concordance and the Receipt of Postpartum IUD (PPIUD) Counseling Services in Sri Lanka

Compared to Sinhalese women who speak only Sinhala, non-Sinhalese women are less likely to receive postpartum IUD (PPIUD) counseling before admission to the hospital for delivery, even if they speak both Sinhala and Tamil. Ethnic discordance between women and their local public health midwives, rather than linguistic differences, is the primary driver of this disparity.

Objectives and Background

Poor communication and lack of mutual trust contribute to a weak patient-health care provider relationship, which in turn may contribute to the provision of ineffective medical care. Interpersonal barriers that stem from linguistic, racial, ethnic, or cultural differences between patients and service providers may exacerbate the disparities in utilization, care-seeking behavior, and health experience.

Sri Lanka has a highly developed healthcare system, particularly in areas of family planning, and obstetric and maternal health care. Within every Medical Officer of Health (MOH) area throughout the country, Public Health Midwifes (PHMs) are assigned to oversee their own demarcated catchment area of 2,000 to 4,000 people. Although antenatal counselling can be obtained at field clinics, hospitals and hospital clinics, it is most often provided through home visits by PHMs, who are the "front line" health workers for providing domiciliary maternal and child health and family planning services. In recognition of the ethnic and linguistic roots of conflict between the majority Sinhala-speaking population and the minority Tamil-speaking groups, the government of Sri Lanka conferred national language status to the Sinhala language and the Tamil language, with English as a link language, in the country's constitution in 1987. Although this provision allows citizens to interact with institutions in any of the three languages, service providers are concerned about their ability to meet public demand across multiple languages, particularly for minority Tamil-speaking populations.

In a recent study conducted by the Sri Lanka College of Obstetricians and Gynecologists (SLCOG), researchers examined the relationship between ethnolinguistic concordance and the provision of postpartum contraception counseling services in Sri Lanka. As part of this study, the researchers used data from a cluster-randomized stepped-wedge trial in which women who delivered in any one of six hospitals in the trial were offered antenatal counseling and postnatal health services with the newly added option to receive an immediate postpartum intrauterine device (PPIUD) following their delivery. The researchers merged data on postpartum women with background data collected on local PHMs, who are usually the entry point into antenatal care for pregnant women . The researchers then generated indicators of linguistic concordance (whether or not the woman's spoken language(s) match with the spoken language(s) of her local PHM), ethnic concordance (whether or not the woman's ethnicity matches with the ethnicity of her local PHM) and their joint interaction (woman-PHM concordance across both ethnic and linguistic dimensions). The researchers then assessed how these measures of concordance relate to women's receipt of PPIUD counseling services.

The Study

In 2014, the International Federation of Gynaecology and Obstetrics (FIGO), in collaboration with SLCOG, launched an intervention to make postpartum contraceptive services a routine part of antenatal counseling and delivery room services in Sri Lanka. A key component of the PPIUD initiative consisted of training PHMs and delivery unit staff at 18 public maternity and teaching hospitals across the country in counseling on and provision of PPIUDs. To assess the impact and performance of the initiative, the Harvard T. H. Chan School of Public Health undertook an independent evaluation in six of the hospitals by means of a cluster-randomized, stepped-wedge trial.

Within this larger study, researchers examined the relationship between ethnolinguistic concordance and the provision of PPIUD counselling services. Of the six study hospitals, four are located in Sinhala-majority regions of the country, while the other two are located in Tamil-majority regions. Baseline data were collected from 41,772 women who delivered in the six study hospitals between September 2015 and March 2017. As part of the baseline survey, interviewers asked women about their social and demographic characteristics, including spoken language(s) and ethnicity, PHM area, and whether they received family planning and PPIUD counselling during antenatal care.

Independent of this data collection with women, the research team gathered data on the spoken language(s) and ethnicities of a subsample of PHMs within a sample of 13 MOH catchment areas surrounding the study hospitals. Data on PHM's ethnolinguistic background were gathered during orientation sessions and debriefing meetings that the field team held with PHMs over the data collection period. Researchers matched 245 PHMs from these MOH areas with 4,497 women who were interviewed after the rollout of the PPIUD intervention in study hospitals. Women and their PHMs were then assessed for concordance based on ethnicity (Sinhalese, Sri Lankan Tamil, Indian Tamil, or Sri Lankan Moor) and language (Sinhala, Tamil or Bilingual). Indicators of linguistic concordance, ethnic concordance and their interaction were generated.

The key outcome variable was whether a woman received PPIUD counselling prior to being admitted to the hospital for delivery. Multivariate logistic regressions were conducted to assess the association between concordance and women's receipt of counselling.

Results

In comparison to the total population in Sri Lanka, a larger proportion of women in the sample are from minority ethnic groups. In contrast, a larger proportion of PHMs in the sample belong to the majority ethnic group. There were no PHMs in the sample who belonged to the "Sri Lankan Tamil" ethnic group. While 295 of PHMs reported being bilingual, only 7% of women reported being bilingual (Figure I & II).

Figure I: Language distribution of women and PHMs

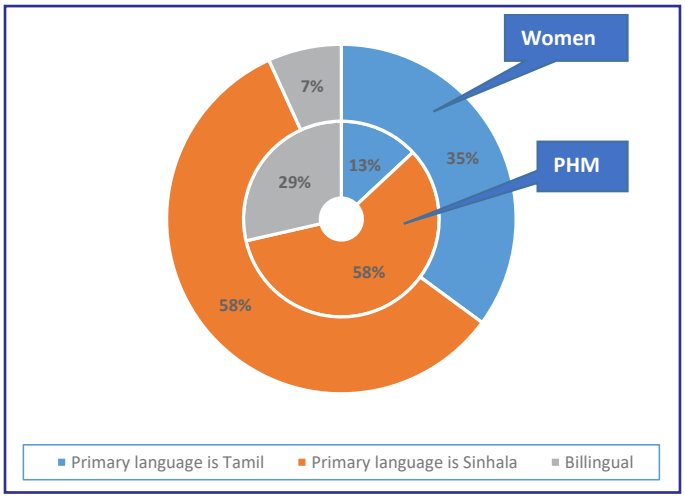
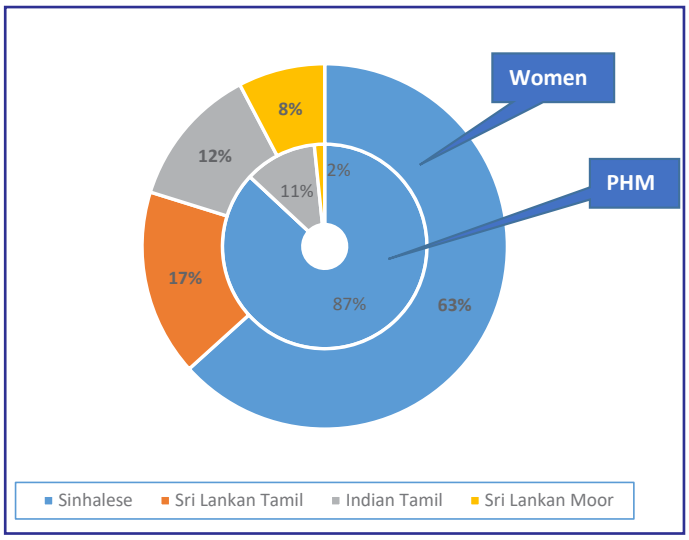


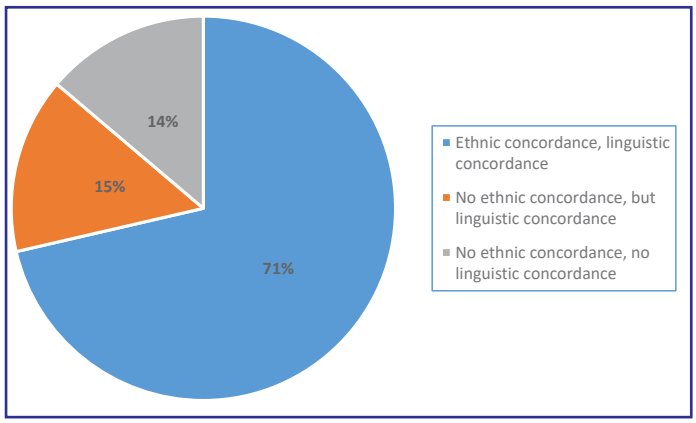
Figure II: Ethnic distribution of women and PHMs



When assessing linguistic concordance, 86% of women had at least one language that was common with their PHM (Table 1). In terms of ethnic concordance, 71% of women were of the same ethnicity as their PHM. Although 98% of ethnic Sinhalese women were matched to an ethnic Sinhalese PHM, only 25% of non-Sinhalese women were matched to a non-Sinhalese PHM. Finally, 71% of women matched with their PHMs on both ethnicity and language. On the other hand, 14% of women did not match with their PHMs on either ethnicity or language, while 15% of women matched on language, but not ethnicity, with their PHM.

Overall, 55% of women reported being counseled on PPIUD before admission to the hospital. Among non-counseled women, 44% were Sinhala speakers and 46% were Tamil speakers. Comparisons of counseling rates by ethnicity show that 58% of ethnic Indian Tamil women, compared to 44% of ethnic Sinhalese women, 42% of Sri Lankan Tamil women, and 36% of Sri Lankan Moor women, were not counseled on PPIUD before admission.

Figure III: Distribution of Ethnolinguistic Concordance



Results from the regression analysis on the direct association between language and women's receipt of PPIUD counselling show that:

- Women who speak Tamil had lower odds of having received counseling prior to admission than women who speak Sinhala.
- Women of non-Sinhalese (Sri Lankan Tamil, Indian Tamil and Sri Lankan Moor) ethnicities were all less likely than Sinhalese women to have received counseling.
- Women who had an ethnic non-Sinhalese PHM were no less likely than women who had Sinhalese PHM to have received counseling.
- Women who had a Tamil speaking PHM were no less likely than women who had a Sinhala-speaking PHM to receive counseling.

In assessing the relationship between linguistic and ethnic concordance and counseling separately:

- Tamil speaking women had lower odds of having received counselling when matched with a Sinhala-speaking PHM than Sinhala-speaking women who were matched with a Sinhala-speaking PHM.
- Bilingual women had lower odds of having received counselling when matched with a Sinhala-speaking PHM than Sinhala-speaking women who were matched with a Sinhala-speaking PHM.
- Compared to ethnic Sinhalese women who were matched with an ethnic Sinhalese PHM, non-Sinhalese women matched with a Sinhalese PHM were significantly less likely to have received PPIUD counseling.
- Sinhalese women matched with a non-Sinhalese PHM were no less likely than those matched with a Sinhalese PHM to have received counseling.

Finally, the researchers assessed the relationship between ethnolinguistic concordance and counseling, taking both ethnicity and language into account jointly. In this analysis, the ethnolinguistically concordant majority group are ethnic Sinhalese women who speak only Sinhala and who are matched to ethnic Sinhalese PHMs who also speak only Sinhala. The results show that:

- Ethnic non-Sinhalese women who are matched to Sinhalese PHMs who speak only Sinhala are less likely to receive PPIUD counseling, irrespective of these women's language capacities.
- Non-Sinhalese women who speak both Tamil and Sinhala have significantly lower likelihood of receiving PPIUD counseling relative to the ethnolinguistic majority as non-Sinhalese women who speak only Tamil.

Discussion

The study shows that women from minority groups, including Tamil-speaking women and women from non-Sinhalese ethnicities, were less likely to receive PPIUD counseling than Sinhala-speaking women and Sinhalese majority groups. Linguistic and ethnic concordance between women and PHMs were associated with higher odds of receipt of counseling regardless of whether the concordance was for minority or majority groups. No differential odds were found in the receipt of counseling for women who were ethically concordant but linguistically discordant with their PHM. Similarly, no differential odds were found in the receipt of counseling for ethnic majority women who were matched to an ethnic minority PHM. In disentangling the ethnic and linguistic channels, the study finds that women who are ethnically discordant with PHMs, specifically in the case when women of an ethnic non-Sinhalese minority are matched with a PHM of the ethnic Sinhalese majority, are less likely to receive counseling even when they are linguistically concordant with their PHMs.

Conclusions and Policy Implications

Women from minority groups in Sri Lanka face disparities in the receipt of PPIUD counseling, and ethnic discordance—rather than linguistic discordance—between women and their providers is the primary driver of these disparities. Until underlying ethnic tensions are resolved, matching women and PHMs on ethnicity is likely to improve family planning and PPIUD counselling service in Sri Lanka.

From a policy perspective, the study highlights the need for interventions that aim to bridge the sociocultural gaps between providers and patient. For example, additional public health midwife training in programs that foster community building, and outreach campaigns that prioritize minority groups and vulnerable populations would serve to build trust between groups and may overcome key barriers that drive disparities in health care provision.

Reference

Karra, M., E. Pearson, D. Canning, I. Shah, R. de Silva, A. Samarasekera. Ethnolinguistic Concordance and the Receipt of Postpartum IUD Counseling Services in Sri Lanka. *International Perspectives on Sexual and Reproductive Health, 44 (4): 133-145, December 2018.*

Table 1: Distribution of ethnolinguistic concordance between women and their PHMs

Indicator	% (N=4,497)
LINGUISTIC CONCORDANCE	
Languages match	**86.1**
Woman speaks Tamil; midwife speaks Tamil	3.2
Woman speaks Sinhala; midwife speaks Sinhala	54.2
Woman is bilingual; midwife speaks Sinhala	4.9
Woman speaks Tamil; midwife is bilingual	11.2
Woman speaks Sinhala; midwife is bilingual	10.8
Woman is bilingual; midwife is bilingual	1.9
Languages do not match	**13.9**
Woman speaks Tamil; midwife speaks Sinhala	13.9
ETHNIC CONCORDANCE	
Ethnicities match	**71.4**
Woman is Sinhalese; midwife is Sinhalese	62.0
Woman is non-Sinhalese; midwife is non-Sinhalese	9.4
Ethnicities do not match	**28.7**
Woman is non-Sinhalese; midwife is Sinhalese	27.4
Woman is Sinhalese; midwife is non-Sinhalese	1.3
ETHNOLINGUISTIC CONCORDANCE	
Ethnicity and language match	**71.4**
Woman is non-Sinhalese/Tamil speaker; midwife is non-Sinhalese/Tamil speaker	3.2
Woman is non-Sinhalese/Tamil speaker; midwife is non-Sinhalese/bilingual	5.3
Woman is non-Sinhalese/bilingual; midwife is non-Sinhalese/bilingual	0.9
Woman is Sinhalese/Sinhala speaker; midwife is Sinhalese/Sinhala speaker	52.7
Woman is Sinhalese/bilingual; midwife is Sinhalese/Sinhala speaker	0.3
Woman is Sinhalese/Sinhala speaker; midwife is Sinhalese/bilingual	9.1
Ethnicity and language do not match	**28.7**
Woman is non-Sinhalese/Tamil speaker; midwife is Sinhalese/Sinhala speaker	13.9
Woman is non-Sinhalese/Sinhala speaker; midwife is Sinhalese/Sinhala speaker	1.5
Woman is non-Sinhalese/bilingual; midwife is Sinhalese/Sinhala speaker	4.7
Woman is non-Sinhalese/Tamil speaker; midwife is Sinhalese/bilingual	5.9
Woman is non-Sinhalese/Sinhala speaker; midwife is Sinhalese/bilingual	0.4
Woman is non-Sinhalese/bilingual; midwife is Sinhalese/bilingual	1.0
Woman is Sinhalese/Sinhala speaker; midwife is non-Sinhalese/bilingual	1.3
Ethnic concordance, linguistic concordance	**71.4**
Ethnic concordance, but no linguistic concordance	**0.0**
No ethnic concordance, but linguistic concordance	**14.8**
No ethnic concordance, no linguistic concordance	**13.8**

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