POPULATION FOUNDATION OF INDIA

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Men's Participation in Family Planning & Reproductive Health

Learnings and opportunities for India

Adolescent Friendly Health Centres (AFHCs)

Government health centres providing preventive, promotive, curative and referral services to young people

Mission Parivar Vikas (MPV)

A programme launched by the government in 2016 for increasing the access to contraceptives and family planning services in 146 high fertility districts of seven states, which had a Total Fertility Rate (TFR) more than 3.

Modern contraceptive prevalence rate (mCPR)

Percentage of currently married women who use any modern contraceptive method

Modern methods of contraception

Include male and female sterilization, injectables, intrauterine devices (IUDs/ PPIUDs), contraceptive pills, implants, female and male condoms, diaphragm, foam/ jelly, the standard days method, the lactational amenorrhoea method (LAM), and emergency contraception

Rashtriya Kishor Swasthya Karyakram (RKSK)

A programme for adolescents in the age group of 10 to 19 years to address their health needs, including sexual and reproductive health, nutrition, mental health and substance abuse, gender-based violence, and risk factors for non-communicable diseases, among others

The success of India's family planning (FP) programme depends on the involvement and participation of both men and women. In particular, men need to overcome social and cultural barriers to become equal partners in planning families, adopt contraceptive methods, and support women's contraceptive choices.

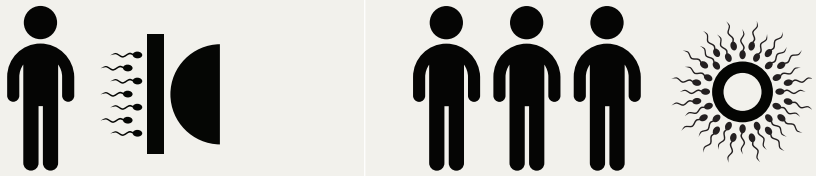
The criticality of engaging men was articulated at the 1994 International Conference on Population and Development (ICPD) as well as in the National Population Policy 2000 and is now one of the proven strategies for improved family planning and sexual and reproductive health (FP-SRH) outcomes globally.

However, men's participation in family planning continues to be low in India. The National Family Health Survey of 2019-21 (NFHS-5) shows that while the use of modern contraceptives by currently married men the last time they had sex has increased by about 4 percentage points between 2015-16 and 2019-21, a very large share (76%) remains non-users.

Share of men reporting use of Family Planning methods

1 in 4 men* reported use of any modern method of contraception by themselves or their partners the last time they had sex

*currently married, 15 to 49 years old



Users | Non-users

Source: NFHS-5, 2019-21

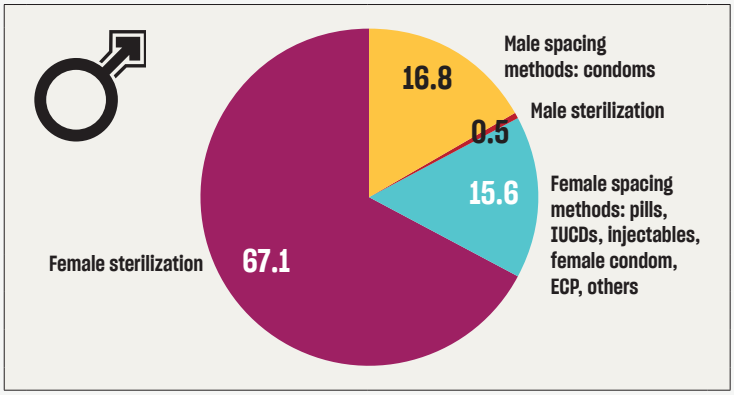
What are the trends in men's participation in family planning?

Men's share in modern methods of contraception

Modern contraceptive prevalence rate (mCPR), measured by the percentage of women who report using a modern method (themselves or by their partner) to delay or avoid pregnancy, constitutes of a mix of male and female methods. As per NFHS-5, the contraceptives used by men (condom and male sterilization) comprise a share of about 17 percent of the mCPR (*Figure 1*). The major responsibility of contraception among married couples falls on women (83%), of which female sterilization alone makes up 67 percent.

Figure 1

Proportionate share of modern contraceptive methods currently used by men and women, 2019-21 (NFHS-5)



Regional patterns in younger men's contribution to the contraceptive method mix

Among the high fertility age-group of 20 to 29 years, women's share in the method mix of modern method was more than twice than men's share. Despite a preference for spacing methods within this cohort rather than terminal methods, the utilization of modern contraceptives remains low at only 42 percent.

Women's share in the method mix was significantly higher than men's share in states and union territories (UTs) with a higher mCPR (close to, or more than 50 percent) except in Goa (61.33 percent) and national capital territory of Delhi (63.73 percent). This indicates that high contraceptive prevalence is driven mainly by women. Regional trends in the data show that in a majority of states and UTs of the northern region and in Uttar Pradesh, the share of male methods (condom and male sterilization) in the mCPR is higher than female methods. Uttarakhand has the highest share of male contraceptive methods in the mCPR, followed by Chandigarh and Himachal Pradesh.

Notably, respondents from southern states reported a very low share of male methods in the mCPR. The lowest is in Andhra Pradesh, where the permanent method of female sterilization accounts for almost the entire (97 percent) modern contraceptive prevalence, even for this young age-group (20-29 years).

Men's desire to limit families and attitude towards women's contraceptive use

NFHS- 5 data shows that if men aged 15 to 49 years were given a chance to choose their family size, they would want to have an average of 2.1 children, similar to the response of women in the same age group. With regard to fertility preference among those with two children (2 sons or 1 son-1 daughter), 78 percent do not want any more children. On the other hand, among those with two daughters only, 59 percent do not want any more children.

This percentage goes down further to 43 percent and 33 percent among those with one son and one daughter respectively.

Among currently married men with 3 or more children (with at least 1 son), 83 percent do not want any more children.

At the same time, 35 percent of men agreed with the statement that contraception is women's business and a man should not have to worry about it. 20 percent agreed that women who use contraception may become promiscuous.

Despite policy commitments on male engagement in family planning, the percentage of men reporting these perceptions have virtually remained unchanged between 2015-16 and 2019-21.

Research has found that a single point increase in the proportion of men who believe that contraception is women's business was associated with a 12 percent reduced likelihood of contraceptive use by women[1]. The dichotomy of men's desire to limit their family size, while at the same time having low contraceptive uptake and negative perceptions about women's contraceptive use, reflects on their poor engagement as supportive partners in family planning.

Training health workers to promote equitable gender norms among couples

The CHARM project (Counselling Husbands to Achieve Reproductive Health and Marital Equity) involved delivering five counselling sessions on family planning and gender equity to married couples over four to six months. The counsellors were health workers who received training on gender equity issues, family planning, and the intervention, apart from the standard government FP training.

The intervention showed better couple communication and women's agency over an 18-month period and increased modern contraceptive use in the short-term[2].

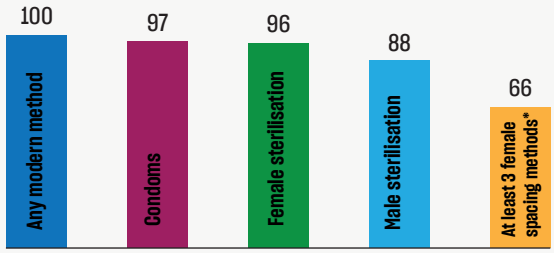
How well are men and boys informed about family planning methods and safe SRH practices?

Men's knowledge of contraceptives

The first step towards engaging in family planning and healthy SRH practices is access to timely and accurate information. According to NFHS-5 data, currently married men's knowledge of any modern method of contraception is universal (*Figure 2*). Their knowledge of condoms is also nearly universal (97 percent), although a far lower share (55) said that if a male condom is used correctly, it protects against pregnancy most of the time. Significantly, currently married men's knowledge of male sterilization is lower than that of female sterilization (88 percent vs 96 percent).

Figure 2

Percentage of currently married men (15-49 years) with knowledge of specific contraceptive methods, 2019-21



*Pills, IUCDs, Injectables, Female Condom or ECP. Source: NFHS-5

Men's knowledge of spacing methods of contraception used by women is much lower than their knowledge of female sterilization. NFHS-5 data shows that 66 percent of currently married men were aware of at least three methods of contraception used by women for spacing births (Pills, Intrauterine devices, Injectables, Female Condoms or Emergency Contraceptive Pills). Of these, 66 percent of men, 96 percent, 88 percent, 70 percent have knowledge of female sterilisation, pills, and injectable contraceptives respectively. This is an

indicator of men's limited engagement as supportive partners in women's decisions on spacing births.

Men's information about contraceptives is also plagued by myths and misconceptions, which affect their participation in family planning as users. Male sterilization is believed by many of making men impotent or weak, thereby hampering their ability to work and continue their sexual life[3,4]. This is despite the fact that male sterilization through Non-Scalpel Vasectomy (NSV) is a simpler and low-risk procedure as compared to female sterilization. Often men also avoid use of condoms due to the notion of reduced pleasure.

Sources of information on family planning

According to NFHS-5, 62 percent of men were exposed to family planning messages in the past few months through wall paintings or hoardings, while more than half saw FP messages on television (*Figure 3*). Twenty-two percent had not been exposed to FP messages. The percentage of men not exposed to FP messages was significantly higher for those who had less than five years or no schooling (33% and 40%), those belonging to the Scheduled Tribes (30%), and those who were from the lowest wealth quintile (33%). This indicates a gap in information reaching the most vulnerable categories of men.

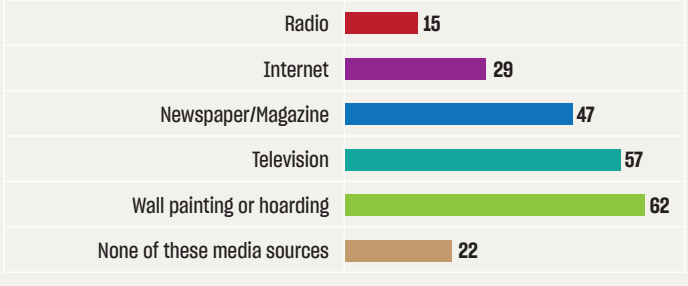
Apart from media channels, frontline workers play an important role in building awareness on family planning, contraception and sexual health. Due to the historical focus of India's population programme on improving reproductive, maternal and child health (RMNCH) services, the public health system, and especially the cadre of female health workers (ASHAs, ANMs, Anganwadi workers) are primarily geared towards addressing the needs of women.

Programme reviews and research studies have found that men are not comfortable to discuss contraception with female health workers, and commonly seek information from unreliable sources, such as friends or acquaintances like local pharmacists[5,6]. Frontline health workers, who are also part of the community and adhere to prevalent gender norms, often act as informal gatekeepers who avoid engaging with men on issues related to SRH and family planning[7].

Even though the National Population Policy 2000 acknowledges the need to engage with men, there are no interventions to specifically address men's needs, unlike innovations under the Mission Parivar Vikas (MPV) programme for high fertility districts focusing on women, such as the *Saas – Bahu sammelan or Nayi Pahel kit*. As a result, men have limited opportunities for exposure to messaging that could help them adopt more participatory, responsive, and gender egalitarian behaviours.

Figure 3

Percentage of men who had heard or seen a family planning message on specific media in the past few months, 2019-21



Of men aged 15 to 49 years; Source: NFHS-5

Engaging with men through gamification using a financial education model

A project in Bihar titled '*Hamari Shaadi, Hamare Sapne*' used a financial education course to incorporate conversations on family planning, delaying, spacing and limiting as a way to reach their aspirations. The results from the pilot showed an increase in spousal communication and support by men of their wives on family planning, better knowledge of contraceptive methods among men, and increase in uptake of contraceptives[8].

Awareness of sexual health

Sexual awareness and bodily changes begin at the time of puberty in adolescence (10 to 19 years), also setting in motion psychological transformations that lead to curiosity and experimentation among young boys. Providing correct and age-appropriate information on sexual and reproductive health ensures their well-being in adolescence, as well as helps them adopt healthy behaviours and safe sexual practices as adults.

NFHS-5 data shows that only 29 percent of young men in the age-group of 15 to 24 years had comprehensive knowledge of HIV/AIDS, although a majority of them (87%) knew of a source for condoms.

The levels of knowledge about HIV/AIDS among all men in the age-group of 15 to 49 years is only marginally higher at 31 percent.

Sources of SRH information and services for adolescent boys

Among adolescent boys, early experiences of sexuality are clothed in ideas of masculinity and gender norms that place expectations on boys and men as providers and protectors, and promote behaviours such as risk taking, hypersexuality, and aggression. As they enter adolescence, boys begin to disengage from healthcare services, and face barriers due to stigma and shame in seeking help[9].

Life skills education in school, community outreach through frontline health workers and peer educators, and counselling as well as health care at Adolescent Friendly Health Centres (AFHCs)[10] are important programme components of the Rashtriya Kishor Swasthya Karyakram (RKSK). However, the implementation of these components is found to have many gaps.

A rapid programme review carried out by the World Health Organization in 2016 found that young people faced geographical barriers in accessing health centres, there were gaps in training of counsellors and monitoring of community outreach initiatives, and interdepartmental convergence for programme implementation was poor[11].

A longitudinal study with youth and adolescents found that just 14 percent of older boys (aged 18 to 22 years) had ever received any family life education, and less than 10 percent had interacted with any frontline workers in the last one year[12].

Lack of uniform access to information on sexual health and well-being at school or through out-of-school programmes creates an early gap in the knowledge of SRH among boys, and a missed opportunity in shaping healthy behaviours in their marital life as adults.

Gender and social norms, and men's engagement in family planning as supportive partners

Regressive social norms shape inequitable gender role attitudes, and in turn have a lifelong influence on men's engagement as supportive partners. Regressive gender norms are not just harmful for women, but also bind men in a web of expectations and behaviours that impede their own health seeking behaviours and wellbeing.

Unequal power relations between men and women determine how they approach family planning, and this, accompanied with fragmented knowledge, further inhibits couples from making informed choices. Men remain the primary decision-makers for women's health.

Impact of social norms on men's engagement in family planning

Patriarchal social norms, notions of masculinity, and men's perceived role of continuing the family lineage puts pressure on couples to start a family soon after marriage, contributing to men's low participation in family planning. According to data from NFHS-5, the use of any modern contraceptive during their last sex by currently married men was half of the use by men currently not married (24 percent vs 50 percent).

Probably social stigma of unintended pregnancy forces men to know about and use FP methods when they are not married. However, what prevents them from using and participating when they get married, and what are the drivers of change in their beliefs and practices could be an area of further research.

Intimate partner violence and its impact on family planning outcomes

Iniquitous gender socialisation of boys and young men often leads to them exercising spousal violence and marital control behaviours as adults. These behaviours affect spousal communication and limit women's ability to negotiate sex and contraception with their partners.

As per NFHS-5, 32 percent ever married women in the age-group of 18 to 49 years experienced any form of violence (physical and/or sexual and/or emotional) committed by their husband. This figure has remained unchanged between 2015-16 and 2019-21.

Studies show associations between women's experience of Intimate Partner Violence (IPV) and discontinuation of specific types of contraceptives, especially those that require the husband's involvement or knowledge[13].

Research has found that among condom users, women who experienced emotional violence were more than four times as likely to discontinue use, as compared to women who did not experience any violence. Similarly, among women using IUDs, those who experienced physical violence were over three times more likely to discontinue use, as compared to women who did not experience any violence[14].

Changing stereotypes and fostering male role models through entertainment

A popular transmedia serial, *Main Kuch Bhi Kar Sakti Hoon* (MKBKSH) sought to change mindsets and stereotypes with the use of positive role models. The serial advocated successfully for men to accept vasectomy, and turned the popular term for sterilization – '*nasbandi*' – into a positive phrase, '*mastbandi*'.

An end-line evaluation showed that after watching the serial women became more confident in communicating with their husbands on contraception, and accessing family planning services. A group of men from Chhatarpur in Madhya Pradesh pledged to adopt contraception after watching MKBKSH. They advocate for adoption of vasectomy in the community, moving from village to village in the region and singing ballads to motivate other men[15].

Policy recommendations to promote male engagement in family planning

Promote strategies that prioritise men as beneficiaries of the FP programme

Keeping men's specific needs as clients in mind, they should be serviced through existing, as well as new outreach channels. Activities within the Mission Parivar Vikas (MPV) for high fertility districts need to have components focusing on men, to specifically address the unique needs and challenges faced by them. Beyond health, there are many far-reaching, catalytic effects of male engagement in family planning. At the household level, men will be able to invest more of their scarce resources in the education of their children.

Since men's interaction with health workers is limited, contact with them through Village Health, Sanitation and Nutrition Days (VHSNDs) and visits to health centres should be used to extend SRH and family planning counselling and services.

Make greater investments in SBCC interventions to address social and systemic barriers to male engagement

Sustained Social and Behaviour Change Communication (SBCC) campaigns can be effectively used to debunk myths and misinformation regarding SRH and family planning issues that are deeply embedded in social norms.

To effectively cover all demographic and socio-economic segments of men and boys, transmedia SBCC campaigns, including grassroots civil society engagement and cross-platform entertainment education programmes, should be developed. These community-based and transmedia programmes can together generate conversations, be amplified through digital networks, and prompt a positive shift in attitudes among men as well as larger communities.

To address systemic biases in programme delivery, gender sensitive orientation needs to be an integral part of trainings for various levels of service providers, including frontline workers and programme planners. Policies to engage with men need to put in place systems that promote equal access to information and services for all people, irrespective of their sexual identities.

Formulate policies to mainstream gender sensitisation of young boys and promote CSE in schools

Inequitable gender role attitudes take shape in adolescence, but can be transformed if addressed effectively at an early age[16]. Long-term multistakeholder gender sensitisation programmes need to work with families, teachers, and social influencers in the community to create a supportive environment for boys to challenge iniquitous gender norms. To address the gap in information on sexual health and wellbeing among boys, provision of age-appropriate information and counselling facilities need to be integrated within the school education system and in programs such as Ayushman Bharat School Health and Wellness. Additionally, the peer educator network and adolescent-friendly health centres (AFHCs) under the RKSK have to be strengthened to ensure that adolescent and youth are able to access information and facilities without shame or stigma.

Invest in research and evaluation of male engagement interventions and scaling up of best practices

Greater investments are needed to build in evaluation and impact assessment of male engagement interventions right from the concept phase, so as to generate enough evidence of their efficacy, and enable replication at a wider scale. Such investments are especially important for programmes focusing on men and their role in family planning, considering there are few such interventions that have been studied adequately to provide guidance on effective strategies. As part of the policy to engage men, evidence from such projects should be collated and used in trainings for programme implementers to adapt and scale up at the state level.

Document and disseminate good practices of male engagement in family planning

Recognizing the pivotal role that men play in family planning, it is important to identify, document and disseminate successful approaches, strategies, and interventions that have proven effective in fostering male involvement. Many projects implemented across India and other parts of the world have shown promising results, best practices from which should be compiled and disseminated with a wide range of stakeholders including donors, government officials, CSOs, etc.

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Head office

B-28, Qutab Institutional Area, New Delhi - 110016

T: +91 11 43894 100 | F: +91 11 43894 199

Regional offices

Bihar | Uttar Pradesh

www.populationfoundation.in

@PopFoundIndia

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