



Gender-Equitable Approaches to Engage Men in Family Planning Communication and Decision-Making in India:  
Using Evidence Review and Human-Centered Design

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# Project Overview



## The Status Quo:

FP Policies have conventionally focused on population control in India, and have an instrumentalist approach. They have not evolved as much as other discourses around mandatory comprehensive sexuality education for all, or using a rights framework for consent within relationships as well as abortion as a choice.

To add to this, unequal power relations accompanied with scattered and inaccurate knowledge inhibit couples from making informed choices on FP.

## Objectives & Goals:

To develop **gender-equitable approaches** on male and couple engagement in family planning, with a focus on birth spacing, using exploratory review of evidence and human-centered design.



## Phase 1: Evidence Review

### Evidence Review

Academic peer reviewed articles  
Programmatic review  
HCD program review  
KIIIs with experts

Data extraction and synthesis of Literature & KIIs

## Phase 2: Immersion in UP and Bihar

**Finalization of areas of Inquiry for Field Immersion**

**Ethnography and Design Research in 6 sites of UP and Bihar using a mix of research and design tools**

**Evidence analysis and synthesis of immersion findings**

**Micro and macro insights, hypotheses validation**

## Phase 3: Design, Strategy and COVID Research Sprint

**Sharing of Evidence and Immersion Insights with Program Organizations**

Ideation session for co-design

**Strategic Framework Development**

FP Journey Framework  
Couple Typologies

**Theory of Change**

ToC developed from 6 key barriers and FP Journey Framework

**Concept Development**

Intervention directions (IDs) developed with targeted user profiles & points of intervention

**Prototypes**

IDs clustered and developed into prototypes with layered service delivery model

**COVID study**

Rapid research on impact of COVID on FP landscape. Insights to feed into IDs

## Phase 4: Partner validation of prototypes & dissemination

**Develop Partner and Expert Validation Approach**

IDs to be validated by partners and experts in the field

**Develop Dissemination Plan and Events**

**Develop recommendations document**

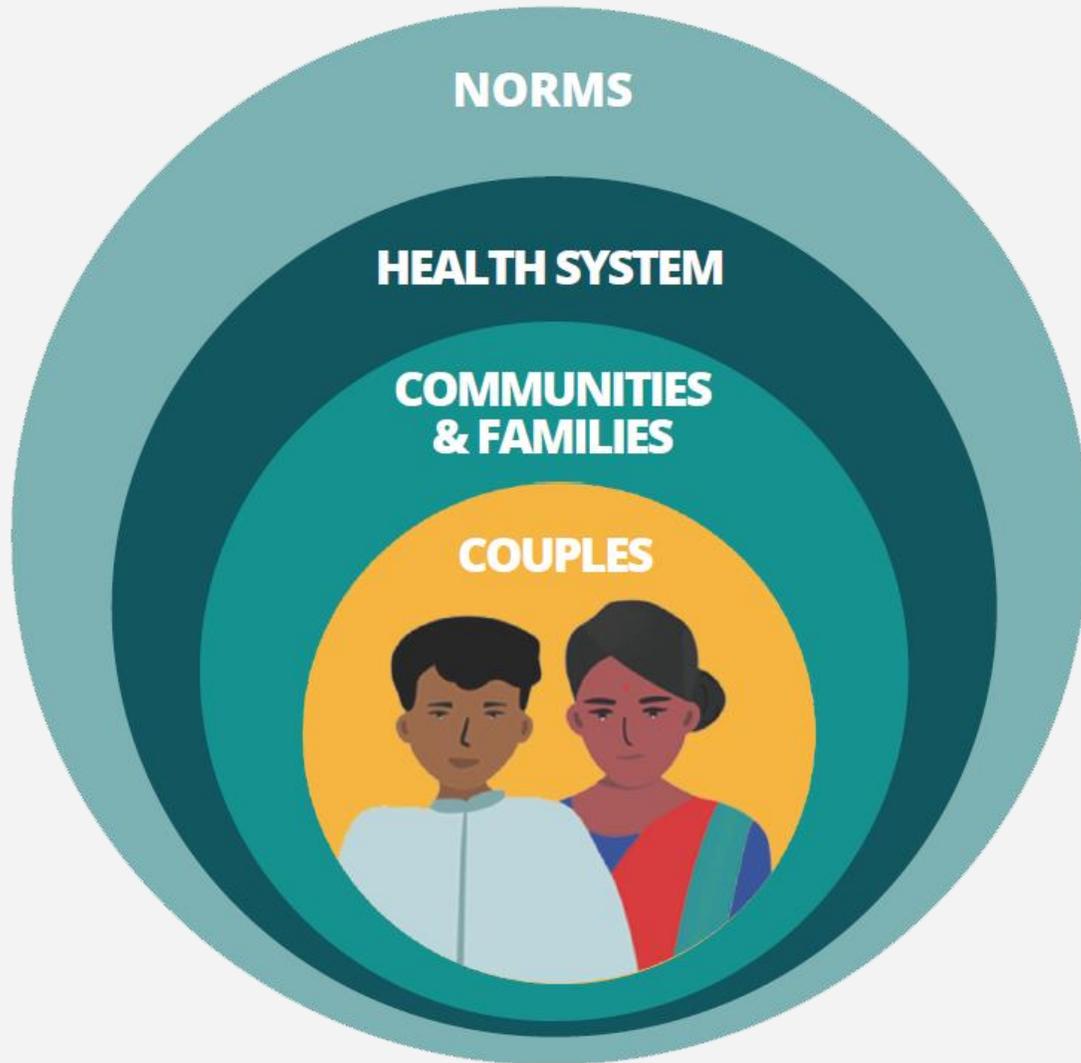
**Development Recommendations and Strategy Report**

Project Report Development and Review  
Project Report Finalization  
Micro-Site

The image features a teal background with a large, irregular, abstract shape in the center. This shape is filled with a bright yellow color and has a white, hand-drawn style border. Scattered around the central shape are several small, solid-colored dots in yellow and white. The overall aesthetic is clean, modern, and minimalist.

# Key Learnings

# Conceptual Framework: A Socio-Ecological Lens to Address the Key Thematic Barriers



- B1: Male dominance inhibits equitable spousal communication, efficacious contraceptive use, and collaborative decision making
- B2: Existing health systems fails to recognize the role of men in family planning, and is not equipped to engage them
- B3: Sub-optimal quality of family planning services and follow-up care forces women to bear contraceptive related complications on their own and influences choices
- B4: Incorrect and inadequate understanding of one's own body, reproduction, and contraception influence decision-making on family planning
- B5: Stuck between social norms and aspirations, couples negotiate with pressures of having the first child immediately after marriage
- B6: Sexuality is driven by gendered power play around consent, pleasure and performance, which influences decision-making on contraceptive use



# Spousal Communication Trajectory

## Initiation

**Prior knowledge of FP of one or both the partners:** Men prefer exploring using a method on their own than the issue being broached by spouse

**Power dynamic between the partners:** Fear of consequence a hurdle to broach the topic of FP for women, simply wait for men to take a decision of use

## Negotiation

**For men:** Ignoring condom use an effective avoidance strategy for young men; coercion to use condoms may result in negative reactions for women

**For women:** Seduction an effective condom negotiation strategy for young women not men. Many women also spoke of covert method use which led to conflicts in their relationship

## Frequency & Openness

**Men seem to want more engagement from their spouse:** Men more receptive of communication that increases sexual access to their wives

**Couples find pockets of time to converse:** Women and men reported speaking at night, 'in the bedroom', or when they were together 'out in the evening' in the absence of family members

## Quality of Communication

**Constructive Communication:** Verbal & direct communication & non-verbal gestures b/w partners enables inferences about their respective internal states such as desires, intentions and latent motivational traits.

**Assumptive Communication:** In the absence of direct discussion, couple communication is marked by a lot of assumptions about each other's choices and desires they were against it



# Decision-Making Processes

## Sole, (usually man-dominated) Decision-Making



Men viewed themselves to be more knowledgeable than their spouse and as sole decision-makers, citing their role as providers as the basis for declaring themselves *de facto* heads.

Reproductive Decision-Making

Contraceptive Decision-Making

## Consultative Decision-Making



The man takes the woman's opinion but mostly takes the decision himself and communicates it to the woman.

Women's opinions are influenced by their husbands', and wives who hold independent opinions may be afraid to voice them.

In relation to pregnancy, the cultural script mentioned was “women experience the pain of childbirth” and wife-dominated decisions prevailed at times

Men held more decision-making power when it came to issues around family planning and adoption of contraceptive use

## Collaborative Decision-Making



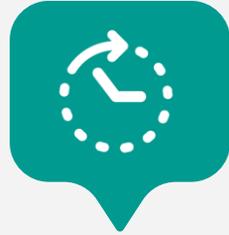
Decision discussed and taken together by both partners

Rare, and remains aspirational at best

The image features a teal background with a large, irregular yellow speech bubble in the center. The speech bubble has a white drop shadow. The text "Arriving at the Intervention Directions" is centered within the yellow bubble. There are several small yellow and white dots scattered around the bubble, and a larger yellow teardrop shape on the right side.

**Arriving at the  
Intervention  
Directions**

# Intervention Directions



Enable Couples To Achieve Their Forward Thinking Aspirations



Provide Alternatives To Notions Of Couple-making



Encourage Sex Positivity for Mutual Pleasure



Acknowledge, Visualize and Mitigate Health Risks for Women



Reframe Masculine Narratives To Enable Gender Transformative Behaviour



Enable Enhanced Understanding Of One's Body



Breaking Patterns of Stigmatizing Behaviours



Visualize Conflict Between the Masculine Roles of Procreator and Provider for Men



Gender Transformation Orientation For Health System Actors



Provide Men With Options To Course Correct Life Trajectories



Accounting For And Inhibiting Impulsive Behavior



# Outcomes & Goals

# Outcomes

## Couples

### Improved Capability amongst Couples to Contemplate and Seek Family Planning Services:

- Couples feel more confident and comfortable in initiating dialogues around spacing and contraceptive uptake.
- Couples are better able to negotiate with and persuade their families around spacing and contraceptive uptake.
- Women are better able to negotiate in decision making around family planning.
- Reduced likelihood for women getting dismissed, alienated or facing violence for initiating dialogues around spacing and contraceptive uptake.

## Community & families

### Enhanced Acquisition and Comprehension of knowledge on SRHR and FP:

- Couples attain accurate and empowering knowledge around sexual and reproductive health, fertility cycles, contraceptive basket and side effects management.
- Couples are able to access credible sources of knowledge, clarifications and counselling as needs arise in their family planning journey.
- Reduced misperceptions on method use and side effects among couples, families and communities.
- Health System Actors have improved knowledge and knowledge transfer capacities.

## Health systems

### Health Systems approach toward Family Planning Uptake shifts from being Prescriptive to Couple-Centered:

- Health System Actors are able to comprehend the reason for matching the fertility intentions of couples with appropriate FP methods.
- Health System Actors are able to undertake better couples counselling on side effects management and efficacious spacing.
- Health System Actors are capacitated to provide quality FP services and manage side effects.
- Health System Actors understand the constraints and motivations governing FP decision making in different couples and are able to tailor their engagement for improved uptake.

## Norms

### Positive Shifts in Social and Systemic Attitudes on norms related to gender and FP:

- Health system actors recognize that FP is a collective responsibility
- Health system actors feel capacitated to engage men and couples
- Increased engagement of men and couples in equitable decision-making on FP
- Increased acceptability of contraceptive use among (0,1 parity) couples, families and health system actors
- Couples receive better support by family elders for spacing and contraceptive uptake.



## Goals

Facilitating couples to achieve efficacious spacing

Reducing FP failure and its health consequences on couples

Improved reproductive autonomy among couples



Thank you!