Gender-Equitable Approaches to Engage Men in Family Planning Communication and Decision-Making in India: Using Evidence Review and Human-Centered Design
South Asia SBCC Conference 2021
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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.
## Project Overview

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<td><strong>Finalization of areas of Inquiry for Field Immersion</strong></td>
<td><strong>Sharing of Evidence and Immersion Insights with Program Organizations</strong></td>
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<td>Programmatic review</td>
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<td><strong>Strategic Framework Development</strong></td>
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<td>HCD program review</td>
<td>Micro and macro insights, hypotheses validation</td>
<td>FP Journey Framework</td>
<td><strong>Develop recommendations document</strong></td>
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<td>KII with experts</td>
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<td>Couple Typologies</td>
<td><strong>Development Recommendations and Strategy Report</strong></td>
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<td>Data extraction and synthesis of Literature &amp; KII</td>
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<td><strong>Theory of Change</strong></td>
<td>Project Report Development and Review</td>
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**Phase 1: Evidence Review**
- Academic peer reviewed articles
- Programmatic review
- HCD program review
- KII with experts

**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
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
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.

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.

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.

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.

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.

Collaborative Decision-Making

Decision discussed and taken together by both partners

Rare, and remains aspirational at best

Reproductive Decision-Making

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

Contraceptive Decision-Making

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

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<th>Couples</th>
<th>Community &amp; families</th>
<th>Health systems</th>
<th>Norms</th>
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<td><strong>Improved Capability amongst Couples to Contemplate and Seek Family Planning Services:</strong></td>
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<td><strong>Positive Shifts in Social and Systemic Attitudes on norms related to gender and FP:</strong></td>
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<td>• Couples feel more confident and comfortable in initiating dialogues around spacing and contraceptive uptake.</td>
<td>• Enhanced Acquisition and Comprehension of knowledge on SRHR and FP:</td>
<td>• Health Systems approach toward Family Planning Uptake shifts from being Prescriptive to Couple-Centered:</td>
<td>• Health system actors recognize that FP is a collective responsibility</td>
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<td>• Couples are better able to negotiate with and persuade their families around spacing and contraceptive uptake.</td>
<td>• Couples attain accurate and empowering knowledge around sexual and reproductive health, fertility cycles, contraceptive basket and side effects management.</td>
<td>• Health System Actors are able to comprehend the reason for matching the fertility intentions of couples with appropriate FP methods.</td>
<td>• Health system actors feel capacitated to engage men and couples</td>
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<td>• Women are better able to negotiate in decision making around family planning.</td>
<td>• Couples are able to access credible sources of knowledge, clarifications and counselling as needs arise in their family planning journey.</td>
<td>• Health System Actors are able to undertake better couples counselling on side effects management and efficacious spacing.</td>
<td>• Increased engagement of men and couples in equitable decision-making on FP</td>
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<td>• Reduced likelihood for women getting dismissed, alienated or facing violence for initiating dialogues around spacing and contraceptive uptake.</td>
<td>• Reduced misperceptions on method use and side effects among couples, families and communities.</td>
<td>• Health System Actors are capacitated to provide quality FP services and manage side effects.</td>
<td>• Increased acceptability of contraceptive use among (0,1 parity) couples, families and health system actors</td>
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<td>• Health System Actors have improved knowledge and knowledge transfer capacities.</td>
<td>• 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.</td>
<td>• Couples receive better support by family elders for spacing and contraceptive uptake.</td>
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Goals

Facilitating couples to achieve efficacious spacing

Reducing FP failure and its health consequences on couples

Improved reproductive autonomy among couples
Thank you!

Microsite: https://www.couple-engage.org/