



"IT'S ON HIM TOO"

PATHWAYS TO ENGAGE MEN IN FAMILY PLANNING

Evidence Review

The **International Center for Research for Women** (ICRW) is a global research institute, with regional hubs in Washington D.C., United States; New Delhi, India; Kampala, Uganda; and Nairobi, Kenya. Established in 1976, **ICRW** conducts research to identify practical, actionable solutions to advance the economic and social status of women and girls around the world.

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Cover Photo: An Accredited Social Health Activist (ASHA) discusses family planning options with a young couple in Raniganj, Bihar, India. **Paula Bronstein/Getty Images/Images of Empowerment**

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INTRODUCTION



It is widely established that men play a key role in decisions around family planning,ⁱ but health programs have continued to keep them on the margins (Hardee et al., 2017; Hook et al., 2018; Wentzell & Inhorn, 2014). While there have been sporadic attempts to engage men in family planning programming, they have not been systematic or sustained. Further, we do not clearly understand the motivations and barriers for young men in participating in equitable family planning decision-making and contraceptive uptake,ⁱⁱ and ways in which programs can make male engagement in family planning a sustainable reality.

Couple Engage is a two-year (2018- 2020) project led by the **International Center for Research on Women** (ICRW), in partnership with **Vihara Innovation Network** and funded by the **Bill & Melinda Gates Foundation**. The project seeks to test approaches on male engagement for spacing methods in the states of Uttar Pradesh and Bihar using an evidence-driven approach through literature review and human-centered design. This research brief presents insights from the evidence review undertaken in the first phase of the project.

By highlighting the motivations for and barriers to male engagement in a domain that has historically been perceived as a woman's task and burden, this review presents a synthesis of learnings and seeks to build evidence as well as a practice base on approaches and strategies for effectively engaging men and couples in family planning.

The evidence-driven hypotheses shared through this review could be tested to engage men and couples in gender-equitable family planning decision-making.

METHODOLOGY

The evidence review aims at providing a synthesis of learnings on best approaches to identify and engage young men in family planning; and identify factors that enable gender-equitable engagement and joint decision-making. To achieve this objective, we adopted the following guiding research questions:

- Q.1:** What are the motivations and barriers for young men to participate in equitable family planning decision-making and contraceptive uptake?
- Q.2:** How does the interplay of gender norms influence couple dynamic and their family planning choices?
- Q.3:** What is the evidence that discusses the characteristics and processes of identifying young men and couples who support family planning and contraceptive uptake?

This review focused on evidence from low and middle-income countries (LMICs). It formed the foundational phase for the project and informed subsequent phases of field immersion and development of intervention prototypes. "Evidence" for this review comprised peer-reviewed published articles and insights from programmatic documents. The methodology for the evidence review involved a comprehensive search and selection process. The selected evidence was then synthesized using an inductive framework of analytical domains that covered the main thematic areas of the review.

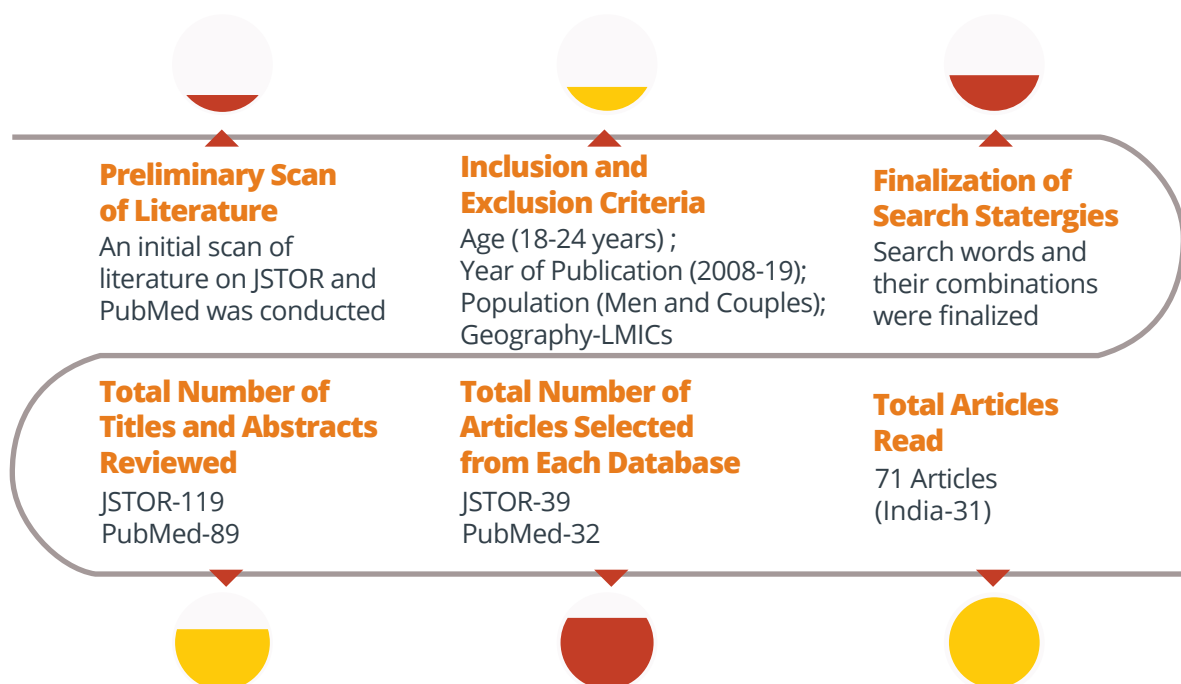
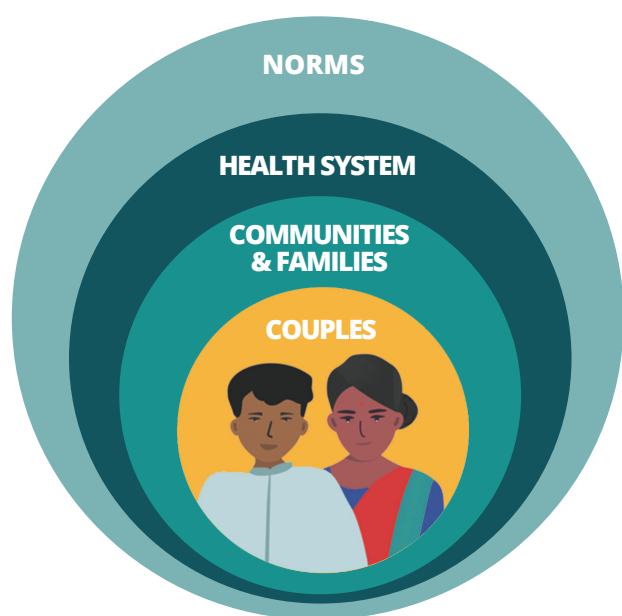


Figure 1: Overview of Selection of Peer-Reviewed Literature

CONCEPTUAL FRAMEWORK

We analyzed evidence extracted from the selected studies according to the conceptual framework (see Figure 2), based on a social ecological model^{liii} for unpacking men's engagement in family planning. While we consider four layers crucial to this review, as depicted in the framework, we also acknowledge that this review did not focus on health system's response and role. The framework establishes our conceptual starting point for the review.



Family planning is fraught with interplay of social and gender norms at various levels; the intimate space, the family and, the community spaces, and at the policy and structural levels. Norms work within and across these levels, perpetuating predetermined behaviors of male dominance.

The health system does not position family planning as a right, but as a population control method and thus, has an instrumentalist approach to it. Gendered family planning programs and fragmented engagement of providers, driven by their own normative perspective, pose real challenges to equitable quality of care. Further, supply side factors to access and availability limit and shape family planning demand.

Most often, norms perpetuated by society and gendered policies are further reinforced at the level of the community. When individual action is performed collectively, norms are reinforced, reinstated and re-emphasized and form a life of their own. Thus, community engagement on family planning is stigmatized and lacks meaningful avenues for participation.

Young couples are under immense pressure to perform their gender roles, extending to their fertility performance through the established community norms. The intimate space of the couple is influenced heavily by the interplay of these deeply entrenched norms.

Figure 2: Conceptual Framework

Based on the inductive framework, a data synthesis sheet was developed on analytical domains covering the main thematic areas of the review.

FINDINGS

The findings from this review are presented in two learning clusters – the **norms cluster**, which focuses on the interplay of norms of masculinity, marriage and fertility; and the **couples cluster**, which highlights the interplay of these norms on spousal communication and decision-making as well as resulting pathways to family planning.



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I. Norms Cluster: Interplay of Norms of Masculinity, Marriage and Fertility

Family planning is fraught with interplay of social and gender norms^{iv} at various levels. Norms influence the intimate space of the couple as well as impact all other stakeholders of the ecosystem. Evidence suggests that norms related to masculinity, marriage and fertility influence this space most dominantly.

Norms Related to Masculinity

Perceptions of and conditioning on masculinity play out in a dual manner; while they accord a superior social status to men, they also pressure men to fulfill a range of social expectations. Peer pressure has a heavy influence on the manner in which men think, act and speak. They may be ridiculed for not being “masculine” enough (Schensul et al., 2015). By laying down a normative context, social influences shape behavior, which, in turn, defines socially acceptable behavior. Men evaluate themselves based on specific markers of masculinity and an inability to perform as per these notions becomes a cause of distress for them (Khan et al., 2008).

Both women and men agree that it is the main duty of men to provide sufficiently for their families in their role as providers. Encompassed in this is also men’s role as fathers, where they are expected to provide for children’s education and serve as a moral guide (Turan et al., 2001).

As protectors, men perceive that it is their responsibility to uphold the honor of women and their families. In doing so, they may resort to aggressive behavior, display strength and guard the sanctity of the family (Gibbs, 2016).

As pleasure-givers, men view women’s pleasure as an achievement and experience performance anxieties if they are unable to provide or live up to these expectations (Chadwick et al., 2017).

Norms Related to Sex and Marriage

Sex is non-negotiable within marriage across the South Asian context, specifically in India. Quick consummation of marriage is a signifier of a healthy and stable relationship. Women are expected to provide sex to their husbands as part of their marital duties (Edmeades, 2008; McDougal et al., 2018). Failure to perform this duty can lead to repercussions in the form of emotional or physical coercion, isolation and/or severe control. Men, too, display anxieties around “performance” and adhere to the notion that “men always want sex” (Khan, et al, 2008).

Further, a deep gap in knowledge exists on most domains relating to sex and one’s body. With no emphasis on sex education in schools and safe spaces to gather correct information on body, sex, contraceptives, understanding of consent, sexual and reproductive rights; women and men enter relationships and marriages with fragmented knowledge. This creates multiple issues – belief in myths, lack of confidence to communicate on body and sex, shame and stigma related to sexual performance and so on.



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Norms Related to Fertility

Fertility norms are stringent across all contexts, and reinforce traditional notions of motherhood with women playing the role of nurturers and wives. There is a perceived sense of “incompleteness” of a home without children, which encourages couples to have children relatively quickly after marriage, mostly within the first year (Rimal et al., 2015).

There is a fear of incurring community judgement for not bearing children and couples face pressure from family and community actors. This is mostly relayed through the mother-in-law, who has a considerable influence on maternal health and fertility choices of the women in the household (White et al., 2013). Preference to have a son also dominates fertility decisions and influences contraceptive use (Dahal et al., 2008; Nanda et al., 2013).

As elaborated in the norms cluster, 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.

II. Couples Cluster: Interplay of Norms on Couple Dynamics and Contraception

Norms play a significant role in determining the power dynamic in the couple's relationship through different representations via systemic exclusion and knowledge imbalance.

Deconstructing Couple Dynamics, Spousal Communication & Decision Making

As per our review, the system's readiness to provide knowledge and the individual's ability to access knowledge is seldom aligned (Atuahene et al., 2016; Wani et al., 2019). For instance, frontline health workers are mostly women who interact with women (Morgan et al., 2018). Men's sources of information are often informal (Merkh et al., 2009) and not directly linked with the health system as the system itself is gendered, where the onus of family planning is generally on women.

Further, in the couples' space, an unequal power dynamic between women and men has a direct bearing on the family planning knowledge the couple possesses, individually and collectively. Together, this determines the couple's communication, decision-making and family planning choices.

Knowledge possessed by either or both the partners significantly determines contraceptive method use and shapes their communication. Women, especially, are unable to argue in support of a method if they do not possess complete information. Men, in turn, find it easier to dismiss a method in cases where women initiate the discussion on the issue after much hesitation and with fragmented knowledge (Chipeta et al., 2010). All this, along with multiple myths and misconceptions (Rimal et al., 2015) around side-effects, limits the couple's ability to translate their idea of family planning from intention to choice.

Spousal communication and decision-making form the two key dimensions that depict the nature of a couple's relationship and are reflective of how they have nurtured their collective space. Evidence suggests that there are several factors that influence communication between two partners and directly impact equitable family planning decision-making. Some of these are:

- **Family planning a contentious issue, questions fidelity:** Couples find it more comfortable to discuss household expenditure, childcare, etc., but not issues such as sex, family planning and contraceptives. Men perceive that women who initiate family planning discussions or use are promiscuous (Harrington et al., 2016; Mosha et al., 2013). It is seen as a threat to the structure of marriage and questions the fidelity of partners to each other. Members of the community may also see it as a measure taken by women to abandon their marital relationships (Kabagenyi et al., 2014).
- **Lack of knowledge impedes communication:** Conversations are easier if both partners are knowledgeable on the topic (Merkh et al., 2009). Incomplete knowledge or only women possessing knowledge further adds to the power imbalance between the couple as men perceive it as an inadequacy on their part.
- **Sexual negotiations precede contraceptive negotiations:** Men seem to want more engagement from their wives, which increases their sexual access (McDougal et al., 2018). These conversations may later also become a resource for women to draw upon for other negotiations, including family planning and contraceptive uptake.

- **Men think family planning is women's responsibility:** Men think that women should initiate and take responsibility for family planning as they bear the burden of pregnancy, childbirth and care of young children (Harrington et al., 2016).
- **Men perceive self-use as an attack on "manhood":** Driven by masculinity norms, men regard their use of contraceptives, particularly male sterilization, as an "invasive" procedure and an attack on their "manhood" resulting in decreased sexual performance (Bunce et al., 2007). Men also perceive that sterilization can compromise their role as providers (Char et al., 2009) by hampering their bodies and, in turn, their economic productivity, and hence are uncomfortable to even talk about it. Use of condoms is also fraught with these misconceptions along with notions about reduced pleasure.

However, women may hesitate to bring up family planning because it could be perceived as them engaging in assertions that are removed from established norms and expected gender roles (Kabagenyi et al., 2014). Further, fear of violence deters direct communication (Tschann et al., 2010; Verma et al., 2006), and communication is usually indirect and assumptive. In many cases, this leads to covert use of contraceptive methods by women.



Photo: Ketaki Nagaraju/ICRW Asia

Unpacking Intimacies: The Making of a Couple

Evidence suggests that playing normative gender roles influences sexual behavior, expressions and contraceptive decisions throughout men and women's married lives, but more so in the initial stages of their relationship/marriage (Mbweza et al., 2008; Osei et al., 2014; Snow et al., 2013). Besides these norms, other key influences on couple-making include the **relationship and reproductive stages, and quality of relationship**.

Relationship stage refers to the stage and nature of the relationship between two sexual partners, and is determined by the stability and commitment to the relationship (Osei et al., 2014). Within the context of South Asia and specifically that of India, marriage is a stable, long-term commitment. **Reproductive stage** (ibid) refers to whether the individual or couple is yet to start their childbearing, still wants or may want more children or has finished childbearing. It relates to a couple's fertility aspirations and how they want to fulfill them. The **quality of relationship** is marked by levels of intimacy (both emotional and physical) and the nature of communication (fearful or confident) between two partners (Cox et al., 2013).

Within each of these, there are implications for engaging young men and couples and their family planning uptake. A couple who has achieved their desired family size and wants to maintain sexual frequency may want to opt for female sterilization based on their reproductive stage. As relationships get older and gather more trust, there is improved spousal communication; however, a decrease in the use of contraception is observed (Merkh et al., 2009). The reason may be their desire for more intimacy, which is perceived to be blocked by use of contraception. This is particularly true for barrier methods such as condoms, resulting in couples switching to traditional methods (Osei et al., 2014). It has been found in some instances, while it may seem that men may be willing to accept women's contraceptive use, their own perceptions pose a barrier. They cite their unwillingness to bear the costs and perceived risks of family planning on women as reasons for non-use and push or coax women to have unprotected sex (Kabagenyi et al., 2014; Sevoyan & Agadjanian, 2013). Evidence also suggests that women and men tend to get influenced by each other's fertility desires, and while women are more open to aligning their choices with men, men are reluctant to change their position (Becker & Costenbader, 2001).

There is little but prominent evidence suggesting the positive influence of gender equitable attitude on men's contraceptive use (Mishra et al., 2014), as well as of couples engaging in a collaborative manner. For instance, women describe moments where they and their partners made decisions "together as husband and wife" as the best moments of their life as a couple (Wegs et al., 2016). There is ample evidence to suggest that while men acknowledge male-dominated decision-making, some also express a willingness to negotiate with women on issues of family size and family planning (Harrington et al., 2016).

IMPLICATIONS FOR ENGAGING MEN AS PARTNERS

Evidence in the **norms cluster** demonstrates the extent and nature of influence of norms on men and women in relationships, particularly related to family planning. Going further, the **couples cluster** sheds light on how couples' communication and decision-making trajectories are shaped while operating within these norms.

This evidence review suggests an emerging framework where the interrelations of knowledge and power play a key role in shaping family planning choices and contraceptive uptake. Both knowledge and power are manifested in the ways in which couples communicate and make decisions leading to contraceptive uptake. They also influence the space of negotiation between two partners as well as the agency a woman may exercise within the relationship. All these factors go on to determine the extent of gender equitability in the couple's intimate space and have implications on how men may be engaged as partners.

Gender equitable communication and decision-making processes may also enable men to find a release from masculine norms that burden them with making decisions for their family's future. It can help them co-create a "safe space" within their relationships along with their partners.

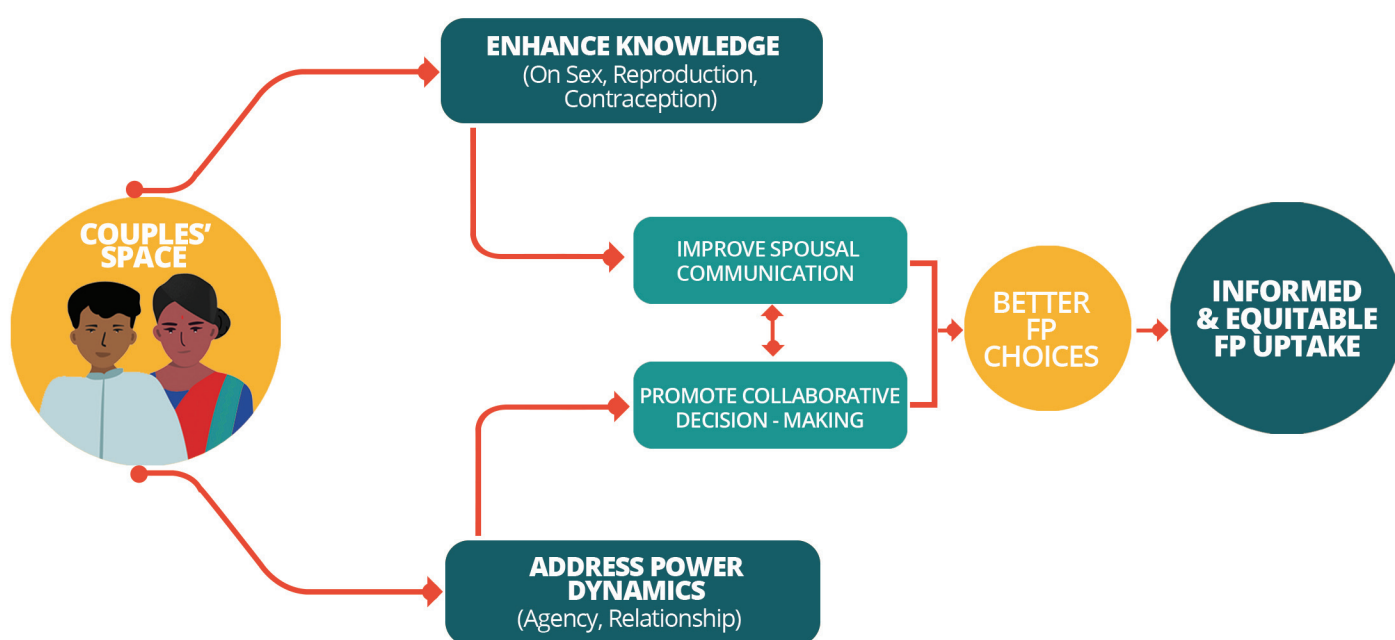


Figure 3: Pathway for Gender-Equitable Engagement of Men in Family Planning (FP)

Based on this pathway, crafting gender-responsive policies and frontline implementation for family planning could have a direct influence on access to correct and complete knowledge of family planning and contraception for both, women and men. This is expected to provide the required thrust on communication about available options, side effects, and doubts related to infertility and infidelity.

Further, creation of community spaces and platforms where underlying assumptions, myths and gender normative perceptions in the context of sex, reproduction and family planning are addressed will encourage greater collaboration between couples for making informed contraceptive choices and long-term family planning.

Utilizing masculine ideals of provider (economic motivation), protector (instilling pro-feminist ideas for community activism) and pleasurer (direct messaging on gender equity and sexuality) in innovative ways for carving a positive changemaker image for men may also be explored to encourage better engagement of men in family planning.

Viewing men as equals and supportive partners for informed, equitable choices is critical to ensure sustained and consistent uptake of contraceptives.

WAY FORWARD

Five key hypotheses were developed for further exploration through primary inquiry and as recommendations for stakeholders to consider while designing research and/or intervention programs to engage men in family planning.

The five hypotheses informed primary research in the subsequent phase of the project, wherein we conducted ethnographically informed field immersion at six sites in the Indian states of Uttar Pradesh and Bihar.

RECOMMENDED HYPOTHESES FOR FURTHER RESEARCH

Hypothesis 1

Young men and couples who are more informed on contraceptive use and family planning are more likely to engage in equitable decision-making processes, and make informed and equitable contraceptive choices in comparison to ill-informed men and couples

Hypothesis 2

Young men and couples who have a more equitable relationship in terms of spousal communication and decision-making are more likely to make informed and equitable contraceptive choices in comparison to non-gender equitable men and couples

Hypothesis 3

Young men engaged as “partners” rather than clients/ contraceptive users are more likely to engage in equitable decision-making process and make informed and equitable contraceptive choices

Hypothesis 4

Young men who consider family planning as a beneficial approach are more likely to engage in equitable decision-making, and to make informed and equitable contraceptive choices

Hypothesis 5

Gender-equitable health providers in comparison to non-equitable service providers are more likely to engage young men and couples in equitable family planning decision-making and support them in making informed and equitable contraceptive choices

ENDNOTES

- i. Family Planning: A way of living voluntarily adopted on the basis of knowledge, attitude, and responsible decision-making by individuals and couples to pin the number, timing, and spacing of children that they, with the intention of promoting the health and welfare of the family group (Rabiu, A. 2018).
- ii. Contraceptive Uptake: It can be defined as the use of methods or acts intended to prevent reproduction occurring as a result of sexual intercourse (Hubacher and Trussell, 2015)
- iii. Social Ecological Model: The social ecological model helps to understand factors affecting behaviour and also provides guidance for developing successful programs through social environments. Social ecological models emphasize multiple levels of influence and the idea that behaviours both shape and are shaped by the social environment. The principles of social ecological models are consistent with social cognitive theory concepts which suggest that creating an environment conducive to change is important to making it easier to adopt healthy behaviors (Richard et al., 2011).
- iv. Social Norms: One's beliefs about the actions and beliefs of others in the reference group. A social norm has to do with beliefs about others, that is, social expectations; within some reference group; maintained by social approval and disapproval and other social influence. Approval or disapproval can include others' covert attitudes or their overt positive and negative sanctions (Bicchieri, 2005).

Gender Norms: Gender norms define what it means to be a man or a woman in a given setting; they can be so ubiquitous as to become invisible, hence exerting influence even when they are harmful. Social norms serve a purpose of interest to the individual, hence exerting influence even when they are harmful. People follow the gender norms of their culture, society, or group, the boundaries of which are usually blurry (Cislaghi et al., 2017)

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