



EVER-WIDENING KNOWLEDGE GAP

Incorrect and inadequate understanding of one's own body, reproduction, family planning and contraception influences decision-making

CONTEXT

Women and men may access various sources of information on reproduction, contraception and family planning, but it is not essential that these sources are credible, which limits the ability to differentiate between facts and myths. This is amplified in case of side-effects, where they are unable to understand actual and perceived side-effects.

This thematic brief provides evidence from global literature and our primary research in Uttar Pradesh and Bihar, India, where we posit that fragmented knowledge on one's body, reproduction and fertility is one of the significant factors that determine contraceptive uptake. It poses a hurdle for informed and equitable family planning choices. This brief shall enable researchers and programmers in the family planning landscape to understand how lacunae in knowledge can be addressed and possible pathways to do so.

HOW THIS THEME WAS EXPLORED

The respondents, women and men, were asked a series of questions around how they conceived their children, was the conception planned or not, and if unplanned, what were the reasons for it. We also explored their understanding of their own bodies; women were specifically asked about their menstrual cycles and fertility processes. Women and men both were asked questions on various family planning methods, the side-effects that they experienced, and how they communicate about these domains with each other.

Most of these domains were explored with the help of in-depth conversations and interactive tools such as visual metaphor elicitations, trust circles and life trajectory mapping were used to segue into sensitive conversations regarding bodies, sex and contraception and to garner responses. We also explored who were their key sources of information on the above domains through a mapping of their social networks.



KEY INSIGHTS

Gendered behavior is nurtured during early adolescence; a period marked with confusion and lack of information on one's body, which continues through various stages of life.

Studies clearly state that early adolescence is a crucial phase for development; girls and boys are nurtured to adhere to gendered behavior right from the beginning (Ganesan et al., 2018). Social decorum, driven by socio-cultural norms, determines adolescents' access to information on puberty and sexuality, and safe spaces to talk about sexual expression and experiences. While girls are disallowed to talk about sex completely, boys face a considerable amount of peer pressure to talk about sex in a specific way through bravado to establish their masculinity. This phase marks the beginning of a trajectory of misinformation.

When she would get her period, she would tell me at night that today I have got it. We used to stop from that day and have sex when her period ends.

MAN, PARITY 1, PURNEA

(Married for five years, with a two-and-half-year-old daughter)

I fear that I will get pregnant because I don't understand when I do and I never get to know. Both the times when I got pregnant, I came to know much later, I thought that I am still breastfeeding so I will not have a child.

WOMAN, PARITY 2, GORAKHPUR (URBAN)

(Married for five years; with a three-year-old daughter and a three-month-old son)

The onset of puberty is a period marked with confusion, and lack of credible information and support groups where thoughts can be shared in an uninhibited manner. Girls have inadequate knowledge on menstruation, and it is only when menarche happens that there is a push to gain information on it (Coast et al., 2019). These transition periods occurring at different junctures are of immense importance and are replete with misperceptions. Added to these, are perceptions around one's body image, which become both a cause of depression and unhealthy body practices (Ganesan et al., 2018). Societal norms around masculinity and femininity dictate that a man should have an "ideal" physique and women should be thin, completely disregarding the body's own way of being (Asci et al., 1997).

Findings from our primary research are replete with these insights, where women and men approach their own bodies and that of each other's with preconceived notions based predominantly on bodily stereotypes. Men think that they need to be "bulky" and, after marriage, they also become conscious about how they look. Men spoke of how they stopped consuming tobacco as did not like if their teeth and gums are blackened, they reasoned that as 'married men' they need to look more responsible and better. Further, men did like if their partners did not gain weight and looked younger.

Women and men enter marriages without adequate information; inability to comprehend fertility and reproduction processes puts them at risk.

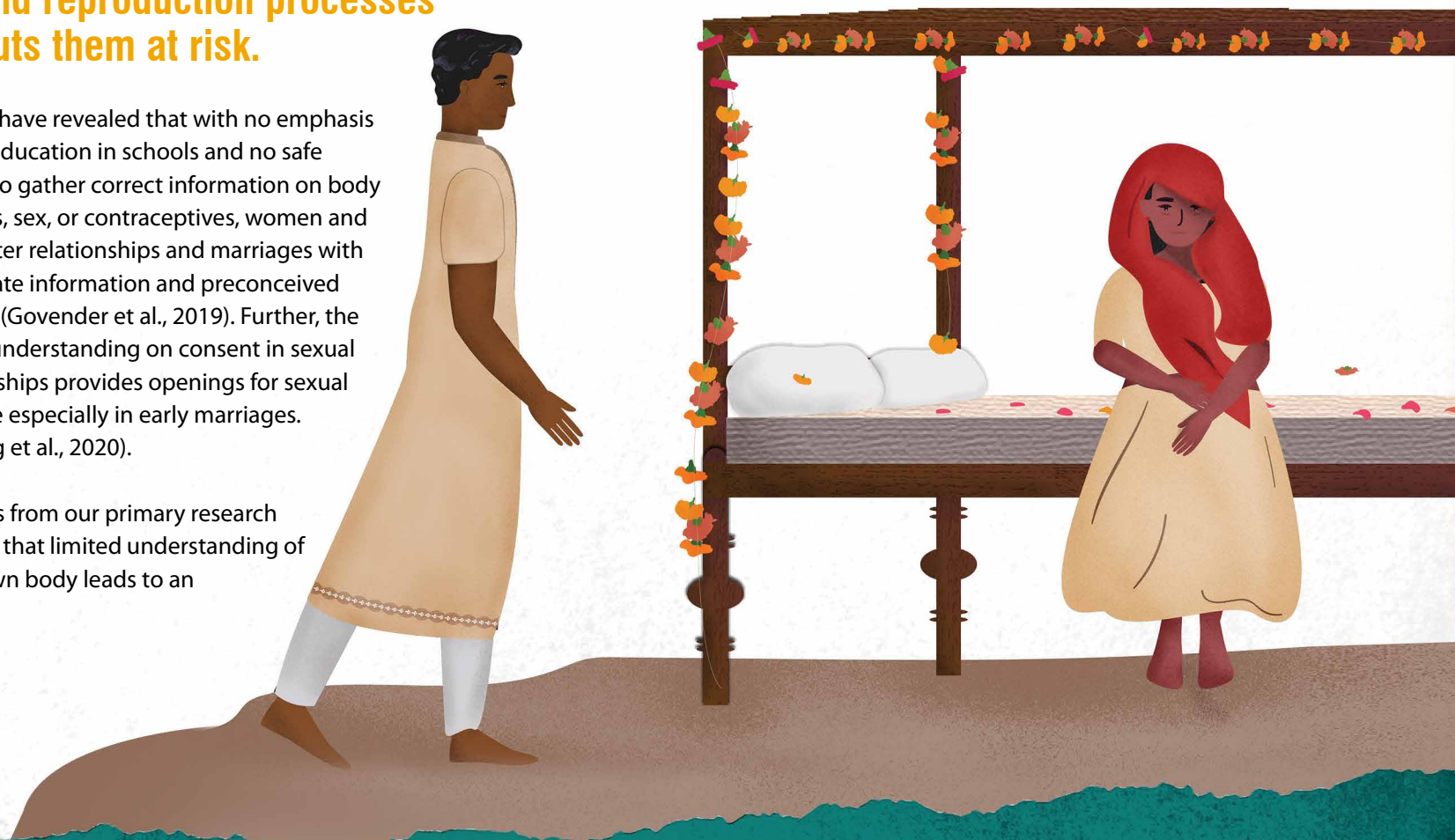
Studies have revealed that with no emphasis on sex education in schools and no safe spaces to gather correct information on body changes, sex, or contraceptives, women and men enter relationships and marriages with inaccurate information and preconceived notions (Govender et al., 2019). Further, the lack of understanding on consent in sexual relationships provides openings for sexual violence especially in early marriages. (DeLong et al., 2020).

Findings from our primary research suggest that limited understanding of one's own body leads to an


We do not have sex 4-5 days before MC (menstrual cycle) and 8-10 days after MC, we do not use any method, 'niyyam-saiyyam' se karte hai.

MAN, PARITY 1, KANPUR

(Married for six years, with a four-year-old son)



to fully comprehend the complexity of fertility periods and processes. It is not easy for women and men to calculate, with certainty, when a woman is at highest risk of pregnancy during her menstrual cycle, largely due to lack of basic sexual and reproductive health knowledge, stemming from no sexuality education at schools. Further, sex and sexuality being highly contentious and stigmatized domains are not spoken about in public or even in private, making their comprehension broken and incomplete. Women and men were unable to calculate safe and unsafe days as per the standard days method and were half-informed about when to take oral pills. Moreover, married adolescents and women in their early 20s, had limited autonomy



Condoms are not enjoyable; they also burn and tear. 5 of the condoms I used, tore while I was using them.

MAN, PARITY 0, KANPUR

(Married for one year and two months, no children yet)

and were mostly unable to negotiate for sex-free days with their husbandsⁱ. However, when women were able to negotiate, they did so using various ways to avoid sex, for instance, sleeping in a separate room. Even with repeat pregnancies, there was no considerable change in the quotient of their reproductive health knowledge.


Further, men, boxed in their own gender roles, do not think they require to engage on issues of family planning or fertilityⁱⁱ. They do not show the need to understand the complexity of the fertility process, which leads to both inconsistent method-use and unwanted pregnancies. Unplanned pregnancies are common, especially in case of the first child, since knowledge is largely passed on from one generation to another, mostly through women, and accuracy is often lost.

Gendered pathway of knowledge and its role in perpetuating myths and misconceptions.

Evidence suggests that in the absence of credible sources of information, couples fall prey to many myths and misconceptions about family planning methods. Men reported that condoms have an oily substance which kills their “manhood” and weakens their sexual strength (Mosha & Ruben, 2013) (Chipeta, 2010). Many women believed that use of contraceptives affects male reproductive organs, causing men to become impotent. Studies also reported fear of future fertility impairment and menstrual irregularity as reasons which discourage couples from contraceptive use (Osei et al, 2014).

Social contexts also have a dominant role to play in shaping the health policies of a particular region. Evidence across low and middle income countries (LMICs) suggests that social contexts relating to acceptability of pregnancy outside marriage, age of marriage and age of sexual initiation have a considerable bearing on how health systems respond to the needs of young people. For instance, in Tanzania, the legal minimum age at marriage for women is 15 years with parental consent and pregnancies outside marriage extremely common (Sedekia et al., 2017), as opposed to India where legal minimum age at marriage is 18 years and pregnancies outside marriage highly stigmatized. The knowledge imparted by social contexts is controlled not just by social and kinship networks but also extends to health system actors.

It is pertinent to note the pathways and access points for knowledge are gendered too. The role of health systems in provisioning of correct and comprehensive information cannot be discounted as they are the main touchpoints for all health needs in a community. There are varying assumptions that frontline health workers and providers carry, such as, women being a woman would know about menstruation, reproduction and that men are best left away from such discussions.




ASHA never gives any information, she only comes for polio and not for all this (family planning). I get to know about this from my husband or I talk to my brother's wife, sometimes my mother.

WOMAN, PARITY 1, KANPUR

(Married for four years, with a one-and-a-half-year-old daughter)

Findings from our primary research show that the access points for men and women are quite different and so is the information that they receive. Our primary research suggests that for men, smartphones are the most accessed mediums of information. YouTube and Google are free and accessed through their voice activated interfaces. For women, men emerge as the key sources of

information on contraceptives; information transfers from them to their wives and it is seldom accurate. Sometimes, it is women from her natal family who provide her with this information. It was observed that women were more informed and less dependent on men for information in cases where they were educated or had access to technology or spaces which were not regulated by their husbands, for instance, on their own smartphone or women's group, etc. Further, power dynamics and limited knowledge and understanding of family planning and contraceptives have a considerable bearing on spousal communicationⁱⁱⁱ.



He (husband) got condoms but I refused to use them as my sister-in-law told me that she and her husband used it and it got stuck in her. I got scared and didn't want to use it.

WOMAN, PARITY 1, PURNEA

(Married for one year and six months, no children yet)

Couples also display immense belief in the experiences of others in their peer network when it comes to modern contraceptives. Instead of using modern contraception themselves, men and couples resort to these perceived experiences articulated by other peers and family members. In addition, in the absence of adequate spousal communication^{iv} between partners and uninhibited transfer of knowledge, a heavy reliance on these gendered silos of information-sharing prevent correct and consistent use of family planning methods.



Further, couples reported non-use of modern contraception due to stigma attached to access as well as disposal, especially in case of condoms. Many men resorted to traditional method use as it did not involve any tangible proof of use. For men and couples living in joint families, keeping condoms as well as disposing them posed a barrier to their consistent use as well.

Owing to the prevailing gaps in knowledge, restricted spousal communication and misinformation, the actual experience of using family planning methods is often risky and fragmented. Not only does this lead to unwanted pregnancies, abortions and other health complications, it also leads men and couples to altogether reject use of modern family planning methods for spacing.

SPECTRUM OF RESPONSES

Younger couples, from nuclear or joint families, had a diverse range of sources of information on family planning and contraception than older couples with two or more than 2 children and above. The primary circle of influence for women was mostly their husband, while the secondary

circle of influence was their natal household. For men, local pharmacists and smartphones were the usual go-to sources of information.

Further, couples where the woman and man, both were educated, there was an increased knowledge and understanding of method choice and less chance of myths around side-effects. Couples, of course had their own preferences and biases toward certain methods, irrespective of age and education.

Uneducated couples, both in urban or rural sites, displayed a poor understanding of the standard days^v method and used the withdrawal method^{vi} in a random and risky manner.



PATHWAYS TO ADDRESS THE BARRIER

All couples, irrespective of their education, age and wealth expressed an active desire to know more about contraceptives and family planning. This presents us an important opportunity to shape intention and use by providing them adequate knowledge at the right time with the privacy they desire.

- Advocate for schools to recognize sexual and reproductive health (SRH) needs of adolescents, be a site to provide correct and comprehensive SRH information to adolescents in a safe environment
- Facilitate the understanding of their body and body changes, biological processes among in women and girls, and men and boys to prepare them for informed decision-making on one's own body. This will further develop couples' understanding of their own fertility, biological vulnerabilities and side-effects of contraceptive use.
- Facilitate and provide shared terminologies for having open and comfortable dialogue about one's own body with the partner
- Provide easy tools to women and men to be able to calculate the risk period of pregnancy for each month and reiterate that even one unsafe sexual intercourse may lead to an unplanned pregnancy.
- Provide couples irrespective of their couple dynamics^{vii}, with multiple access points, which they can access independently and together, for gaining knowledge/reaffirmation of existing knowledge
- Facilitate couples in visualizing the distress a woman's body undertakes during acts of childbearing, abortions and contraceptive use. Thereby, having couples acknowledge the health risks involved within their decision-making process and aid them in identifying mitigating strategies.

COVID-19 IMPACT

The COVID-19 pandemic has further put the needs of women and girls on the backburner as other immediate needs related to COVID infection and care, food and economic security take precedence for most civil society and government functionaries. With schools closed down during the lockdown, adolescents stand further removed from their access points. With economic slowdown, loss of jobs and limited livelihood opportunities, many women and girls have lost their voice and bargaining power further restricting their access to resources and services. They are at higher risk of experiencing violence in domestic and public spaces. The small window of private time that women and girls had to themselves during the day is also lost with men at home for much longer hours. There are specific considerations that are neglected for adolescent boys too, many of whom grow in toxic masculine cultures, are physically and sexually abused, and are forced to migrate for work to bear the burden of sustaining their families.

The limited access to platforms and spaces, mobility to natal household or any other place is curtailed. In an already constrained environment, with restricted mobility and the disproportionate burden of unpaid care work, which will continue even in the aftermath of the lockdown, many girls would have minimal contact with the outside world.

While women's access to digital platform is restrained, COVID crisis has paced up use of digital platforms at the systemic levels. This could be used to provide accurate information on SRH and family planning to women and men to access at their convenience. To this effect, ICRW has conducted a rapid research^{viii} to understand the changes that COVID has brought to the family planning landscape.



ENDNOTES :

- i** Please refer to Thematic Barrier Six: Sex seen as a performance for men and duty for women.
- ii** Please refer to Thematic Barrier Five: Pressures of Fertility and Early Births.
- iii** Please refer to Thematic Barrier One: Inequitable Gender Norms.
- iv** Spousal communication: Communication between two intimate partners, the quality of which is determined by the presence/absence of conflict, emotional intimacy.
- v** Standard days method: It is based on fertility awareness; users must avoid unprotected sexual intercourse on days 8-19 of the menstrual cycle.
- vi** Withdrawal method: It is the practice of withdrawing the penis from the vagina and away from a woman's genitals before ejaculation to prevent pregnancy, it is to prevent the sperm from entering the vagina.
- vii** Couple dynamic: It is marked by levels of intimacy (both emotional and physical) and the nature of communication (fearful or confident) between two partners which defines the quality of their relationship.
- viii** ICRW conducted a rapid qualitative study to understand the impact of COVID on family planning needs of women and men and its implications on engaging young men and couples in family planning in Uttar Pradesh and Bihar. Please refer to Nanda, S. et al. (2020). Family Planning in Times of COVID-19 — A Remote Qualitative Study in Uttar Pradesh and Bihar. Research Brief. New Delhi: International Center for Research on Women.

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