An illustration of a man, a woman, and a child. The man is on the left, wearing a white shirt. The woman is on the right, wearing a white shirt with a green sash. The child is in the center, wearing a green shirt. They are all smiling and looking forward. The background is a textured yellow and orange gradient.

COUPLE ENGAGE THEMATIC BARRIERS

Engaging Men and Couples in Gender-Equitable Family Planning

INTRODUCTION

India was one of the first developing countries to launch a family planning program in 1951. For decades, the program focused on method specific family planning targets and encouraged its states to adopt a “two child policy” (Kongawad and Boodeppa, 2014). Given a highly gender normative sociocultural context, this policy focus has further reinforced norms such as son preference, sex selective abortions, marital sexual violence, and continued burden of family creation and fertility control on women. At the same time, the ideas of “family” have remained largely heteronormative and dismiss the inclusion of unmarried women, women living alone and people of different gender identities and sexual preferences from the family planning programs. The imagination of “family planning” does not account for aspirations of young people or even others who may wish to prevent unwanted pregnancies irrespective of age and marital status.

Further, family planning programming is largely built on the shoulders of women. While majority of programs send out the message that family planning is women’s responsibility, it is ironic that contraceptive decision-making still primarily lies with men.

The International Center for Research on Women (ICRW), in partnership with Vihara Innovation Network, undertook a project — Couple Engage — Doubling the Impact of Family Planning Interventions — to develop gender equitable approaches on engaging men and couples in family planning. This two-year project (2018-2020) was based in Uttar Pradesh and Bihar, India, and used evidence-driven approaches, including rigorous qualitative research and human centered design (HCD), for pathways and solutions.

Research questions that guided the various phases of the project were:

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

To address these questions, a global evidence review was conducted in Phase I. This was followed by an ethnographic, design immersion visits (henceforth referred to as immersion) in three districts each in the states of Bihar and Uttar Pradesh in Phase II.



Methodology for the Review of Evidence

In the first phase, our review focused on evidence from low and middle-income countries (LMICs). “Evidence” for this review

comprised peer-reviewed published articles and insights from program documents (K Seth, et al. 2020). The review of existing evidence enabled us to identify specific areas of inquiry for the field immersion visit, and multiple gaps that exist in the family planning discourse. It also stressed on the importance of using an HCD approach.



Preliminary Scan of Literature

An Initial Scan of literature on JSTOR and PubMed was conducted



Inclusion and Exclusion Criteria

- Age (18-24 years);
- Year of Publication (2008-19);
- Population (Men and Couples);
- Geography-LMICs



Finalization of Search Strategies

Search words and their combinations were finalized

Total Number of Titles and Abstracts Reviewed

- JSTOR-119
- PubMed-89

Total Number of Articles Selected from Each Database

- JSTOR-39
- PubMed-32
- Geography-LMICs

Total Articles Read

71 Articles (India-31)



Methodology for Immersion

In the second phase, we conducted primary research in Uttar Pradesh and Bihar through a HCD -driven ethnographic field enquiry. The key areas of enquiry were explored through a mix of participatory research tools and methods including in-depth interviews, focus group discussions and key informant interviews. The unit of analysis for the study were couples. Three staggered engagements were conducted to gather responses separately and collectively from women and men.

To catalyze the process of collecting data on difficult and sensitive themes around sex and contraception, the research team employed several design research tools that were carefully developed specifically to understand the users and their ecosystem that they inhabit. The design research questions aimed at gaining information on iconography, marketplaces, means of information dissemination, notions of art and aesthetics, digital behavior, consumer behavior, etc. The findings from these design probes inspired not only insights and learnings, but also paved the way for intervention directions developed in the subsequent phases of the project.

In-Depth Engagements with Married Couples

*First Engagement

- Socio-Demographic Profiling
- Visual Metaphor Elicitation
- Social Network Mapping

*Second Engagement

- In-depth Interviews
- Diurnal Mapping
- Technology Interaction

*Third Engagement

- Couple Engagement
- Couple Life Trajectory Mapping

Focus Group Discussion (FGD)

FGDs with three groups of community members — mothers-in-law, fathers-in-law and married/unmarried men — using a mix of both research and design tools such as statements based on popular culture. The discussions aimed at capturing opinions around family planning, norms of marriage, and sexual and reproductive health in the community. FGDs with married and unmarried men aimed to understand their perceptions around masculinity, gender roles and norms, and family planning motivations and inhibitions around it.

Key Informant Interviews (KIs)

KIs were conducted with key stakeholders in the community identified by the research team such as local partners program staff, community influencers, religious and political leaders, health systems actors and pharmacists. Interviews were conducted to understand the informant's own level of knowledge on family planning, perspectives and opinions n engaging men and couples on issues of family planning and contraception. Motivations, inhibitions and social norms around family planning prevailing in the community were also explored.

Activities	Bihar (Darbhanga, Begusarai, Purnea [Urban])	Uttar Pradesh (Kanpur, Gorakhpur [Rural], Gorakhpur [Urban])	Total
In-depth engagements	19	16	35
FGDs	8	3	11
KIs	14	14	28

DEVELOPMENT OF THE THEMATIC BARRIERS

Insights from evidence lie across the ecosystem inhabited by the couple, namely, the “couple space”, the immediate and extended family and community, systems and structures, and norms that surround them. Insights from immersion explained couples’ reproductive and relationship trajectory.

Together, data from the evidence review and immersion visit highlights the behavioral motivations and barriers for men

and couples in uptake of modern contraceptives through an interplay of norms, spousal communication and decision-making, while also unpacking nuances of masculinity, performance in sexual lives and aspirations of couples. These motivations and barriers were then mapped across the ecosystem and clustered thematically. The clustering resulted in following six thematic barriers, which inhibit couples from making equitable and informed contraceptive choices.



Thematic Barrier 1: Inequitable Gender Norms

Gender norms accord primacy to men and inhibit equitable spousal communication, collaborative decision-making, and efficacious contraceptive use



Thematic Barrier 2: Alienation of Men by the Health System

The existing health system fails to recognize the role of men in family planning, and is not equipped to engage them



Thematic Barrier 3: Inadequate Quality of Care in Family Planning

Sub-optimal quality of family planning services and follow-up care forces women to bear contraceptive related complications and side-effects, creates widespread fear and myths, and influences contraceptive choices



Thematic Barrier 4: Ever-widening Knowledge Gap

Incorrect and inadequate understanding of one’s own body, reproduction, family planning and contraception influence decision-making on contraception use and family planning



Thematic Barrier 5: Pressures of Fertility and First Births

Stuck between social norms and aspirations, couples negotiate with pressures of having the first child immediately after marriage



Thematic Barrier 6: Sex Seen as Performance for Men & Duty for Women

Sexuality is driven by gendered power play around consent, pleasure and performance, which influence decision-making on contraception choices and use

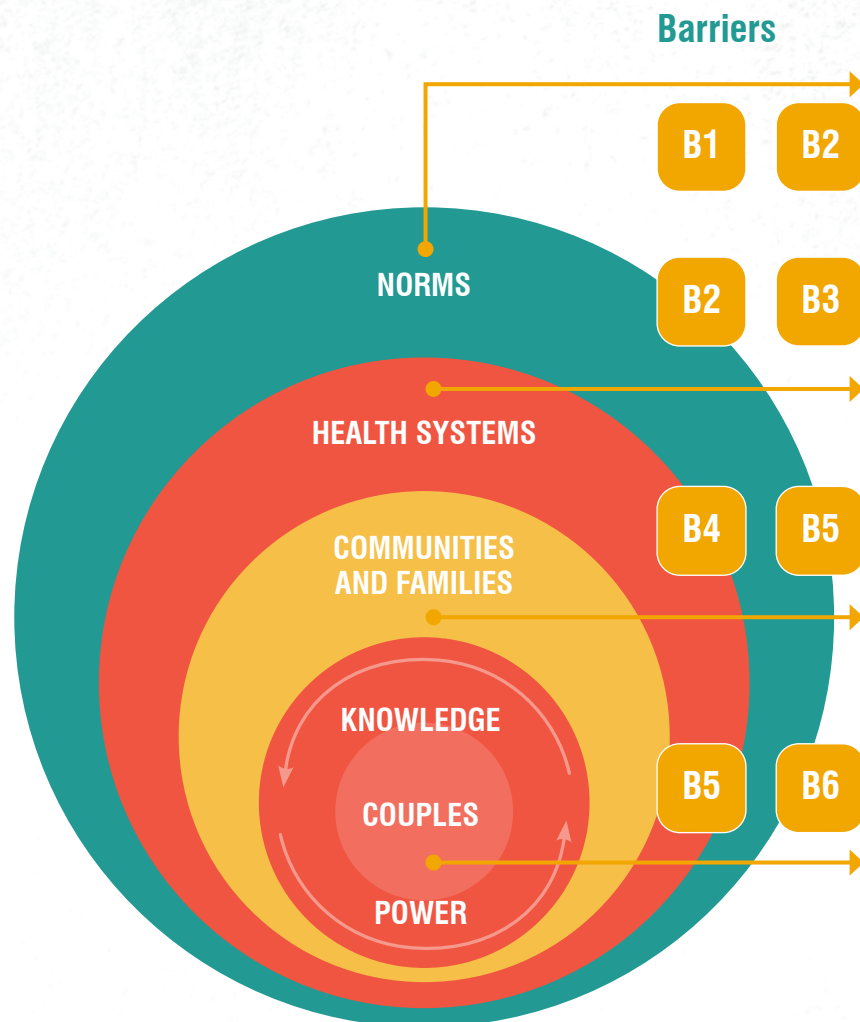


Figure 3: Position of the thematic barriers (B) across the ecosystem

Significance of the thematic barriers

These six thematic barriers present the key challenges to gender-equitable engagement of men in family planning and informed contraceptive uptake. These barriers constrain women and couples into a situation where they switch and experiment with limited contraceptive methods that they know of and could

Knowledge Frame

Harmful gender norms are pervasive in structures and individual lives. Masculinity, marriage and fertility norms are manifested in family planning policies, technical training of providers, quality of care aspects and engagement of FLWs with individuals and the community.

Family planning is not posed as a right, but a population control method. Gendered family planning programs, fragmented training and engagement of providers, providers bias, lack of client engagement and counselling, and positioning family planning only within marriage and birth spacing paradigms are some real challenges.

Community engagement on family planning is taboo and lacks meaningful avenues for participation. While frontline workers and end users are part of the same communities; it is hard to push for methods and approaches without an enabling community and family environment. Most often, norms perpetuated by society and gendered policies are further reinforced at this level.

Young couples are under immense pressure to perform their gender roles, extending to their fertility. Lack of knowledge, communication and decision-making skills, low earning capacity and nascent relationship bonds, couples are often at crossroads with multiple vulnerabilities. This space is highly influenced by knowledge on sex, reproduction, contraception, and power relations that affect women's agency and relationship dynamic of the couple. Together, these determine pathways for family planning uptake.

gain access to, without proper knowledge and understanding of the side effects and within a highly rigid, normative context with little skills and space to negotiate choices.

These barriers form the basis for developing 13 intervention directions and the overarching theory of change on gender-equitable engagement of young men and couples in family planning for informed and efficacious use of contraceptives.

The authors suggest that the six thematic briefs be read as the most significant barriers emerging out of our evidence review and immersion, across various levels of the ecosystem (please refer to Figure 3). While the thematic barriers exist at all levels of the ecosystem, some of them have a stronger influence on specific levels (please refer to Figure 3). These barriers are perpetuated by the primary actors of that level of the ecosystem and influence couples' contraceptive journey.

The barriers have not been boxed into a demand side and supply side classification deliberately, as that would not do justice to the nature of the data or analysis. The development and layering of these barriers are complex, with each of the barriers presenting demand and supply side components. This allows for reflection on the need for family planning programming to break out of the artificial compartmentalization and adopt a more comprehensive strategic lens to address these challenges.

ENDNOTES :

- i 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.
- ii Reproductive trajectory: It 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.
- iii Relationship trajectory: It refers to the stage and nature of the relationship between two sexual partners, and is determined by the stability and commitment to the relationship.
- iv Spousal communication: Communication between two intimate partners, the quality of which is determined by the presence/absence of conflict, emotional intimacy.

■ References

Kongawad, D. P., & Boodeppa, G. K. (2014). National Family Planning Programme—During the Five-Year Plans of India. *Journal of Evolution of Medical and Dental Sciences*, 3(19), 5172-5179.

■ Acknowledgements

These thematic barrier briefs are a product of collective effort, and research. We acknowledge the efforts of all those who were a part of data collection, conceptualization, and review of these briefs.

We are grateful to Siddharta Swarup at Facebook and Abhijeet Arun Pathak at the Gates Foundation for their consistent and valuable inputs throughout.

We acknowledge with gratitude our colleagues at ICRW Asia – Pranita Achyut for her invaluable insights, bringing in conceptual clarity and subject matter expertise on family planning, Ravi Verma for his key inputs at different stages of the project and his subject matter expertise on masculinity, Prerna Kumar for her insights on qualitative research and ethics and training the data collection teams. Sakshi Garg for program assistance and Ketaki V. Nagaraju for her design and editorial inputs.

We are thankful to Akhil Sain, Kisan Jha and Rai Ganguly for supporting us in data collection. We are also grateful to Archana John, Ritika Barman for translations and transcriptions.

We are extremely thankful to our quality assurance reviewer, Reshma Trasi from Pathfinder International for an in-depth review of these thematic barrier briefs and helping in bring more clarity.

■ Suggested Citation

Seth, K., Vachhar, K., Sahay, A., Joseph, J., Dutta, D., Yadav, K., Jha, S., Kumar, S., Nanda, S. (2020). *Couple Engage — Barriers to Gender-Equitable Engagement of Men and Couples in Family Planning*. New Delhi: International Center for Research on Women. Illustrations by Pradhan Thandra/ Vihara Innovation Network, 2020

■ Publication Rights

The research reported in this publication was conducted as part of a program, Couple Engage, undertaken by ICRW Asia in partnership with Vihara Innovation Network and supported by the Bill & Melinda Gates Foundation. The facts and information in this brief may be quoted/cited only for non-commercial use and with appropriate attribution.

