



# How Are Men & Couples Engaged in Family Planning?

— Learnings from a Review of Programs



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#### **Suggested Citation**

Sahay, A., Joseph, J., Prashad, V.P., Yadav, K., Jha, S., Vachhar, K., Seth, K. 2021. "How are Men and Couples Engaged in Family Planning?" Learnings from a Review of Programs. New Delhi: International Center for Research on Women.

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# **How Are Men & Couples Engaged in Family Planning?**

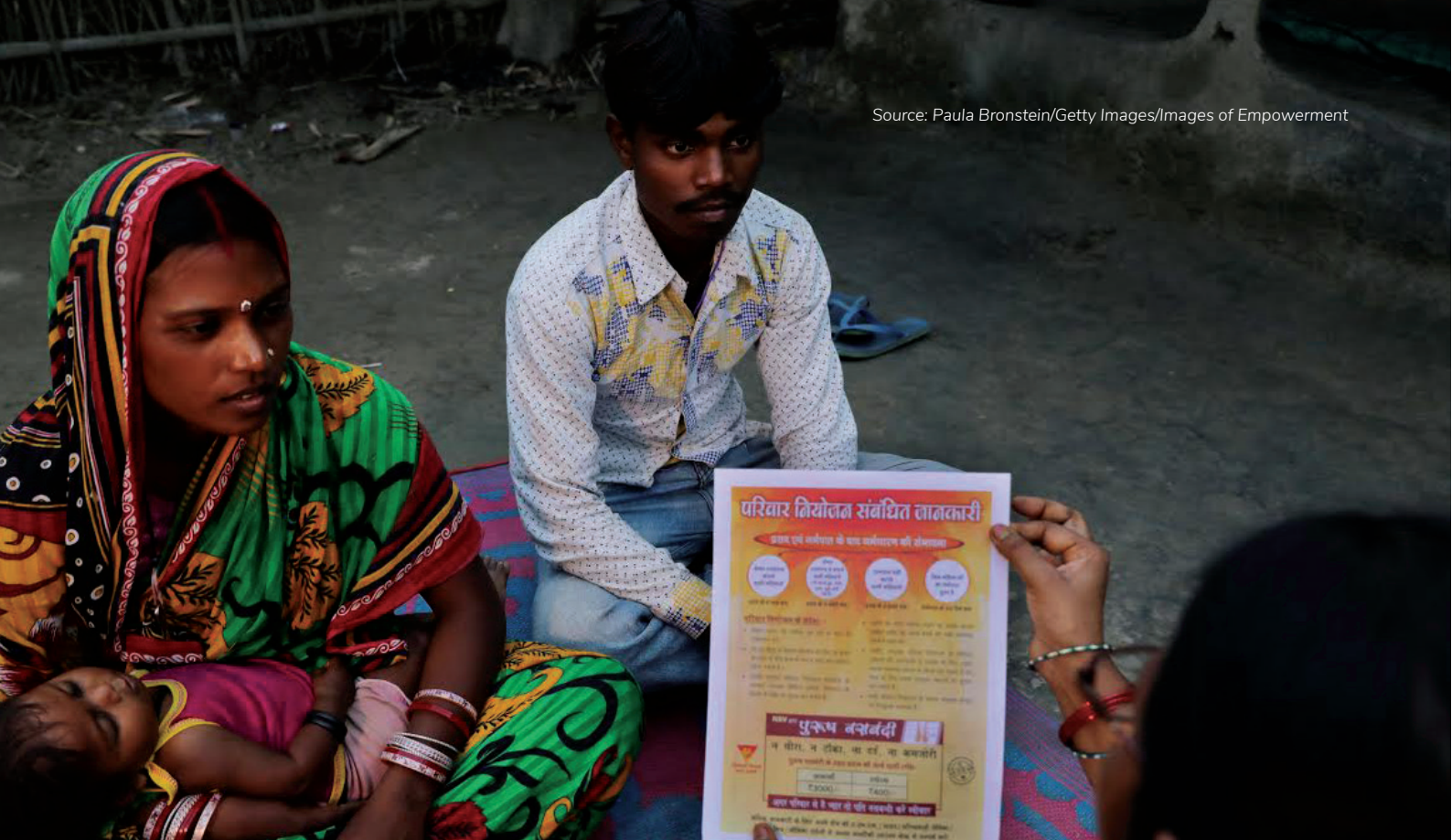
— Learnings from a Review of Programs

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# Abbreviations

ANC	Antenatal Care
CA	Community Activists
CAT	Community Action Team
CHAMPION	Channeling Men's Positive Involvement in the National HIV/AIDS Response
DTC	Direct to Consumer
FP	Family Planning
HCD	Human Centered Design
HEW	Health Extension Workers
IPC	Interpersonal Communication
MMA	Matasa Masan Arewa
OCP	Oral Contraceptive Pills
PNC	Postnatal Care
PRACHAR	Promoting Change in Reproductive Behavior in Bihar
RH	Reproductive Health
RMP	Rural Medical Practitioners
SASA!	Start, Awareness, Support, Action
SBC	Social and Behavior Change
SMS	Short Message Service
SRH	Sexual and Reproductive Health
TBA	Training Birth Attendants



## Introduction

It is widely established that men play a key role in decisions around family planning,<sup>1</sup> 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 programs, they have not been systematic or sustained. Further, we do not clearly understand the motivations and barriers for young men (18-30 years) to participate in equitable family planning decision-making and contraceptive uptake,<sup>2</sup> and ways in which programs can make male engagement in family planning a sustainable reality.

The **International Center for Research on Women (ICRW)**, in partnership with **Vihara Innovation Network**, undertook the **Couple Engage** project to develop gender-equitable approaches on male engagement for spacing methods. Focused on Uttar Pradesh and Bihar, India, the project used an evidence-driven approach to provide pathways and solutions to increase family planning among young men and couples through literature review and human-centered design (HCD).<sup>3</sup>

This report presents learnings and insights from programs reviewed as part of a larger synthesis of evidence on strategies and approaches to engage young men and couples in family planning.

<sup>1</sup>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).

<sup>2</sup>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)

<sup>3</sup>Human Centered Design: HCD is an overarching approach to solutioneering, product and strategy development that keeps the users, their welfare, choices, lived experience, constraints, needs, aspirations, preferences, their future potential and their context at its core. Its application in research takes from a confluence of disciplines (design and anthropology) and curates understandings from the lived experience to help inform and inspire a vision for a future that is rooted in the construction of the present. Unlike traditional research, human centred design research is intervention oriented. While it captures the context, it also actively discovers opportunities for interventions and dynamically guides the research inquiry to better understand and affirm these opportunities. Its application in solution development enables teams to consistently check assumptions and keep user preferences over systemic priorities, open up and work with a divergent set of possibilities and solution concepts and subsequently design with careful attention to crafting intentional end-user experiences, social, spatial, visual, technological or otherwise that will lead to outcomes desired.



# Objective and Methodology

**T**his review synthesized learnings from programs that engage young men and couples on sexual and reproductive health (SRH) with a focus on family planning and contraceptive use. In particular, this review examined and identified:

- a. gender-integrated approaches which could engage and interest young men and couples in reproductive health and family planning;
- b. channels or combination of channels employed for reaching men independently and jointly with women at scale; and
- c. considerations for engaging men and couples in family planning programs.

The review informed intervention directions and concepts built during the later phases of the project. Programs reviewed also helped to identify opportunity areas for developing prototypes within the **Couple Engage** project.

Over the past few decades, evidence in the public domain has mostly and quite sufficiently answered why there is a pressing need to engage men in family planning programs. However, evidence on how to operationalize this need into action points has remained low.

We undertook a preliminary scan of programs in low- and middle-income countries and identified a total of 22 HCD and non-HCD programs. Then, using three inclusion criteria — programs that targeted men, women and/or couples; programs that are ongoing or completed in last ten years; and programs that are gender

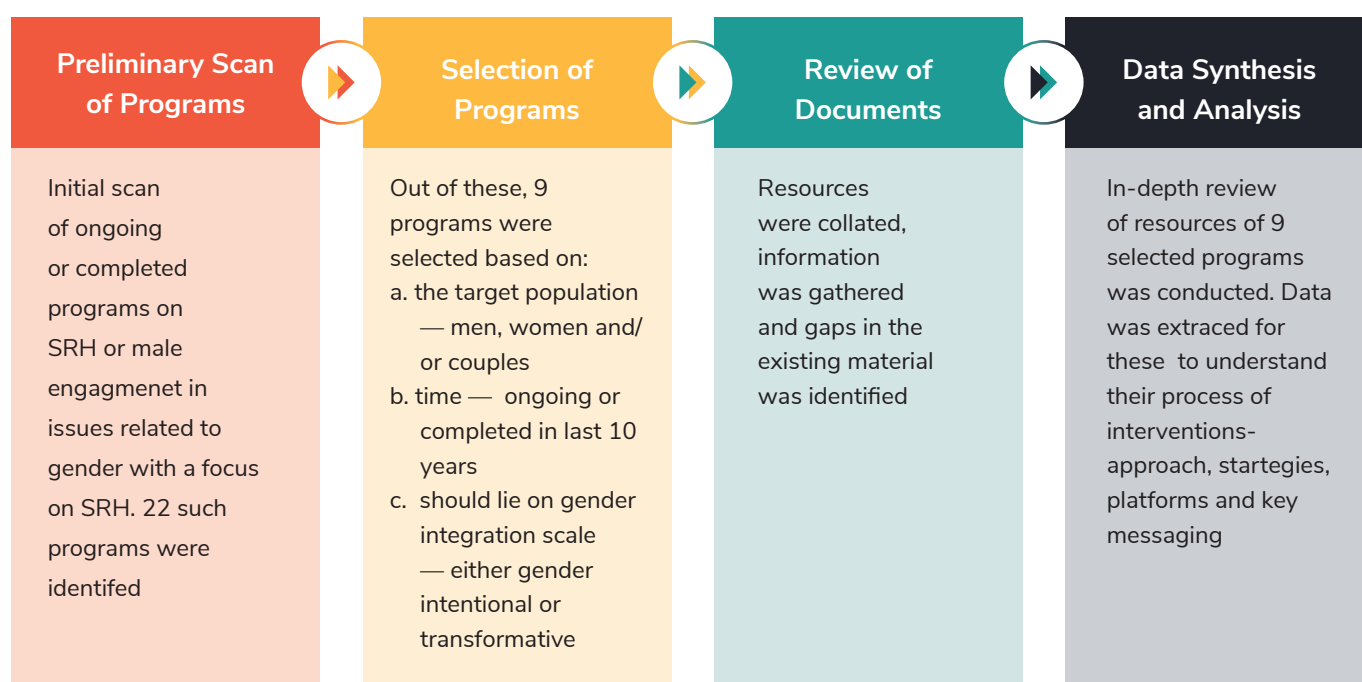


Figure 1: Overview of Selection of Programs

intentional (recognize gender power dynamics and associated risks) or transformative (recognize and work on shifting gender power dynamics) — we identified nine programs for in-depth review (please refer to Figure 1). We included the SASA! Program (please refer to Annexure 1), though it did not focus on SRH, due to its effective male engagement approaches. Thus, nine programs — three HCD and six non-HCD programs were reviewed. Please refer to Table 1 for the list of the programs and Annexure 1 for details.

**Table 1: List of Reviewed Programs**

Name of Program	Duration	Countries	HCD
Smart Couple	2014 (1000 days program)	Nepal	
PRACHAR (Promoting Change in Reproductive Behavior in Bihar) — Phases I and III	2001-2013	India	
SASA! (Start, Awareness, Support & Action)	2007-2012	Uganda	
A360 (Adolescent 360)	2016-2020	Nigeria, Ethiopia, Tanzania	√
Male Malawi Motivators	2008	Malawi	
Project Ujjwal	2013- 2016	India	
CHAMPION (Channeling Men's Positive Involvement in the National HIV/AIDS Response)	2008-2014	Tanzania	
Promoting Health — Adjusting the Reproductive Environment (Transform/PHARE)	2014-2019	Benin, Burkina Faso, Cote Di'Vioire, Niger	√
Cyber Rwanda	2016	Rwanda	√



Source: Paula Bronstein/Getty Images/Images of Empowerment



# Approaches Used by Programs to Engage Men & Couples

**W**e reviewed programs to understand the approaches based on level of engagement with various stakeholders in the ecosystem with specific emphasis on engagement of men in varying capacities and gender integration.

## Level of engagement with various stakeholders within the ecosystem

The centrality of many family planning programs lies in multi-level engagement. Most programs have engaged men and women, both individually and as a couple. They involved them through various channels. Some programs have also adopted a more holistic approach and engaged other stakeholders who strongly influence family planning decision-making and contraceptive use.

Recognizing the role of normative and contextual factors, some programs used a socio-ecological model and engaged with actors at various levels such as social networks, health system and policies. This has ensured that family planning enters public discourse. It has also enabled creation of safe spaces for men and couples to make informed decisions and demand for quality family planning services with support from the wider ecosystem.

Depending on their focal areas, some programs were able to influence both demand and supply side, while some leaned toward engaging with men and women to create demand, others worked closely with health systems and community stakeholders. Please refer to Annexure 2 for details.

## Level of engagement with men in varying capacities

Constructively engaging men often focuses on three specific potential areas for male involvement: men as clients, men as supportive partners and men as influencers or agents of change (Harrington et al., 2016). Engaging men as clients as well as partners in family planning and SRH has remained a challenge since men continue to perceive 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).

Among the programs reviewed, one program, Project Ujjwal (Refer to Annexure 2) engaged men only as clients, while four programs engaged them only as partners. Four programs — PRACHAR, A360, Male Malawi Motivators and Transform/ PHARE — involved men both as clients and partners. Engagement of men as partners without positioning them as family planning clients may

**Table 2: Engagement of Men in Programs**

Project Name	Men as Clients	Men as Partners	Men as Influencers
SASA!		√	√
PRACHAR	√	√	√
CHAMPION		√	
Smart Couple		√	
A360	√	√	
Ujjwal	√		
Malawi Male Motivators	√	√	
Transform / PHARE	√	√	√
Cyber Rwanda		√	√

inhibit the collaborative decision-making process and shared responsibility of contraceptive use. Four programs (SASA!, PRACHAR, Transform/PHARE and Cyber Rwanda) engaged men as influencers. Only two programs out of nine—PRACHAR and Transform/PHARE — engaged men in all three roles. Although beyond the scope of this review, an analysis of comparative advantages of engaging men in different roles in different contexts can inform future programming.

## Positioning across the continuum of gender integration

Programs were reviewed on the Gender Integration Marker (Bill & Melinda Gates Foundation, 2020)<sup>4</sup> — gender unintentional, gender intentional and gender transformative — to enable identification of gender transformative approaches for engaging men and couples:

### 1) Gender Intentional

These are programs that include:

- o a description and analysis of the potential risks (unintended consequences) that may arise from targeting gender gaps or gender inequality; and
- o activities and outputs that engage men or research their potential role in the achievement of gender equality outcomes and that result in benefits for all.

### 2) Gender Transformative

In addition to those mentioned under gender intentional programs, gender transformative interventions aim to accomplish two tasks:

- o a clear articulation of how underlying gender power relations and gender gaps in control or agency over resources affect how people experience the problem; and
- o an explicit intention to address underlying gender power relations and gender gaps/barriers in agency or control over resources.

Based on available resources, our analysis indicates that seven programs (out of nine) are gender transformative. However, some of these have components/phases which are gender intentional. These have been highlighted in Table 2. Some elements of gender unintentionality were also identified within programs. For instance, phase 3 of the PRACHAR program recognized dominance of men in contraceptive choices and engaged them to influence their decisions but did not work to transform power relations between partners. Similarly, under A360, messaging on **#FertilityFirst** heightened the premium on motherhood in those communities.

**Table 3: Approaches of Programs on the Gender Continuum**

Program	Key Features of the Program
<b>Gender Intentional</b>	
<b>PRACHAR</b>	<b>Phase 3:</b> Built on the existing norm of men as key decision-makers of family planning decisions and contraceptive uptake, the program included <b>Male Change Agents</b> who talked to men. However, the program did not use the engagement to challenge and transform inequitable gender power relations (Pathfinder International).
<b>Smart Couple</b>	Campaign was based on the key “teachable moments”, or life-stage events, when couples can make “smart” family planning decisions in the <b>first “1,000 days (three years)”</b> of marriage— wedding, birth of their first child, and the time when they have their desired number of children(HC3, 2015).
<b>Project Ujjwal</b>	Laying focus on <b>supply-side factors</b> , the program aimed at improving accessibility and generate demand for contraception among women. While the program worked to enhance women’s access to family planning services and products through “Ujjwal Saathis”, it did not analyze and address potential risks to women making decisions on family planning (Palladium, 2017).

<sup>4</sup>The Bill & Melinda Gates Foundation. (2020). Gender Integration Guide. The Bill & Melinda Gates Foundation. Retrieved from: [https://www.gatesgenderequalitytoolbox.org/wp-content/uploads/BMGF-Gender-Integration-GUIDE\\_May-2020.pdf](https://www.gatesgenderequalitytoolbox.org/wp-content/uploads/BMGF-Gender-Integration-GUIDE_May-2020.pdf)



Program	Key Features of the Program
Cyber Rwanda	<ul style="list-style-type: none"> <li>The program recognized the <b>individual silos</b> within which men and women function, especially with respect to reproductive health. An early learning from the program was that <b>men have significant decision-making power</b> in relationships, but like women from the community, they had <b>little or no knowledge</b> about contraception.</li> <li>However, understanding community sensibilities, the program chose to <b>educate the sexually active male population</b> and continued to engage with the youth, thereby creating a domino effect wherein the knowledge transferred from men to women.</li> </ul>
<b>Gender Transformative</b>	
SASA!	<ul style="list-style-type: none"> <li>Using <b>gender power analysis</b> (VeneKlasen et al, 2002) of violence against women, the program brought the concepts of power (power within, power over, power with, power to) to everyday language and experiences. It stimulated personal reflections on norms and enabled critical thinking among community members (Raising Voices, 2015).</li> <li>The program used <b>mixed sex sessions</b>, where both women and men were present. The mixed-sex activities provided the opportunity to present perspectives of women and men, and discussions on those together. Learning the viewpoints of the other sex while also having the opportunity to one's own voice deepened the understanding of the issue and positioning non-violence as beneficial for all (ibid).</li> </ul>
PRACHAR	<p><b>Phase 1: Nav Dampatti Swagat Samaroh or Newlywed Couples' Welcome Celebration</b> activity for newlyweds which provided an enabling environment for collaborative decision-making through couple-making<sup>5</sup> during the nascent years of marriage.</p> <ul style="list-style-type: none"> <li>Activities attempted to generate new emotional connections.</li> <li>Short plays, games, and couple activities led to discussions of SRH and family planning, elements of happy family life, economics of raising children, and participation in decision-making. One activity detailed the costs associated with having a new baby.</li> <li>Skits illustrated strategies to negotiate with parents or in-laws who pressure couples for childbearing.</li> </ul>

<sup>5</sup>Couple-making: It refers to the various stages of a couple's life, beginning from the early initial phase to childbearing to gradually progressing in their relationship and reproductive trajectory. 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

Program	Key Features of the Program
<b>CHAMPION</b> <b>(Channeling Men's Positive Involvement in the National HIV/AIDS Response)</b>	<ul style="list-style-type: none"> <li>Implementation of the <b>Men as Partners (MAP) Curriculum</b> gave men and women space to examine harmful gender norms and practices, enhance their knowledge and skills to promote gender equity, reduce HIV risk, and improve SRH outcomes (Engender Health, 2014).</li> <li><b>MAP group education workshops:</b> The manual was further adapted for use with mixed groups of men and women (rather than men only), based on the hypothesis that social transformation requires the exposure of both sexes to more gender-equitable attitudes (ibid).</li> </ul>
<b>A360</b>	<ul style="list-style-type: none"> <li><b>Kuwa Mjanja (Be Smart)</b> events linked girls to on-demand contraceptive counselling and services through inspirational sessions coupled with training on entrepreneurial skills, such as making and selling their own products.</li> <li><b>#GirlWithaPlan:</b> Reframed choice to use contraceptives as a personal commitment to being a "girl with a plan." Contraceptives are the first step to making that plan a reality. The focus is not on sex but agency of girls.</li> <li><b>Health Extension Workers</b> positioned the use of contraception as an instrument to validate the goals and aspirations of young girls and couples.</li> <li>Family planning services are conceived to help them assess the financial value of their goals and materialize them into reality in the best way possible (PSI, 2019).</li> </ul> <p>The program emphasizes on positioning family planning as a right to adolescent girls to enhance their agency in making informed choices (PSI, 2017).</p>
<b>Male Malawi Motivators</b>	<ul style="list-style-type: none"> <li><b>Male motivators</b>, were married men identified within the community, chosen to share their own experiences of using family planning services with other men. They engaged men in discussions on rigid gender roles and norms and their influence on health outcomes to enable them to <b>challenge the notion that a large family is a sign of virility</b>.</li> <li>Motivators also promoted spousal/partner communication by encouraging men to participate in decisions related to family planning and family size. They also helped them practice discussing fertility and contraceptive desires with their partners, with an emphasis on <b>joint decision-making</b> (Shatuk et al, 2011).</li> </ul>
<b>Transform/PHARE</b>	<ul style="list-style-type: none"> <li>Through their <b>DIDIER — Engaging Young Men in the Informal Sector</b> initiative, the program tried to <b>refute existing gendered norms</b> and notions regarding gender roles in relationships and contraceptive use. This was crucial as within the program community, often women who purchased contraceptives were vilified and men were suspicious of them. At the same time, men often thought that giving into contraceptives was unnecessary and emasculating.</li> <li>The program developed a <b>text message-based narrative</b> wherein the protagonist Didier is presented with questions on contraceptive use and how women should be treated. Didier seeks advice and is provided with contrasting opinions: one is gender aware; the other is gender blind.</li> <li>Through SMS, Facebook, and events, the audience follows the story and can vote on how it progresses at key moments. As the story progresses, Didier chooses <b>irresponsible contraception choices</b>, he experiences the serious <b>consequences of his actions</b>. When Didier makes <b>good choices</b>, he experiences <b>success</b> (Ideo.org &amp; PSI, 2017).</li> <li>Through the <b>Helping Girls in Benin take Control of their Reproductive Future and their Financial Life</b> initiative, the program aimed at building agency by inspiring girls to learn new skills and make smart reproductive health decisions for their future.</li> <li>Health educators connected the ability of girls to create and sell their crafts with their ability to <b>protect themselves from unwanted pregnancy</b>. While girls worked on their projects, a health educator delivered a health talk, making the connection between their new skills and the importance of protecting their bodies and their future.</li> <li>The initiative enabled young girls to develop skills and enhance their agency to jointly <b>contribute to reproductive decision-making</b> in the future. It also provided them with adequate information on contraception, reproduction, and sex (Ideo.org &amp; PSI, 2018).</li> </ul>



## Communication Strategies Used by Programs to Engage Men and Couples

All programs had varied ways of engaging with men and couples. In this report, we focus on four categories of communication channels based on their level of reach:

Table 4: Channels used by Programs

Program	Interpersonal Communication	Community Based	Digital and Social Media	Mass Media
SASA!	√	√		
PRACHAR		√		
CHAMPION		√		
Smart Couple		√	√	√
A360	√			
Project Ujjwal	√	√		
Male Malawi Motivators	√			
Transform/PHARE		√	√	
Cyber Rwanda			√	

- Interpersonal Communication (IPC)** are those that involve one-to-one or small group interaction and exchange. Examples include counselling, peer education, hotlines, parent-child, teacher-student or spousal communication, and support groups.
- Community-based Interventions** are those that are designed for/with and carried out in communities. These could include local theater, songs, community radio or television, community events, community dialogue, community mobilization or advocacy, outreach, or sports.



3. **Digital and social media** are digitized content such as video, text, images, and audio that can be transmitted over the internet or mobile networks.
4. **Mass media** is any means of communication that reaches a large amount of people. Examples include television, radio, newspapers, movies, magazines, etc. (USAID, Compass for SBC)

The activities carried out within the programs were specific and related to the channel used to conduct it. Most of the programs used a mix of two or more channels to successfully bring about social and behavioral change among different target audiences. Specific elements that facilitated HCD process have also been featured to provide insights on how unique user-center approaches could enable social and behavioral change across channels.

## A. Interpersonal Communication Interventions

### Target Audience – Married Men and Women

Community motivators were identified as a meaningful cohort to begin conversations on family planning and other SRH issues. Usually, male motivators are identified for engaging men as they are more likely to be comfortable in talking to male peers, particularly around sensitive domains such as family planning. Male peers have remained a primary source of reliable information for young men on matters of sex, family planning and contraception (Mistik et al, 2003).

Based on this understanding, **Male Malawi Motivators** chose local married men in Malawi to positively influence the attitudes and contraceptive practices of other men (Shatuk et al, 2011). All **male motivators** were above 30 years, which gave them greater social credibility and allowed them to contextualize family planning realities for the participants.

Processes followed by male motivators or agents:

- Participants were provided with information on modern family planning options and local facilities offering these methods, and they were instructed on correct condom use. Motivators were trained to **provide information** and help build skills, not to pressure individuals into contraceptive use.



- Male motivators **shared their own personal experiences**, engaging in discussions with participants in exploring how rigid gender norms can lead to negative outcomes and challenging the notion that more children is a sign of virility.
- Motivators also addressed **partner communication** by encouraging men to become involved in decisions related to family planning and family size; and helping them learn communication skills to express their fertility and contraceptive desires, and engage in joint decision-making processes with their partners.

The **SASA! program** also utilized **male and female community activists (CAs)**. Keeping in mind the gender power relations, SASA! activities were led by female and male CAs from the same community (Raising Voices, 2015). The SASA! Program experimented with sessions led by same sex CAs (women talking to female CAs, men talking to male CAs) and other sex CAs. While same sex CAs made participants more comfortable to share and take advice, some participants valued engagement of other sex CAs. For example, some men perceived that a female CA could provide a woman's perspective, offering better insight into a man's situation with his wife. Overall, both same-sex and other-sex interactions influenced engagement within SASA! and supported change in different ways, suggesting that there is value in having women and men facilitating activities in each community (Raising Voices, 2015).

Under the **A360 program** in Nigeria, the **Matasa Matan Arewa (MMA)** utilized **male and female interpersonal communicators** to engage young women and men using varied strategies:

- Male communicators discussed contraception with husbands, using health of the baby and mother as an entry point to encourage husbands to refer their adolescent wives to a female mentor or to a clinic for counseling.
- Male IPC agents engaged with men when they would be sitting in groups with other men in evenings and educated men (husbands/male partners, fathers-in-law) on the health benefits of child spacing.
- MMA also incorporated sensitization work with religious leaders and communities, to emphasize the benefits of child spacing (Itad, 2018).

The **A360 program** in Ethiopia introduced targeted financial messaging designed to help rural Ethiopian girls aged 15-19 and their husbands to plan for their families and the lives that they want. Local navigators conducted a door-to-door search and identified the young couples in the area, and introduced them to Smart



Source: Paula Bronstein/Getty Images/Images of Empowerment



Start. Navigators were young female mentors trained to bring “warmth and lightness” to counselling sessions as they present materials (PSI, 2019). The tools included:

- **The Baby Calculator Discussion Aid:** This supported the consistent delivery of targeted financial messaging designed to help adolescent rural couples plan for the families and lives that they want. It also aided couples to identify their future aspirations and present family planning as an instrument to achieve them together. It provided complex information to low literacy couples through pictorial representation of the financial implications of additional resources required to raise more children. It also highlighted the importance of spacing between children, i.e., only after basic needs of the family are met should couples plan for the next child.
- **The Smart Start Goal Card:** This take-home card allowed girls to write out the plans they discussed, and the name and contact of the health extension worker they received counseling from. The card became a tangible reminder that extended the conversation well after the counseling session.
- **The Smart Follow-Up:** Smart Follow-Up established processes to enable Health Extension Workers (HEWs) build lifelong relationships with girls (PSI, 2019).

**Project Ujjwal** built a cadre of community motivators known as “Ujjwal Saathis”. They used various IPC toolkits (phone app, mobile SD cards for method specific education films, frequently asked questions book) and developed several short films.

- 12 films of 2-3-minute each featuring local eminent doctors explaining different family planning methods were developed. These were used by Ujjwal Saathis and Ujjwal clinics. (Please refer to Annexure 2)
- 11 films of 3-minute each featuring real stories of couples from Bihar and Odisha who have adopted specific contraceptive methods were developed. The films captured reasons for use and their perceived benefits.
- 8-minute long soap opera format fictional films on contraceptive methods featuring the socio-cultural barriers and the pathway to use for a particular contraceptive method were also developed. In addition, television advertisements featuring contraceptive methods were developed.



Source: Paula Bronstein/Getty Images/Images of Empowerment

All these films were kept in method-wise folders on SD cards and were given to Ujjwal Saathis (Modugu et al, 2018).

The interactive use of IPC tool kits built upon the message being communicated by “passive media” (print/electronic) and aided a higher recall, thereby increasing the chances of a positive behavior change. To improve the health indices and to achieve the desired behavior change, it is suggested to have a comprehensive media mix comprising mass (radio/television), mid (IPC, interactive live/video shows) and static (print/SD cards) media focusing on a particular thematic area and determinants. (ibid)

An **Ujjwal Helpline** was also set up to answer questions of potential clients (Palladium, 2017). The Ujjwal Saathis were trained to provide need- and method-specific client counseling and mobilization, myth busting, safety and side-effects of different family planning methods and costs (Modugu et al, 2018).

## B. Community-based Interventions

*In addition to concentrated efforts on increasing engagement of men and couples, various sporadic but meaningful initiatives were taken by the programs to engage with the community through workshops, door-to-door canvassing, health fairs, etc.*

**Target Audience: Young girls and boys, men and women, and family elders.**

Transform/PHARE project led the **Helping Girls in Benin take Control of their Reproductive Future and their Financial Life initiative** to conduct vocational workshops to increase the agency of girls. **Académie de l'Artisanat** inspired girls to learn new skills; and leveraged that agency to help them make smart reproductive health decisions for their future. These workshops were held at safe locations where SRH services could be offered. Information about the workshop was disseminated through posters in schools, community centers, hospitals, and other public places of gathering (Ideo.org & PSI, 2018).

### How did the HCD approach help?

The program used live prototypes to learn what worked, and what did not, and arrived at a solution that was best suited to the needs of girls. The HCD approach further helped to learn, refine, assess and solve for viability and feasibility of possible design solutions to reduce potential risks. Health educators use scripts and talking points from the Académie to help them make these connections; starter scripts are included in the **Live Prototyping Playbook**.

The **CHAMPION** program also engaged **community influencers** with their MAP (Men as Partners) curriculum. Engaging influential ward, district, and national leaders into these workshops with men gave them a chance to understand, support, champion and employ concepts of gender transformation in a more systemic manner (Engender Health, 2014).

In addition to this, a cadre of 280 **community action team (CAT) members** and more than 2,000 peer health educators were trained and mobilized to spread CHAMPION's messages and inspire behavior change within their communities. Whenever required, the CAT members linked communities with HIV testing and counseling (HTC) services (Engender Health, 2014).

**PRACHAR program** in Bihar also assigned **community change agents**, who were local men and women from the community appointed by religious leaders. Building their capacity to understand RH/family planning and communicate about these issues with sensitivity through culturally appropriate approaches and content was key to the success of the project.

Key responsibilities and processes followed by the change agents:

- Young married women with one child were **visited several times at their homes**, often together with their mothers in-law. Women were invited to at least three **group meetings** run by female change agents, while their husbands attended meetings run by male change agents.
- Change agents also did campaigning through **door-to-door canvassing**, wherein young couples received a **small lunchbox** containing condoms and oral contraceptive pills to encourage immediate adoption of contraception. Careful explanations of the different kinds of contraceptives and their use were also initiated at welcome ceremonies and followed-up on in the coming weeks (Pathfinder International, 2005).

Key successes or high points of this cadre:

- Joint exposure of young married couples to RH information was associated with the highest odds of using contraception.
- Exposure of men alone to interventions was more effective than exposure of women only, which may reflect men's greater decision-making power regarding contraception.
- It was expected that providing information about RH and sexuality to young people would pose significant challenges because of community taboos against discussion of these topics. However, since the project involved all major stakeholders, it was able to positively affect behavior and increase young couples' contraceptive use (Pathfinder International).

**PRACHAR program** successfully raised awareness and support for family planning and birth spacing in intervention communities, and proved that it is possible to persuade young couples to use contraceptives (Daniel et al., 2008).

Under **Project Ujjwal**, *Ujjwal Saathis* also aimed to increase demand for family planning and RH services by providing contraception screening and counseling to prospective clients. In addition to **distributing products** such as clean birth kits through the clinics, condoms and other contraceptives are being marketed and distributed through both the *Saathis* and a complementary system using other retail points of sale (Palladium, 2017). In order to increase the number of sites providing quality clinical family planning services and to



Source: Paula Bronstein/Getty Images/Images of Empowerment



motivate the couples to use them, a tiered social franchising network of more than 300 private clinics and 6,000 community-based social entrepreneurs (Ujjwal Saathis) were set-up in all districts of Bihar and Odisha (Modugu et al, 2018).

The **SASA! Program** engaged with men through community theater; outreach at men's drinking joints, garages, carpentries and marketplaces, sporting events; and community conversations and door-to-door quick chats (Raising Voices, 2015).

The **Smart Couple** program in Nepal was one of a kind with **celebrity endorsements** wherein Miss Nepal attended events with husband. In addition, **health fairs** featuring national sitcom artists, using an infotainment approach with **skits portraying the different life stages** and incorporating smart family planning choices were also held. The program also included **community events**, dramas for young people, newlyweds, expectant mothers and new mothers (HC3, 2015).

Various other programs have also provided carefully designed, community-oriented information through meetings, leaflets and posters as they have shown to be a powerful means of generating demand for and utilization of health and social services.

## C. Digital and Social Media

*Across programs, the use of digital and social media was recognized as an effective medium of engagement with couples and other stakeholders.*

**Target Audience: Young boys and girls, married men and married women**

In Transform/PHARE project, the **DIDIER - Engaging Young Men in the Informal Sector** conducted live interactions on social media. The program used dating advice as an entry point to sensitize young men about the benefits of supporting their partners' needs and reproductive choices. Technology was used in the following ways:

1. **Messaging:** A piece of the story is delivered in 160 characters every day via WhatsApp or SMS, creating suspense and drawing in readers.
2. **Live Show:** Young men can meet Didier's characters and chat with positive role models about sex and relationships.
3. **Facebook:** A Facebook page was created to provide fun space for members to chat, ask questions, and learn from positive role models through Didier-themed content (Ideo.org & PSI, 2017).

### How did the HCD approach help?

The DIDIER initiative generated behavioural archetypes, which guided designing of various digital media platforms for engaging men on gender issues. Identifying archetypes through HCD approach-based activities permitted designing these messages to create solutions targeted to a particular archetype's receptiveness to a messaging service delivery platform. This led to high acceptance and participation of young men in various activities.

The **Cyber Rwanda program** leveraged upon **DTC (Direct to Consumer)** platform to seamlessly integrate employment skills with on-demand health information and products for Rwandan youth. The program weaved together choose-your-own-adventure storylines, games to test knowledge, a robust resource directory, an

interactive SMS chatbot, online ordering, and a clinic locator to deliver integrated age-appropriate family planning and RH information, employment skills, and linkage to high-quality, youth-friendly services.

### How did the HCD approach help?

Co-designing the digital platform with Rwandan youth ensured that the end-users were centrally positioned during the product development process. It also allowed for an organic iterative design approach toward the end product that positioned the platform to gain receptiveness and reduced the load on testing.

The **Smart Couple** program in Nepal promoted better family planning through the ideals of “smart couple” on social media platforms. On Valentine’s Day — February 14, 2016 — the campaign announced a **Facebook contest** asking couples to visit their page and post that they agreed to commit to using family planning, and upload a photo of themselves. Out of the 2,400 submissions, 10 winners were chosen. Campaign’s anthem “Hami haun ajaka smart dampati” (We are today’s smart couples) became quite popular (HC3, 2015). The program also developed the Smart Client approach — a **digital health tool**. The Smart Client/Couple mobile phone tools were designed to be broadly applicable and relevant for women and men of reproductive age with a wide range of demographic characteristics, all of whom may benefit from strengthening their smart client skills (HC3, 2017).

Through this approach, users are introduced to “smart skills,” that, when practiced, help them become informed, empowered, and confident clients/couples. The three skills are THINK, TALK and SHARE, and variations of these skills come up before, during and after counseling, such as:

- Before counseling, they **THINK** about their fertility desires; explore potential family planning methods that fit their lives and needs; consider any concerns or questions they have about starting family planning or about their current method; and discuss fertility desires and family planning with their partner.
- During counseling, they **TALK** and actively participate in the discussion with their provider, raise concerns openly, provide information requested and ask their own questions. They also make the final decision (alone or with their partner) on whether to use family planning, which method to use and whether to switch methods or discontinue use if they are current users.
- After counseling, they feel confident about using the family planning method as intended, handle side-effects, seek out information they need, continue using the method as long as they want to avoid or delay pregnancy or make the decision to switch to another method, and return to the provider with concerns or questions, to continue with a method or to get another method. As satisfied users, they **SHARE** and advocate with their friends and family about family planning (HC3, 2017).

## D. Mass Media

### Target Audience – varied

The **Smart Couple** program also developed five **television commercials** with corresponding **radio commercials** and billboard designs portraying the same storyline. Media planning covered all major national news and entertainment TV channels. Media coverage also included placements in national radio, network radio, and **regional FM** stations (e.g., Radio Nepal, Kantipur FM, and Image FM) (HC3, 2015).

# Bridging the Gap – Engaging Health Providers and Frontline Workers to Effectively Engage Men & Couples in Family Planning

Programs covered in this review also included strategies and activities such as capacity building of frontline workers, rural medical practitioners (RMPs), doctors and other health system actors, to strengthen delivery of family planning services.

The **PRACHAR program** invested in **training the local informal health providers** such as traditional birth attendants (TBAs) and RMPs. Although the TBAs and RMPs have minimal formal training, they represent the community's first line of defense against illness at the village level.

- **Training of TBAs:** TBAs were trained to conduct clean deliveries in rudimentary home conditions of the poor. Training objectives included enhancing knowledge and skills required for childbirth, providing aid and advice to pregnant women and their families, and teaching about immediate and exclusive breastfeeding and prevention of infection during and after delivery.
- **Training of RMPs:** RMPs can be powerful voices for the elimination of popular myths and misconceptions about RH and family planning, particularly false impressions people commonly have about different kinds of contraception. The training for RMPs was directed toward understanding and serving the RH and family planning needs of the youth. It included:
  - ❖ information on RH and family planning, conception, the importance of delaying first birth and spacing between births, and the advantages and disadvantages of all forms of contraception;
  - ❖ correct use of emergency contraception; and
  - ❖ information on the dangers of medication for hastening labor and the need for timely referral of women with complications (Pathfinder International, 2005).



Source: Ketaki Nagaraju/ICRW Asia



**Project Ujjwal** made dedicated efforts to improve access RH and family planning services to meet the demands of young men and couples. It operated on three levels:

1. **Level 1:** Level 1 Clinics were *Ujjwal* clinics based in district headquarters. These clinics have a trained gynecologist and offer family planning and RH services including both temporary and permanent contraceptive methods.
2. **Level 2:** Level 2 Rural *Ujjwal* Merrygold clinics were clinics with 5-10 beds, based at sub-divisional level, with the capacity and equipment to provide standard antenatal check-ups (ANC) normal deliveries and postnatal care (PNC).
3. **Level 3:** The *Ujjwal* Saathis were community-based entrepreneurs who were trained to provide need and method specific client counseling and mobilization; myth busting; safety and side-effects of different family planning methods and costs; spread awareness about family planning and encourage potential users to utilize the network for availing services (Center for Health Market Innovations, 2020).

Key takeaways from the *Ujjwal* program:

- *Ujjwal* Saathis had enhanced knowledge and skills on family planning to counsel clients.
- Training materials enhanced their confidence to communicate with couples.
- Pregnancy Test Kit and Oral Contraceptive Pills (OCPs) generated major revenue for the *Ujjwal* Saathis.
- Use of the mHealth mobile app during counseling had a positive impact on couples.
- Challenges in communicating with couples largely related to myths and side effects.
- Community members (68 percent in Odisha and 20 percent in Bihar) considered *Ujjwal* Saathis as an inspiration.



Source: Ketaki Nagaraju/ICRW Asia



## Recommendations for Engaging Men and Couples

Family planning is governed by unequal gender norms that influence stakeholders at all levels of the ecosystem — the health system, communities, family members and the intimate space of couples. There is ample evidence on the influence of underlying gendered power dynamics between couples on the contraceptive decision-making process, and the dominance of men in decision-making and the burden on women to adhere to those decisions (Seth et al, 2020). Yet, few programs have systematically intervened at various levels of ecosystem and disrupted this power imbalance.

This review of nine gender transformative or gender intentional programs provides a synthesis of learnings around strategies, channels and communication approaches used to engage men and other stakeholders to challenge and change gender power dynamics, promote informed and collaborative contraceptive decision-making and use.

We present key considerations and recommendations suggested by the programs reviewed. Programmers and implementors should consider and leverage the following recommendations while designing interventions.

1. **Formation of Community Change Clubs after the end of interventions** — Programs should encourage community motivators/activists to form community change clubs (CCCs) to serve as peer support networks so that participants could continue dialogue on sensitive issues and seek support even after a program ends. Gender transformation is a long and arduous journey, and it is safe to assume that some men may still hold inequitable views on gender norms, have questions on several issues including HIV/STI prevention, contraceptive use, physical violence, domestic chores and parenting. Refresher workshops



(possibly as part of the CCCs) and linkage with relevant services would be important to help participants continue to progress in their reflections around gender equality and understanding on various health issues (Engender Health, 2014).

2. **Encourage simultaneous involvement of partners** — Engaging both partners may be more effective in facilitating change in intimate relationships, provided both partners freely choose and desire this. Care needs to be taken to safeguard against increased risk of violence against women (Raising Voices, 2015). This also requires an understanding of the couple dynamic.
3. **Aspirational programming to catalyze growing conversation in couples** — Community conversations, dramas and communication materials that are aspirational rather than punitive toward either sex can give participants practical ideas on how to talk about family planning and other relationship issues with others in the community. These types of activities also provide opportunities for practicing difficult one-on-one relationship discussions that people may wish to have with their partners (Raising Voices, 2015).
4. **Co-creation of knowledge and content with community** — Knowledge and demand can be increased even in low-literacy settings, through information, content, and communications (IEC) that are properly developed with community inputs and feedback (Engender Health, 2005).
5. **Gender divide on access to technology** — Although technological interventions are fast and upcoming, programs also point to the gender divide that exists in access and availability to digital platforms for women. For instance, in campaigns on abortion, women were more participative in reading the content, but they were not commenting whereas men would comment and participate. Therefore, maintaining anonymity is crucial for women while looking for personal insights, particularly in settings where many women do not have personal and secured access to technology.
6. **Women's access to information** — Equipping women and men with similar digital platforms is not enough, programs should also be mindful of the often-stringent restrictions and monitoring of content consumed by young women. Many women and adolescent girls remain deprived of reliable sources of information due to lack of freedom to access information around sexual intimacy, safe sex, family planning. Providing channels to girls and young women to consume information about their bodies without fear of backlash and negative implications is necessary for correct use of family planning.
7. **Sensitive Content Creation for Family Planning** — Family planning is still an uncomfortable topic for many and therefore, content creation strategy must consider contextual sensibilities. Community influencers are usually comfortable talking about other issues such as finances and health of children. These could be used as entry points to layer family planning messaging for ensuring feasibility, both in terms of delivering such information and for community consumption.

# Way Forward

**A**ssessing programs along the gender integration continuum helps practitioners and researchers better understand what gender transformative programs must incorporate. It also points to the potential challenges that the program may encounter in its transformative journey.

Using a gender lens, this review creates a nuanced understanding of the various approaches and communication channels that family planning programs use for engaging men in different roles — as clients, influencers and partners. This review outlines the need for family planning programs to recognize the value of engaging men as supportive partners. This could make men more accountable for their family planning choices and alter the lop-sided power dynamic between couples, which could help initiate better spousal communication and joint decision-making processes.

Review of evidence conducted under this project (Seth et al, 2020) suggests that the pathway to gender-equitable engagement of men and couples has interrelations with knowledge and power, both of which together shape couples' family planning choices. Keeping within the purview of these two pillars — knowledge and power — this programmatic review takes us a step further in understanding the multitude of strategies, channels and media used to engage men and couples, and the relevance of using a HCD approach in designing interventions.



Source: Paula Bronstein/Getty Images/Images of Empowerment





## Limitations

**T**he key sources for this review were the program documents available in the public domain. The team was able to review other material and tools used in various programs, which helped in further delineating the process of implementation and strategies used in the programs.

Program documentation such as third-party evaluation reports, impact assessments were not available. As some of the programs were also ongoing at the time of the review, detailed documents were not available. Hence, it is difficult to comment on what worked and what did not work or identify feasible and successful interventions and activities.

Due to the information gap, authors were not able to identify operational challenges that may have been hurdles in achieving the intended outcomes of the program. In this sense, we present this review not as an in-depth assessment of how well programs have been able to engage men and couples, but instead, as a synthesis of learnings on how programs have engaged men and couples for both program implementors and researchers.

This review has been a foundational piece in developing the intervention directions and concepts for the **Couple Engage** project.

# References

- Hardee, K., Kumar, J., Newman, K., Bakamjian, L., Harris, S., Rodríguez, M., & Brown, W. Voluntary, Human Rights—Based Family Planning: A Conceptual Framework. 45(1), 1-18. Retrieved from <http://www.jstor.org/stable/23654769>
- Mistik, S. E. L. Ç. U. K., Naçar, M. E. L. İ. S., Mazicioğlu, M., & Çetinkaya, F. E. V. Z. İ. Y. E. (2003). Married men's opinions and involvement regarding family planning in rural areas. *Contraception*, 67(2), 133-137.
- Seth, K., Nanda, S., Sahay, A., Verma, R., Achyut, P. (2020). "It's on Him Too" – Pathways to Engage Men in Family Planning: Evidence Review. New Delhi: International Center for Research on Women
- Raising Voices, LSHTM and CEDOVIP. (2015). Is Violence Against Women Preventable? Findings from the SASA! Study summarized for general audiences. Kampala, Uganda: Raising Voices.
- Raising Voices. (2015). "Stronger together: Engaging both women and men in SASA! to prevent violence against women." Learning from Practice Series, No. 4: Research Perspectives. Kampala, Uganda: Raising Voices. Available online at <http://raisingvoices.org/resources/>
- The CHAMPION Project. (2014). Engaging Men as Partners® in health: Promoting equitable gender norms through male engagement in Tanzania CHAMPION Brief No. 2. Dar es Salaam: EngenderHealth/CHAMPION Project.
- PSI. (2017). The Case of Kuwa Mjanja in Tanzania; Adolescents360. Available online at A360LearningHub.org.
- PSI 2019, Smart Start Training; Adolescents 360. Available online at A360LearningHub.org.
- Shattuck, D., Kerner, B., Gilles, K., Hartmann, M., Ng'ombe, T., & Guest, G. (2011). Encouraging contraceptive uptake by motivating men to communicate about family planning: the Malawi Male Motivator project. *American journal of public health*, 101(6), 1089-1095.
- Health Community Capacity Collaborative. (2017). Smart Client and Smart Couple: Digital Health Tools to Empower Women and Couples for Family Planning PART 1: Background & Description
- Health Community Capacity Collaboration. (2015). Distributed Social and Behavior Change Communication Capacity Enables Nepal's Young Married Couples to Make Smart Family Planning Choices
- Health Community Capacity Collaboration. (2015). Entering the Conversation: A Study in User-Centered Communication and Family Planning Decision-Making in Nepal
- Palladium, 2017. Expanding Health Markets in India: the Ujjwal Network
- Ideo.org & PSI. (2017). Didier: Engaging Young Men in the Informal Sector. Retrieved from <https://www.thecompassforsbc.org/project-examples/didier-engaging-young-men-informal-sector>
- Ideo.org & PSI. (2018). Helping girls in Benin take control of their reproductive future and their financial life., Retrieved from <https://www.thecompassforsbc.org/project-examples/academie-de-lartisanat-helping-girls-benin-take-control-their-reproductive-future>
- Shekhar.N. Involving Men to Increase Family Planning: Case of Rural Bihar, India. Presentation, Pathfinder International
- Pathfinder International. (2005). Promoting Change in the Reproductive Behavior of Youth; Pathfinder International's PRACHAR Project, Bihar, India
- Daniel, E. E., Masilamani, R., & Rahman, M. (2008). The effect of community-based reproductive health communication interventions on contraceptive use among young married couples in Bihar, India. *International family planning perspectives*, 189-197
- Modugu, H. R., Panda, R., Liberhan, T., & Bhanot, A. (2018). Entertainment education shows for increased uptake of family planning services and improved health seeking behavior in rural India. *Demography India*, 47(2), 83-99
- USAID, Compass for SBC, How to Develop A Communication Strategy?, <https://www.thecompassforsbc.org/how-to-guides/how-develop-communication-strategy>
- VeneKlasen, L., & Miller, V. (2002). Power and empowerment. PLA notes, 43, 39-41.
- Itad (2018). Adolescent 360 Evaluation, what do service providers think about contraceptive service provision to 15-19-year-old girls in Nigeria? Retrieved from [https://www.itad.com/wp-content/uploads/2019/01/A360\\_PAR-case-study\\_Nigeria\\_Dec-18.pdf](https://www.itad.com/wp-content/uploads/2019/01/A360_PAR-case-study_Nigeria_Dec-18.pdf)

# Annexures

**Annexure 1: Basic Information on Programs**

Project	Duration	Status	Organization(s)	HCD approach	Objectives
<b>Smart Couple</b>	2014 - 1000 days program	Complete	Health Communication Capacity Collaborative	No	To increasing access to modern contraception to young, low-parity Nepali couples (those with one or two children) using a multi-channel approach, with high-quality television and radio spots, as well as the use of other media.
<b>PRACHAR</b>	2001-2013	Complete	Pathfinder International, funded by Packard Foundation and United Nations Population Fund	No	To empower young couples and adolescents to adopt healthy reproductive behaviors and tackle social norms that pressure them to marry and have children before they are ready.
<b>SASA!</b>	2007-2012	Complete	Raising Voices	No	To address a core driver of violence against women and HIV: the imbalance of power between women and men, girls and boys.
<b>CHAMPION</b>	2008-2014	Complete	Engender Health in partnership with FHI 360, funded by USAID	No	To promote a national dialogue about gender roles, and to increase gender-equitable beliefs and behaviors. Through this increased dialogue, the project aims to reduce the vulnerability of men, women, and children to HIV/AIDS and other adverse reproductive health outcomes.
<b>Project Ujjwal</b>	2013 to 2016	Complete	Funded by UK Aid Implementation: Palladium in partnership with Hindustan Latex Family Planning Promotion Trust, Public Health Foundation of India, Johns Hopkins University Centre for Communication Programs and Oxford Policy Management.	No	To set up a tiered network of clinics which will provide quality family planning services at a standardised price.
<b>Male Malawi Motivators</b>	2008	Complete	Save The Children	No	To promote male involvement in contraceptive use through the information-motivation-behavioral skills (IMB) model.
<b>A360</b>	2016-2020	Complete	PSI funded by Bill & Melinda Gates Foundation and Children's Investment Fund Foundation	Yes	To increase the demand for and voluntary uptake of modern contraceptives among adolescent girls 15-19-years-old across Nigeria, Tanzania and Ethiopia.



Project	Duration	Status	Organization(s)	HCD approach	Objectives
Cyber Rwanda	2018-2022	Ongoing	Y Labs in partnership with Society of Family Health and YTH. Funded by USAID and Packard Foundation	Yes	CyberRwanda uses youth-centered design to create a fun, interactive, and inspirational Direct to Consumer (DTC) platform that seamlessly integrates employment skills with on-demand health information and products for Rwandan youth.
Transform/ PHARE (Promoting Health - Adjusting the Reproductive Environment)	2014-2019	Complete	Innovation Design Engineering Organization and PSI	Yes	<p><b>Helping girls in Benin take control of their reproductive future and their financial life:</b> To apply human-centered design to increase demand for contraception amongst out-of-school adolescent girls in Dassa-Zoumè, Benin.</p> <p><b>DIDIER - Engaging Young Men in the Informal Sector:</b> To apply human-centered design to engage and promote the dialogue among young men working in the informal sector and their partners about contraception and family planning.</p>

## Annexure 2: Level of Engagement with Various Stakeholders Within Programs

Program	Stakeholders	Description
<b>Level of Engagement</b>		
Smart Couple	<ul style="list-style-type: none"> <li>Men and women</li> <li>Couples</li> <li>Family elders</li> <li>Health system actors</li> <li>Community workers</li> </ul>	<ul style="list-style-type: none"> <li><b>HC3 Approach :</b> The communicative field spans <b>three types of exchange</b>, all of which coexist and interact.</li> <li>Communication <b>between spouses</b>, among <b>family members</b> and with discussion partners to coordinate attention to relevant information, and form joint intentions and decisions on family planning.</li> <li>Face-to-face communication with the health system, with <b>health service providers</b> and <b>community workers</b>.</li> </ul>
Adolescents 360 (A360)	<ul style="list-style-type: none"> <li>Couples</li> <li>Adolescent girls</li> <li>Married women</li> <li>Health workers</li> </ul>	<p><b>HCD Approach:</b> For repositioning contraceptive use for <b>adolescent girls (15-19 years)</b> and <b>couples</b> to delay childbirth. This was done by:</p> <ul style="list-style-type: none"> <li>Positioning contraception as appropriate to all <b>girls</b> to safeguard their future; explored ways of creating new ways for girls to earn social status and joy and they delay childbearing.</li> <li><b>Educating couples</b> on contraception and plan for their future by laying focus on current needs and goals, position contraception as first step of achieving immediate goals and have baby whenever ready. They conducted a few sessions separately with men and women.</li> <li>Disseminating messages through <b>well-trained health workers</b> equipped with well-designed tools to leverage factors of legitimacy and familiarity.</li> <li>Community based demand creation where they live and work so that family planning can be appealing to <b>girls and couples</b> even before first birth.</li> </ul>
PRACHAR (Promoting Change in Reproductive Behaviour)	<ul style="list-style-type: none"> <li>Adolescent boys</li> <li>Adolescent girls</li> <li>Couples</li> <li>Married men</li> <li>Married women</li> </ul>	<ul style="list-style-type: none"> <li>The program focused on <b>unmarried adolescents</b> aged 15–19. Sessions for <b>boys and girls</b> were delivered separately.</li> <li>The third phase of the program also focused on <b>married young and men</b> with the aim to examine the relationship between exposure of men to PRACHAR communication activities and contraceptive use.</li> </ul>
SASA! (Start, Awareness, Support, Action)	<ul style="list-style-type: none"> <li>Couples</li> <li>Men</li> <li>Women</li> </ul>	<ul style="list-style-type: none"> <li>SASA! used the <b>Ecological</b> Model for understanding what puts people at risk of violence and opportunities for prevention.</li> <li>It engaged people and institutions in all circles of influence (individual, interpersonal, community, societal) in all phases of SASA! (Raising Voices, 2015).</li> </ul>

Program	Stakeholders	Description
CHAMPION	<ul style="list-style-type: none"> <li>Men</li> <li>Family and friends</li> <li>Social institutions</li> <li>Health facilities</li> <li>Public policy</li> </ul>	<ul style="list-style-type: none"> <li>The CHAMPION project focused on increasing <b>men's</b> positive involvement in Tanzania's national response to HIV.</li> <li>CHAMPION adopted the <b>ecological</b> model as the conceptual basis for promoting positive change in gender norms and behaviors. The overriding assumption was that to change individual behavior, the target must not only be individuals but also the social environment in which they live.</li> <li>Different elements of society influence the relationships between individuals and their environment, among them individual (in terms of knowledge, attitudes, and skills); <b>interpersonal and community</b> (family, friends and social networks), <b>organizational</b> (social institutions and health facilities); the <b>workplace</b>; and <b>public policy</b> (national laws and policies).</li> </ul>
Malawi Male Motivators	<ul style="list-style-type: none"> <li>Men</li> </ul>	<ul style="list-style-type: none"> <li>With the aim to improve family planning uptake in Malawi, the program developed interventions to reach <b>married men</b>.</li> <li>Based on the <b>information- motivation model (IMB model)</b> (Fishcher et al, 1992) for promotion of male involvement in contraceptive use. In this model, motivation to adopt a preventive practice and the provision of relevant information lead to the activation of behavior skills and the consequent adoption and maintenance of behaviour change.</li> </ul>
Ujjwal	<ul style="list-style-type: none"> <li>Men</li> <li>Women</li> <li>Couples</li> </ul>	<ul style="list-style-type: none"> <li>Through a <b>360-degree "surround and engage" approach</b>, a comprehensive social marketing campaign was implemented using a mix of mass media, interpersonal communication, and digital health tools.</li> <li>The campaign generated demand for family planning by developing awareness and motivating behavior change and linking <b>young men, women, and married couples</b> to a network of Ujjwal Clinics.</li> </ul>
Cyber Rwanda	<ul style="list-style-type: none"> <li>Adolescent boys</li> <li>Adolescent girls</li> <li>Couples</li> </ul>	<ul style="list-style-type: none"> <li><b>HCD approach</b> - DTC (direct to consumer) approach to create a fun, interactive, and seamlessly integrates employment skills with on-demand health information and products for Rwandan <b>youth</b>.</li> <li><b>Iterations on the Supply Side:</b> The program tackled cultural norms, provider bias, and the lack of information about the need for family planning and reproductive health among <b>young couples</b>.</li> </ul>
Helping girls in Benin take control of their reproductive future and their financial life – Transform/ PHARE	<ul style="list-style-type: none"> <li>Adolescent girls</li> <li>Adolescent boys</li> <li>Family</li> <li>Health care practitioners</li> <li>Religious leaders</li> <li>Community influencers</li> </ul>	<ul style="list-style-type: none"> <li><b>HCD approach</b> – The program provided young girls with the opportunity to develop skills through vocational workshops.</li> <li>They <b>engaged girls</b> and enabled them to build self-efficacy while learning about contraception.</li> <li>They also talked to key influencers such as <b>young boys, parents, siblings, teachers, health care practitioners, religious leaders</b>, and other community influencers to gain empathy for young girls and deeply understand their motivations, aspirations, and rationales for having sex.</li> </ul>
DIDIER - Engaging Young Men in the Informal Sector – Transform/ PHARE	<ul style="list-style-type: none"> <li>Men</li> </ul>	<ul style="list-style-type: none"> <li><b>HCD + Media approach</b> to engage and promote the dialogue among <b>young men</b> working in the informal sector and their partners about contraception and family planning.</li> <li>Engaged <b>men</b> in gender sensitization and dialogue to shift their behaviors toward more supportive reproductive choices for themselves and their partners.</li> </ul>

## References

- Fisher JD, Fisher WA. Changing AIDS-risk behavior. Psychol Bull. 1992;111(3):455---474.
- Raising Voices. 2015. "Stronger together: Engaging both women and men in SASA! to prevent violence against women." Learning From Practice Series, No. 4: Research Perspectives. Kampala, Uganda: Raising Voices. Retrieved from <http://raisingvoices.org/resources/>

# Acknowledgments

This programmatic brief is a product of collective effort, study and research. We thank **Siddharta Swarup** for sharing initial insights as a social and behavior change expert. We also thank **Abhijeet Arun Pathak** at the Bill & Melinda Gates Foundation for his guidance throughout the project. We would like to thank our partners, **Vihara Innovation Network** for their efforts.

We acknowledge with gratitude our colleagues at ICRW Asia – **Pranita Achyut** for her invaluable insights, bringing in conceptual clarity and expertise in family planning, **Ravi Verma** for his support throughout the project and guidance on conceptualizing the review with his valuable inputs, **Amajit Mukherjee** as our internal quality assurance reviewer for his in-depth review and feedback, **Sharmishtha Nanda** for her insights at different stages of the project and expertise in family planning.

We thank **Sakshi Garg** for operations support for this project and **Ketaki V. Nagaraju** for her design and editorial inputs.





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