



# INEQUITABLE GENDER NORMS

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



## CONTEXT

Unequal gender norms accord privileges and entitlement to some which often shapes who has greater say on what matters, why and how those decisions are taken. These norms give way to male-centered and dominated decision-making on most matters pertaining to both public and private spheres. All key decisions — from household purchases to contraceptive use — are made by men. However, with changing family structures, increased exposure and access to technology, young couples negotiate on some of these domains. With the pandemic of COVID-19 influencing all domains of individuals' and couples' lives, working on addressing inequitable norms and attitudes is even more essential.

This thematic brief provides evidence from global literature and primary research in Uttar Pradesh and Bihar on how gender norms influence the couples' space, their communication and decision-making. It unpacks the inequality of power in the relations of the couple, the woman and the man, and its effect on their family planning choices and contraceptive uptake.

This will enable researchers and programmers in the family planning landscape to understand the nuances of the couple dynamic<sup>1</sup> and potential pathways to address some of these inequalities.

## HOW THIS THEME WAS EXPLORED

Male and female respondents were asked a series of questions on decision-making processes in their households, purchases and spending, sexual negotiations, fertility and contraceptive choices. To elicit open responses, in-depth conversations were held with each participant. Further, tools such as trust circles (wherein participants mapped out their network of family and friends they trusted with different kinds of matters) and visual metaphor elicitation (wherein the respondent picked visual metaphors that they thought best described their and their partner's personalities) were used. This was a cross-cutting theme as it drew from different domains of couples' relationship trajectory.

It explored how different decisions are made in their households, the initiations and negotiations within them, weaving in aspects of family planning choices and contraceptive use.



# KEY INSIGHTS

**Pressures on men to provide for the family; as providers they also assume the role of heads of household and decision-makers.**

Literature suggests that both women and men agree it is the main duty of a man to provide sufficiently for the family (Turan, et al., 2001) and maintain “a good standard of living”. As providers, men also assume the role of the “head of household” and act as key decision-makers. With such strong notions of masculinity in play, men also fear that if they approve of family planning and allow their wives to use contraception, they will lose their role as head of the family (Gibbs, 2016). Additionally, mention or use of family planning methods is often associated with infidelity of women and wives being unfaithful. (Mosha et al., 2013).

**I got married when I was 19 and started earning as well. I went to Bikaner and started working as a Rajmistri there so that I have sufficient money for my visually impaired brother, and also to pay off the loan that I took for medical reasons for complications during my wife’s pregnancy.**

**MAN, PARITY 1, DARBHANGA**

*(Married for six years, with a three-year-old daughter)*

**He (husband) is not able to get enough money to support both our children (in tears). I have an older daughter and I fear that my younger son will not be old enough to provide for his sister’s marriage.**

**WOMAN, PARITY 2, BEGUSARAI**

*(Married for eight years, with two children, an eight-year-old daughter and a four-year old son)*

While there are heightened pressures to play the role of a provider, findings from our primary research in Uttar Pradesh and Bihar reveal that young men also express how difficult life-circumstances, inherited power and gender role expectations push them to internalize notions of “manhood” and linked “responsibilities” early on in their lives, for which they do not feel equipped or prepared. While this “manhood” accords them with privileges, it also burdens them.

Due to illnesses and deaths in the family, usually of the father, many men could not complete their education and had to provide for their families. Ensuring that their siblings are educated and married, accumulating dowry for sisters’ marriages, managing family debt acquired during emergencies were just some of the reasons cited by men in relation to the pressures they faced.



Men's inability to provide for resources is also a pertinent point of conflict between couples. Men often feel pressured to take on this role and perform it with utmost intensity and any lack in being able to play this defined gender role is a big dent on their self-evaluation and morale. Not fulfilling the expectations of an 'ideal' provider for the household pushes men into distress.

### **Unequal power relations amongst couples inhibit open communication, and collaborative decision-making.**

Studies also suggest that knowledge of women around contraceptive methods also has a key role to play as women are unable to argue in support of a particular method if they do not possess complete information around it. Men, in turn, find it easier to dismiss a method in these cases. Literature as well as findings from primary research indicate that men are both the conveyors and gatekeepers of information around family planning.<sup>ii</sup> Men leverage upon this gatekeeping role to take decisions pertaining to family planning, with or without consulting with their wives. At best, men inform their partners about the decision being taken and women are expected to

**I never say anything around sex or contraception, he tells me when he wants to have sex and we have it... we do not talk about all this, he just lets me know what he wants.**

**WOMAN, PARITY 1, GORAKHPUR (URBAN)**  
(Married for two years, with a one-year-old son)

**When I was not married, and I was out for work in Mumbai I used to try condoms there but I am married now and do not use them anymore.**

**MAN, PARITY 1, GORAKHPUR (URBAN)**  
(Married for two years, with a one-year-old son)

accept it. With such a lopsided power dynamic and decision-making process, contraceptive use is least efficacious. Further, men also associate the use of contraception with infidelity on part of their wives and believe such an act may lead to their losing their honor in their community, thus do not approve use of contraception within committed, long-term relationships (Mosha & Ruben, 2013).

Findings from our primary research indicate that notions of infidelity are particularly true in case of migrant men, where the men themselves have had sexual exposure before or outside marriage<sup>iii</sup>. In most cases, migrant men admitted to having used contraception and condoms, and associated it with sex outside

**We do everything with *niyyam-sayyam* (control) and there is no problem ever. As a man, I have the ability to control and that helps us, and we need not use anything else.**

**MAN, PARITY 2, KANPUR**  
(Married for four years, with a three-year-old son and a daughter of less than a year)

marriage. Men fear that use of contraception within marriage will be suggestive of them not only losing the role of provider, but also that of a performer, a procreator<sup>iv</sup> as well as the head of household. Such inferences were drawn both by migrant and non-migrant men, where they resisted using any contraception and repeatedly articulated the use of “control” (or niyyam-saiyyam) for regulating their sexual impulses during the act as well as the frequency of sexual intimacy. This is often inferred as being able to control their sexual behavior to the extent that the need to use contraception is minimized.

**Efficacious use of contraceptives and overall uptake is affected as the burden of family planning lies on women while male-dominated decisions function as the established code of conduct.**

Literature suggests that fears and taboos on contentious issues such as contraception inhibit women from initiating communication around it. On the other hand, men think that women should initiate interest in and take responsibility for family planning as they bear the burden of pregnancy, childbirth and care of children (Harrington et al., 2016).

**We did not discuss family planning or using contraception before the birth of our first child as we did not want any complications in the first pregnancy.**

**MAN, PARITY 1, PURNEA**


*(Married for three years, with a two-year old son)*






The ambivalence around engaging on family planning and the perceived shifting of burden among partners to initiate discussion debilitates the process of decision-making (Sabarwal & Santhya, 2012). In societies where men maintain considerable control over their wives, there is evidence (McDougall, Edmeades, & Krishnan, 2011) that husbands' attitudes are more likely to influence women's contraceptive use than in societies where women have greater control in their own lives. In most of the South Asian context, the decision-making around family planning and related domains rests with the male partner and seldom with the woman. All of this has a direct bearing on the contraceptive choices of couples, largely limiting them.

Findings from primary research suggest that the overall contraceptive uptake remains less, even in instances where women feel the need for it. In cases, where there is contraceptive use, women are not the decision-makers; they do not choose the contraceptives that they themselves use and put their body through. With inequitable spousal communication<sup>v</sup> and non-collaborative decision-making, the use of contraception is



**Before my first pregnancy, we did not use discuss or use any contraception and used to maintain distance. We do not get close (sex) some days of the month, I tell him when I am about to get my menstrual cycle and say 'doori banake rakhiye' (keep distance with respect to sexual intimacy), he understands.**

**MAN, PARITY 1, DARBHANGA**  
(Married for two years, with a daughter)



**She speaks to the ASHA who told her about the injections and condoms and asked me about it, I am still thinking if it is a good idea or not. Other than that, I control during risky days.**

**MAN, PARITY 1, BEGUSARAI**  
(Married for three years, with a one-year-old son)

hardly efficacious. There is a lack of consistency and accuracy of contraceptive use among couples, making the family planning experience erratic and disturbing for women's bodies and affecting their relationship with their spouses.

However, it was also found in our primary research that **young couples, with no or one child, do discuss contraceptive use**. Women, even if with great hesitation, do broach the issue of family planning and use of modern contraceptives with their partners, mostly after the birth of their first child. Most couples reported practicing traditional methods, such as withdrawal and the calendar method<sup>vi</sup>, during the initial stages of marriage. This is evidence of the degree of communication that does exist in relationships. In cases where men are more aware than women, are aspirational and actively think about progress in life, **there is a possibility that the communication may be initiated by them quite early in their relationships.**

## SPECTRUM OF RESPONSES

Men, across all sites and family structures, had a more dominant voice in the households. However, their perspectives and articulations were varied. Masculinity is not a monolithic category; there is significant diversity among men and their perception of masculinity. While some times, these alternative voices in the larger hegemonic context make a difference but mostly, they are not heard and do not have an impact. The purpose of our research was to identify diversity, and how and why is it expressed with what impact and/or consequences.

Findings indicate that men in their early 20s were more welcoming of their partner's opinion. We found that young couples, educated or uneducated, were resisting community pressures and norms, and had a more collaborative approach to their relationship. They were better placed to delay their first child, space the subsequent child as well as take care of each other's sexual needs and inclinations. Spousal communication, too, was found to be healthy among young couples, but it is important to note that this may not necessarily translate into effective use of contraceptives. They may still not have the desired knowledge and may form assumptions from experiences of others.

Older men, mostly in the age-group of 32 years and above, and had two or more children were found to be more dominating in most spheres as their notions of masculinity were more rigid and unflinching. Migrant men who lived away from their partners also had a higher sense of control over their partner's mobility, choices, sexuality when they returned to their native places.





# PATHWAYS TO ADDRESS THE BARRIER

- Encourage sharing of household responsibility among partners toward building a common space. This may provide the much-desired release for men from their role of a provider and for women from their caregiving roles.
- Work with young boys and men to understand their desires and aspirations. Enable them to plan their lives despite limitations and responsibilities on account of their role as providers within their respective families.
- Enable men to disassociate contraceptive use and infidelity. Encourage them to view conversation on contraceptive use as a trust-building exercise for couples that sets the foundation of their relationship. Enable them to reimagine family planning as a means to further their common aspirations.
- Enable men to visualize decision-making on common aspects pertaining to the household, family planning, contraceptive use as a collective/ collaborative process and encourage sharing of responsibilities for forging emotional intimacy.



## COVID-19 IMPACT

In light of the COVID-19 pandemic, these dynamics stand further intensified within the households and the intimate spaces of couples. These relationships would depend a lot on the changing social and economic context of couples. There is a possibility of increase in patriarchal stronghold as lockdown reduced mobility and access, especially for women. Women and men are exposed to varied risks and vulnerabilities as they find themselves in situations for which they were not prepared. In the near future, this may also provide opportunities for

gender-transformative programming with insights from the field and to explore how sustainable programs might be.

From a research perspective, this offers opportunities to explore what these transitions look like, how to measure them and relate them to defined outcomes. To this effect, ICRW has conducted a rapid research<sup>viii</sup> to understand the changes that COVID-19 has brought to the family planning landscape.



## 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 Please refer to Thematic Barrier Four: Ever-Widening Knowledge Gaps.
- iii Please refer to Thematic Barrier Five: Pressures of Fertility and First Births.
- iv Please refer to Thematic Barrier Six: Sexuality a Performance for Men & Duty for Women.
- v Spousal communication: Communication between two intimate partners, the quality of which is determined by the presence/absence of conflict, emotional intimacy.
- vi Calendar-based contraceptive methods prevent pregnancy by monitoring the fertile periods during the menstrual cycle, whereby women and couples avoid sexual intercourse or use alternative contraceptive methods during the fertile stages of the menstrual cycle.
- vii 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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