Male Involvement in Family Planning

The fourth India e-FP topic was male involvement in family planning (FP), and the topic was open for discussion from July 17 to August 7, 2012. Participants discussed the following questions:

1. What are the challenges to male involvement in FP in India? What are the prevailing myths and misconceptions among men regarding FP methods, including male FP methods?
2. What are examples of successful interventions involving men in FP in India? What evidence-based tools for male involvement have you found useful in your work? What kinds of tools are needed?
3. How can we involve males as supportive partners without exacerbating gender inequality (e.g., further entrenching men’s decision-making power in the household)?
4. There’s a lack of evidence of couples’ attitudes and knowledge regarding FP. What does experience tell us about “men alone,” “women alone,” and couples’ interventions? Are there examples of effective couples’ interventions? What does it mean to bring couples together in a deeply hierarchical system?
5. What is the role of media in male involvement in FP and how could media be used to address changes in male involvement in FP?
6. What research or service data are needed to enhance male involvement in FP?

The resource people for this session were Dr. Ravi Verma, regional director, Asia, International Centre for Research on Women and Dr. Abhijit Das, director, Centre for Health and Social Justice.

Participants were actively engaged in this session. Their main points, and the resources shared, are listed below.

What’s working?

- Participants reported that they had some success with activities such as couples’ counselling, condom promotion, special health facility hours that are convenient for men, group peer sessions and social groups.

Challenges

- We do not know which aspects of FP appeal to men or what men’s objectives are in using FP. We also do not understand barriers they face when trying to access services.
- Many government/municipal and NGO clinics are open only during the day and only on work days, when most men are at work.
- Men are not a homogeneous group in India. Any discussion about the reproductive behaviour of the “men of India” has no practical meaning without taking into consideration men’s varied cultural and religious beliefs.
- Contraceptive use takes place within very intimate circumstances and also within a relationship defined by interpersonal power, personal anxieties, and a particular cultural context. It can be challenging for health practitioners to counsel men on these personal and socially complex issues. We can encourage practitioners and programme managers who work on male involvement to become more empathetic and effective by:
Thinking about their own contraceptive-related concerns and use
Reflecting on their beliefs about and attitudes toward gender, masculinity and performance
Learning to discuss with their clients issues related to comfort, convenience and consequences around the act of sex

- Current FP programmes are not structured or equipped to engage men, and the task of involving men cannot be left to the front-line workers alone.

**Recommendations**

- Offer FP services at times that are convenient for men, including late evenings and some Sundays and holidays. Staff could be given compensatory leave in lieu of additional pay for the extra hours worked.
- Train service providers how to recognize and address the ways in which masculine identities impinge upon gender equality and sexual and reproductive health (SRH).
- Ensure that men's perspectives and motivations are integral in the design of programme activities.
- Broader the concept of “male involvement” to “male responsibility” but understand that doing so demands changes in educational campaigns and motivational efforts. Men and women need to be educated about how contraception relates to gender equality and to their reproductive rights and responsibilities, and not only how FP helps achieve demographic goals.
- Rather than engaging men only so that they will promote sterilization to their wives, service delivery systems and community-based service organizations must find coordinated and formal mechanisms for fully involving men in order to ensure their voluntary participation as change agents.
- Health professionals should be trained on how to sensitively address issues of sexuality. Discussion about sexuality is one of the key entry points for engaging boys and men on the topics of gender equality, gender-based violence, and sexual and reproductive health and rights.
- Experiences with male engagement in programmes on HIV prevention and gender-based violence have demonstrated that the “bigger” issues of sexuality and masculinity are at the center of men’s identity and affect almost everything that men do. In the recent past, several initiatives using a masculinity framework have brought groups of men and boys together to form collectives or networks as a strategy to promote gender equality and prevent gender-based violence. It might be interesting to extend these efforts to include FP and demonstrate that gender equality and enhanced male responsibility can have a positive effect on FP issues.
- Men belong to multiple associations and usually readily accept advice offered by these groups. We should identify organizations that could be approached as partners in this effort to increase men’s participation in SRH programmes. Such associations might include village governing bodies, religious associations, and other organizations of common interest to which men belong.
- Lower rates of vasectomy are frequently due to lack of information or incorrect information. Many men believe that vasectomies reduce male sexual pleasure. The idea of pleasure during sexual intercourse is strongly related to perceptions of men’s rights, and we need to address men’s concerns about vasectomies.
- Health institutions need to change their image as providers of “female-specific” health care to one of providers that also address the needs of couples, boys and married and unmarried men.
Need for further research:

- We need a clearer understanding of how men conceptualize FP. Currently, FP is defined largely in terms of “spacing and limiting” the number of children; we should contextualize FP in a way that helps men learn how contraception addresses their own FP and sexual and reproductive health needs.

- What do men know and feel about various FP methods, and why don’t men feel a responsibility to use contraception? To answer these questions, we must determine what the linkages are between FP and the sexual and reproductive health needs of men themselves. We certainly need context-specific information to address some of these attitudinal and knowledge-related barriers.

- Given the strong influence that men have in our family system, we also need to know more about several issues. For one, why and in how many ways do men continue to perpetuate the practices of early marriage? Also, with a strong preference for sons, are men explicitly or implicitly endorsing sex-selection and absolving themselves of the responsibilities of fatherhood? The answers to these questions are important in their role as determinants and also as consequences of FP outcomes. The extent and nature of intra-familial communication would also be an important aspect to explore.

- There is little evidence from the supply perspective on what it means to work with men in FP. What barriers do front-line workers face accessing and working with men? In what ways can programmes better engage men? These questions need to be answered within an operations research framework to build evidence.

Key Resources:

- Issue brief on Male Involvement in Family Planning
- C-Change Compendium of Gender Scales for monitoring and evaluating gender-related programs (FHI 360, 2011)
- No-Scalpel Vasectomy Poster in English and Hindi* (FHI 360, 2012)
- FHI Brief: Increasing Men’s Engagement to Improve Family Planning Programs in South Asia* (FHI 360, 2012)
- The Truth about...Men, Boys and Sex: Gender-transformative Policies and Programmes (IPPF, 2009)
- Engaging Men and Boys in Changing Gender-based Inequity in Health: Evidence from Programme Interventions (WHO, 2007)
- Constructive Men’s Engagement in Reproductive Health: For Themselves, Their Partners, and Their Communities - Facilitator Guide (IGWG)

* On-line postings forthcoming. Email FHI 360/India at dsehgal@fhiindia.org for copies.