



Increasing Men's Engagement to Improve Family Planning Programs in South Asia

Engaging men in family planning programs holds promise as a means to improve access and use of family planning in South Asia. A growing number of programmatic examples and research findings in the region, as well as global evidence, demonstrate the benefits of male engagement. Evidence also shows that addressing gender in family planning programs — for instance by engaging men — can improve program outcomes and increase gender equality.^{1,2} However, many cultural factors in South Asia impede men's engagement in family planning. This brief synthesizes recent research on cultural barriers to men's engagement in family planning and presents successful strategies for increasing men's engagement based on global and regional evidence. Additionally, the brief provides guidance for designing activities to engage men in family planning programs.

Barriers to men's engagement in family planning in South Asia

Increasing men's engagement in family planning entails changing deeply entrenched gender norms and is thus a complex process requiring a long-term commitment. The following are some of the barriers to the uptake of men's engagement programs in South Asia.

In many parts of the world men have greater decision making power over household matters including health care. At the same time, family planning is frequently perceived as a woman's concern, and family planning programs most often target women. This creates a tension in which women often lack the

power to seek services and the resources to pay for them even though women are seen as responsible for family planning. In many areas of South Asia, men do not participate in discussions about family planning and the onus is on women to use contraceptives.^{3,4} At the same time, men (and sometimes mothers-in-law) are the family's primary decision makers, so women have limited autonomy over contraceptive use.⁵⁻⁸ Even when couples do discuss family planning, gender dynamics may give the man greater power in decision making. For example, a study conducted in the Jhapa district in eastern Nepal found that 66% of wives and 70% of husbands claim that family planning decisions are made jointly. Key informant interviews, however, indicate that decisions are made with a bias toward the husband's interests.⁹

Institutional barriers stem from the fact that family planning programs and services are typically targeted toward women. As a result, family planning clinics may be seen as potentially uncomfortable or inappropriate spaces for men. For example, in Bangladesh, there are cultural biases against men being in areas designated for family planning services.⁴ This has been further intensified by an ongoing family planning program, begun in the 1970s, in which female field workers were deployed into communities to deliver women's family planning methods. While this service made family planning convenient and contributed to a tenfold increase in contraceptive use, it had the unintended effect of isolating men from the family planning process.¹⁰ One study carried out in Matlab, Bangladesh,

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found that community distribution led to a significant increase in female contraceptive methods, but to nearly no increase in the uptake of male methods (i.e., vasectomy and male condom use).¹¹ In India, female methods, especially female sterilization, predominate, so men are less motivated to consider male methods, especially vasectomy.¹² Higher frequency of female sterilization can also be observed in parts of Nepal, where 15% of married women use female sterilization, making it the most popular modern method used among this demographic group. Only 8% use male sterilization.¹³ Efforts at the institutional level to increase men's engagement have been inconsistently implemented. For example, in-depth interviews conducted in rural India indicate that health care

certain areas.^{5,14} A study from six states in India found that a third of young men — compared with two-fifths of women — knew that a girl can get pregnant at first sex.¹⁴ Another study conducted in rural central India on men's knowledge of family planning options showed that, while 81% of men surveyed were able to mention three or more methods without prompting, in-depth interviews revealed their knowledge of these methods was mostly superficial.^{5,14} Further, a separate study of men in several areas of India also revealed limited knowledge of male contraceptive methods.¹⁵

Gender norms also influence men's acceptance of family planning in general and of specific contraceptive options. Male methods, in particular, are surrounded by myths and misperceptions. In India and Nepal, many men resist vasectomy due to myths that the procedure causes physical weakness or impotence and reduces a man's capability to provide for his household. A common belief in some regions is that only women should be sterilized.^{5,8,10,15,16} As a result, stigma is often attached to men who undergo sterilization. Interestingly, these same myths and misconceptions can increase the use of male sterilization in other areas. For example, in the Karnali region of Nepal, women are considered harder workers than men, as women both work in the field and have household duties. Consequently, men may opt to receive vasectomy because they believe the weakness brought about by female sterilization would inhibit household productivity.¹⁷ Some men in Nepal opt to use male methods because they believe women who use contraception regularly become promiscuous.¹³ Resistance to condom use is also a barrier to men's engagement in family planning. Evidence indicates that men in Bangladesh may resist using condoms for family planning because of perceptions that condoms reduce sexual



workers' lack of knowledge about national and state policies stressing the importance of men's engagement may be a barrier to providers taking steps to increase male involvement.¹²

Unsurprisingly, as men have not been a part of family planning conversations, their knowledge about reproduction and family planning is generally low in

pleasure and because they fear condom failure during intercourse.⁴

Finally, the most effective interventions for increasing men's engagement in family planning have been multifaceted and resource intensive, which poses barriers to scale-up and to enacting and measuring long-term change.¹⁸

What works: Global evidence on men's engagement in family planning programs

The most comprehensive synthesis of evidence available in this field is the 2007 global review by the World Health Organization (WHO) of 58 interventions implemented over a span of 20 years that involve men's engagement in reproductive health, including family planning. The review includes interventions implemented in the South Asian countries of Bangladesh, India, and Nepal. It found that the programs that were most effective in changing men's behavior and gender-related attitudes had one or more of the following features:

- Group education, including discussion sessions, didactic lessons, and participatory methods (e.g., role-plays).
- Community outreach, mobilization, and mass-media campaigns, including radio and television messages, billboards, widespread educational materials, and public events.
- Clinic-based interventions, including introduction or scale up of male reproductive health services, individual or couples counseling, and provider education about men's and women's reproductive needs.

Although stand-alone activities may be effective, the WHO review found that those programs that implemented two or more activities across the categories above were more likely to be effective. This was likely due to an additive

effect of working at multiple levels (individual, household, community, etc.) by considering relationships, social institutions, gatekeepers, community leaders, and the like.¹⁸

The WHO review also found that men's engagement programs rated as gender-transformative — using messages that challenge existing gender inequality and encourage positive change to traditional gender roles — have higher rates of effectiveness. Specifically, gender-transformative approaches were more likely to bring about reductions in men's support of harmful gender norms and positive changes in related health behaviors and outcomes. Contributing to the success of these strategies is the fact that they encourage critical awareness of and reflection on gender norms that underpin harmful behaviors and poor outcomes rather than just having the participants focus on health issues in isolation.¹⁸ While men's engagement programs may need to change notions of family planning as only a women's issue, they must exercise caution not to further increase men's decision making power or to decrease women's rights to make decisions about their own bodies.

Where and how men's engagement in family planning has worked in South Asia

The following are descriptions of effective efforts in the region that sought to engage men in reproductive health activities. They demonstrate several different combinations of the best practices described above (group education, community outreach, and clinic-based interventions).

India

Several programs have been introduced in India over the past decade to increase men's knowledge of and support for family planning methods and their partners' reproductive health. In India, the gender-transformative Men in

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Maternity (MiM) program provided antenatal and postpartum family planning counseling for women and couples in six high-volume dispensaries in Delhi over two years. Results show that with regular counseling, knowledge of condoms for dual protection (i.e., for preventing pregnancy and sexually transmitted infections or STIs) increased in men and women; family planning use between six to nine months postpartum was significantly higher among men and women; and among non-users, women who received counseling reported higher intention to use contraception compared to the control group. In addition, in the intervention group, husbands were significantly more involved during antenatal, family planning, and post-partum consultations as well as present during the mother's delivery. More women from the intervention group reported joint decision making in family planning as well.¹⁹

The PRACHAR Project, carried out in Bihar state, was a community-based intervention aimed at raising awareness about family planning among adolescents and educating young couples on healthy spacing between pregnancies. Training sessions targeted male youth ages 15-19 to educate them about reproduction and family planning, while other sessions encouraged constructive and open dialogue among couples in their teens and early twenties about family planning. In addition, young couples were trained on healthy timing and spacing of pregnancies and post-partum contraception. The number of individuals in the community who said contraception is both necessary and safe increased from 38% to 81% over the course of the program, and from 45% to 91% among unmarried adolescents. The percentage of recently married couples using contraception to delay their first pregnancy increased from 5% to 20%.²⁰

Demonstrating Comprehensive Young People's Reproductive and Sexual Health Programme through South-South Collaboration was another successful intervention in improving the sexual and reproductive health of young people ages 10-24 in three rural communities. Implemented by Child in Need Institute (CINI), the program was able to achieve positive youth awareness of reproductive health and rights issues through group activities, peer education sessions, and youth outings. Additionally, youth participated in peer educator and life skill training where they learned negotiation and decision-making techniques related to sexuality and reproductive health issues. An additional life-education training for peer educators was designed to build confidence, promote self-awareness, and provide information on STIs and their prevention. Interviews with several of the participants indicate the trainings enabled them to learn more about themselves as well as effectively and confidently communicate with one another, answer questions, negotiate, and mediate discussions.²¹

Other interventions in India have been explicitly aimed at changing gender norms to promote more gender equality. Yaari Dosti, a gender-transformative program that targeted 126 young men in Mumbai, used group education activities and a marketing campaign to question the traditional concepts of masculinity. The activities were put into a reproductive health context, with discussions and activities focusing on STI and HIV prevention and condom use. Over the course of the program, a significant number of young men shifted from favoring more inequitable gender norms to favoring more equitable ones.²² The program was then expanded to Gorakhpur in rural Uttar Pradesh and showed similar results. Logistic regression analysis showed that men in Mumbai and Gorakhpur were 1.9 and 2.8 times more

Table 1: Recent men's engagement interventions in South Asia by intervention type

Program Name/Description	Country	Group education	Service-based	Community outreach/mobilization/multimedia campaign	Integrated strategies
Yaari Dosti scale up (Mumbai and Garakhpur) ²³	India		X	X	X
Yaari Dosti (Mumbai only) ²²	India	X		X	X
Men in Maternity ¹⁹	India		X		
PRACHAR ²⁰	India	X			
Young People's Reproductive & Sexual Health Programme ²¹	India	X			
Including Islamic teachings in FP ²⁵	Bangladesh	X			
Integration of RH services for men in health and family welfare centers ²⁴	Bangladesh		X	X	X
Husbands' participation in ANC education services ²⁶	Nepal		X		
Men as Partners ²⁷	Nepal	X		X	X

likely to have used condoms with all types of partners after the intervention, respectively. Additionally, the proportion of young men communicating with their partners about topics such as sex, condom use, HIV, and/or STIs more than doubled in the intervention group.²³

Bangladesh

One of the few interventions implemented to engage men in reproductive health in Bangladesh was conducted in 2000. The project trained 127 service providers and field workers to deliver male reproductive health services at rural Health and Family Welfare Centers (HFWCs), which traditionally have centered on women's reproductive health needs. The services included counseling and prescribing drugs, and encouraged reproductive tract infection (RTI) and STI clients to bring their partners to the clinic for treatment and counseling. Family planning methods were also distributed. During the two-year study period, the average number

of male clients in these facilities tripled. Moreover, the percentage of men who came to the clinic for family planning methods increased from 1% to 5%, according to exit interviews. The study revealed areas in which additional outreach could benefit men, as only half of males who reported RTI or STI symptoms sought clinical services for treatment.²⁴

Religious leaders in Bangladesh have a significant impact on the behaviors and attitudes of a wide majority of the population. Therefore, efforts have also been made to include religious leaders in the promotion of family planning practices, including men's engagement, in communities throughout Bangladesh. The Islamic Foundation has collaborated with the Ministry of Health and Family Planning as well as the Family Planning Association of Bangladesh to begin discussing family planning practices, male responsibility in family planning, and other related issues with religious

Additional Resources for Men's Engagement Programs

- Engaging men and boys in changing gender-based inequity in health: evidence from programme interventions http://www.who.int/gender/documents/men_and_boys/9789241595490/en/index.html
- USAID IGWG's training module on Constructive Men's Engagement in Reproductive Health, developed for program designers and implementers: <http://www.igwg.org/training.aspx>
- MEASURE EVALUATION and IGWG's training module on Monitoring and Evaluating Constructive Men's Engagement Programs <http://www.cpc.unc.edu/measure/training/materials/CME>
- C-Change Compendium of Gender Scales for monitoring and evaluating gender-related programs <http://c-changeprogram.org/content/gender-scales-compendium/index.html>
- The truth about men, boys and sex: gender transformative policies and programmes http://www.ippf.org/system/files/truth_about_men_boys_sex.pdf

leaders within the context of the Quran and Hadith. These orientations are designed to clear up misconceptions about family planning and to promote an interpretation of scripture that is more accommodating to family planning practices. UNFPA has also worked with the Ministry of Religious Affairs (where the Islamic Foundation is housed) to include family planning in training curricula for imams. By 2006, more than 40,000 imams received orientation on these topics and an evaluation has shown that at least 40% of imams bring up these topics during Jumma prayer and at social gatherings.²⁵

Nepal

An intervention study in Nepal found that couples-based education increased women's knowledge of family planning methods and maternal health. Of the 442 women who received education about these issues, those who attended sessions with their partners had a significantly better understanding of pregnancy complications and family planning than those who did not attend or attended alone. Additionally, women who attended education sessions with their husbands were more likely to receive higher knowledge scores for understanding of maternal health topics at follow-up when compared to the control groups.²⁶

The gender-transformative Men as Partners project in Nepal trained 194 peer educators to deliver reproductive health messages to men and women of reproductive age. Peer educators attended sessions on increasing knowledge about family planning and improving skills for communicating about family planning. Additionally, men's responsibility regarding safe sexual practices was stressed. The program's 2004 mid-year evaluation indicated that the intervention was successful in increasing family planning knowledge among both men and women in four

villages in Nepal. In addition, men were more likely to accompany women to antenatal care visits, help with the wife's household work during and after pregnancy, and help take children to the clinic for immunizations in areas where peer education was used.²⁷

Increasing uptake of men's engagement in family planning in South Asia

This section presents some guidance based on the WHO review and recent programs in South Asia for replicating the most effective men's engagement interventions, as well as a short discussion of monitoring and evaluating men's engagement programs. Though these recommendations are based on a review of men's engagement activities in various reproductive health programs, their application is not limited to family planning. However, these recommendations should be fully applicable to family planning programs because they address gendered relationship dynamics and gender norms related to sexuality and reproduction. As with any new intervention, an effective men's engagement program should begin with a situation assessment to determine the local needs, contextual barriers and opportunities, and the combination of activities likeliest to effect the desired changes.¹⁸

As previously noted, the most effective men's engagement programs to date have been multifaceted and complex. Program designers should examine whether interventions show potential for scale up and seek innovative ways to balance complexity and effectiveness with resource efficiency and replicability.

Group education:

- Weekly group education sessions 2-2.5 hours in length over a span of 10-16 weeks are the most effective. Evidence shows that holding more than one

session as opposed to a well-designed single session has better outcomes.

- Gender norms and traditional views of masculinity and how they define power and relationships should be examined and discussed.
- Themes of group education sessions should be applied to real-life scenarios. By utilizing interactive and participatory activities like role-playing, case studies, guided imagery, participants can better relate and reflect on how they can bring about change in their own lives.
- Orientations and refresher courses for peer educators and health care workers should be carried out to maintain a high level of understanding of reproductive health and family planning topics.²⁷

Community outreach, mobilization, and mass-media campaigns:

- Messages should be positive, emphasizing men's and boys' potential to change and also presenting ways in which males can initiate change. Many effective programs focus on the happiness achieved both personally and in a relationship when change is enacted and men are involved. Other successful messages appeal to men's sense of justice and their desire to take care of their families.
- Most successful outreach programs carried out formative research to tailor messages, characters, and storylines to members of the targeted audience.

Service-based:

- Successful service-based programs recognize the need to train health care workers in family planning services as they relate to males.
- Another approach of some effective programs is making the physical space of the health care center more conducive to male clients. This includes making literature on men's

needs available, seeing male clients at different hours of the day, and training staff to be more welcoming to male clients.

- Data from successful interventions indicate that even a single individual or couples counseling session can lead to short-term behavioral change when it comes to family planning practices by women.
- Training providers in communication skills to help them overcome any reluctance to talk about sexual and family planning issues is recommended to make them more effective counselors.²⁴

Evaluating men's engagement programs

Men's engagement in family planning programs should monitor and evaluate (M&E) not only family planning outcomes, but also outcomes and impact on gender norms and equitable relationships between men and women. There are a number of resources for measuring gender-related impact, most notably the "Gender-Equitable Man" Scale (GEM), which has been validated around the world and measures changes in men's attitudes related to gender roles and norms. (See the C-Change Compendium in Additional Resources on page 6 for the GEM and other gender-related M&E instruments.)

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