



Increasing Male Involvement in Family Planning in Jharkhand, India

Key Study Findings

- **Intervention Study:** 456 men (ages 18 to 35) and female partners in 38 randomly selected villages, two districts of Jharkhand, India, participated in pre-post evaluation of male involvement project.
- **Participant Demographics:** Mean ages were 28 (men) and 24 (partners), married for about seven years with two children; 20% of men and 44% of women were illiterate; primary religion was Hindu, and primarily from the government category, “other backward castes.”
- **Equitable Gender Norms and Joint Decision-Making Increased:** Men’s scores on gender norm scales reflected changes toward more equitable gender norms; both men and women reported increased joint decision-making on family and health-related issues.
- **Increase in Intended Future Use of Family Planning (Pre/Post) by Sex:** Among men: 56% to 65%; among partners, 55% to 57%.

Background

Engaging men in family planning (FP) has been found to improve programmatic outcomes and increase gender equality.^{1,2} While there have been few published evaluations of interventions that seek to promote male involvement in FP, evidence indicates that male involvement can lead to contraceptive uptake through the pathway of increased spousal communication.^{1,2} Determinants and influences on spousal communication are varied and frequently multi-faceted. In India, gender roles and norms are particularly important in shaping spousal communication and subsequent family planning decision-making in significant ways. Indian FP discussions between men and women are complex and often include outside influence from mothers-in-law and other relatives. Additionally, male attitudes towards FP can affect contraceptive use indirectly. In the absence of explicit communication, women often incorrectly perceive that their partners are opposed to FP and therefore use contraception without telling their partners or don’t use contraception at all.^{1,2} Furthermore,

spousal disagreement can be a deterrent, as women may fear initiating a difficult conversation about FP. More information is needed to clarify the influence of spousal communication, contraceptive use, and FP decision-making in India.

Study Objective and Methods

The objective was to develop a male-based FP intervention and assess its influence on men’s knowledge and attitudes toward family planning, couples’ communication, and contraceptive use among a sample of young couples in Jharkhand, India.

In 2012, supported by the National Rural Health Mission (NRHM) and the Department of Health and Family Welfare, both part of the Government of Jharkhand, FHI 360 and Network for Enterprise Enhancement and Development Support (NEEDS) completed a male-based family planning intervention among a population of young couples in Jharkhand. The intervention incorporated best practices on adult learning and male engagement



in adapting a training curriculum that focused on gender norms to include a focus on communication and decision-making related to family planning methods and other gender-related issues. The intervention lasted two months, with six, 90-minute participatory training sessions with approximately 10 days between each session. Sessions were implemented by trained peer-educators, supervised by the NEEDS staff.

The evaluation included data from several sources. A pre-post evaluation design was implemented to assess change in knowledge, attitudes, and gender-related behaviors, including family planning use and joint decision-making, among men and women in the study. We recruited 456 men between 18 and 35 years old and their partners/wives from 38 randomly selected villages in the Deoghar and Karon districts of Jharkhand. The evaluation included a survey of all participants and in-depth interviews with 15 men and 15 women to provide contextual relevance to the survey data. The survey was conducted at the beginning of the training sessions and again about three months later after the sessions were over.

Results

Table 1 summarizes key demographic information from the study sample. Men were older and more educated than their partners (79% of males and 66% of females have attended primary or higher level of education). Couples were predominantly Hindu and most reported being from the government category, "other backward castes." The mean number of children per couple was 2.1. Twenty-one percent of these young couples did not have children prior to project implementation.

Knowledge

A statistically significant increase resulted from the intervention in both men and women's knowledge of some modern methods (i.e., male sterilization, daily pills, and IUD).

Attitudes

The proportion of men intending to use FP in the future increased from 56% to 65%, compared to changes among women from 55% to only 57%. Also, post-intervention, more men reported their intention to space children using FP methods than at baseline (31% to 47%, $p < 0.05$). Among the one-third of the men reporting that they did not intend to use FP in the future ($n=156$), they cited as the major reasons wanting to have a child (65%) and feeling that FP was against their religion (10%). In addition, men reported more equitable gender attitudes in most areas, as reflected in their scores on an Equitable Norms Scale, which has been developed and adapted for use in male involvement projects in several parts of the world.³

Behavior

Men reported a change in current use of modern contraceptives from 18% pre-intervention to 26% after the sessions, but their partners reported about the

same rate pre- and post-interventions, around 16%. Thus, the actual percent of couples using modern contraceptives is hard to determine. Similarly, men and women reported different levels in terms of whether they had ever used FP: for men, 29% pre-intervention, and 46% after the sessions; for women, 27% pre- and 41% post- intervention. These differences in reporting between men and their partners may have resulted because the men were more willing to talk about FP after the training. More research is needed to determine such variations in reporting and the actual percent using contraception.

In contrast to reports on contraceptive use, couples did generally report the same degree of change in behaviors in joint decision-making on health and gender-related issues (see Figure 1). Men and women reported significant increases in the rate of joint decision-making across a variety of topics, including: health care for women and children, daily purchases, and visiting the wife's family. Women reported increases in joint decision-making on the number of children desired and making major household purchases,

Table 1: Demographics, Study Participants

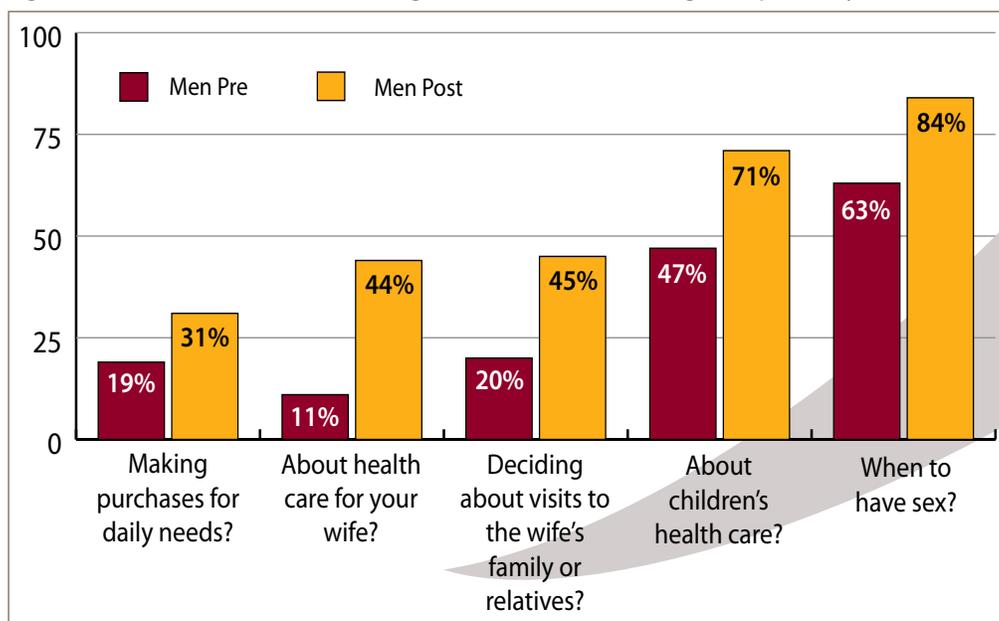
Category	Men (n= 456)	Partner (n= 456)
Age (Mean)	28	24
Age at Marriage (Mean)	21	17
Literacy Rate	80%	56%
Religion	74% Hindu, 26% Muslim	
Number of Children (Mean)	2.1 (reported by partner)	

while men reported no statistically significant changes in these decisions post-intervention.

Conclusions

This intervention indicates that even a short number of in-depth meetings with men can increase knowledge, change attitudes, and change behaviors related to family planning. The term "behaviors related to family planning," as used here, refers to correlates to contraceptive use, specifically increased spousal communication and joint decision-making on health-related issues and improvements in gender norms related to these issues. Such findings are extremely important in a country where women have historically taken charge

Figure 1: Pre and Post Intervention: Changes in Joint Decision-Making, as Reported by Men



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Partner Communication Increases

The qualitative data from the 30 in-depth interviews (15 men, 15 women) showed a change in attitudes and approaches to decision-making related to family planning, reflecting the importance of increased partner communication.

He is now also very supportive of me using family planning methods and also suggests to me what form of family planning to be used. Also, now he involves me and takes my suggestions in all major decisions for the family.

– *Wife of participant, Deoghar*

I wasn't able to talk to her openly before attending the sessions because I didn't have much knowledge about family planning. But now, I talk to my wife about approaches to family planning.

– *Male participant, Deoghar*



A man participating in the study spends time with his child, as depicted in a video on the project.

topics. Further research is needed to better understand the dynamics of decision-making, how decisions are discussed and power shared between partners. More work is also needed to explore ways to bring this innovative approach to male involvement to a broader scale in India. Essential components of the intervention need to be clarified and strengthened, in order to reach more men and couples.

of their reproductive and sexual health and have a higher knowledge of family planning methods. Educating men on female reproductive health and family planning empowers men to make an informed discussion with their partner and can facilitate an enabling environment where decisions and responsibility for family planning can be shared more easily. Including men in decisions about limiting and spacing children may lead to improvements in health across the family. Changes reported in the degree of joint decision-making on various family topics indicate the importance that gender roles in family issues have with decisions about family planning.

These changes in men's approach to gender roles and decision-making highlight the strength of the intervention, specifically the importance of men meeting together to discuss sensitive health topics. The intervention suggests that community norms could transition from male dominated decisions to more joint decisions. However, changes in joint decision-making did not occur for men and women equally on some

Resources

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