

Male Engagement in Family Planning: Issues and the Way Forward

- Family planning (FP) programmes in India and across the world have traditionally focused primarily on women though FP represents a commitment on the part of men and women and not a woman's responsibility only.
- With a greater understanding of the role that gender equality plays as a key determinant of health and well-being, more emphasis is now being placed by the national family planning programme on involving men—having greater awareness of, as supporting partners, and in using FP services and products.
- A positive initiative by the family planning programme is the observation of 'Vasectomy Fortnight' in the month of November every year in all states and UTs of India to create awareness of male participation and promotion of male sterilisation (vasectomy).
- The basket of contraceptive choices in India includes two male-specific FP methods out of eight methods available, namely condoms and male sterilisation.
- Despite many efforts, the use of male contraception has remained abysmally low as reported in NFHS-National Family Health Survey-5 (2019-21). Female sterilisation continues to be the dominant modern contraceptive method used, accounting for 67.08%, with only 0.53% male sterilisation¹ despite the procedure being safer, quicker and easier, and also being the most effective and reliable male birth control method available.
- Though condom use increased from 5.6% (NFHS-4, 2015-16) to 9.5% (NFHS-5, 2019-21), its uptake continues to be low. This is despite the fact that 82% of men (aged 15 to 49 years) reported knowledge that consistent condom use can reduce the chance of getting HIV/AIDS.
- However, we need to acknowledge, learn from and perhaps even adopt some good practices from a few districts for increasing male engagement:
 - Three districts in the state of Himachal Pradesh are doing well on the uptake of male sterilisation – Chamba at 18.4%, Kinnaur at 14.4% and Lahul and Spiti at 13.3% (NFHS-5)².
 - The district of Gadchiroli in Maharashtra, judged as the 'best performing district' in the country³, has shown the fastest progress where male sterilisation increased from 5.6% to 13% in the last 5 years between 2015-16 to 2019-21⁴, showing results of the concerted efforts of the state government, rural local bodies and civil society organisations.

The acceptance of male contraception is compromised by myths and misconceptions surrounding condom use and vasectomy including loss of virility. Societal norms and attitudes that hold FP as the responsibility of women are a major hurdle. Consequently, the public health system finds it easier to engage with women, rather than men. Thus, men do not generally participate in discussions about family planning and the burden of using contraception is primarily placed on women. The resulting outcome is that a little less than half of the men—married or cohabitating (40.2%) think it is a woman's responsibility to avoid getting pregnant⁵.

- The discourse on engaging men as partners in FP and health services needs to go beyond contraceptive use and should aim to engage men in the following realms⁶:
 - Men as clients: Those receiving FP information and using male FP methods.
 - Men as supportive partners: Those actively engaging as participating partners in FP issues, and communicating and negotiating fertility desires and FP use with their partners.
 - Men as agents of change: Those acting as leaders in shifting societal norms, attitudes, and behaviours toward women and girls, and their place in families, communities, and societies at large.
- Invest in men early on, starting with the young adolescents by opening and sustaining channels for sharing and learning for adolescents. The right investments in education, nutrition, skilling and reproductive health will ensure young people finish school, gain financial independence, adopt healthy behavioural practices and participate in decisions related to delaying childbearing, timing and spacing of pregnancies and deciding the number of children they will have⁷.
- Address barriers related to engaging men in conversations around contraception. At a systemic level, frontline health workers, responsible for awareness building, are women and, therefore, less accessible to young men and vice versa. The government has opportunities to increase male engagement by actively involving the Multi-Purpose Workers-MPW (male) cadre under the Ayushman Bharat's Health & Wellness Centres. The MPWs can play an instrumental role in reversing current mindsets and motivating men to take greater responsibility for FP and reproductive health.
- We need leaders, especially male leaders to be aware, vocal, and promote success stories. We need to draw out more men as family planning champions, create role models, and normalise conversations on male engagement in FP. Social acknowledgment of men who adopt sterilisation and reducing taboos around the subject is crucial to bring about attitudinal and social and behaviour change, in addition to dispelling myths.
 - At the local level, we need to engage the Panchayati Raj leaders, District Collectors, Block Development Officers, as well as NGOs and grass-root organisations on increasing conversations and creating positive support for male engagement in FP.
- Evidence indicates that male involvement can lead to contraceptive uptake through the pathway of increased spousal communication⁸. Gender norms play a significant role in shaping spousal communication, which can consequently impact FP decision-making. Considering this, promoting and intensifying spousal communication can pay dividends. More public observations of the Vasectomy Fortnight or World Population Day would also be helpful. While we continue emphasising and putting our efforts into increasing women's empowerment, it is the need of the hour to empower men as well— educate men on reproductive health, including FP, so that they can make an informed discussion with their partners and nurture an enabling environment where decisions and responsibility for FP are shared equitably.

References

- ¹ International Institute for Population Sciences (IIPS) and ICF. 2021. National Family Health Survey (NFHS-5), India, 2019-21. Mumbai: IIPS. http://rchiips.org/nfhs/NFHS-5_FCTS/India.pdf
- ² International Institute for Population Sciences (IIPS) and ICF. 2021. National Family Health Survey (NFHS-5), India, 2019-21. Mumbai: IIPS. http://rchiips.org/nfhs/NFHS-5_FCTS/MH/Gadchiroli.pdf
- ³ Maharashtra steps up efforts: Gadchiroli leads in vasectomies <https://indianexpress.com/article/cities/pune/maharashtra-gadchiroli-vasectomy-family-planning-5051749/>
- ⁴ International Institute for Population Sciences (IIPS) and ICF. 2021. National Family Health Survey (NFHS-5), India, 2019-21. Mumbai: IIPS. http://rchiips.org/nfhs/NFHS-5_FCTS/MH/Gadchiroli.pdf
- ⁵ Levitov RG, Barker G, Contreras-Urbina M, Heilman B, Verma R. Pathways to gender-equitable men: Findings from the international men and gender equality survey in eight countries. *Men Masc.* 2014;17:467–501. [\[Google Scholar\]](#)
- ⁶ https://www.measureevaluation.org/prh/rh_indicators/mens-health/me/male-engagement-in-family-planning
- ⁷ https://nhm.gov.in/images/pdf/programmes/family-planing/Campaing/Coffee_Table_Book.pdf
- ⁸ Shattuck D, Kerner B, Gilles K, Hartmann M, Ng'ombe T, Guest G. Encouraging contraceptive uptake by motivating men to communicate about family planning: the Malawi Male Motivator project. *American Journal of Public Health.* 2011;101(6):1089-95. Epub 2011/04/16; Hartmann M, Gilles K, Shattuck D, Kerner B, Guest G. Changes in couples' communication as a result of a male-involvement family planning intervention. *Journal of Health Communication.* 2012;17(7):802-19. Epub 2012/05/02.