

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 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, 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 on male participation and promotion of male sterilisation (vasectomy).
- The basket of contraceptive choices in India includes two male-specific FP methods, namely condoms and male sterilisation out of seven methods available.
- Despite efforts, use of male contraception has remained abysmally low as reported in NFHS-National Family Health Survey-4 (2015-16). No significant change has been observed in the uptake of vasectomy among the 22 states and Union Territories surveyed in the first phase of the fifth round of the NFHS conducted in 2019-20.
- Nationally representative data reflects the poor levels of men's involvement in family planning. Female sterilisation continues to be the method of contraception most used, accounting for 75% of the modern FP methods used, with only 12% men using a modern method (sterilisation and condom). **Male sterilisation's share in FP methods is 0.3%**¹ despite the procedure being safer, quicker and easier and it being the most effective and reliable male birth control method available.
- However, we need to acknowledge, learn from and perhaps even adapt some good practices from a few districts for increasing male engagements:
 - Three districts in the state of Telangana are doing well on the uptake of male sterilisation – **Urban Warangal at 11.2%, Karminagar at 10.9% and Rural Warangal at 8.7%** (NFHS 5)^{2,3,4}.
 - The district of **Gadchiroli in Maharashtra, judged as the 'best performing district'** in the country⁵, has shown the fastest progress where male sterilisation increased from 5.6% to 13% in the last 5 years between 2015-16 to 2019-20⁶, 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 is 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 men—married or cohabitating (40.2%) think it is a woman's responsibility to avoid getting pregnant⁷.

- The discourse on engaging men as partners in FP and health services needs to go beyond contraceptive use and engage men in the following realms⁸:
 - 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 have⁹.
- 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 mind-sets, 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 male 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 communication^{10,11}. 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 in 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

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- ⁵ Maharashtra steps up efforts: Gadchiroli leads in vasectomies <https://indianexpress.com/article/cities/pune/maharashtra-gadchiroli-vasectomy-family-planning-5051749/>
- ⁶ International Institute for Population Sciences (IIPS). 2020. National Family Health Survey (NFHS-5), 2019-20:Gadchiroli. Mumbai, India: IIPS http://rchiips.org/nfhs/NFHS-5_FCTS/MH/Gadchiroli.pdf
- ⁷ Levtoy 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. [\[Google Scholar\]](#)
- ⁸ https://www.measureevaluation.org/prh/rh_indicators/mens-health/me/male-engagement-in-family-planning
- ⁹ https://nhm.gov.in/images/pdf/programmes/family-planing/Campaing/Coffee_Table_Book.pdf
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