Summer Training

at

CARE India Solutions for Sustainable Development

(11th April 2022 to 24thJune 2022)

Male Engagement and Its Role in Contraception Use among Young Low Parity Couples In Bihar.

By

Brajaraj Tripathy

Under guidance of

Dr. Sidharth Sekhar Mishra

PGDM (Hospital and Health Management)

2021-2023

International Institute of Health Management Research, New Delhi

CARE India Solutions for Sustainable Development

Date: 24/06/2022

Internship completion certificate

This is to certify that **Brajaraj Tripathy** pursuing **Post-Graduate Diploma in Hospital and Health Management (PGDM)** at the **International Institute of Health Management Research, Delhi** has completed his internship with **CARE India Solutions for Sustainable Development (CISSD)** from **11/04/2022 to 24/06/2022**.

As a part of this internship, he successfully delivered the following assignments:

1. Done thorough Literature review, developed qualitative tool guide, code dictionary, thematic framework and analysis of study topic**: Male engagement and its role in contraception use among young low parity couples in Bihar.**
2. Conducted IDIs among the eligible participants regarding the mentioned topic of interest in three districts of Bihar (Arwal, Vaishali & Patna) and Transcripted the Interviews.
3. Written the comprehensive Internship report and made a power-point presentation by contextualizing the analytical findings with the summary of the literature review.
4. Coding of In-depth Interviews done through Atlas-Ti software.
5. Presentation editing and compilation of district stories depicting the progression of health and nutrition related indicators in Bihar from 2014-2021.
6. Worked with the team, got exposed to Data management, Data cleaning and analysis Using SAS and MS-Excel. Learnt the Basics of & worked on MS-word/Power-point/Excel, and EndNote.

During this period, he displayed very good adherence to protocols, punctuality, clarity of understanding, writing skill, teamwork, commitment, sincerity and diligence with analytical progress. Based on his learning abilities and efforts, it appears that, given the level of effort and aptitude he has, if given chance he can become a very important contributor in public health research and implementation sector of India.

Wishing him the best for the future,

Dr Tanmay Mahapatra
Team Lead, CML Unit

Regards
Dr. Anup Gopalakrishnan Nair
Deputy Director HR & OD

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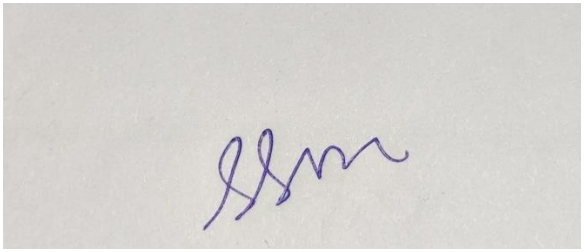
Certificate of Approval

The Summer Internship Project of titled **“Male Engagement and its role on Contraception Use among young low parity couples in Bihar”** at **"IIHMR, DELHI”** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed, or conclusion drawn therein but approve the report only for the purpose it is submitted.



Dr.Sidharth Sekhar Mishra.
Assistant Professor.
IIHMR, New Delhi.

FEEDBACK FORM

(ORGANIZATION SUPERVISOR)

Name of the student: Brajaraj Tripathy

Summer Internship Institution: CARE India Solutions for Sustainable Development

Area of Summer Internship: Male Engagement and Its Role In Contraception Use among Young Low Parity Couples In Bihar.

Attendance: Perfect adherence to internship norms

Objectives Met: The student understood the details of the concept, theoretical underpinning, worked on the literature review, guideline development, study implementation and participated in the analysis and interpretation

Deliverables:
Supported in Presentation of slide decks and compilation of district story of Bihar 2014-21, have done In-Depth interviews in three districts of Bihar, Data management, Data cleaning and analysis, Regression through Software like SAS and MS-excel. Learnt to develop Qualitative tool guide, code dictionary, thematic analysis, and extraction. Conducted the above deliverables using PowerPoint, ATLAS.TI, SAS, EXCEL, ENDNOTE

Strengths: Sincerity, ready wit, concentration, hard work, diligence and eye for details

Suggestions for improvement: Communication skill, scientific writing, subject and programmatic knowledge, analytical thinking and skills

Tanmay Mahapatra

Signature of the Officer-in-charge

Date: 17.06.2022
Place: Patna, Bihar

Local Mentor: Dr Tanmay Mahapatra

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FEEDBACK FORM (IIHMR MENTOR)

Name of the Student: Brajaraj Tripathy

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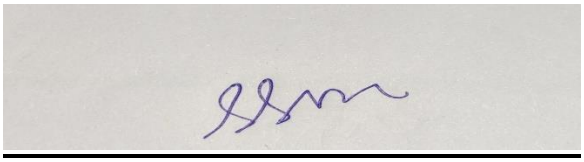
Strengths: Sincerity, ready wit, concentration, hard work, diligence and eye for details.

Suggestions for Improvement: Communication skill, scientific writing, subject andprogrammatic knowledge, analytical thinking and skills.

Date: 09-08-2022

Place: Delhi



Dr.Sidharth Sekhar Mishra.

Assistant Professor.

IIHMR, New Delhi.

Signature of the Officer-in-Charge (Internship)

ACKNOWLEDGEMENT

The internship opportunity I had with CARE India Solutions for Sustainable Development, Bihar was a great chance for my learning and professional development. Therefore, I consider myself a very fortunate individual as I was provided with an opportunity to be a part of it. I am also grateful for having a chance to meet so many wonderful people and professionals who led me through this internship period.

I am using this opportunity to express my deepest gratitude and special thanks to Mrs Annie Misra (MLE Manager, FP) who despite being extraordinarily busy with her duties, took time out to hear, guide and keep me on the correct path and allowed me to carry out my project at their esteemed organization and extending during the training.

I express my deepest thanks to Dr Tanmay Mahapatra (Team Lead, CISSD Bihar),

Mrs Sangeeta Das (MLE Officer, Quality Control), Mr Mukesh Kumar (MLE Officer, Quality Control), and Mr Mohd Irsad Ali (Dissemination Specialist) for taking part in useful decisions & giving necessary advice and guidance and arranged all facilities to make my project easier. I choose this moment to acknowledge their contribution gratefully.

It is my radiant sentiment to place on record my best regards, and deepest sense of gratitude to Dr. Sutapa Bandyopadhyay Neogi, (Director, IIHMR Delhi), Dr. Sumesh Kumar (Associate Dean Academics and students Affairs, IIHMR Delhi) and my mentor Dr.Sidharth Sekhar Mishra (Assistant Professor, IIHMR Delhi) for their careful and precious guidance which were extremely valuable for my study both theoretically and practically.

I perceive as this opportunity as a big milestone in my career development. I will strive to use gained skills and knowledge in the best possible way, and I will continue to work on their improvement, to attain my desired career objectives. Hope to continue cooperation with all of you in the future.

Sincerely,

Brajaraj Tripathy.

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ACRONYMS/ABBREVIATION

FP-Family Planning

TFR-Total fertility rate

MMR-Maternal mortality rate

NFHS-National Family Health Survey

ICPD- International conference on population development.

RH- Reproductive Health

GE-Gender Equity

SC/ST- Schedule Caste / Schedule Tribe

IUCDs- Intrauterine contraceptive devices.

FGD- focused group discussion

IUDs- Intrauterine Devices.

FLWs- Frontline Health Workers.

ASHA- Accredited social health activists

ANM- Auxiliary Nursing Midwifery

ANC- antenatal care

ZLP- zero low parity

SLP- single low parity

IEC- information education and communication

IVF- Invitro fertilization

NSV-non scalpel vasectomy

IPV- intimate partner violence

HIV- human immunodeficency virus.

SBCC- social and behaviour change communication.

INTRODUCTION:

Insufficient FP development in India has been believed to be due to extra dependency on Tubectomy as the desired, and often only, form of modern contraception, as well as less female command over contraception, especially among young and rural wedded women. In India, out of 49% of women who are married and are sexually active and are at child bearing age, only 11.1% use modern contraceptives and 3.5% use contraceptives for spacing. (1)

Males involvement in contraceptive control and the necessity to increase gender parity in this setting, men's participation in FP interventions should be prioritised. Furthermore, no model of FP adoption that includes male participation has been exhaustively studied for India. (1)

Around the globe, several governments and private partners have given importance to funding to escalate ingress to and utilisation of any methods of family planning. Evidence suggests family planning can result in a reduction in maternal death by reducing the possibility of unintentional pregnancies, vulnerable abortions, and the possible health threat of high parity and short interval pregnancies. (2)

The significance of Family planning is seen in numerous United Nations Sustainable Development Goals targets for 2030: 3.1 reduction in the universal MMR, 3.7 Certaining universal ingress to sexual and reproductive healthcare assistance, and 5.6 Universal ingress to sexual and reproductive rights.

India has a population of 1.37 billion and a total fertility rate (TFR) of 2.0 (and some state-level TFRs as elevated as 3.3), India is a Major Patron to the FP2020 goals. In the most recent NFHS-5 (2019-21), in Bihar, the Total Fertility Rate (TFR) is 3.0 children per woman, which is higher than the replacement level of fertility. The median age at first marriage for women aged 20-49 is 17.4 years, 17.7 years for women aged 25-29, and 17 years for women aged 25-49. 41% of women aged 20-24 years get married before reaching the acceptable least age of 18 years, which is almost constant from NFHS-4. One-fifth (21%) of women aged 20-24 years are

never wedded, compared to 69 per cent of males in the same age group, indicating that women marry at a far younger age than men. Before reaching the acceptable least age of 21, (31 %) of males aged 25-29 get wedded, which is a 5 percentage point decrease from NFHS-4. (3)

Almost two-thirds (65%) of presently married women and 70% of currently married males aged 15-49 years desire no more children, have already been sterilised, or have a sterile spouse. Bihar has a high inclination towards sons. Around one-third (31%) of women and fewer than one-quarter (22%) of men prefer sons over daughters; 2% of women and 3% of men prefer daughters over sons. In Bihar People are well aware about and have knowledge on Contraception. Some approaches, however, remain unknown like 98.8% of women and 99.2% of men are aware of any modern method and Nearly 49.6% of males agree that contraception is a women's business and men shouldn't have to worry about it. However, only 13.6% of males agree that female who use any kind of contraceptive method may become promiscuous. Whereas only around 55.7% of males were found to be present at any Antenatal checkup with their partner. (3)

BACKGROUND:

While both men and women are involved in reproduction, only some methods of contraception require men's active engagement. since the 1960s, Organised family planning efforts in the developing world, as well as global initiatives such as FP2020, have focused essentially on women, with men receiving little consideration. (4)

However, it is becoming esclatingly evident that family planning can’t be effective without the involvement of males, and that "change will be gradual as men are actively engaged in promoting greater health and well-being for families and the development of women...",

At the 1994 International Conference on Population and Development (ICPD), attention to gender evolved in assemblance to engage men more effectively in reproductive health, though some questioned whether focusing on males would divert attention from meeting female's reproductive health requirements. This broader view on family planning programmes has resulted in a variety of ways to engage Males in family planning and reproductive health since the ICPD. However, the ICPD was framed in such a way that it highlighted men as partners in supporting women's autonomy in reproductive health decisions, with little respect for men's reproductive health and rights. (4)

Data suggests that including males in reproductive health as supportive spouses improves healthcare. Perhaps in recent times, attempts to broaden the definition of positive male engagement have shifted from inspiring males to be supportive partners in female's health care to concentrate on meeting males own reproductive health conditions and trying to engage males as contraceptive users and change agents in their communities & Families. In recent programming environment, little is known about reaching males as family planning customers. Men's participation in reproductive health as supportive partners has been shown to improve health outcomes. In today's programming environment, there is little information regarding addressing males as family planning clients. (5)

Although family planning has generally been thought a woman's domain, well that is changing. Men & boys have an essential character to play in family planning, according to a new study, both to satisfy their own reproductive health requirements and to promote and ease their partners' ingress and usage. (6)

Gender standards and other balance of power shape how female and male access, utilise and choose family planning technologies. Women and girls may deficit liberty, portability, and opportunity as well as resources for family planning services; may experience bias from healthcare providers; perhaps they may face relatives and friends, societal pressure on family planning. Health care facilities may be seen negatively by men and boys are not male-friendly and may cause discomfort trying to discuss fertility and contraception choices tactics with their partner, or they may be misled by social standards that state that family planning is the responsibility of women. (6)

Given these facts, including men & boys is important to ensuring that everybody who desire it has ingress to and uses family planning, as well as to carry on to address unfair gender and power relations. Male participation benefits not just women's and girls' health and well-being, but also males and their children's health.

Male participation in FP refers to the participation of men & boys at various phases of their lives as a) clients/users, b) supporting partners, and c) change agents. Male participation goes beyond just including men & boys as programme users. (7)

To enhance men's & women's RH and contribute to gender equality results, FP programmes that include males, pay conscious observation to addressing unequal power dynamics and modifying detrimental aspects of virility (e.g., men’s control over decision-making).

Involving men & boys, in particular, involves larger efforts to improve empathy and hold up for women's rights and well-being, as well as the promotion of norms (e.g., equal ingress to educational possibilities for boys and girls) that conduct to more

fairness between males and females in their relationships, families, and responsibilities as parents and caregivers while preserving an emphasis on universalism and sensible alternatives as a basic concept of FP programmes. Finally, this strategy seeks to enhance FP & RH consequences for men & women in a manner that safeguard and support females autonomy. (7)

Boys, young men, & men have diverse degrees of FP understanding and RH requirements throughout their lives. Our study defines "men" as males aged 26 and above who would be more probably to make life choices based on their declared reproductive wishes and are concerned about preparing for their present or future children. "Young men" are males aged 18 to 25 who are more likely to be developing thoughts about marital relationships and intended fecundity.

Worldwide 63.6% of in union and married women revealed that they us any kind of modern method and/or traditional male-controlled method, female-controlled, or mutual contraception. In Africa there is a usage of only 33.4% of Contraception, whereas use in Southern Asia is comparable to worldwide levels at 58.6 percent. The worldwide unmet requirement for spacing and limitation is 12.0 percent, in Africa it is about 22.0 percent, and in Southern Asian region it is about 14%.

Either developed or developing areas the prevalence of modern male contraception is less than the modern female contraception among in-union and married women. The compound prevalence of male sterilisation (1.2%) as well as use of male condom (6.4%) found to be 7.6 percent in South Asian Regions, when associated to 42.7 percent for female-controlled procedures. (7)

These findings Indicate to a huge opportunity where increasing male usage may help to meet a large unmet need when enabling aspects for men's acceptance for and usage of contraception surpass the barriers.

After all, men & boys depict many characters in the lives of girls and women, as well as in society as a whole. Engaging males involves exploring the various roles that men & boys depict in the lives of girls & women. Within families and

partnerships, such roles may exist as a partner, a father, grandfather, an uncle, a brother, a nephew, a cousin, a son, or a grandchild. Men & boys also perform numerous characters in the locality as cultural & religious leaders; in the market as workers, managers, or bankers; as political spokesperson; as teachers, physicians, and other professions; and as military and keeper, typically directed by strongly gendered norms and expectations. Once such role has been recognised and put within their cultural settings, it is necessary to explore the idea of power, both in terms of how it is exerted within the execution of these diverse characters and as a personality trait unrelated to characters. Men and boys holding authority have an influence on women and girls in all circumstances. Keeping these power dynamics clear just to girls & womens via authorization processes, but also to men & boys via male engagement is initial approach to comprehension how gender-guided balance of power may be modified to become gradually more fair and equal. (4)

REVIEW OF LITERATURE:

1.) A cluster randomised control trial by Raj A, et al. (2016) evaluated gender equality and FP arbitration for married men & couples in rural India. Findings were that there is a need for FP education to remove persistent beliefs about the health impacts of spacing contraceptives, as well as GE societal norm modification initiatives relating to assumptions of pregnancy, early in marriage, preference for male child, and a shortage of male participation in FP, and more male or in-law dominance over FP decision-making compared to female control and Over three months, the CHARM intervention, which consists of three GE+FP counselling sessions provided by male healthcare professionals to married male alone and with their spouses found to be an productive method to involve men in family planning, enhance marital contraceptive conversation and utilisation, and decrease male execution of sexual violence.

2.) Jain M et al., found there is a significant decrease (59%) among high understanding of modern contraceptive techniques and willingness to utilise, as well as an extra but lesser fall off from intent to the real usage (9%). Women who wish to restrict their pregnancy have greater intent and use than those who want to space their children. Female sterilisation was more likely to be chosen by older women, whereas condoms were preferred by younger women. Unlike Hindus, Muslims were less likely to want to use permanent procedures such as sterilisation but were more likely to use condoms and tablets. The literacy of the woman and husband in their desire to use various FP techniques only interest for condoms. Marginalised Communities like SC/ST's were more reasonably to intend to be sterilised but less reasonably to want to utilise IUCDs. The desire to use sterilisation and tablets was favourably related to socioeconomic position. Those who were unaware of alternatives to female sterilisation and condoms were more likely to utilise female sterilisation and condoms, respectively. Men engage in additional conversations with friends inside the village and are connected to external information, while their mother-in-law has a village neighbour network.

There are three probable FP routes. The combination of societal rules, risk discernment, thoughts about side effects, guilt, and other beliefs leads families to 1. Entirely avoid FP, 2. choose a temporary approach and ultimately a constant one, or 3. choose a short term approach but also abandon FP entirely.

3.) Subramanian L et al., found the greatest prevailing contraceptive utilisation of 43 percent among married females living in PRACHAR Phase I implementation areas—intervening at numerous periods in the life cycle—had substantial effects on contraception uptake. Females who previously had used contraception before their first pregnancy were extra reasonable to utilise contraception after their first delivery than those who had never earlier used contraception.
Using behaviour change theory confirms existing findings from a variety of situations that show that using a socioecological framework with various strengthening treatments at multiple levels might improve contraceptive use behaviour in young married couples. Contraceptive usage increased when both young husband and wife were subjected to project treatments. In a conservative environment, thorough programming with gender-accompanied treatments customised to particular life stages and focused at various stages of the socioecological model can successfully boost contraceptive usage among young married people.

4.) A study by Tekou B Koffi, Marthe Adjoko, E Mensah, Karen Weidert et al. uses FGD Technique to focus on Positive and negative perspectives on family planning. Found Men's involvement in family planning is driven by social-economic motivations, men strongly oppose major decisions by women to use family planning, misunderstandings about modern methods can inhibit information about family planning, and men's participation in FP is hampered by a lack of method choice, inadequate Places to receive the service, and few messages directed at men.

5.) A descriptive Cross-sectional Quantitative Study (by Iván Mejía-Guevara) found, that in India, 19.4% of married women with any need for family planning went

unmet 8.5 percent for spacing, and 10.9 percent for limiting the number of children. Among the remaining 80.6 percent of women who said they used contraception, the vast majority (71.8 percent) used modern contraceptives, with 54.2 percent opting for female sterilization over traditional (8.8 percent).

OBJECTIVES OF THE STUDY:

a. To develop an understanding of male participation and the role of gender in family planning with a focus on men & boys.

b. To explore the knowledge, awareness, perception and practises of FP from a male perspective.

c. To understand the enablers and barriers for FP-related practises from a male perspective.

METHODOLOGY:

A. STUDY DESIGN-

- Exploratory study.

B. STUDY SETTING-

- in the state of BIHAR, within 3 districts namely PATNA, ARWAL & VAISHALI

C. STUDY POPULATION-

- Men residing in Rural households of various villages of Patna, ARWAL & VAISHALI district.

D. SELECTION CRITERIA-

- Inclusion Criteria- it is done in 2 categories:-
  - Married Men's whose age is 18-25 (younger males).
  - Married Men's whose age is 26-35 (Elder males).
  - Migrant or non-migrant men who reside in villages of PATNA, ARWAL & Vaishali.
  - Between May 2022 and June 2022.
- Exclusion criteria-
  - Married Men who are not Available at their home while interviewing.
  - Married Men's whose age is above 35.
  - Men who refuse to provide consent or record their interview.

E. SAMPLE SIZE-

- The sample size was 24 (12 each for both age groups) because until we reach saturation we continue.

F. SAMPLING METHOD-

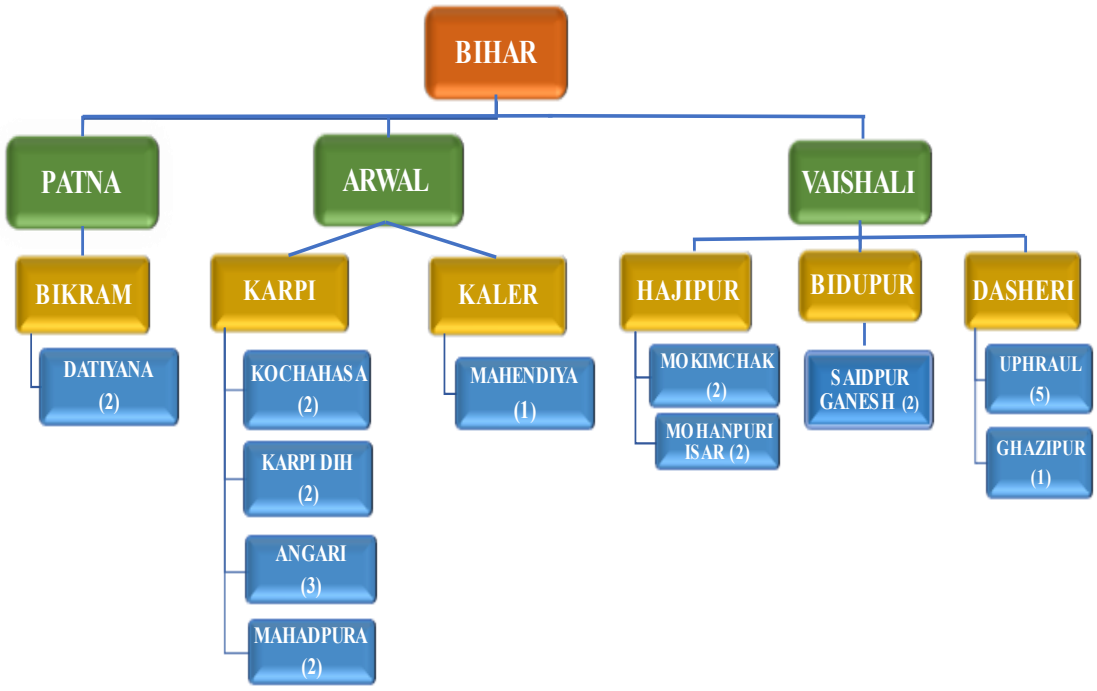
- Random sampling was done to select the districts of Bihar, then blocks of Arwal and Vaishali and its villages but convenience sampling was done to select the study population.

G. METHODS OF DATA COLLECTION-

- Through self-prepared Qualitative Tool guide and audio recorder.

H. DATA ANALYSIS-

- Data is analysed through ATLAS-TI software



FINDINGS:

The findings have been framed according to the study objectives:

1. UNDERSTANDING OF MALE PARTICIPATION AND THE ROLE OF GENDER IN FAMILY PLANNING.

Broadly we explored men's apprehension of engagement in partner's contraceptive planning and use.

In the study it was found that most of the respondents had an idea about female sterilisation primarily, whereas awareness about Oral pills, Injections and IUDs was less among respondents as they were less exposed or less aware on these.

Respondents had improper knowledge of safe and unsafe periods for sexual intercourse which could lead to pregnancy, except for three respondents who had correct knowledge of periods and safe & unsafe period for sex.

Usually, the preference for desired family size among males was to have only 2 children, mostly preference for one boy and one girl was reported.

Males were seen prioritizing joint decision-making with their partner's except for one who takes decisions alone.

"saath rehte hay… toh milke lete he".

-Respondent 10, uphraul, Vaishali.

-If we are staying together, we take decisions together.

- Respondent 10, uphraul, Vaishali

Mostly in joint families final decision was seen to be of guardians (parents and other elders) jointly or either of them in some families.

As a supportive partner men support the use of any FP method by their wife but only if it's safe enough, some exceptions were men who insist on the usage of a condom

by themselves as a safe FP alternative method than allowing their wife to use various female FP methods which have several side effects.

Less involvement of men's participation was observed during their partners' pregnancy and childbirth, if couples lived in joint family, as most of the females went to their paternal home during their pregnancy.

Rare exceptions were reported by men who supported their wife during pregnancy by not allowing their wife to lift heavy weights helped her during cooking, and during washing clothes, marketing household things, providing timely medications during need. Males with zero parity had a comparatively better idea about their roles and responsibilities towards their wives during pregnancy and childbirth.

As responsible parents males were aware of their roles and responsibility towards their children and agreed that their primary motto is to provide good education to their kids followed by good nutrition and facilities which their children would require during their lifetime.

Males even agreed that financial stability and education whereas the most crucial things to be kept in mind while having children. so, lower the no. of kids lower was the financial burden on parents.

"Hamko samalna hai bachche ko.. teen kar denge phir uska padhai -likhai nahi hoga to Dikkat hoga, Jimedaari uske liye ayegi jaise ki kuchh paisa-usha ekatha karwayenge, Padhai likhai ke liye, Uska kapra lata ,ye wo kharidna hai".

-Respondent 5, mahadpura,karpi, arwal.

- I have to take care of them.. If three children are born then their education might get hampered, I will get lots of responsibilities like I have to gather money for them for educational expenses, for clothes and for other miscellaneous things.

-Respondent 5, mahadpura,karpi, arwal.

Males preferred both male and female child and had equal importance and priority for both genders, some males even reported prioritizing girl child over boy child. Males agreed either male or female were god's gifts and were happy with either of them.

Men didn't allow their wives to go alone outside of their home, but they could go out accompanied by mother in law or sister-in-law or the wife can tell her husband about her necessary requirements and he will bring it to her but won't let her go out, an exception to some who stated that if there is some emergency or urgent requirement to allow her she can go.

But males support the fact that females can go out and work to support the household financially, whereas most of them disagreed that there is no need for females to work as they are able & could look after their families and support them financially.

Early girl child marriage and forceful marriage was reported to not being promoted or supported by any male who even stated that the decision about marriage should be asked from the girl who was getting married and it was unlawful to make a girl marry against her will.

They identified that the reason behind a girl child's early marriage is father who on having multiple children wants her girl child to get married as soon as possible so that he could get rid of his burden as soon as possible as he needs to arrange dowry for his daughter's marriage.

Married Women and Men who had multiple sexual relations were stated unlawful, and unethical by men and the reason behind it was said to be unfulfilled sexual desire, unable to conceive a child, etc.

Men were not seen to be engaged in any type of FP counselling session, either alone or with their wives.

2. EXPLORE THE KNOWLEDGE, AWARENESS, PERCEPTION AND PRACTISES OF FP

The interviewees had adequate knowledge on delaying and spacing but were not put into practice.

- The ideal age for getting married and getting pregnant-

Knowledge regarding the ideal age of marriage for a male ranges between 21-25 years and for females ranges between18-22 and the ideal age for a female to get pregnant was 3 years after marriage, as said by interviewees.

- Spacing and its benefits-

Spacing between two children ranges from 2 to 5 years and the benefit of spacing is received by both mother and child, when a child will get enough nutrition and share of food and care from the mother and both the child will be healthy enough if the gap between two children is maintained and mother will be healthy too if she gets some time for herself and her baby,mother can take care of them properly.

"maa bhi swasth rahega,bal bachcha bhi swasth rahega..Khan-pan bhi usako milte rahega"

-Respondent 3,Angari,Karpi.

-"if the gap is maintained then mother and child will be healthy and the child will get enough nutrition"

-Respondent 3, Angari,Karpi.

- Relation between periods and pregnancy-

Respondents had no clear idea about unsafe and safe periods for sex, except for some who had the proper knowledge of menstruation and the safe and unsafe period for sex.

- Knowledge on sterilisation

  Respondents had knowledge on male and female sterilisation, some of them had incorrect information and thought Tubectomy and Hysterectomy as the same.

- The information gained by attending FP program or visiting outreach & experience of others regarding FP-

  There was no information gained by couples or by men in person because they were not exposed to any kind of FP program or none of them has visited outreach for gaining FP-related information.

- Suggestion regarding FP

  Respondents suggested that FP is a sensitive topic it should be broadly covered in 10^{th} itself in every board because broadly only science background students are aware of FP in 12^{th} standard. Secondly, female teachers should be included in schools so that girls could easily clear their doubts and communicate better on FP. Some also suggested doctors' advice be taken regarding FP and not to have more than 2 kids. A respondent even stated that if you are unable to look after 1^{st} child properly, then don't think about giving birth to the 2nd one.

"Aur man lijiye Jayda bachcha paida kiya ..ekgo to sambhal nahi paa raha .. to dusara paida hone se koi fayda nahi nahi hai"

-respondent no. 3, Angari, karpi, Arwal.

Assume that you gave birth to multiple progenies ..if you cannot handle one ..there is no use in giving birth to the second one.

-respondent no. 3, Angari, karpi, Arwal.

- Modern contraceptive use & traditional use-

  Mostly Respondents were not aware of the term “Family planning” but they had an idea of delaying and spacing. Some thought FP is spacing and limiting, some said it is planning of your sexual life and mostly they said FP means to have “2 kids”.

  About traditional methods of family planning most of the respondents were not aware of except for 2 who stated in a traditional they performed withdrawal method and performed abstinence.

  Males with zero parity when asked about the method for delaying agreed that they abstain from sex as their wife goes to paternal home.

- Awareness about male and female contraceptive methods-

  Most respondents were aware or heard or used in some point of time in their life time about the male FP method named “Condom”, mostly males are less aware of vasectomy, those who are aware did not consider it to be ideal method for them, exception to some who said if necessary they can perform. Most of the males Preferred condom as their primary choice of contraception as it has less side effects and less chances of failure.

  Respondents were aware of female sterilisation as the most known FP method for females, the second-most known were oral pills followed by injectables, and the least known were the IUDs.

- Accessibility and acceptability of modern contraceptives-

  Accessibility to healthcare facilities was available to almost all of the respondents but nobody took advice on FP from any health worker.

  - FLW interaction/visit:-

    There was no interaction of any respondent with either ASHA or ANM directly regarding FP. some respondents stated that some asha’s give condoms to respondent's wives and they give to them. There was no FP-related conversation

from either side. The ASHA only interacted or promoted things like going for an ultrasound test, and ANC visits.

- Belief in FP effectiveness & future use-

  Respondents believed that some FP method was effective and they even use it but most of them preferred sterilisation after having two kids as the permanent method for future contraception.

- Advice and usage of FP methods in ZLP and SLP-

  Respondents agreed that they preferred joint advice to be taken regarding FP. Respondents even stated that zero low parity couples and single low parity couples should use it if necessary and except one who denied it and said ZLP couples should have a child first then they can use contraception.

3. ENABLERS AND BARRIERS FOR FP-RELATED PRACTISES:

ENABLERS-

- Source of information and places of getting aware of FP-

  Mobile/Internet and books were the most preferred source followed by friend's and peer's advice. Hospital Hoardings/IEC materials and posters helped males to be aware of the usage of any FP method who is interested to know about any contraceptive method and feel shy to ask.

- Peers education-

  Peer education plays a vital role in male engagement as most of the respondents are in working age and spent most of the time during the whole day with them so educating peers about FP, can lead to healthy discussions about men’s FP use and women's RH.

- Spousal communication-

  Most of the respondents stated that they communicated with their spouses at night only because they are out at work the whole day. Some respondents talked about FP usage and FP before intercourse and some had no planning for this so they denied usage and communication about FP with their wives.

- Decision-making and autonomy-

  Respondents agreed that a joint decision is the best decision for both the partners and they take joint decision with each other's consent regarding FP and other things too.

  Respondents even agreed that a female has the right and autonomy over her body and she has the right to make decisions on her own.

- Role as a husband-

  Respondents stated they helped their wife with household chores and several other things like buying them food, looking after family and kids, looking after their wife if she is unwell, providing medications, washing clothes, cooking and helping their wife during every possible task.

  Facility visit with spouse was not seen any of the male participants for consultation regarding FP but respondents visited the facility with their wife when she was pregnant, and during her antenatal checkup.

  "apni biwi koi pareshani nah how ,ho sharm ke waje se wo chiz mang nahi payegi tu uss samay pe hame unhe help karni chahiye,khana banana me mummy k saath madad karna,gharelu kam me haath batana."

  -respondent 10,uphraul,Vaishali.

  -maing sure that my wife don't face any issue while asking anything and I will help her, will help her during cooking with my mother, and help her during household chores.

- respondent 10,uphraul,Vaishali

- Going against family

  Respondents stated that they can go against their family to support their wife if respondent's parents are pressurising their wife to have kids. Respondents even stated that in such a situation they will make their family understand the situation and solve it.

- The shift in attitude-

  Even though FP is thought to be women-oriented by the society but some of the respondents agreed that they can go for sterilisation if their wife doesn't want to perform it.

  "Dhyan me rakhate huye to uski condom jo hai n behtar mere liye laga..Purush nusbandi better than female nusbandi".

-respondent 2,karpi di, arwal.

- I felt condom is better for me and for sterilisation -male sterilisation is better than female sterilisation.

-Respondent 2,karpi di , Arwal.

- Understanding perceptions-

  Respondents stated that the masculinity of a man doesn't happen when you have multiple kids, a man's masculinity depends on how he treats and respects a woman.

  "Mard wo nahi hai jo char go me hajargo me bachcha paida kar de wo mard nahi hai mere anusar mard nahi hai… Mard wahi hai jo kisi bhi stri ka sammaan kare"

-Respondent 2, karpi, Arwal

Masculine is not who has/ can give birth to thousands of children but according to me masculine is he who respects women.

-Respondent 2, karpi, Arwal

- IPV and financial autonomy-

Respondents do not support domestic violence, instead, they insisted to resolve the violence through communication with each other and elucidate. Some respondents conveyed that they support their wife financially except some said that if she argues or if she doesn't listen to her husband they can financially disable her.

"ye to galt kam hai"

- Respondent no.5 , karpi ,arwal.

Its very wrong thing

- Respondent no.5 , karpi ,arwal

"Phir kahan paisa denge jab bat nahi manegi toh"

- Respondent no.5 , karpi ,arwal.

Why would I give her money if she doesn't listen to me

- Respondent no.5 , karpi ,arwal

- Forceful impregnantion & covert use-

Respondents do not support forceful impregnation and even they stated that they cannot force their wife to quit any FP method if she uses, except some who said they won't force but even won't allow usage of contraception without their consent and if it has side-effects that can harm her body, they won't allow the usage.

Covert use of any contraception by wives is not acceptable by any of the respondents they denied the usage and don't support its use covertly, some even stated that they will support the use only if the wife discusses her contraception use with them and if she is using it covertly then they will try to convince her against use.

"Galat bat hai aur kya ...pati se chhupake kha raha hai galate hi hai..Pati ko samjhna chahiye ki kyo kar raha hai galat kam..To koi majburi hoga phir".

-Respondent no.5, Mahadpura, karpi, Arwal.

- Covert use is wrong and hiding it from husband is even more wrong. A husband need to understand that why she is doing such wrong activities or she might be helpless that's why she might be using.

-Respondent no.5, Mahadpura, karpi, Arwal.

- Infertility and 2nd marriage-

Respondents revealed that they will support their wife at any cost, they won't boycott her or leave her if she couldn't conceive a child. Some even stated that it's not in their hands children are god's gifts, some even stated that announcing a female to be infertile is not always right , may be the male be infertile. Some stated that if a wife insists to have a child by marrying someone, then they can go for second marriage.

Some respondents did not support the ideology of second marriage and said they will remain childless throughout their life, some said they may adopt an orphan child, and some said they can go for IVF or surrogacy.

"Nahi hua to bhagwan jo lila hai usko koi to tal nahi sakta hai"

- Respondent 3 , Angari , karpi , Arwal.

if it doesn't happen, then its god's wish it can't be denied.

- Respondent 3 , Angari , karpi , Arwal.

"dusara shadi bhi karenge to apni patni ki marji se karenge"

- Respondent 3 , Angari , karpi , Arwal.

Even if I would do second marriage only if my wife agrees.

- Respondent 3 , Angari , karpi , Arwal.

"kahi se god lesakate hai kahi se god lene matlab anath ashram se"

- Respondent 2, karpi dih, Arwal

We can adopt a child from anywhere, adopt from anywhere means from orphanage centre.

- Respondent 2, karpi dih, Arwal

"Sadhan ho gaya hay jaise ki surrogate mothers, IVF technology, ye sab ka bhi upyog karsakte hay, jinke maa baap nahi hay toh unko godh le sakte hay, ye upay ho sakta hay"

- Respondent 10, uphraul, deshri, Vaishali

Methods as surrogate mothers, IVF technology, we can utilise this, those who are orphan we can adopt them, this can be the method.

- Respondent 10, uphraul, deshri, Vaishali

Barriers-

- Female FP provider for male-

Respondents denied asking for any kind of help or consultation from ASHA or ANM because as they are females, neither of them don't feel comfortable to discuss on FP openly. Except for two who felt free to ask and consult with FLWs.

"nahi me toh jab covid ka tika lene gaya tha tab toh ese koi jankari nahi mili thi ..sab covid se sambhandit jankari mili thi....gaon me bacho ko tikakaran hota hay usme bohot saare mahilaye aati hay apne bache ko lekar.. toh wo sharmati hay batane kliye in sab yojnao k baare me."

-Respondent 10,Uphraul,Vaishali.

- During covid vaccination, I have only received information related to covid, during VHSND where children get vaccination there are lots of females at that place so she (FLW) feels shy to discuss such schemes (fp).

-Respondent 10, Uphraul,Vaishali.

- Side effects, method failure, the experience of others-

Respondents are aware of several side effects of female-oriented FP methods like oral pills and injectables cause swelling in the female body and irregular periods some said it harms the female body and prevents healthy childbirth and a respondent even believed that usage of pills by the wife may affect his sperm and make him and his sperm weaker.

Talking about the male FP methods males felt safe using a condom but were against performing sterilisation because they stated it caused the male body to be useless as

males become unfit for any kind of work & can be jobless and it takes several days to heal the wound and as a result, there would be a financial crisis.

Method failure was encountered by very few respondents, they stated that even after successful sterilisation females got pregnant, whereas some denied this fact and stated that after sterilisation there is no possibility to get pregnant and it may result due to doctor's negligence while performing NSV. Most respondents had never encountered method failure.

"*Ha dar kahiye ha dar kahiye…. kahi kahi dar isliye hai ki ho sakta hai mera jo sperm ho usko uksan kar de.. Jo mera bachcha taiyar karane ka usko kamjor kar de …ye sab chij se bachane ke liye condom us karate hai"*

-Respondent 2, karpi dih,arwal

-you can say it as fear, fear that it can affect my sperm, the potential to give birth to a child will be reduced…to avoid from all such side effects I prefer condom.

- Respondent 2, Karpi Dih,Arwal

- Social pressure and buying behaviour-

Respondents said that there was no social pressure from either of the families to conceive a child but after 2-3 years of marriage they start pressurising both the partners. While purchasing any kind of contraception respondents had never encountered any kind of misbehaviour or social ridicule, except for one who said the shopkeeper made fun of him as he was of the same age or else they usually don't.

DISCUSSION:

Our study explored men's knowledge of and partners contraceptive planning and use and the role of gender in FP. Here we found men as partners are supporting their partner's use of contraception if it is safe enough and has no side effects.

As earlier studies have found, Men may resist contraception usage owing to a lack of awareness and worries about adverse effects or difficulties and studies also have indicated that males are likewise particularly worried about modern contraceptive's perceived ability to strengthen women's reproductive autonomy. Engaging men and aggressively resolving their beliefs about virility and gender equality might have the ability to diminish their aversion to obtain benefits in women's reproductive autonomy and promote their positive engagement as allies & partners. (8)

Our study completely agrees on this point as we found men don't support the beliefs about masculinity norms rather they support respecting women's autonomy and believe in gender equality as males make a joint decision with their wife and equally prefer boy and girl child and if women don't want to use any contraceptive male support the fact and agreed to use male contraception by themselves, by this we can say men can be seen as getting positively engaged as a supportive partner.

Previous research found views and conditioning on virility act out in a twofold way; although they grant a better social standing to males, they also urge men to achieve a variety of societal expectations. Peer pressure promotes unmarried men to indulge in unsafe sexual conduct, for instance, having several sexual partners are generally considered a sign of masculine virility, and for married men perform their role as a procreator. All those who don't satisfy these standards are mocked. Men also judge themselves based on certain indicators of masculinity and difficulty in performing up to these beliefs becomes a source of pain.

Gender-based violence, physical abuse of women and homophobia in manifestations of virility are a few of the frequently reported harmful repercussions, (9) but on the contrary, our study found men's considered having multiple sexual partners as a sin

and considered its unlawful activity and men’s masculinity is not defined by only procreation but giving proper education and nutrition to the child and males don't support the fact that men’s masculinity is defined by its ability to produce multiple progenies and even men don’t support the ideology of intimate partner violence and are against such behaviour and it does not specify a man’s masculinity.

Men’s adoption of contraceptives may be adversely impacted by a partner’s contraception usage, especially if the technique was begun without the husband's concern, which is a reported cause of pressure and mistrust in relationships as cited by a study previously. (8) Similarly our study agrees with the earlier study as the covert use of contraception by females is not promoted by their male partners, they thought it unethical and unlawful to use contraception without their knowledge but supported the usage if the husband’s concern is taken.

A study of the PRACHAR initiative performed in rural Bihar, India, demonstrates the pervasive worry that the ability of conceiving may drop with age and village doctors and together with local health workers also disseminate this idea, (9) our study acknowledged this as most of the younger couples got conceived within a year of marriage there was no delaying for the first child, as there is a misconception of fertility being reduced and complications may result during pregnancy that could lead to stillbirth because of delaying and spacing as the age of couples to conceive gets reduced. Even one of the male respondents was against the concept of delaying as her wife had spontaneous abortions, his suggestions were only after having one child we can think of using contraception but not before that.

Another research found genuinely joint and cooperative decision-making stays idealistic, particularly when it comes to problems regarding contraceptive usage and family planning. There is not adequate data to show that couples that conduct household decisions jointly would also demonstrate the same equitability when it relates to FP communication and decisions. Younger women who claimed autonomy in terms of family decision-making and access to finance were more likely to have received adequate prenatal care, even after family financial status and women's education were adjusted. (8) Similarly, our research found even though couples

preferred joint decision-making but when it comes to FP the data is indistinct. Some cases had males supporting the choice of contraception and some did not, interspousal communication played a vital role here but communication about FP with partners was infrequently sighted, but to the contrary, no males have claimed that women had the autonomy to take household decisions but they had access to finance through husbands will.

A study concurred that males are essential decision-makers and when it comes to the intervention they shouldn't be treated as an afterthought and their boundaries and channels of communication are not the same as their partners so there is a need to highlight the effects of financial risk on family health and wellbeing, (10) through our intervention we have found men are aware and prepared enough mentally and physically about financial stability and risks that may incur after having a child, males are more conscious about physical wellbeing of both mother and child during and after pregnancy. So this intervention could be a key message to emphasize for males.

LIMITATIONS:

Our study has few limitations as it's based on only three districts of Bihar, so we can't generalize our findings to the whole state or country. Secondly, as FP is a sensitive topic there might be social desirability bias among the respondents. The education level of the respondents was vulnerable to cause bias. As our study has seen Males are getting reluctant to use any kind of contraception there is still lot more efforts needed to be done to engage men as a client/beneficiary. Further research needed to be done why males are not getting engaged as a beneficiary and what are the factors that stops them.

CONCLUSIONS:

As our study has seen a slight shift in the attitude of men toward the orientation of the use of FP methods, FP is no more seen as a female-oriented method because males are equally taking part as supportive partners in FP. But still, there is a necessity to start quickly by reaching adolescent boys and young men with various health programmes, that involves boys/men individually, as a group or as a couple. Engaging boys and men using the SBCC (social and behaviour change communication) approach could be beneficial. Further interventions should focus on how to raise willingness to use modern contraceptives instead of just focusing on awareness, by modifying important factors that influence our behaviour.

WAY FORWARD /SUGGESTIONS:

According to the current scenario, we can suggest policymakers focus on the three categories of the Greene framework i.e,

- Men as a client-

  -Policy needs to get to men with FP services and spread the message at places at common meeting points of men where they gather.

  -IEC strategies to escalate men's knowledge.

  -Prevasectomy counselling services to notify men about the potency of NSV and about its side effects too and to make sure it doesn't protect from HIV.

- Men as a supportive partners-

  -Policy should provide techniques for training personnel to advise couples and identify potentially dominating or aggressive conduct by a spouse,

  -if a woman wishes to involve her husband, to establish safe places where men and women may receive family planning services and information together,

  -greater knowledge of reproductive health and rights for women and girls, as well as techniques for providing this information.

- Men as agents of change-

  -Policy should instruct family planning programmes to recruit and teach male influencers and FP advocates—these men may help debunk misunderstandings about male-specific contraceptive services and inspire more men to take accountability for the establishment of healthy families.

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