

Dissertation
at
CARE India Solutions for Sustainable Development, Bihar

Male Engagement in Family Planning in Bihar

by
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Enroll No. PG/20/034

Under the guidance of

Dr. B.S.Singh

PGDM (Hospital & Health Management)

2020-22



International Institute of Health Management Research
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Dissertation Completion Certificate

The certificate is awarded to

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A graduate student of the **PGDM (Hospital & Health Management), IIHMR
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Dissertation in the Department of
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on his/her Project titled

Male Engagement in Family Planning in Bihar

From: 1st April to 24th June

at

CARE India Solutions for Sustainable Development

She comes across as a committed, sincere & diligent person who has
a strong drive & zeal for learning.

We wish her all the best for future endeavors.

Wishing him the best for the future,



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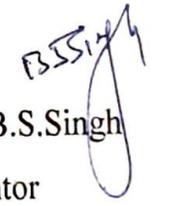
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The following dissertation titled “**Male engagement in Family Planning in Bihar**” at “**CARE India Solutions for Sustainable Development, Bihar**” is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **PGDM (Hospital & Health 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 dissertation only for the purpose it is submitted.

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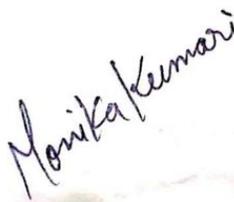
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Name of the Organisation: CARE India Solutions for Sustainable Development, Bihar

Area of Dissertation: Male Engagement in Family Planning in Bihar

Attendance: Perfect for the organizational norms

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Title of the Dissertation/Summer Assignment	Male Engagement in Family Planning in Bihar		
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ACKNOWLEDGEMENT

It is esteemed pleasure to present this project by thanking each and everyone who helped me in this task. I would like to express my sincere gratitude towards my mentor **Dr.B.S.Singh** and **Dr. Siddarth Sekhar Mishra**, Assistant professor IIHMR, who helped me immensely throughout the tenure of my summer internship. He inspired me greatly to work in this project with his valuable guidance, support, interest, encouragement, involvement and advice. I would like to thanks **Dr.Tanmay Mahapatra**, Team Lead, PML **Dr. Shuchi Sree Akhouri**, **Ms. Sweta Barnal** and **Ms. Annie Mishra** of CARE India Solutions for Sustainable Development, Bihar for allowing us to experience such great opportunities and for providing data for our learning.

Monika Kumari

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Abbreviations:

ANM: Auxiliary Nurse Midwifery

ASHA: Accredited Social Health Activist

AWC: Anganwadi centre

BIFS: Bihar Integrated Family Planning Study

FLW: Front Line Worker

FP: Family Planning

MWRA: Married Women of Reproductive Age

LMIC: Lower Middle Income Country

IPV: Intimate Partner Violence

NFHS: National Family Health Survey

Introduction:

Family Planning can be defined as a choice or the need of an individual and couple to plan and attain their desired number of children for their family size by spacing and limiting through any method of birth control. India was the first country in the world which launched Family Planning Programme in the year 1952. Family planning (FP) program, since its inception has transformed, evolved and expanded over the years attempting to reach every part of the country to not only attain stabilization in the population but also to promote reproductive health and reduce maternal, child and infant mortality and morbidity(1-3). These efforts have tried to ensure availability of basket of choice to the new users, and accommodate the varying needs among current users (1, 4). However, women have remained the focal point of most of the family planning initiatives. Ironically, family planning is not a women's prerogative alone but all the programme and most of the contraceptive methods are women centric, especially in the Indian context. Although India has come a long way when it comes to gender equality but the impact of dominant ideologies is still affecting today's household decision in every aspect, be it education attainment, financial decision, employment outside household, inheritance of assets, land ownership and here especially 'family planning'. A woman's ability to control her own family planning choices is a crucial aspect of her reproductive autonomy and key to increasing contraceptive use and decreasing unintended pregnancy(5). But, given the Indian context where family plays an important role, a women's life is heavily impacted and shaped by the family member, distance relative or society. In domestic setting, it is still believed that men should have a prominent role than women(6).It has been known that other members of family does influence the decision about the family size and the presence of mother-in-law mostly affects the fertility decision made by the couples. Couples are often not the sole decision-makers related to contraceptive use, specially young couples, they are kept under constant pressure to have a child soon after they are married(2). And the pressure does not stop until the couples have a son. In India, the culture of son preference has resulted in the masculinization of the child sex ratio, with parents intentionally planning the desired number and sex of their children (3). When it comes to son preferences, Bihar state comes among one

of top state where the desire of having a son is deep-rooted, also, women in Bihar who already have a son are more likely to utilize contraception (8, 9).

Bihar is also among the top 3 populated states of India where Total fertility Rate (TFR) is 3.1 children per women, which is highest in India. It is well established that Bihar has patriarchal society and women of Bihar are the passive recipients of exploitative patriarchal action whether it is the average age (17.2 years) of girl marriage or child bearing (18 years). And to top it all, the responsibility of Family Planning falls on women too. Women who want to use any contraceptive method to delay or limit the number of children, are often unable to access them due to the societal establishment, and since Bihar is one of the top states with most number of migrant worker, it makes it difficult for women to discuss with their partners about family planning. To put more emphasis on family planning in Bihar, the state government has also declared 21st of every month as 'Family Planning Day'.

Traditionally, family planning (FP) initiatives have primarily targeted women. However, evidences suggest that gender equity and equality play an important role in contraceptive uptake. With gender equity being more widely recognized as a precondition for improved reproductive health, there is a need for emphasizing on male involvement about, supporting, and using Family Planning services. It is crucial to the effectiveness of family planning programs and women's empowerment, as it is widely established that men play key role in decisions around family planning, and their knowledge, attitude and practice affects the adoption of FP method to a great extent(7, 10). Evidence from other LMICs suggest that male engagement in family planning may lead to better FP outcome, also men's participation in FP can provide them with accurate and complete information about contraception methods, reducing misconception and increasing uptake(11).

However, Indian men continue to shy away from their responsibility when it comes to family planning, as acceptance of male contraception methods remains constant and unacceptably low since last 10 years(3).. Although National survey highlights an increase in modern contraceptive prevalence in the last 5 years [47.8% (2015-16) to 56.5% (2019-20)], mainly due to higher adoption of female sterilization(37.9%)(2), yet the use of condoms and adoption of male sterilization remains low which is 9.5% and 0.3% respectively(2, 3). . This naturally depicts a

picture of gender inequality, that is rooted in cultural norms and lack of male involvement continue to cause poor family practice nationwide(6).

In Bihar, Modern Contraceptive Prevalence has almost doubled: from 23.3% (NFHS-4) to 44.4% (NFHS-5). Female sterilization has gone up to 34.8 per cent in NFHS-5, from 20.7 per cent in NFHS-4. Whereas the proportion of male sterilization is much smaller, with less than one per cent married couples choosing it (0.1% male sterilization)(12). Half of men aged between 15-49 believes that contraception is women's issue and a men should not be concerned about it(12).Majority of men do not want to opt for vasectomy because of certain myths like fear of impotency, weakness, as well as the stigma of being labeled as “not man enough” , even after the being a safer and minor surgical procedure, its penetration remains low(13).

The placing of the responsibility of family planning on women alone, who may struggle for access to care, financial resources and even control over their own bodies due to patriarchal views on female sexuality can lead to damaging stereotypes like. Previous study indicates that, men who are more informed about female reproductive health and importance of family planning are more resilient toward discussing it with their partners and have better chances for positive result regarding FP method use and making decision regarding their size of family(7, 14).

Engaging men and boys in developing a response against violence; gender-sensitive training and capacity building; access to sexual and reproductive rights awareness among girls, women, boys, and men is important. Involvement of men in the family planning can improve spousal communication, increase gender equitable attitude and also FP method use.

Men's contraceptives, including condoms, vasectomy, and withdrawal, are included in the range of contraceptives. But the national data depicts a whole other picture, with the slow and stagnant growth of male contraceptive, we can say that male are still reluctant or those who are eager to use FP methods, are unable to access. Placing ‘men as client’ of the FP programmes for keeping them enact and included for the FP interventions, as the front line workers (FLW) such as ASHA and ANM are also comfortable with providing information to the females regarding FP, men may become hesitant to ask female FLWs related to the topic, and men's sources of information are often informal. Furthermore, an uneven dynamics of knowledge regarding FP or reproductive health on individual level and collective level a couple possesses. The couple's communication, decision-making, and family planning choices are all influenced by this. The spousal

communication and decision-making processes may also help males break free from the constraints of masculine norms that compel them to make decisions that affect their family's future. Therefore 'Men as partner' can assist them co-create a "safe space" in their relationships(7). The formal and adequate knowledge a male holds regarding FP and other things are reflected by their attitude towards those specifics. With right knowledge and safe practices, they can act as an 'agent of change' to the society and encourage other male to participate in the FP programs. Men should be encouraged to be supportive partners in women's reproductive health while simultaneously taking care of their own reproductive needs and acting as change agents in their families and communities. Research suggests, when given the opportunity, men are interested in and will constructively contribute to family planning talks, and spousal communication can boost contraceptive uptake and continuation (15).

Objectives:

- To understand the FP related awareness, attitude, practice and engagement of men in Bihar at individual and familial levels:
 - As FP clients
 - As partner
 - As agents of change

Review of Literature

- A cross-sectional study conducted among 156 married men from coastal Southern India, where more than 70% were aged between 26-34 years, aiming for their attitude, knowledge and practice regarding Family Planning shows that more than 40% had 1 child, most men of upper and lower socio-economic status were aware about the male family planning services available in the market and more than 50% husbands preferred that their spouse should be sterilized.
- Another cross-sectional study in the year 2013, related the role of men in fertility and family planning in a peri-urban community in Punjab conducted among 610 respondents where 305 were men and 305 were women all married couple where the wife was aged between 15-45 years of age regarding the inter-spousal communication, their attitude related contraceptive usage shows that around 80% of the women who had frequent discussions with their partners were currently using contraceptive and 20% did not despite frequent discussion. There were around 69% agreement between husband and wife about the number of children that they should ideally have.
- A systematic review done by ICRW in the year 2020 in India between 18-24 years of men to test approaches on male engagement for spacing methods in the states of Uttar Pradesh and Bihar using an evidence-driven approach reveals that they fear of community judgment for not bearing children soon after marriage and couples face pressure from family and community actor, norms related to masculinity, marriage and fertility influence this space most dominantly in its affects their fertility decision.
- Another study conducted in Ethiopia (LMIC) using cross-sectional method between 620 married men to assess the magnitude of male involvement in family planning utilization and its associated factors in the rural community of northern Ethiopia shows that only 12.5% of males were directly involved in the use of family planning using a male contraceptive method, and about 60.0% of males were involved in family planning through spousal communication and approval.

Methodology:

Study Design

A community based cross-sectional study was conducted during March-May 2021 across all 38 districts of Bihar involving a representative random sample of consenting currently married men of reproductive age (MWRA).

Sample size estimation

The survey employed a multi-stage, stratified probability sampling technique in three stages- districts, block and AWCs/Wards. The sample size was calculated following the binomial formula. Assuming an α error of 5%, β error of 20% (power = 0.8) and absolute precision of 10%, the desired sample size for each district turned out to be 384 which got inflated to 576 after incorporating a design effect of 1.5. To account for 2-4% data loss, a rounded figure of 600 women per district was decided upon.

For the gender measures and male participation related indicators that will be explored from the interviews of men, only a state-level estimate was generated. Thus, the sample size calculation for these indicators followed a separate strategy. From the previous as well as review of literature, we obtained that ~8% of the respondents had FLW interaction on FP during the previous year, assuming a geometric distribution with normal approximation, 20% relative precision, 5% α error and β error of 20% (power = 0.8), the sample size for the state-level estimate turned out to be 2532 (calculated using PROC POWER with ONESAMPLEFREQ option in SA v9.4). Further, assuming a design effect of 1.5 and 5% sample loss, the estimated sample size was inflated to 3998. Thus, ~4000 men were needed to be sampled.

Recruitment strategy

To recruit the participants for the interview, 5 blocks (PSUs) and 120 AWCs were selected based on proportional allocation from 38 districts. 'Buildings' or 'structures' containing human dwellings were identified from the sampled AWC areas (for rural) and Wards (for urban) for conducting the interviews. For men, an additional tool was administered in a sub-sample-one from each AWC where husband were available for the interview.

Thus, the total sample of 22,800 (600*38 districts) MWRA respondents were recruited from the entire state and approached for the interview out of which 132 (0.6%) women refused to participate and for the rest 22,668 MWRA interview was successfully completed, and data was included in the analysis for majority of the indicators. For men, 3998 were approached out of which interview for 3831(4% refusals) was successfully completed.

Data collection /Interview

Interviewer administered interviews were conducted using a pre-tested structured digital questionnaire in Hindi language. The interview captured data on detailed socio-demography (categorized as deemed necessary for analysis) including- age, religion (Hindu/Non-Hindu), caste (SC/ST/OBC/general), educational level (illiterate/primary/secondary and above), husband's employment status (unemployed/skilled/unskilled labourer/salaried or self-employed), family type (nuclear/joint), husband's migration status, residential area (urban/rural), age at marriage, parity and media exposure. Additionally, the questionnaire explored contextually relevant social, gender and family level constructs inter-spousal communication, autonomy and decision-making between couple, knowledge, attitude and use of FP methods practiced by men and women.

Exposure and Outcome measures

“Awareness among men about - family planning methods, age at marriage, and healthy timing and spacing of pregnancy, attitude towards – timing of FP adoption, and son preference, and methods adopted by men- male sterilization, condoms” constituted the measure for male engagement as FP clients.

The outcome measures were—current contraceptive use (modern as well as traditional), unmet need for spacing, unmet need for limiting methods, unintended birth, and intention for future use among those who have discontinued contraceptive use for some reason. All these measures were categorized into two -yes/no responses.

Data Analysis

Descriptive (frequency, proportions and the corresponding 95% confidence Intervals (95% CIs)) analyses was conducted to describe the socio-demographic characteristics of the women and men interviewed and to determine the overall prevalence of the aforementioned male engagement as clients, partners and agents of change.

Results:

Socio-Demographic

In BIFS the data were collected among 22668 women and 3831 men. Where mean age of men and women was 35.3 and 31.1 respectively. Among women 87.8% were Hindu and rest was non-Hindus. Majority of them belonged to OBC (63.7%) and other was SC/ST (19.9%) and General (16.4%).

Majority of women respondents were illiterate which is about 49.2% whereas 21% were educated up to class 8 and 29.8% above class 8. Around 78.2% of women lived with their husbands and 21.7% of women husbands were migrants. Most of them lived in a joint family (53.6%). Apparently, more than half of the percentage of women had 3 or more than 3 children (55.6%). With 24.3% had 2 children, followed by 13.5% with 1 child and 6.4 with no children.

In BIFS Husband tool, it was reported that number of men with secondary education (48.1%) were comparatively higher than those whose education were up to middle school (26.4%) and illiterate (25.5%).

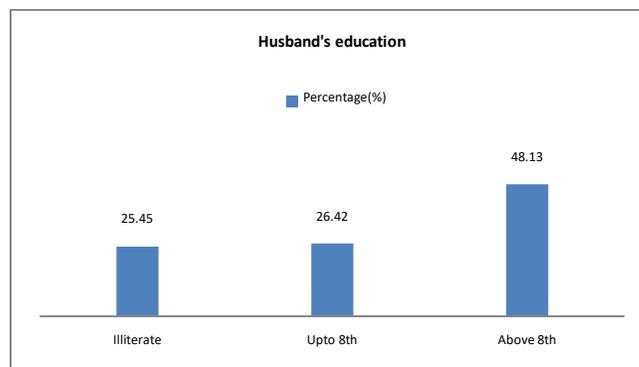


Figure 1: Shows percentage of Husband's Education with their qualification

Husband's Occupation:- More number of men were involved in non-agricultural labourer (30.8%), followed by agricultural labourer (26.4%) then those who were involve in some kind business (24.9%). There were only 12.8% of men who were in salaried profession and 4.8% of men were unemployed (fig.2). Among which 52.9% were using smart phones. Majority of them which is around 71.08% were using any kind of media and almost 50% of them were using any sort of social media (fig.3).

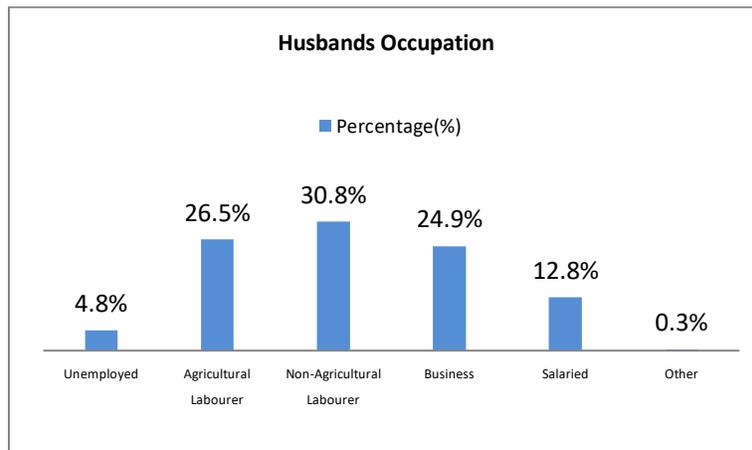


Figure 2: Showing percentage of Husband's Occupation

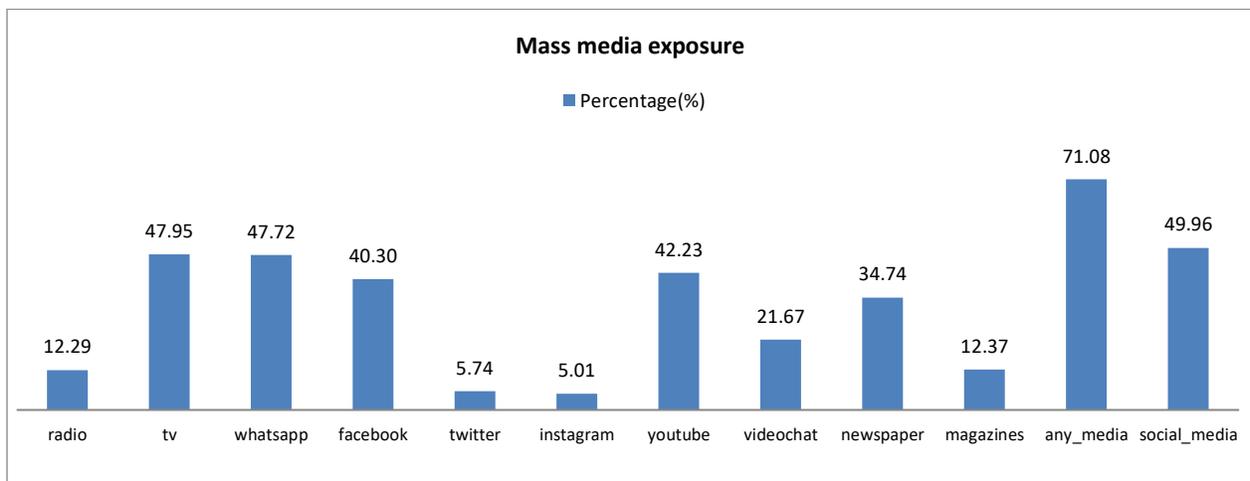


Figure 3: Representing percentage of men having different source of mass media exposure

Men as clients

There were about 96.87% of men who were aware about any kind of FP method, only 3.13% have no information about any FP method. Awareness regarding modern FP method among men was seen highest with about 96.84%. And only 23.52% were aware about any traditional methods as shown in Figure 4. The perception about the adverse effect related to male sterilization 25.88% male thinks that it causes negative impact on sexual activity and physical health. About 43.56% of men are not aware about the method or think that the method is ineffective and 30.57% thinks that there are no harmful effects of male sterilization (Fig.4.1).

Now, with regarding of awareness about condoms that it does not have any harmful effects, 43.06% are not aware and thinks that the method is ineffective, whereas 56.94% are aware that it does not have side effects (Fig.4)

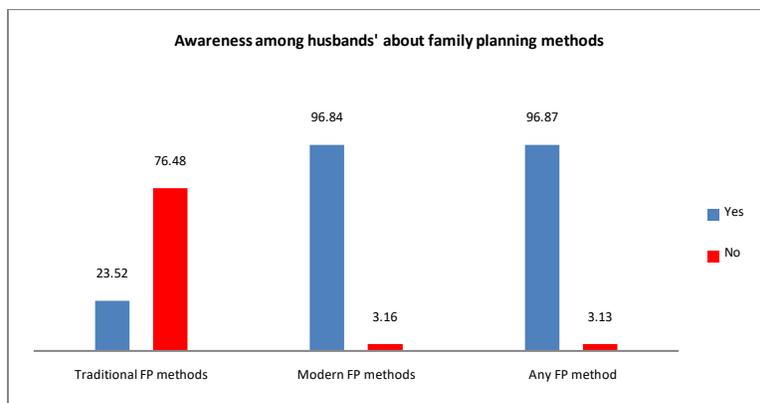


Figure 4: Showing men's awareness related FP method

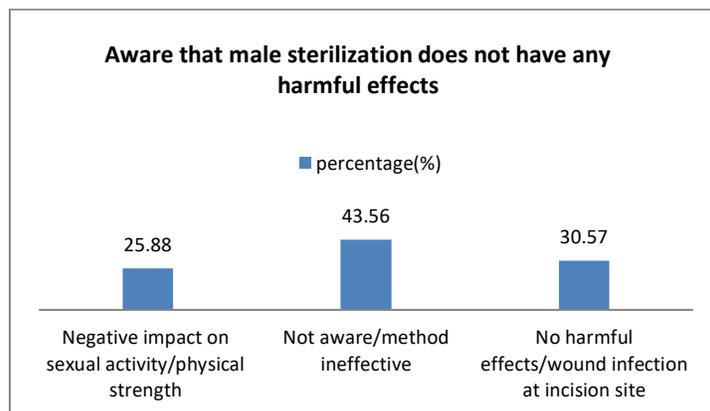


Figure 4.1: Showing male perception regarding sterilization effects

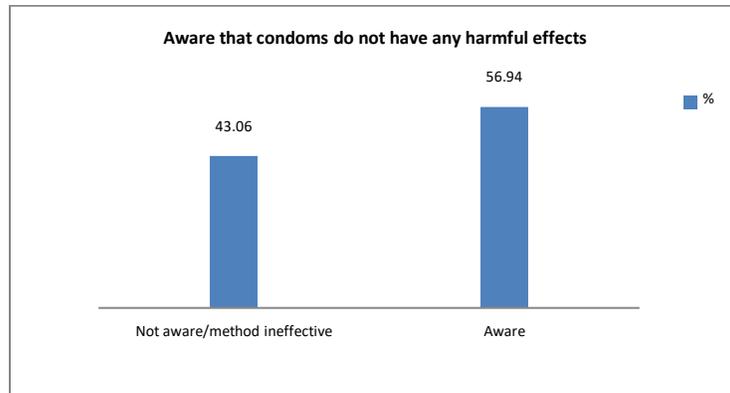


Figure 4.2: Showing male perception regarding condom effects

In figure.5, it can be seen that 97.84% of men are aware about ideal age of female to get married is above age of 18 years. And about 82.02% of men are aware that ideal age of male to get married above 21 years of age. 50.14 % men are aware about the correct delaying time of first child birth. Around 62% are aware about correct spacing time between 2 children.

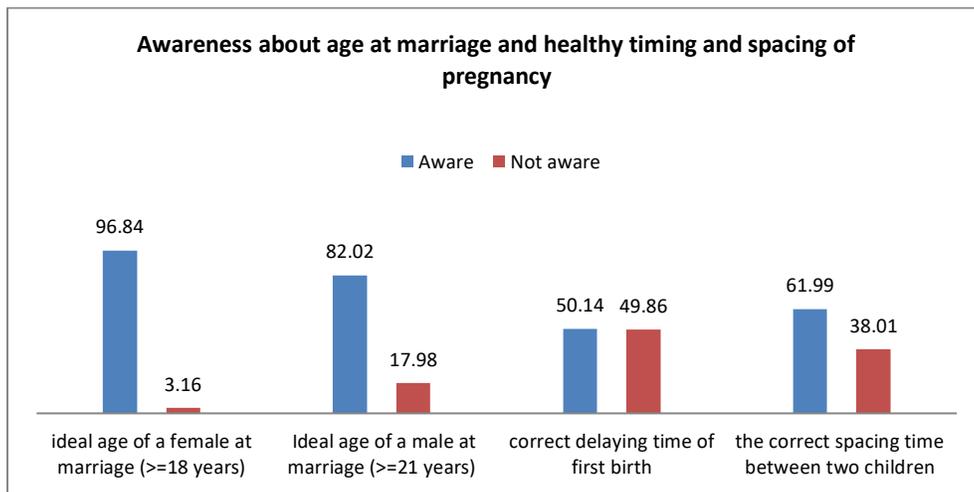


Figure 5: Shows % of men regarding awareness about marriage and healthy timing and spacing of pregnancy

Attitude:

Figure.6 indicates about the attitude of men towards the timing of FP adoption in which 4.52% of men think FP method should not be adopted. Majority of men which is around 60.64% think that FP should be adopted after having 3 or more than 3 children. About 17.33% of think that it should be considered after having 2 children and 12.47% reckons that it can be adopted after having 1 child. And only 5.04% of men think that FP should be adopted before bearing first child.

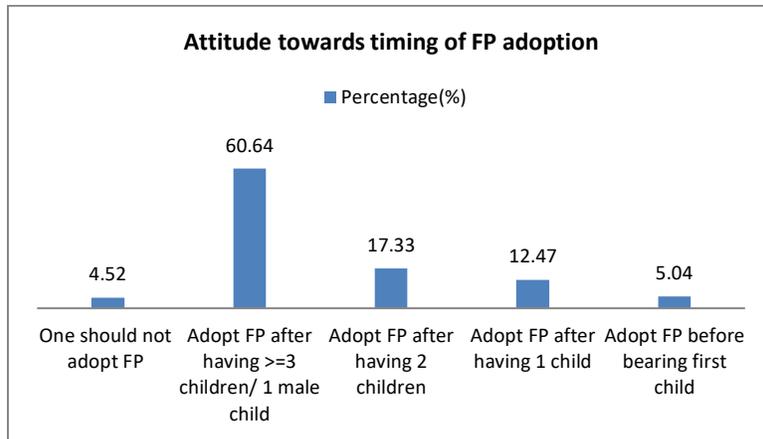


Figure 6: Shows men's attitude towards timing of FP adoption

In the given data it has been shown that number of son preference is higher than the number of girl child preference. Here, 67.29% of men prefer son, whereas only 36.47% of men prefer girl child. Around 65.53 % of men do not prefer girl child (fig.6.1).

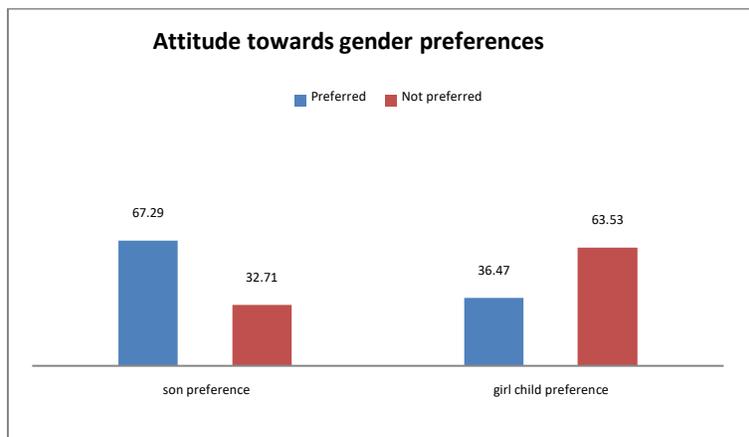


Figure 6.1: Shows men's attitude towards child's gender preference

In the following figure, this has been shown that shockingly 99.28% of men do not opt for male sterilization as a family planning method. Only 14.86% of men use condoms, and 61.37% uses any kind FP method.

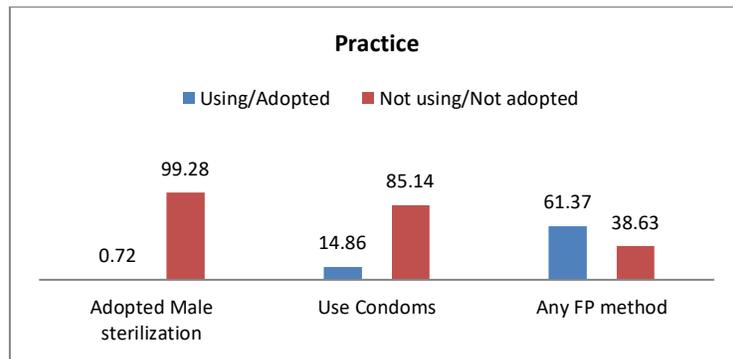


Figure 7: Shows men's practices related to male sterilization, condoms and any FP method use

Overall, it can be seen that the engagement of men in the FP as a client is considerably average. Reference to modern society's economic conditions and demands, as well as the difficulties a father faces in raising his children, is likely to appeal to males, and should be used effectively in raising population awareness, including family size regulation through acceptance and adoption of family planning in the country(15).

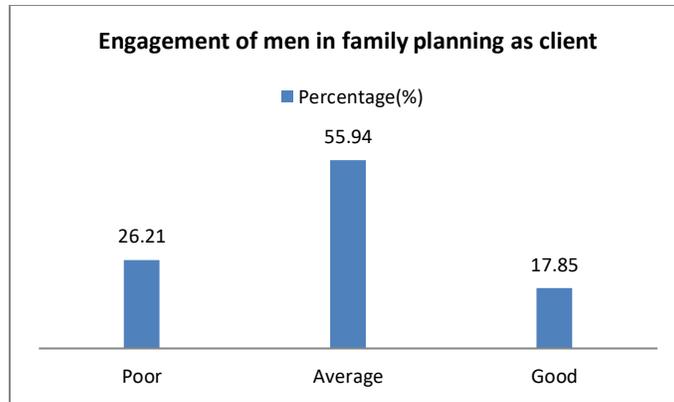


Figure 8: Presents an overall score of engagement of men in FP as clients

Men as partners

In the given data, considering men as partner when it comes to the decision-making process, majority of men with about almost 66% thinks that decision regarding number of children to have should be the joint decision of wife and husband. Around 28.69% thinks it should be either wife's or husband's decision. Only 5.33% thinks that this decision should be of parents or other (fig.9).

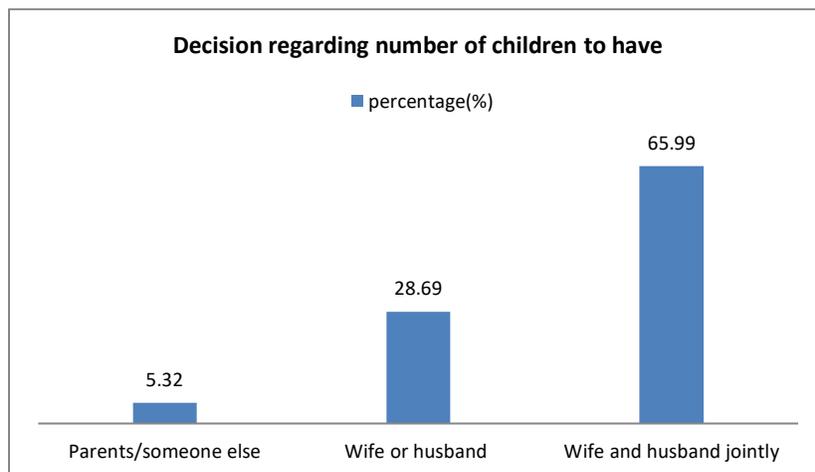


Figure 9: Shows the decision making regarding the number of children to have

Also, when it comes to supporting wife, regarding her decision to use FP 93.47% men agree on this term. Around 82.29% agreed upon supporting their wife’s decision regarding modern method use (Fig.9.1).

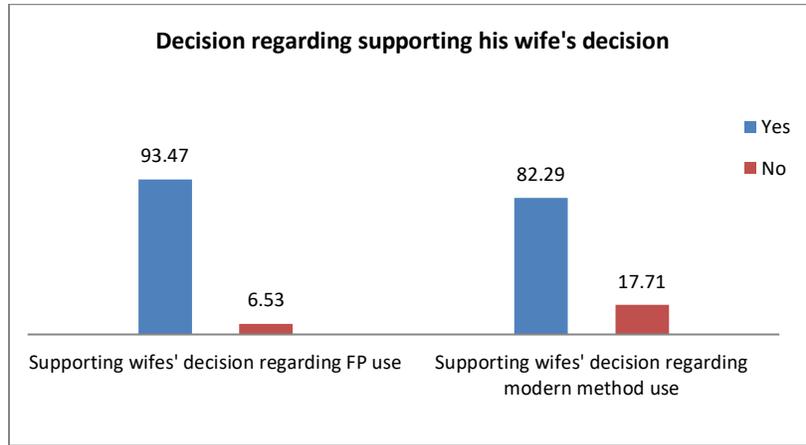


Figure 9.1: Decision making regarding men's supporting his wife's decision

The following figure depicts the current picture of attitude of men towards joint decision-making process between husband and wife regarding anything related to FP.

In which 72.91% agrees upon making joint decision of when to have children. 73.92% of men agreed upon jointly deciding number of children, proceeding with 75.07% positive views on when to use FP. With 71.81% on choice of methods use and around 64.24% of men agreeing on the source of obtaining FP method should be decided by both husband and wife. 76.38% agreed on delaying of pregnancy and around 77.19% agree on joint decision making regarding limiting pregnancy.

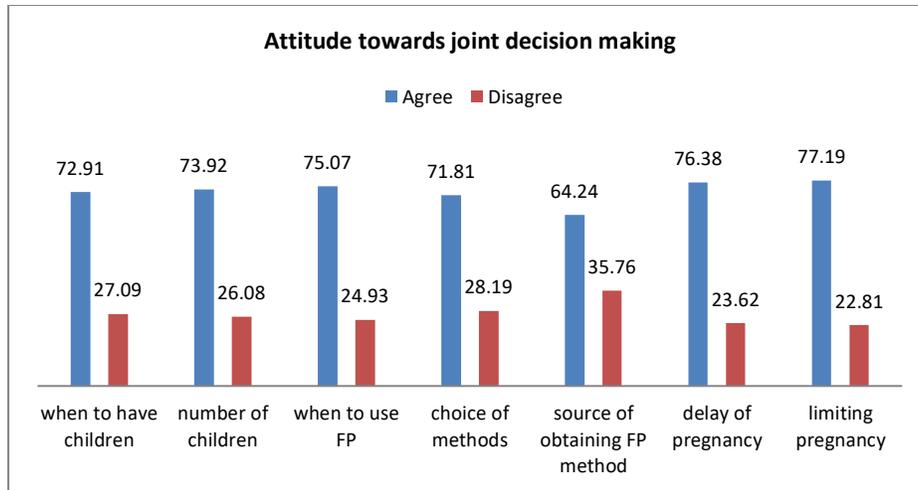


Figure 10: Shows men's attitude towards joint decision making

In the above figure, we can see a positive view of men on joint decision making related to FP. On every single terms majority of men agreed that the decision should involve both husband and wife.

The data also provides us the status of inter-spousal communication that has been in occurred in the last 12 months, in which 96.23% of men can efficiently discuss about FP with their respective partners. Whereas, 51.15% men have not discussed with their partner about when to have children. Also 52.63% have positively engaged in discussion with wife regarding number of children. However, 54.60% of men have not been engaged in discussion about FP with their wife.

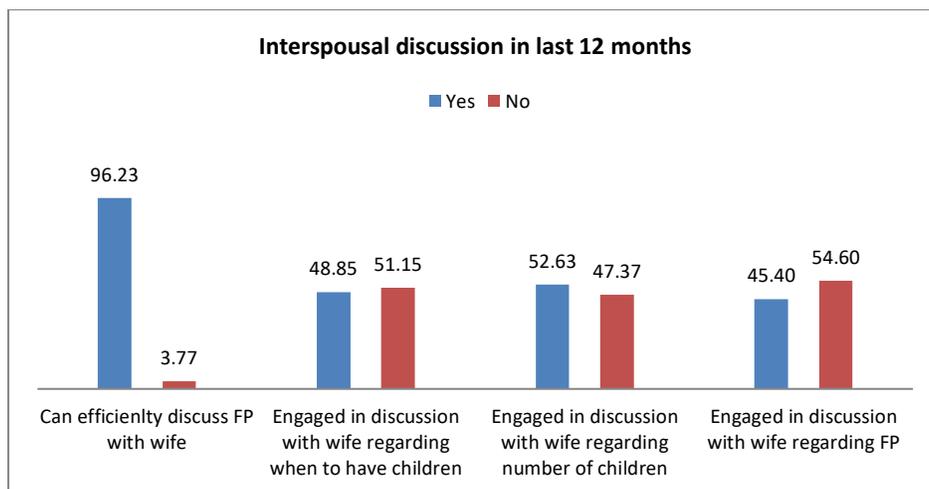


Figure 11: Shows inter-spousal discussion in the last 12 months

Evidently, we can see that an overall scenario of engagement of men in family planning is mostly average.

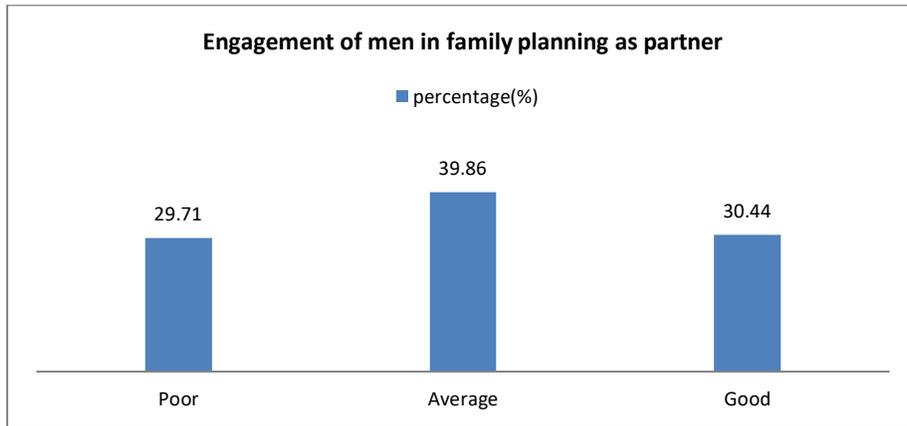


Figure 12: Shows an overall scenario related to engagement of men in family planning as partners

Whereas, it was given that majority of men can discuss about FP related thing with their partner but the discussion has not been occurred in most cases.

Men as an agent of change

The following data represents husband attitude towards abuse in which it can be seen that shockingly a huge number of men which is around 92.87% justifies that men can verbally abuse their spouse, if the wife goes out without telling her husband, if she goes to a health care provider at health facility without telling her husband, if she neglects the children, if she refuse to have sex, if she refuse to bear children according to his wish, if she uses any FP method without discussing with him, or if she burns the food/cooks unpalatable food.

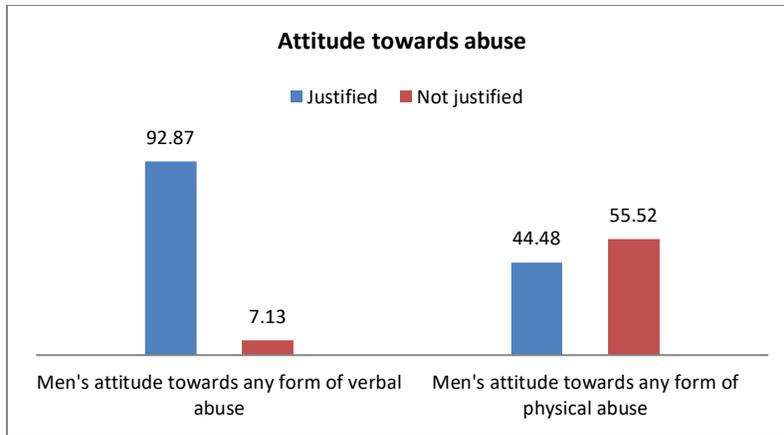


Figure 13: Showing the attitude of male towards verbal and physical abuse

Another, appalling revelation has been captured of men's attitude towards reproductive coercion that around 69.75% of men thinks that it is okay to force wife to get pregnant, around 62.18% thinks of resisting wife's FP use, around 51.81% considers preventing wife from accessing FP methods, almost 85% men think that they can abandon their wife if she is not ready to get pregnant, and 86.58% agreed upon that husbands should physically abuse their wife if she is not ready to get pregnant.

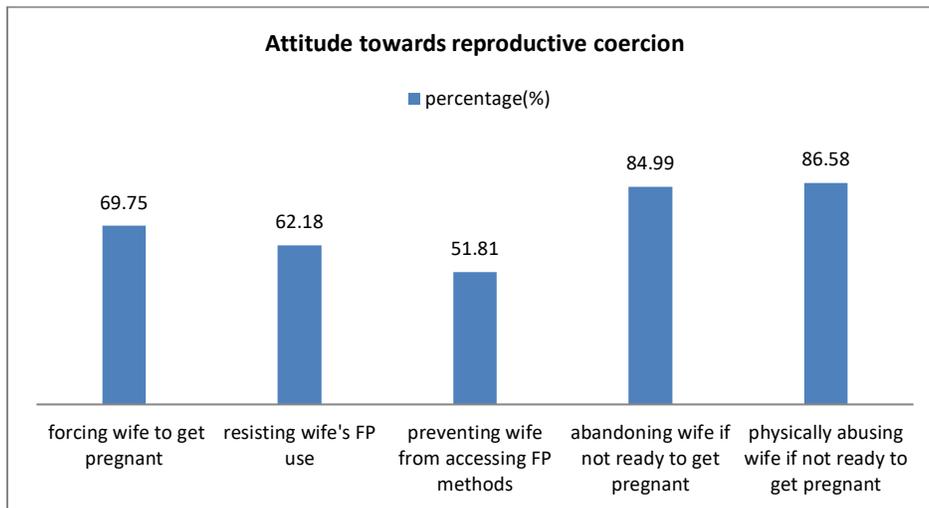


Figure 14: Showing attitude of men towards reproductive coercion

Below graph represents current of engagement of men in FP as an agent of change, which shows an overall mixed outcome.

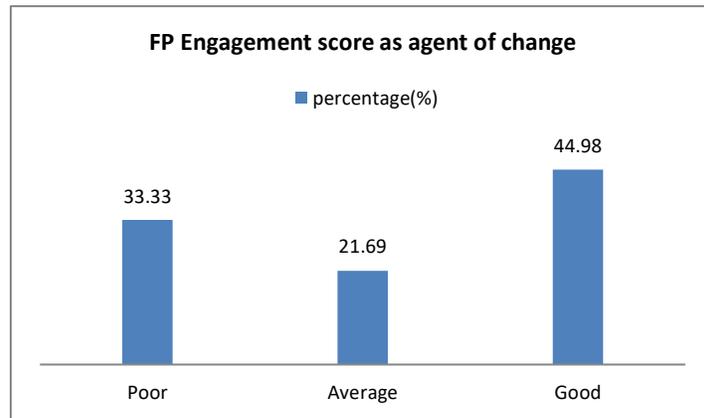


Figure 15: Showing an overall result of engagement of men in FP as agent of change

Discussion:

Although, the results shows mostly an average performance involving men in family planning, but one thing was to be noted that around 96.87% men were aware about any family planning method and 96.84% were aware about modern method, but only 0.72% and 14.86% adopt male sterilization and condom as FP method respectively. And about 61.38% use other FP method, which apparently shows that the burden of FP falls hugely upon women very few portion male are involved in family planning practices. This might be due that around 25% of men thinks sterilization weakens one' ability to do physical labor and it reduce sexual activity also among 43.5% men, some are not aware about the method and some thinks that the methods is ineffective which resulted as not opting for the male sterilization method. As, regarding condoms within total population despite 56.94% of men being aware about the method but only 14.86% adopting the method can signifies many factors behind this, such as pricing of the condom, misconception regarding use of condoms.

In India the average age when women get married is 22.1 years, whereas in Bihar it is 17.2 years. However the data speaks a different story, around 96.84% of men were aware of ideal age of female to get married is 18 and above, but it is not being taken into consideration by seeing the State average.

Men's attitude towards FP plays a very vital role regarding time of adoption of FP methods, as this will greatly influence their partner's choice of method or time of adoption also. But in India it is not only couple's business that when a child should be born, here the families also play a very important role and right after marriage couple's are expected are expected to have a child and this puts the men in a place where to prove his virility they do not opt for FP, this can be related to the result that we can see only 5.04% of men thinks FP should be adopted before bearing first child, whereas 60.64% men thinks FP should be adopted after having 3 or more than 3 child.

The right age of female to bear first child is after 21 years of age. But the mixed result regarding correct delaying time of first birth in which almost half of the taken population is not aware about the fact, indicates that there a lot of work to be done for spreading awareness about the right age to bear the first child. Also, it is a well known fact that spacing time between 2 children should be at least 3 year, but by seeing the result in figure.5, it can be said that a good amount of population are still unaware about this fact.

In India, son preference is a well-established phenomenon but it cannot be said that it is all-inclusive. It is because of the patriarchal values that only a male can provide financial support their parents and family and that only a male will continue their lineage (6, 9). This can result into many unethical practices such as female feticide, female child marriage etc. According to NFHS-5 data the sex ratio is 1020 female per 1000 male, but in Bihar state it is 908 female per 1000 male(2). And as we can see in the results (fig.6.1) the attitude of men towards gender preferences the overall scenario of wanting a male child can be clearly seen as majority of men which is around 67.29% of men prefers son and on the other hand 63.53% of men do not prefer girl child, which it itself tells a lot about the mindset and societal establishment.

In India, female sterilization is the most common method of contraception. When we talk about sterilization in India, immediately the emergency of 1970's which include mass sterilization comes into mind. India has witnessed over 6.2 million men sterilization during the mass sterilization, but later on the focus shifted towards women and today the entire burden of sterilization falls on women. However, scientists suggest that it is easier to perform sterilization in men than women as vasectomy is safer than tubectomy(16). With national data depicting of only 0.3% accounting for ale sterilization and in Bihar the numbers are in fact much lower with

0.1% male sterilization adopted as family planning method, much lower than national data. In results, the above mentioned statements completely follow the pattern as only 0.72% men have opted for sterilization and only 14.86% men have adopted condom as FP method use, apart from that 61.37% men said that they use other FP method, which we can undeniably say are used by women. Overall, it can be seen that the engagement of men in the FP as a client is considerably average. Reference to modern society's economic conditions and demands, as well as the difficulties a father faces in raising his children, is likely to appeal to males, and should be used effectively in raising population awareness, including family size regulation through acceptance and adoption of family planning in the country(15).

Male involvement in FP can either as a user of contraceptive or supporting and their wives in contraception. They are often the key decision-makers on family size and their spouses' usage of contraceptive techniques, despite the fact that contraceptive methods and services are mostly aimed toward women(17, 18). And the results show that a good number of men think that husband and wife should jointly decide the number of children, but in India, the decision however is not always onto couple's. It is greatly affected by the in laws, relatives and society as 5.32% also think that the decision should be of parents or relatives(10). In the context of family planning, men's perceptions, knowledge, and attitudes are crucial. Men's opinions about family planning have an impact on their partners' attitudes and eventually contraception use. The result shows that a majority of men support their partner in family planning in which mostly modern method, indicating a positive picture of their involvement. Research suggesting male involvement in FP contributing towards women empowerment and give women the liberty regarding the choice of methods, enhance women's uptake of family planning and their adherence to it(19).

Spousal communication is an essential component of family planning programmes, it is the first step toward reasonable fertility and decision-making (20, 21). Spousal communication concerning family planning in developing countries is remains thin in the ground, especially in rural areas of India, which can be clearly seen in the results as more than 90% of men, think that they can have the conversation with their respected partner about family planning but when it actually comes to discussing, only half of them has been engaged in any kind of discussion

regarding when to have children, number of children and FP related. Spousal communication shows a strong association in joint decision-making process related FP.

Surprisingly, even today men think it is justifiable to abuse or physically abuse their partners with 93% agreeing on justifying their abusive behavior if their partner goes out without telling her him, if she goes to a health care provider at health facility without telling her him, if she neglects the children, if she refuse to have sex , if she refuse to bear children according to his wish, if she uses any FP method without discussing with him, or if she burns the food/cooks unpalatable food. These results indicate that there is a strong male dominance still persisting in the society as well as between couples. The most appalling result came in the reproductive coercion that more than 80% man agrees on abandoning and physically abusing their partner if she is not ready get pregnant. With more than 50% agreeing on forcing the wife to get pregnant and preventing them from using FP methods if not according to his wish. Coercion and sabotage by husbands and in-laws to prevent women from accessing, initiating, continuing, and successfully using contemporary contraception techniques (i.e., reproductive coercion) may contribute to low utilization rates and unwanted pregnancy in India (22). However, in many rural parts of India the extent of this issue is still remains in the low light, a study reported that in Bihar nearly half of women face IPV (Intimate partner violence), also explored the interconnection of IPV and poverty with pregnancy and birth outcomes (23).

Men involvement in family planning is not only crucial but mandatory for the FP programs to actually be implemented and become functional at the core level. To engage more men in the process and aware them about the benefits and emphasizing on using them, men should also be targeted as beneficiaries and for that more male health worker should be involved in the FP programs so that the men does not hesitate consulting regarding FP and their methods.

Conclusion:

Although the involvement of men in FP were average as client and as partner, but their role as an agent of change is seemed to concerning factor as their justification towards any sort of abuse shows that male dominance still persist in the rural area of Bihar. Men have distinct needs and preferences when it comes to reproductive health information. Their concerns about

contraception can be addressed directly by involving them in FP, which would otherwise prevent them from using or supporting it. A holistic approach to male engagement is required, one that encompasses the roles of women, men, and the couple. Acceptance of contraception in men is at least as effective as acceptance in women, and perhaps even more, reflected in higher perpetuation and efficacy rates. There is a need to develop effective information, education, and communication techniques to engage men throughout the association about the importance of participating actively and allowing their spouses to take contraceptives. In addition, community engagement and opinion leaders are needed so that they can advocate for the use of family planning methods in their communities.

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