

Male Involvement in Expanding Family Planning Choices in Rural India

Unmet need is a significant problem in India, the second most populous country in the world. Unmet need for birth spacing methods is especially high, in part due to limited choices and negligible male involvement. For example, despite the well-documented role of men in reproductive decision-making, over 80% of married women have not discussed family planning with their husbands during the past few years. Birth spacing methods are not widely promoted or utilized – spacing methods such as the condom, pill or IUD are used by only 2 to 3% of women. Traditional methods such as rhythm or withdrawal are used by 5% of Indian women and represent the largest proportion of spacing method use.

CARE, along with the Institute for Reproductive Health, addressed these issues in a community based reproductive health program in rural Uttar Pradesh by testing the incorporation of the Standard Days Method (SDM), a new fertility awareness based method which identifies days 8-19 (inclusive) as the fertile days for every user in every cycle. It works best for women with cycles that range between 26 and 32 days. It is often used with a string of color-coded beads designed to help users keep track of which day of the cycle day they are on and to monitor their cycle lengths. The SDM requires partner support and cooperation; users must be willing and able to avoid unprotected intercourse each cycle for the duration of the identified fertile period.

The SDM was introduced by female volunteers in 48 villages. Male volunteers were also trained in half of these villages to test the effect of involving men in outreach and counseling on SDM acceptance, correct use, and continuation. Study results will be presented that demonstrate that both male and female volunteers, even those with low literacy levels, can effectively offer the SDM.

In order to assess the effect of counseling both members of the couple versus women only, 482 SDM users were interviewed at the time they initiated method use, and then subsequently every three months until they completed 13 cycles or exited the study due to pregnancy or method discontinuation. Study results suggest that volunteers were relatively successful in reaching men. In the experimental group, half of the men received information from their wives; while one quarter received information from a female provider and one quarter from a male provider. In the control group, only the women were counseled.

Results of follow-up interviews with users will be shared to provide insights into user characteristics, correct method use and satisfaction. Introduction of the SDM at the community level attracted a group with unmet need for family planning -- almost 70% of SDM users had never before used a modern family planning method. Women reported that they chose the SDM because it is affordable, has no side effects and does not affect women's health. Despite the fact that over half of the women using the SDM had never attended school, virtually all could correctly state how to use the method and were using the necklace correctly at the time of the follow-up interviews.

Although program managers were initially concerned with the willingness and ability of men to use the SDM correctly, study results show that most of the men using the SDM were supportive and cooperative. Women reported that men participated by using condoms, abstaining, following their directions, asking what day of the cycle they are on, and marking the first day of menses on a calendar. About 70% of the couples abstained during the fertile days. The remainder used condoms.

The SDM was well accepted in the community, especially among those who did not wish to use any other modern method. SDM acceptance and continuation was higher in the male involvement villages than the women focused villages. Data from in-depth interviews with users will be presented which suggest that for many women, use of the SDM resulted in increased communication with their husbands. Women commented that use of the SDM contributed to increased respect from their husbands who now consulted them about when to have sex.

Study results suggest that it is feasible to introduce the SDM into community-based family planning programs, provided there is adequate training and support of volunteers. Incorporating the SDM may help programs reach couples who are not using any method or who are using a traditional method. At the same time, offering the SDM promotes male involvement and strengthens couple communication.