

A FOCUS ON MALE INVOLVEMENT

EXECUTIVE SUMMARY

Operations research was conducted by CARE India in two identified blocks of Sitapur (U.P.) in collaboration with the Institute of Reproductive Health at Georgetown University in order to study fertility awareness and the Standard Days Method (SDM). The intervention attempted to empower women by increasing their knowledge of their bodies and menstrual cycle, and by increasing couple communication. It also aimed to overcome male resistance, and involve men in using a method that requires active couple participation. The study examined the feasibility of incorporating the SDM into community-based reproductive health programs.

The operations research study which was implemented over a 2-year period was designed to assess the feasibility and acceptability of incorporating the SDM into community-based programs. The study was also designed to assess the impact of increasing fertility awareness in relation to different family planning methods.

CARE and IRH hired two consultants to document and evaluate the process of the OR study. This evaluation used qualitative research tools using focus group discussions and in-depth interviews to determine the community's perception. The study also examined the community's perception of the different service delivery strategies implemented, i.e. only female providers providing information in the traditional block, and both male and female providers in the experimental block. In the study, female and male acceptors, female and male drop outs/failures, and female and male volunteers were interviewed to learn their opinion on SDM and fertility awareness.

The participant responses were tape-recorded and later transcribed to English and analyzed based on the identification of specific themes. The focus group findings were analyzed thematically using qualitative research tools.

The salient findings of this study are as follows:

- Participants were aware of the SDM in addition to other commonly used family planning methods. Project staff has been an important source of information along with other channels of communication (television, radio, wall writings) and other community members.
- Most of the users were satisfied with this method, and they considered it easy to use, free of side effects, and involved no recurrent expenditure. Even the drop outs/ failures claimed to have stopped using SDM because they wanted a pregnancy or when the method was discontinued by mistake (e.g. when the wife or husband was away from home and could not maintain the calendar). Since the introduction of SDM, there has been a reduction in condom usage since they are used only during the fertile days. This is also a point of satisfaction for many users, since storing and disposal of condoms is difficult.

- Many users reported that the SDM contributed to new ways of intimate and emotional bonding between the couple. This bonding ranged from the couple going out and doing things together on abstinence days to increased touching and caressing, especially during abstinence days.
- Women gained confidence and felt empowered by knowledge of their bodies and menstrual cycle.
- Most of the respondents were unable to state any disadvantages of the SDM and were eager to continue using it in future. However, some problems mentioned by drop outs/failures included out of range cycles, problems in abstaining, inability to understand the method, and inability to follow the method due to lack of mutual trust.
- The most common method adopted during the fertile days was abstinence. Most couples did not seem to experience any problems, and in cases when they could not abstain, they used the condom to prevent pregnancy. Previously condoms were used for the entire month (although usually use was inconsistent), now they are being used only during the 12 days of the fertile period.
- Most men were aware of the need to be careful during the woman's fertile days, but only a few men actually knew their wife's fertile days. Most men relied on their wives to tell them, reflecting the fairly detached nature of male involvement even though most men stated that they are equally involved and that they remind their wives to maintain the calendar. It was also revealed that community members increased their knowledge of the woman's fertile and infertile days after the SDM was introduced.
- All SDM users considered abstinence better than using other methods of contraception. In their opinion they didn't experience any problem with abstinence—nor did their spouse. The women stated that their husbands would often use condoms during the fertile days. However, both men and women expressed satisfaction with being able to have unprotected sex during the safe period. One female acceptor stated, "Earlier we would end up having protected sex all the time, unless we wanted children. Knowledge of safe and unsafe periods with the SDM has been liberating!"
- In the experimental block (Mishrikh), men learned about the SDM from project staff during village-level meetings. Therefore, they were found to be more informed and interested in the method than those in the traditional block (Khairabad)—where men learned about SDM from their wives or other village people. Almost all respondents in both blocks felt that the presence of both male and female providers minimized resistance and information gaps and helped involve men directly in the process.

- Most couples started using the SDM because of their wives' insistence. Women were more concerned about FP methods since they have to suffer and deal with the problems related to repeated pregnancies and childbirth.
- During in-depth interviews, men reported that both the husband and wife decide jointly whether to use a family planning method and which method to use. However, in the focus groups discussions with both men and women and the in-depth interviews with women, it was revealed that most of the time it is the woman who initiates use of a method and they then convince their husbands. On the other hand, the decision whether or not to have sex is almost always made by the husband, and if wives are not interested then forced sex is common. However, following the introduction of SDM, wives were better able to communicate with their husbands about their fertile periods and the need to use a condom.
- Most of the respondents were interested in promoting the use of SDM among other community members, and they stated that the community should be informed by conducting meetings and involving volunteers. They also emphasized the use of other channels of communication such as television, radio, wall writings, and use of folk media, such as nukkad natak (street theatre) and fairs etc. They also mentioned that Anganwadi workers and ANMs could also play an important role in promotion.
- According to the volunteers that were interviewed, group meetings and volunteers played a major role in informing the community about the SDM, and they also followed up with users to help solve their problems. They stated that most users did not face any problems using SDM, while non-users considered it difficult and ineffective. They agreed that the SDM requires care and cooperation by both husband and wife. However, even volunteers felt that for women with cycles out of the range, their only option is to drop out. They also stated that husbands don't usually have problems abstaining during fertile days, and if they desire to have intercourse then they use condoms.
- Volunteers stated that both men and women are equally involved in decisions about sexual intercourse (with men taking the initiative) and use of family planning method (with women taking the initiative). They felt that communication between the couple improved and now that women are aware of their fertile and infertile days, they can inform their men accordingly. In their opinion, SDM has been successful in increasing the couple's sense of security and has improved their relations since they no longer have a fear of pregnancy.
- In general, it was concluded that the SDM was appreciated and well accepted by the community, and that it can be promoted through properly planned activities and follow-up and problem-solving for users by providers and volunteers. This method can be successfully incorporated into family welfare programs and other community-based reproductive health programs. Some differences were noticed in the traditional and experimental blocks. When information on the method was

provided only to women by female volunteers, husbands were left out of the process. In the experimental block, Mishrikh, husbands were informed and motivated by male volunteers, and therefore they found it easier to participate actively in the process.

- Both male and female providers and community-based volunteers were important for disseminating information on the SDM and helping couples make an informed decision about family planning. However, some issues such as information on the fertile period, women with cycles of out the range, and proper tracking of the fertile calendar require strengthening.
- Although there has been a remarkable increase in male participation with the use of SDM, women are more involved in the method. There is a need for intensive male partner participation in a method like SDM.