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**COUPLE
ENGAGE**
”
DOUBLING THE IMPACT OF FP INTERVENTIONS





Learnings from the Immersion Visit

Key Areas of Enquiry & Scope of Immersion Visit

- To understand the socio-economic and behavioral context / to inform emerging strategies from Evidence Review
- To understand the continuum of spousal communication and decision-making in couples
- To understand and develop different typologies of men / and couples
- Key areas of enquiry were spousal communication & FP decision- making though other thematic areas, such as future planning and aspirations, sexual and contraceptive behavior, and sources of knowledge on family planning were also explored
- Field Sites: Bihar – Darbhanga, Purnea, Begusarai, Uttar Pradesh: Kanpur, Gorakhpur (Urban) & (Rural)
- Three engagements in a staggered manner were conducted to have a more involved and participatory responses from respondents. Focus Group Discussions and Key Informant Interviews were carried out with community influencers, key stakeholders in the health systems

Sample Coverage & Methodology

- Field Sites: Bihar – Darbhanga, Purnea, Begusarai, Uttar Pradesh: Kanpur, Gorakhpur (Urban) & (Rural)
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- In-Depth Engagements with Couples (0-3 party): 70 men and women.
- Focus Group Discussions: 11
- Key Informant Interviews: 28

Respondent Profile

- Majority men (20) belonged to the age group of 26-30 years.
- Education varied amongst men and women: 14 men had / studied till class 10th, while 12 respondents were class 12th / pass or above; 21 women had studied till class 10th and 12 / were class 12th pass or above.
- Couples were recruited from urban and rural sites - 21 couples from rural while 12 couples from urban.
- Migration - 12 men from rural areas migrated to urban areas for work and 4 were ever migrants
- Family structure - 18 couples lived in joint families; 15 lived in nuclear or extended nuclear families.
- Ever use of contraception - Condom was the most reported modern method (17) either standalone, or in combination with traditional or other modern methods.
- Mala D was reported as the second highest; 2 couples reported ever use of IUD/ Copper T.
- Combination of traditional and modern methods were used by 10 couples; while 9 couples reported using only traditional method (withdrawal, calendar, abstinence).
- Non-use of any method - 5 couples who were in their first 2 years of marriage and had one or no children had not used any FP methods.

Micro Insights

Findings on themes of Masculinities, Intent and Use of Contraception, Knowledge and Channels of Information on Family Planning

GENDER 'ROLE-PLAY': BUILDING BLOCKS OF COUPLE MAKING

Little moments and intimacies go a long way in shaping the couple dynamic. Men and women carry out various gestures shape and discover their identity as a couple while playing their assigned gender roles.

Couples, in the initial stages of their relationship, show love and care in many non-verbal ways, such as, hand-holding, stroking partner's arm, bringing a glass of milk at night for her husband, playing board games, fetching partner's choice of delicacies, and sharing screen time on a mobile phone. Couples believed in developing an emotional intimacy for good grounding of their relationship and sex can follow thereafter.

These gendered notions of intimacy evolve, and different expressions begin to emerge as couple's attain more stability in their relationship, in terms of duration of marriage and birth of children. Men may begin actively supporting in cooking and childcare activities, and women gain more voice in the household.

Presence of such moments across a young couple's marital timeline are building blocks for their relationship - and potential intervention points, too. Not having such little intimacies or shared moments direct towards a lack of mutuality - be it in sex, decision-making, or health care.

“Woh mere liye roz raat ko doodh laati hai aur main muskuraata hu (hesitates)...abhi sambhandh nahi bane hai”

**Man, Parity 0,
Darbhanga**

“Yeh madad kartein hai, saara khana banana aata hai toh banaate hai bohat baar...bachcha bhi tang kar raha ho toh sambhaalte hai

**Woman, Parity 2,
Gorakhpur**

SEX FOR WOMEN: ENJOYED AND INITIATED OR A DUTY?

Women have a complex and bitter-sweet relationship with sex. They enjoy engaging in intimate contact and gestures associated with seduction such as touching, massaging, teasing, humor, sharing closeness in the bed etc. but some may not necessarily enjoy the act of penetration.

Sex is also seen as a normative act which is carried out to ensure the well-being and maintain the status quo of a relationship. Several women felt bound by duty, as a wife, to have sex, even when they didn't want it or enjoy it, as a negotiation they made for the well-being of the relationship. There were also instances where women felt repulsed by the act of sex, considering it 'dirty', and internalizing the idea that "good women neither initiate nor enjoy sex".

At an individual level, more than half of the women (21) did convey enjoying sex, and they sometimes did initiate it.

Further, women associated sex with fidelity - wherein if they did not comply with the husband's desire to have sex, their fidelity to him would be put to question. In most of these cases, consent is considered implicit, wherein anything apart from a firm "no" was considered a "yes", including silence.

“Achchi auratein shuruaat nahi karti, who thoda bohat ishara kar deti hai toh mard maan jaata hai. Mard ka ichcha toh har roz hota hai par humare mein nahi hota.”

**Woman, Parity 2,
Begusarai**

“Wohi baat shuru kartein hai, touch kartein hai, bekaar bhi lagta hai par achcha bhi lagta hai.”

**Couple, Parity 1,
Gorakhpur (rural)**

SEX FOR MEN: DRIVEN BY NEED AND TO ‘PERFORM’

Men’s sexual expression was observed to be more overt but largely articulated in terms of an act that they perform to satisfy their physical need to have sex. A conspicuous absence of articulation around pleasure was noticed in men’s narratives as they leaned more towards performing a physical drive.

The sexual pleasure narrative of a man is largely determined by how he evaluates himself as a performer in a sexual act. As performers, men are cognizant of the gendered power dynamics at play and it is imperative to understand that for men, sex is more need and power driven than pleasure driven. This, sometimes, coupled with exposure to pornography and informal sources of sexual messaging reinforce that they as men have to perform more physically than otherwise.

Further, sexual expressions in early stages of a relationship are different from how it is in the later stages. There were younger men or couples who knew each other from before marriage who displayed more equitable and considerate behavior when it came to recognizing their partner’s choice and interest in sex.

As such, even though the couples may not have the language for consent, but respecting their partner’s wants and desires became a parameter of deconstructing consent within marriage.

“Munn karta hai toh bolte hai usko, mana karti hai toh maan jaate...hum jaanvar thodi na hai...inn sab cheezon ke baare mein baat kartein hai.”

**Man, Parity 1,
Begusarai**

“Humara toh hamesha hi munn hota hai, ismein patni ka toh choice nahi hota. Hum mazdoori karne waale log hai, humara shareer garam rehta hai, sambhog karne ka munn rehta hai.”

**Man, Parity 3,
Gorakhpur (urban)**

THE ILLUSION OF SELF-CONTROL

Taking on the role of a performer in various ways, men struggle to find balance between obsession and passion, as physical beings and emotional beings, and it thus is imperative to understand that how sexuality is constructed in their minds. Since performance weighs on their mind, so does its responsibility.

Constructs of “rule and control” are deeply ingrained in the sexual lives of couples. Men trust in their ability to control sexual urges on "unsafe or fertile" days, ability to physically withdraw and control ejaculation, and like to be in- charge of preventing impregnation.

In fact, men are able to assure and instill trust in women that they can rely on them when it comes to control. Withdrawal, in particular, is perceived to require timely deftness during intercourse and these skills 'indicate' male sexual prowess, according to them. The methods allow self-initiation, self- regulation, communion, and dynamic choice that enable men (and in some cases women) to enjoy and exercise perceived control over outcomes.

“Control hi best hai, main control nahi karunga toh kaun karega...mard hi toh control karta hai.”

**Man, Parity 0,
Purnea**

“yeh bolte hai ki bharosa rakho...main sambhaal lunga...andar nahi girne dunga...control karunga.”

**Woman, Parity 1,
Gorakhpur (urban)**

NOT SO MUCH IN CONTROL

Men's perceived control over their sexual drive and their ability to be self-sufficient does not always play out well as there is always a risk of performance failure which can be driven sometimes by passion, need for 'release of tension' resulting in their inability to control the process and hence the outcome.

Further, with disjointed and threadbare knowledge of the safe and unsafe period puts the couple especially women in a precarious position. The men and women, across our field sites, narrated differential as well as misinformed understanding of their window of risk. Further, in the case of withdrawal, men do not consider the chance of pre-ejaculation and gather the trust of their partner, to depend on their ability to control, which too fails many times.

Couples exist on a spectrum of control – while there is an attempt of complete control in the form of abstinence, partial control is exhibited where the couple may sleep separately for a brief period and there is control based on convenience, where men take the initiative to withdraw and ejaculate outside.

“Doosra bachcha galti se ho gaya, main apne aap ko rok nahi paaya. Meri biwi ke pet mein bachcha ruk gaya aur beti ho gayi.”

**Man, Parity 2,
Begusarai**

“Main baahar nikaal leta hu par ek baar goli khilaani pad gayi kyunki bachcha ruk gaya tha aur meri galti se.”

**Man, Parity 1,
Purnea**

EXPERIMENTING AND HACKING THE WAY TO SPACING

After one or a series of dissatisfying experiences of traditional and/or modern methods, actual or perceived, couples resort to experimental behavior to prevent pregnancy. Further, curiosity, need for self-sufficiency, difficulty of access and high perception of side-effects of modern methods can encourage the couple to take up a unique path that can best suit their needs.

Their experiment is not only with traditional and modern methods in various combinations but also with different sex positions for withdrawal. Such practices lead the couple down new paths and hacks around contraception. Based on their couple dynamics, they also try out different possibilities, in consultation with each other or one partner directing the way forward.

“Humein pata hota hai kab girne waala hota hai, jaise hi time hota hai, main apni biwi ko utha ke baitha deta hu.”

**Man, Parity 1,
Gorakhpur (Urban)**

“Hum condom istemaal kartein hai, yehi humari dawa hai aur hum kuch din door bhi rehte hai, woh ek bete ko lekar sote hai aur main doosre bete ko.”

**Woman, Parity 3,
Gorakhpur (rural)**

FIRST CHILD: TEST OF FERTILITY

SUBSEQUENT CHILD : NEED FINANCIAL STABILITY

In most cases, the first birth is early and unplanned due to social pressures as well as the couple's perceived need to prove their fertility and the man's virility. However, after the first child, the couple deliberates the man's financial stability, their own ambitions and growth aspirations which builds their desire for spacing and consequently limiting.

There is an inherent understanding of the financial responsibility of raising a child, and perception of current financial stability which affect the timing of next child. The desire for upward mobility, in terms of education and financial stability for their children has created a high intent for spacing among couples. Couples own ambitions and aspirations and desire to lead better, comfortable lives themselves and for their children did make them consider their family size.

As these couples grow older, mostly after their first child, they begin to calculate their procreation keeping in mind the available finances and assets. Hence, there does exist a birth spacing plan that the couples explicitly or implicitly discuss, however this does not always relay the plan being adhered to. Often split-second decisions made during the act of sex affects the couple, creating situations that require curative action instead of a plausible preventive one.

“Hum khud nahi khayenge, par bachhe ko acha bhavishya denge. Jo hume nahi mila, woh unhe denge.”

**Woman, Parity 2,
Gorakhpur (rural)**

“Makaan kachha hai abhi, ek hi bachha hai. Pehle makaan pucca hoga tabhi agla bachha hoga.”

“6 hajar hain toh ek baccha hai, 6 hazaar aur honge toh doosra baccha hoga“

**Couple, Parity 1,
Purnea**

MEN SHAPED AS 'PROVIDERS' AND 'PROTECTORS' EARLY ON

Men, influenced by gender norms display certain masculinities, which lie across a spectrum of behaviors and evolve as they progress to different life stages. Difficult life-circumstances, inherited power and role expectations accompanied with a sense of 'burdened autonomy', they are pushed to develop a 'certain kind of manhood' which they are neither equipped nor prepared to take on. Early encounter with difficult life circumstances push them into taking on the role of a provider and they jostle between being a provider and a protector at different junctures of their lives.

Men perform the role of providers, by providing adequate resources, largely financial, for the household. Men's inability to provide for resources is also a pertinent point of conflict between couples. Men often also feel pressured to take on this role and the intensity of this role.

Men perform the role of protectors, by protecting and taking care of their partner's interests and aspirations. Men are supportive partners when they take equal responsibility of supporting their partner in fulfilling her interest. The interests could be completing one's education after marriage increases with more responsibilities, after marriage and with birth of a child, joining a course, no mobility restrictions et al. Men as protectors also restrict their partner's interests, by restricting their mobility and access to resources.

"Pehle jodte nahi they ab sab kuch jodna padta hai, pehle sochte nahi they itna ab sochna padhta hai, pehle ammi abba they rashan paani ke liye sochna nahi padta tha ab humain hi sochna padta hai."

**Man, Parity 1,
Purnea**

"Voh mujhe maike nahi jaane dete aur kahin aur bhi nahi...unhe lagta hai ki vahana jaake mere chehre pe glow aa jaata hai aur mere par nikal jaate hai."

**Woman, Parity 1,
Purnea**

NON-HEALTH ASPIRATIONS FOR SPACING

Respondents articulated both their shared goals as a couple as well as their individual aspirations which act as an enabler for spacing. Not necessarily linked with financial planning, these aspirations were linked with pursuit of education, greater mobility and access to the public space for the women by seeking jobs. Men aspired to become entrepreneurs by investing in their own business as opposed to their current status of employees under someone else. This came with the inherent desire to uplift their social positionality and recognition in society.

Younger couples expressed the desire to travel, spend time with each other and understand each other better before they start having children. Some of our female respondents also expressed that they would like to finish their degree, get a job or even wear jeans and go out before they have a child.

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**Woman, Parity 1,
Purnea**

INCONSISTENT MODERN METHOD-USE MARRED BY FRAGMENTED KNOWLEDGE, OTHERS' EXPERIENCES AND STIGMA

Couples articulated using a modern method, mainly condoms; but only a few used them consistently. Some of the barriers articulated were:

- Lack of knowledge or blurred understanding about contraceptive choices
- Desire to avoid use of any foreign item, which was not self-actionable
- Stigma associated with access and disposal of condoms specifically
- Choices determined by perceived experience of others

Lack of understanding of their own bodies leads to their inability to fully comprehend the complexity of fertility processes, couples with incorrect and inconsistent knowledge of methods leads the couple to an acute knowledge gap and health implications. Further, incase of condoms, they were limiting pleasure, causing discomfort, burning sensation, dirty/slimy, fear of getting stuck inside, associated with infidelity. Other methods such as IUD and pills also put the woman ill-at-ease by causing incessant or no bleeding, feeling of pain

Couples display immense belief in the experiences of others in their peer network when it comes to modern contraceptives. The peers may be from their immediate or extended family or from their neighborhood. In the absence of openness on conversations around intimacy and contraception, men and women rely on peers, depending on their mobility and ease of access for their immediate knowledge needs.

“Mujhe goli nahi leni aur condom bhi nahi istemaal karna, maine suna hai ki condom andar phans jaata hai...mere pati laaye the par maine mana kar diya.”

**Woman, Parity 0,
Purnea**

“Condom se mazza nahi aata aur jalta aur phatta bhi hai, mera condom 5 baar phat gaya tha

**Man, Parity 0,
Kanpur**

INABILITY OF COUPLES TO VISUALIZE HEALTH RISKS TO A WOMAN'S BODY

Women are confronted unplanned pregnancy as they are often unable to perceive or visualize the high possibility of pregnancy associated with unprotected sex or exercise their agency in such situations. Health crisis, the traumas of first-time sexual debut and sometimes forceful sex and violence, and sometime child-bearing, abortions and contraceptive use, impact a young woman's (young mother's) body considerably. Particularly in the case of unplanned pregnancies women undergo multiple abortions when they absolutely cannot afford to rear a child mostly for financial reasons.

The impending physiological imprints on the woman's body, a result of repeated crises that she doesn't get time to recover from, is hard to visualize early on for her and her partner. Helping women and couples visualize the woman's body that could become a scarred field in need of repair and nourishment could help young couples and first-time parents appreciate the need for spacing.

“Ek baar wife ko continued ek mahine tak Mala-D diya, voh bimaar padh gayi. Hospitalize karna pada...tab humne sex karliya galti se aur tabiyat kharaab ho gayi.”

**Man, Parity 1,
Kanpur**

“Bachcha ruk gaya tha par doosra bachcha chota tha toh dawai de diye...uske baad ek baar copper T lagvaaya par usmein dikkat aa gayi, phir kuch nahi kiya...ab meri biwi operation karva legi.”

**Man, Parity 2,
Gorakhpur (urban)**

THE FRAGMENTED PATHWAY OF INFORMATION & KNOWLEDGE

Men emerge as the key source of information on contraceptive methods for women; information percolates from them to their wives which is seldom complete and accurate. While men don't acknowledge that their wife has ever been a source of information, women exhibit knowledge of contraceptives and its use derived from their husbands.

However, some women shared that they could get information from other sources as well, particularly the case when the woman is educated or her access to public spaces is not regulated by their husband or have smartphones.

Smartphones came across as highly accessed mediums of information for both men and women, across field sites. Migrant couples could make frequent calls to each other, audio and video, and some even engaged in phone sex. YouTube and Google are free and were accessed via their voice activated interfaces. Men and women, both mentioned checking YouTube if they wanted to know more on a certain method, traditional and modern, and displayed trust in what they understood from it.

Often one device is shared by many members in the family however the timings and frequency of the usage vary. Due to the algorithms, content accessed by one of the members inadvertently is recommended to the other users of the same phone and application.

“Mere pati hi sab batate hai mujhe, khud mujhe kuch nahi pata, woh goli late hai aur batate hai kab khaani hai....kuch kuch main apni Bhabhi se pooch leti hu phone pe”

**Woman, Parity 2,
Gorakhpur (urban)**

“Maine YouTube pe searcg kiya, jiss bhi video pe zyada subscriber tha, ussi pe click kiya”

**Man, Parity 1,
Gorakhpur (urban)**

MIGRANT COUPLES AVERSE TO LONG – TERM METHOD USE; WANT THEIR BRIEF PERIODS OF INTIMACY LARGELY METHOD-FREE

Migration emerged as a prominent phenomenon in the rural sites. Couples that maintained a collaborative decision-making process, while the husband was away, were seen to be more intimate and sexually expressive during the husband's visitation period. This can be attributed to the fact that the wife felt more cared for and protected by her husband, regardless of the distance between them.

Most migrant men were exposed to various channels of information on SRH and family planning such as friends from their migratory cities or the village itself. These men also displayed higher use of digital platforms for seeking information, staying in touch with friends, or in some cases viewing porn.

Even though migrant men have more exposure and access to information about modern contraceptives, there is a lack of uptake of these methods. The couples also have very brief windows of togetherness and see no reason to consistently use a long-term modern contraception. This is due to a continued stigma attached to condoms as well as other culturally learnt and perceived side-effects of modern methods.

“Nahi, dawai vagairah nahi lena chahiye...beech beech mein kam kam karna chahiye par dawai nahi.”

**Man, Parity 1,
Gorakhpur (rural)**

“Kya zaroorat hai kuch lene ki...yeh toh vaise bhi hote nahi hai zyadatar...zyada hota hai toh condom istemaal karte hai par kuch bilkul nahi”

**Woman, Parity 1,
Kanpur**