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



# FP Uptake

Mapping Pathways of FP Uptake for Couples

# Macro Insights

## 1. THE MAKING OF A COUPLE

Negotiating with parents on behalf of one's partner, small gestures of care and love, joint rituals, shared activities and nonverbal display of affections go on to define the couple dynamic between a man and a woman. Sex is neither the sole nor a significant marker of intimacy within a couple. The above building blocks facilitate the desire of the man or the woman to form an intimate relationship with their partner.

The man and the woman come together by choosing to confide about their aspirations and fears in each other. They initiate this by participating in activities like playing ludo, sharing screen time, going to the cinema and understanding their partner's preferences. Further, in the physically intimate space, men and women express themselves in myriad ways which goes on to define their sexual expression.

While some women enjoy this intimacy - they initiate and express it through seduction, persuasion, humour and small gestures. However, there were also women who did not enjoy this act of sex and intimacy, and treated it as a duty. Some women felt ill-at-ease and obliged their husband by performing the act of sex. They did this largely to maintain the status quo in their relationship and to resist any form of violence in the intimate space born out of fear that the man will consider her to be promiscuous.

The sexual drive of men also lies across a spectrum and it is pertinent to mark the role of consent in understanding the perspective men have towards their partner and the integrity of their partner's body. While there were men who believed in consensual sex and relented to their partner's choice, by resorting to other strategies like masturbation in case their partner is unavailable or not interested; there were also men who believed it is their right to have sex and access their wife's body.

# Macro Insights

## 2. FIRST CHILD, IS A TEST OF FERTILITY AND VIRILITY; SECOND CHILD FOR STABILITY

A young couple in their nascent years of marriage faces immense social pressure to bear the first child, without even rationalising the burden of parenthood. This social norm is a non-negotiable for most couples. However, there were some couples who were able to resist this pressure in order to maintain the financial stability of the household and/or out of concern for their partner's health, albeit for a short while.

Post the first child, couples deliberate on their family's financial stability to secure the future immediately for their first child and then for their subsequent children, which works as a motivation for spacing. Couples expressed that they would prefer to have fewer and healthier children, in turn waiting for the first born to be stable in terms of health, nutrition and biological development, before having their second child. Further, readiness of the woman's body to bear another child was a consideration that couple sometimes made to space their consequent child.

Desire for upward mobility, in terms of education and financial stability for their children has created an intent for spacing among couples. There were clear articulations by both men and women to space their subsequent children, stemming from their desire to have more tangible resources and determinants of progress in life, such as a pakka house, ample money for private education, and self-employed leading to increased disposable income.

These trends counter the popular perception that couples prefer to have more children as they were perceived to be additional labour.

# Macro Insights

## 3. ONCE INTENT TO SPACE/LIMIT ARISES, FAILURE/REJECTION OF TRADITIONAL METHODS IS WHERE METHOD EXPERIMENTATION BEGINS

Once intent to space is established, a couple may either opt for self-actionable traditional methods or take on a path of method experimentation. The couple may practice and try to confirm the effectiveness of traditional methods over modern contraceptives but when they perceive or acknowledge a failure of traditional method, only then they venture into method experimentation.

**Traditional methods** are learned osmotically by an individual over their life journey. The awareness regarding these methods is gained through one's immediate family, peer group, culture and/or surrounding community. These are self-actionable, as there are little to no external barriers nor dependencies, such as financial constraint or ready access, that prevent one from practicing these methods, apart from control over one's own body during sexual intercourse. There is no social stigma around these methods as they are culturally prescribed methods for pregnancy prevention. Based upon the above, traditional methods include calendar method, withdrawal method and abstinence.

**Method experimentation** is the use of a mix of traditional methods and modern contraceptives, use of multiple modern contraceptive methods alone. Modern contraceptives carry considerable social stigmas, discomfort and fears of side effects associated with their continued or even one time use.

**Failure/Rejection of traditional methods is triggered by the following:**

- / Perceived lack of self-control by either oneself or one's partner to abstain from sexual intercourse.
- / Perceived high risk of failure by one partner or the couple due to unplanned pregnancies, abortions, or perceived financial constraints to provide for additional offsprings during the process of family planning.
- / High intent for limiting once the couple has achieved their ideal family size and sex composition as they had planned.
- / To maintain the desired sexual frequency

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## 4. COUPLE DYNAMICS DICTATE PARTICIPATORY OR NON- PARTICIPATORY EXPERIMENTATION

Spousal communication is a critical marker, of couple dynamics, for couples to maintain a healthy and bipartisan relationship as this proves to be the foundational grounding for their journey of experimentation to adopt a limiting/spacing method ideal for them. Albeit, not every couple is able to apply this and hence experimentation may turn to be in discordance or non-participatory.

When a couple goes through a path of method experimentation, there lies a gradation within which they exhibit changing behaviours aligned with their level of spousal communication around intent to space and method choice. On one extreme lies **participatory experimentation** where the husband and wife display high spousal communication and come together to choose a method that is best for both of their bodily needs and suitable to their fertility aspirations. On the opposite end, **non-participatory experimentation** is dominated by the male ,wherein the decisions made by him consequently puts his body and his comfortability over his wife's. Most couples do not fall precisely on the extreme ends but demonstrate a majority of traits from either end of the spectrum.

### **Traits of participatory experimentation are as follows:**

- / Discussion of the side effects of modern contraceptive methods
- / Collective need to minimize health risks
- / Demonstrating concern for their partner's body
- / Care for partner's comfortability before choosing a modern contraceptive method

### **Whereas, traits of non-participatory experimentation are as follows:**

- / Little to no knowledge perusal for side effects
- / Sole decision making by one partner
- / Disregard for female body displayed by the male partner
- / Use of multiple methods without complete follow through of the process / Irregular use of a method
- / Severe health risks due to non-consensual misuse
- / Maintaining desired frequency of sexual intimacy

# Macro Insights

## 5. LONG LASTING IMPLICATIONS OF RISKY SHORT TERM EXPERIMENTATION

Implications of method experimentation are determined by both the actual experience of use that the couples undertake as well as the understanding they gather from others' experiences. The couples evidently present three scenarios which have formidable long-lasting implications;

- A. Couple chooses one modern contraceptive, which turns out to be ideal for them, and leads them to a path of progression, towards modern FP uptake.
- B. The couples may experiment with one or more modern contraceptives in a random manner without complete follow through of any one method. Having experienced failure of traditional methods, these couples switch from one modern contraceptive to another, without understanding the actual biological repercussions. These methods fails them in the form of unplanned pregnancies and health consequences such as vaginal infections and bleeding, immense pain and discomfort, hot flashes, nausea were common across sites and parities.
- C. A bad experience causing serious health implications can set the couple to completely strike off a modern contraceptive, from their already limited choice basket, and make them extremely apprehensive about continuing its use. The couple will return to traditional methods that they have experienced no side-effects of, and may not return to another modern contraceptive till there is another failure of this traditional method.

Moreover, the ecosystem that surrounds the couple plays a dominant role in the their journey of experimentation. Apart from scientific and medical knowledge, the opinions or experiences of their peers and relatives on the same life path affects this experimentation process. In the light of a couple's already limited knowledge, an experience of a peer or a relative, sometimes based on mere hearsay, goes on to then dictate the couple's preferences. The couple usually weighs the choices made by others, especially when it comes to modern contraceptives and contemplates the choice they will then make. It is pertinent to note that conversations around contraception and methods are highly removed from the public and a lot of times the private sphere as well. The questions that young men and women may have about their bodies and contraceptive use may be inhibited to escape the already hushed private sphere and is therefore marred with assumptions and inaccuracy.

# Macro Insights

## 6. THE TRAUMA OF SCATTERED KNOWLEDGE

The severe lack of knowledge, that originates in adolescence, forms a haze around one's own reproductive system, that continues to widen and has consequential effects in different critical stages of development and major life events of men and women especially during sex and childbirth.

This haze is never fully clarified and demonstrates itself in severe physiological imprints on the woman's body, a sign of repeated health crisis caused by use of multiple/competing contraceptive methods without in-depth knowledge of use. With limited control over decision-making around their own bodies', women do not get adequate time to recover from them. In addition to this, psychological trauma is induced due to unplanned pregnancies and distress caused by abortions. Further, men and women, narrated differential as well as inaccurate understanding of their risk window of the wife's fertile period. In the case of withdrawal, men do not consider the chance of pre-ejaculation.

Even though there are discussions held with the intent of gaining adequate knowledge, they are often in silos within gendered friend groups, and rarely provide enough clarity for men and women. Even HSAs who have the potential to disseminate knowledge, assume that a married woman already has knowledge of her own body and menstrual health and that her job is restricted to ante and postnatal information sharing.

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## 7. THE BURDENS AND PRIVILEGES OF BEING THE 'IDEAL' PROVIDER

Men are assumed to embody the role of a protector and a provider at a young age which is accentuated even more when they progress into the marital stage of their life. Given this burden of labour, men rationalise the prioritising of their body, strength and health over their partner's, under the pretext of being the ideal male: a good provider. As a result, women's bodies are also scarred with repeated physiological and psychological imprints of trauma due to the gender normative positioning of male bodies over female bodies. Conversely, the man expects the woman to be an ideal wife, mother, and a daughter-in-law. This belief is further emboldened by the societal boxing of gender roles.

Further, difficult life circumstances, accompanied with a sense of burdened autonomy, men are pushed to develop a 'certain manhood' which they are neither equipped nor prepared to take on. Many male respondents spoke of their father's death and a recurring illness in the family, pushing them to assume the role of a male head in the absence of any other adult male figures. Women too encourage men to take the prerogative for ensuring household's financial stability and securing their own and their child's future. Inability to provide sufficiently emerged as a key conflict point for couples, rendering the partnership unstable.

# Macro Framework: Pathway of FP Uptake

