Enhancing Male Engagement in Family Planning
Lessons Learned from EngenderHealth’s Broadening Accountability of Men Campaign in Karnataka and Maharashtra

Project Background

The KARMA project, led by EngenderHealth, aimed to strengthen institutional capacity for sustainable delivery of quality postpartum and postabortion family planning (FP) in Karnataka and Maharashtra. To achieve this goal, we adopted three strategic approaches including: strengthening clinical capacities at service delivery points with high delivery caseloads; identifying and addressing demand-side barriers for FP among postpartum and postabortion clients by increasing the breadth of methods available to include newer contraceptives (e.g., injectable and weekly oral contraceptives); and institutionalizing successful project interventions within the existing state government health delivery system. Recognizing that the provision of routine services can facilitate provider behavior change and improve FP service quality, EngenderHealth sought to generate demand (to enable routine service provision), with targeted interventions aimed at engaging men.

Building upon decades of experience from our groundbreaking Men As Partners (MAP) program, EngenderHealth understands that engaging men in FP is critical to improving health outcomes. According to the National Family Health Survey (NFHS-4): 2015–16, three out of eight Indian men believe that contraception is the woman’s responsibility, not the man’s (IIPS 2017). Evidence also suggests that those who view FP positively (meaning they recognize the benefits of FP, for example, to help with achieving life goals) are more likely to adopt and continue to use FP (Sensoy et al. 2018). Men can support FP uptake and continuation in three important ways: (1) they can obtain accurate information about FP to support informed decision-making; (2) they can use a male-specific FP method or support their partner in using a female-specific method by either accompanying her to the health facility and actively participating in FP counseling or by providing financial support to cover relevant costs (e.g., contraceptive costs, service fees, and/or transportation costs); and (3) they can extend emotional support to their partners who are using contraceptives, including in cases of unforeseen complications.
The Broadening Accountability of Men Campaign

To engage men to support FP in these ways, EngenderHealth designed and implemented a 30-day integrated communication campaign in project-supported districts. This campaign sought to encourage men to adopt positive attitudes about FP by increasing awareness of the benefits of FP—including how FP can help people achieve their life goals (long-term benefit) and make healthy decisions in their sex lives (immediate benefit). The primary message of this campaign was “Being a responsible partner, I understand the benefits of using a contraceptive of our choice. This helps me and my partner to avoid unwanted pregnancies and allows us to enjoy our lives optimally.” We targeted this campaign primarily at men who are either first-time parents or expecting a baby soon (aged 19 to 34) or (2) married and do not intend to have more children, but are not sterilized (aged 25 and above). Our secondary audiences were government officials, as we envisioned transitioning the campaign to the government for statewide scale-up.

Leveraging available demographic and psychographic information, the creative direction of the campaign focused on ensuring that couples jointly make informed FP decisions in order to enjoy their lives together without worrying about unintended pregnancies. Thus, we developed the concept of pati, patni aur pyar: Family planning se apaar (meaning “husband, wife, and love: Maximize love by using a FP method). We used multiple outreach platforms (see Figure 1) to maximize the number of opportunities in which a person might be exposed to the program’s message—as translated into Kannada and Marathi.

KARMA reached general audiences with concise messages through radio, SMS, and WhatsApp. Our radio campaign comprised 20-second spots containing a call to action and a teaser for pati, patni aur pyar. In total, the project aired 5,460 radio spots across four different channels (selected due to their competitive listenership): All India Radio, Big FM, Radio Mirchi, and Red FM. Additionally, recognizing that SMS is a low-cost, proven medium to create mass awareness, we used this technology to disseminate information in Kannada and Marathi. These messages consisted of two parts: a message emphasizing, “spousal romance is better with FP” and a call to action, in which we provided the phone number for our call center, to encourage men to learn more. During the one-month campaign, KARMA sent more than 1.5 million messages.
We also convened street plays promoting the benefits of FP. At the end of these performances, we distributed leaflets with FP messages and the phone number for our call center. Through these street plays, we contacted 2,195 men.

We also reached men directly through a canter activity, or mobile roadshow. Continuing with the pati, patni aur pyar theme, the roadshow included interactive activities designed to initiate discussions around male involvement related to different FP methods (including vasectomy) and to inform participants where they could access their method of choice (e.g., at the nearest government health facility or through a community health worker). KARMA promoters with branded t-shirts invited men from neighboring areas and disseminated tickets to participate in the activity while a television at the canter played a 90-second audio-visual presentation to garner the interest of men in the vicinity and a poster displayed the campaign logo in local languages. Canter activities included interactive games such as darts, puppet shows with prerecorded audio, and a selfie pledge booth. KARMA promoters directed participants to play the game and watch the puppet show to learn about their potential roles in FP and then to visit the selfie booth take a selfie while pledging to recognize their roles in FP decisions and actions. Before leaving the canter, participants received informational leaflets containing key FP information, including the call center number, which participants could call to obtain more information. We also shared COVID-prevention information and distributed branded masks and sanitizer to minimize risk. We reached more than 30,000 men (see Figure 2), ranging in age from 15 to 50 and older, through this activity.
Our call center, promoted through other campaign activities (as previously discussed) received 6,057 calls during its 30 days of operation, including calls from 3,180 different individuals, 2,661 of whom were men (see Figure 3). Call center staff followed a standardized agenda when receiving calls: first they provided a general introduction, next they collected basic demographic details from the caller (note many callers preferred not to provide their ages), and then they discussed any questions or issues the callers wished.
Enhancing Male Engagement in Family Planning: Lessons Learned from EngenderHealth’s Broadening Accountability of Men Campaign in Karnataka and Maharashtra

### Challenges

We encountered three primary challenges during implementation.

- **Adapting activities to the COVID-19 pandemic.** Due to COVID-19, we were forced to unexpectedly delay campaign rollout. We were also forced to shift planned trainings to a virtual platform (Microsoft Teams), which, due to feedback limitations, required promoters to participate in the orientation multiple times.

- **Engaging public health system staff.** Despite of the willingness of the health system staff to participate in the activity, garnering their full involvement was a challenge, as they balanced other priorities. COVID-19 compounded this issue, by forcing already busy staff to direct their attentions unexpectedly to this urgent health crisis.

- **Explaining gender considerations to creative agencies.** We had to invest significant time and energy orienting the creative agencies to understand key gender issues associated with our program and the nuances of targeting men, as these firms tend to ignore such gender implications with their other assignments.

![Figure 3. Male Callers, by Age and State](image)
Key Learnings and Recommendations

Our primary learning from this intervention centered on the importance of customizing social and behavior change campaigns for FP specifically to men. Prior to this initiative, there had been several FP campaigns, but our campaign was unique as it targeted men by emphasizing how they could actively support FP and by promoting the benefits of FP related to romance. Further, while health managers within the public health system understand the important roles men play in FP, we learned they were unsure of how to reach this population. Herein we provide specific recommendations based on our lessons learned for reaching men with FP social and behavior change communication.

- **Customize the information and presentation of information to target men.** Our experience showed that men have different informational needs, both in terms of content as well as format. For example, men like to ask more questions than women, necessitating the need for an interactive approach to allow for identifying and responding to such questions.

- **Consider men’s schedules and routines when timing activities.** We found that men are more available during the afternoons and evenings than at other times of the day to participate in interactive activities, and engaging them when they have time to focus can increase their attention and learning retention.

- **Start with a clear and comprehensive creative brief.** By developing a comprehensive creative brief with clear evidence helped our partner media agency to (1) design strong creative concepts from the start and (2) propose cost-effective activities.

- **Establish government ownership early.** Through our established relationships with officials in the state health systems, we were able to quickly mobilize support for our campaign and these government counterparts helped us secure media coverage at the district level.

- **Employ fun, interactive activities to promote and maintain interest.** We found the dart game and puppet shows at our canter activities to be particularly popular, with many participants bringing their friends join the games, watch the shows, and discuss FP.

- **Monitor and adjust activities in real-time to enhance impact.** One of the ways we monitored activities and tracked impact was through our WhatsApp group. Our implementation team was able to track progress and identify any quality concerns quickly, and then adjust activities accordingly to maximize our impact.
Overall Achievements

We successfully implemented our integrated communication campaign, reaching more than 38,681 men directly and more than 2 million indirectly. The government of Aurangabad has also started using our campaign logo on all their vehicles, which will sustain the message in this district. We also measured our impact in a survey that we conducted in January 2021, which targeted 400 men who had been exposed to the campaign in November and December 2020. The study demonstrated the success of the program in several areas. First, 85.5% of respondents reported that they learned new information about FP and 71.5% reported that the campaign helped them understand the important role they play in FP adoption and continuation. Additionally, 59.75% of respondents initiated discussions with their partners regarding FP and 72.4% of those respondents reported that the campaign inspired them to have such discussions. Furthermore, 32.75% of respondents reported having accompanied their partners to a health center for FP services in the previous month and 72.5% of those respondents reported that the campaign facilitated their action. Finally, 31.7% of respondents reported initiating condom use as a result of the campaign. All of these data indicate that messages sensitizing men about the benefits of FP and the role that they can play in FP adoption and continuation can facilitate positive changes and clear actions.
Enhancing Male Engagement in Family Planning: Lessons Learned from EngenderHealth’s Broadening Accountability of Men Campaign in Karnataka and Maharashtra

References


Acknowledgements

EngenderHealth wishes to thank the state leadership and field teams in Karnataka and Maharashtra for supporting implementation of this activity—without their efforts we would not accomplished these results. We also wish to acknowledge Dr. Harshwardhan Dere, who spearheaded efforts as a team leader. Our sincere gratitude to Dr. Chandrika, the Deputy Project Director from Department of Health and Family Welfare in Karnataka and Dr. Archana Patil, Director Health Services, in Maharashtra for their support.

This document was written by Dawood Alam, Sunita Singal, S Kaushik, Manoj Pal, and Amy Agarwal. We thank Ana Aguilera, Renu Golwalkar, and Kathryn A. O’Connell for their review.

Suggested Citation