



## Gender Intentional

# Promote Shared Decision Making through Gender Intentional and Specific Male Engagement Activities to Increase the Uptake of All Modern Contraceptive Methods



### PURPOSE:

This tool provides guidance on devising gender intentional and male engagement strategies to promote shared decision making for increasing the uptake of modern contraceptive methods.



### AUDIENCE:

- Additional Director/Joint Director
- General Manager-FP and Urban National Health Mission (NHM)
- Chief Medical Officers (CMO)/Additional Chief Medical Officers (ACMO)
- Chief Medical Superintendents (CMS)
- Nodal Officers- Urban Health and Family Planning
- Divisional Urban Health Consultant (DUHC)
- District Program Manager (DPM)
- Urban Health Coordinator (UHC)
- District Community Process Managers (DCPMs)/City Community Process Manager
- Medical Officer In-Charge (MOIC)/ Staff Nurse- Urban Primary Health Center (UPHC)
- Person In-Charge of Private Health Facilities
- Facility Counsellor
- NGOs/Health Partners



### BACKGROUND:

Male participation and gender integration is crucial for ensuring accessible, inclusive and responsive family planning services that meet the needs of all community members. However, these aspects are challenging as deep-rooted societal norms have created mythical/bias/unrealistically impression that reproductive, child health, family planning are the responsibility of women. Additionally myths, misconceptions and negatively impact around male family planning methods such as non-scalpel vasectomy (NSV). This reduced the number of clients for NSV procedures, which indirectly affected the providers' ability to perform the procedure due to limited cases and opportunities to practice this skill/procedure. This is reflected in the National Family Health Survey (NFHS-V), which reveals that the modern contraceptive prevalence rate in India is 56.5%, of which male methods represent only 9.8%. Out of the 9.8%, 9.5% are condom users, while only 0.3% are NSV users. Thus, there is need to revive male methods – especially NSV – to contribute to family planning efforts and this requires a specific male engagement strategy.



### EVIDENCE OF EFFECTIVENESS:

The Challenge Initiative (TCI) India launched the male engagement strategy in February 2019 as an 11-month demonstration project. The Male Engagement Team Leads (METLs) of TCI India in each city coached 10-12 outspoken accredited social health activists (ASHAs) to engage men in family planning counseling.

The coached 230 ASHAs across 20 intervention cities executed male engagement activities, explained communities about the family planning choices available including NSV, dispelling myths related to NSV and referring eligible clients to nearby service-delivery points. The IEC material developed by the government on family planning and NSV were used for discussing modern contraceptive methods with men. The four high-impact male engagement activities were executed- 1) Group meetings were conducted at crowded chaurahas (cross-road), 2) Engaged key influencers of the workplace to conduct meetings at small and home-based industries. 3) A detailed line-listing of rickshaw pullers associations and parking places were made where rickshaw pullers were counseled and 4) Evening meetings were conducted in the slums to counsel individuals and couples on FP methods with a special focus on NSV. The tertiary facilities, government accredited private facilities and equipped urban Community/Primary Health Centers were the focal service delivery points. TCI India coached facility staff to counsel potential NSV clients on the procedure, side-effects, recovery time and follow-up.



As per HMIS (public sector facilities) and Hausala Sajheedari government-portal (private accredited facilities)\* data for the period February 2019-January 2020 a total of 3,015 NSV procedures were done across 20 intervention cities. This recorded an 87% increase in NSV adoption by men in the 20 TCI India-supported cities and a 75% increase in UP from February 2019 to January 2020, compared with the same time period from the previous year (February 2018 to January 2019). During the 11-month demonstration period, TCI India supported 27% (20) cities that contributed 81% NSV numbers in overall state performance and 73% (55) cities contributed only 19% NSV numbers. Around, 75% NSV acceptors were served by the public sector surgeons and 25% were served by the private sector empanelled surgeons.



## GUIDANCE ON PROMOTING SHARED DECISION MAKING AND MALE PARTICIPATION IN FAMILY

The following steps have been instrumental:

### 1. Identify gender-sensitive trainers for capacity building of health staff and CHWs to promote shared decision making and increasing male participation

Gender biases can affect the quality of care provided to individuals seeking family planning services. This capacity building should include annual training of counsellors and facility staff (both male & female) on how to identify and address biases that may lead to inequitable access to services or inadequate care. The training should impart knowledge on the following:

- i. Using gender-neutral and gender-inclusive words/language such as people, folks and not men, women.
- ii. Being intentional in meeting couples together during household (HH) visits to provide family planning information, method, referral; and also promote inter-spousal communication, men's role in maternal and childcare like accompanying wife during ANC/delivery/PNC visit, immunization of the child etc.
- iii. Identify 'gender champions' and 'champion FP couples' during 'Saas bahu beta sammelan' who can inspire others with their story. Moreover, build the capacity of ASHAs in organizing exclusive NSV happy user meetings monthly in the community with the support of ANM and other community health workers to dispel myths and motivate the community.
- iv. Facilitating gender sensitive games and IEC that can be used by CHWs during HH visits to address gender biases, promote inclusivity, ensure informed choice, and address power dynamics that can impact access and use of services.
- v. Despite the limited number of male staff nurse, it is crucial to sensitize existing male staff nurses along with lab technicians about the importance of involving men in FP. Provide special training to enhance their counseling skills. Following the sensitization, allocate responsibilities to them to visit other facilities and motivate eligible men to utilize FP services.

### 2. Identify/Create a pool of trained NSV providers and sensitize them to create a welcoming environment for men at health facilities:

Organize trainings for providers on the NSV method, ensuring these are supplemented with practical, hands-on practice. Due to the limited number of NSV cases, providers have fewer opportunities to practice the procedure, which impacts their skills. To address this, an annual training calendar should be developed, incorporating refresher trainings each year. Additionally, sensitize providers to foster a welcoming environment for male clients at health centers. Ensure that NSV kits are available at the facilities where surgeons are deployed, in line with Government of India guidelines.

### 3. Create a team of dedicated male engagement mobilizers:

For increasing demand aggregation efforts, a team of both men or women (who can be community health workers (CHW) also), who are not hesitant to talk with men about male family planning methods should be identified for example utilize city health coordination committee (CCC) meetings to involve male field workers from National Urban Livelihood Mission's (NULM) self-help groups in male mobilization. (read high-impact practice: Convergence of Services <https://tciurbanhealth.org/lessons/convergence-of-services/>). These mobilizers should be oriented on gender sensitive language and counselling about the NSV method so that they can do group sensitization or one-on-one sensitization with men using following strategies:

#### i. Interventions at male congregation points like Chauraha (Crossroads)

Chauraha are places where most men gather at a fixed time daily for 'finding odd jobs as laborers'. Labourers hold most myths about NSV as they do hard physical labour. As men congregate, mobilizers install a canopy and conduct games with family planning messaging and NSV and distribute handouts (Refer to the NSV handbill- ([https://nhm.gov.in/images/pdf/programmes/family-planing/IEC/print/NSV\\_Leaflet.pdf](https://nhm.gov.in/images/pdf/programmes/family-planing/IEC/print/NSV_Leaflet.pdf)). Winners are announced, and one-on-one counselling is done with those people who stay back for further enquiry. As appropriate, the mobilizers refer interested men to nearest government or accredited private provider (offering NSV services).

#### ii. Workplace interventions

The mobilizers visit, identify and engage with men working in formal/informal industries and clarify myths surrounding NSV. Further helping them to understand the merits of NSV as a method of family planning. Post-counselling, the mobilizers refer clients to nearby facilities.

#### iii. Rickshaw Puller Intervention

This group holds some of the strongest myths related to the impact of NSV on their ability to perform their job. The steps followed in approaching them includes engagement with their associations and visiting parking points, where the mobilizers could counsel and connect them with the services.

#### iv. Evening community meetings in the slums

As men in the slums are mostly available in the evenings, this time is good for engaging men in one-on-one or group discussions on family planning methods.

### 4. Ensure in-clinic counseling and Fix Day Static (FDS) service for NSV

Form a comprehensive team of both male and female staff nurses to counsel men. Ensure that once the client reaches the facility, they are counseled by a staff nurse/provider on all of their family planning options so that they can make an informed choice. Plan a dedicated day (FDS) exclusively for providing NSV services, each month, in health facilities equipped and offering male sterilization services. If the client agrees to sterilization method, then consent should be taken and documented. (refer to TCI India FDS tool: (<https://tciurbanhealth.org/lessons/fix-ed-day-static-approach/>))

## 5. Sensitize Adolescents and Youth (AY) on Sexual and Reproductive Health (SRH) issues

To induce shared decision making and gender sensitivity, males must be sensitized on SRH issues and gender equality at young age. It is important to reach adolescent boys with SRH information because when boys are exposed to gender equality family planning, they are more likely to use contraceptive methods and support their spouse/partners in the future. The Nodal officers can utilize the CCC meetings to organize SRH and gender sensitization workshops in schools and colleges in coordination with the education department (read high-impact practice: Convergence of Services (<https://tciurbanhealth.org/lessons/convergence-of-services/>)). The Nodal officer and UHC with support of MOIC should develop plan for conducting monthly orientations in nearby public sector schools/madarsa for students in 8th class and above on the topics such as, risks of pregnancy, contraceptive methods, mensural hygiene, safe and unsafe periods and plan parent orientation sessions on adolescent SRH issues.

The CMO should establish UPHCs as adolescent-friendly health clinics and initiate facility adolescent health days at UPHCs to provide accessible, equitable, comprehensive and quality health services, including SRH services to AY (to learn the steps of transforming UPHCs into AFHCs, read high-impact practice: (<https://tciurbanhealth.org/courses/india-services-supply/lessons/establishing-urban-primary-facilities-as-adolescent-friendly-health-clinics/>)). Organize community adolescent health days in the catchment areas of urban ASHAs with the support of ANMs and Rashtriya Kishore Swasthya Karyakram (RKSK) counselors to provide SRH information to adolescent boys and girls. In community adolescent health days, utilize simulation games like RKSK's Kranti Bhranti, an interactive game, to spread awareness on SRH issues.

## 6. Utilize media channels to boost male participation in FP

Leverage mass media platforms such as television and radio to broadcast advertisements promoting spousal communication and male contraceptive methods. Capitalize occasions like World Population Day and NSV fortnight by featuring a mobile caller tune emphasizing male engagement in FP. Additionally, ASHAs should establish WhatsApp groups for eligible couples in their respective slums, particularly those with Android phones, facilitating the exchange of concise videos, messages, and creative content on male involvement. Moreover, within existing WhatsApp groups for ASHAs and ANMs, periodically disseminate reminders of their roles and responsibilities to enhance male engagement.



## ROLES AND RESPONSIBILITIES

### 1. Additional Director/ Joint Director/ General Manager FP/Urban

- 1.1 Review the performance of cities on male adopting a family planning method in the NUHM/Divisional review meeting.
- 1.2 Issue guidance to all the cities to refer this tool as one of the guidance documents on devising gender intentional and male engagement strategies to promote shared decision making for increasing the uptake of modern contraceptive methods.

### 2. CMO

- 2.1 Facilitate and guide the concerned officers (Additional CMO RCH/Nodal officer FP) to optimally utilize the existing Program Implementation Plan (PIP) fund for training service providers through NSV master trainer at authorized training center.
- 2.2 Send a directive to all rural and urban facility-in-charges and in-charge accredited private facilities to obtain fixed day static services (FDS) calendar for NSV by facility, allocate and approve resources and monitor outputs facility wise.
- 2.3 Ensure that empaneled providers are available for conducting NSV in both public and accredited private facilities.

### 3. CMS/Facility In-charge (In case of private facilities)

- 3.1 Coordinate with CMO for scheduling of induction or refresher training on NSV techniques and mobilizer training on increasing male participation.
- 3.2 Develop the FDS calendar for NSV for all higher order facilities and selected UPHCs equipped to provide NSV services.

### 4. Nodal Officer Family Planning

- 4.1 Create the gender- sensitized pool of trained providers and master trainer of NSV in the district, pool of trained mobilizers for increasing male participation.
- 4.2 Ensure timely allocation of budgets related to training, FDS, wage loss compensation to clients are received by the public facilities on time.
- 4.3 Ensure hiring, deploying and training of mobilizer to increase male participation for demand generation for NSV.
- 4.4 Coordinate and oversee all quality parameters and work as an interface between district leadership and facilities

### 5. Facility Counselor

- 5.1 Ensure informed choice and method specific counselling is done per guidelines.
- 5.2 Ensure that clients are appropriately screened. If not eligible for NSV services, counsel the clients on other methods.
- 5.3 Ensure wage loss compensation for sterilization clients.
- 5.4 Ensure that all of the clients who accepts NSV services have signed the consent form, medical case record checklists, mandated ID cards, bank details (only in case of public facilities) and client follow-up cards for further use and action.
- 5.5 Maintain the day-to-day client line listing database at the facility level.



## MONITORING AND REVIEWING OUTCOMES

In the District Quality Assurance Committee (DQAC) and District Health Society (DHS) meetings and monthly meeting of Medical Officers-In-Charges. The data generated from HMIS and private sector data on NSV from Hausala Sajheedari web portal (<http://www.hausalasajheedari.in/>) can be reviewed on the following indicators:

1. Number of facilities providing NSV
2. Number of providers trained on NSV
3. Number of NSV acceptors over a period of time
4. Number of facilities providing NSV FDS



## COST ELEMENTS

The following cost elements are required for increasing male engagement and NSV services, which may exist in the PIP of the current year but if not, they can be requested in the next year's PIP.

Cost elements/PIP budget head	FMR Code
Male sterilization fixed day services	FMR-RCH.6.42.OOC
Compensation for male sterilization	FMR-RCH.6.43.DBT.01
Family planning indemnity scheme	FMR-RCH.6.47.DBT
Mission Parivar Vikas: Demand generation activities	Mission Parivar Vikas FMR-RCH.6.46.OOC.03 Saas bahu beta sammelan FMR-RCH.6.46.OOC.02
Male sterilization fortnight IEC and monitoring	FMR-RCH.6.49.IEC.02 FMR-RCH.6.49.PME.2

Source: NHM PIP Guideline 2022-2024



## SUSTAINABILITY

Institutionalizing the role of mobilizers to promote shared decision making and create continuous demand for male family planning methods, and ensuring trained providers to provide these methods would sustain the male participation strategy. Also, champions can be identified among mobilizers who can be recognized in ASHA sammelans; and also acceptors can be recognized in this forum, where they can share their experience to motivate others. In addition, the most important thing to make anything sustain is 'review' of these activities on a monthly/quarterly/annual basis by DHS and similar authorities.

### Available resources

1. Standards & Quality Assurance in Sterilization Services (GOI, Nov. 2014)
2. Reference Manual for Male Sterilization, October 2013 ([https://nhm.gov.in/images/pdf/programmes/family-planning/guidelines/Reference\\_Manual\\_for\\_Male\\_Sterilization-NSV-Oct\\_2013.pdf](https://nhm.gov.in/images/pdf/programmes/family-planning/guidelines/Reference_Manual_for_Male_Sterilization-NSV-Oct_2013.pdf))
3. Family Planning Indemnity Scheme\_2nd\_Edition\_2016
4. GO-143 on Accreditation by UP government
5. GO-Mission Parivar Vikas by UP government
6. Hausala Sajheedari web portal link ([www.hausalasajheedari.in](http://www.hausalasajheedari.in))
7. NSV handbill- [https://nhm.gov.in/images/pdf/programmes/family-planning/IEC/print/NSV\\_Leaflet.pdf](https://nhm.gov.in/images/pdf/programmes/family-planning/IEC/print/NSV_Leaflet.pdf)
8. NHM PIP guideline for a particular financial year
9. RKSK Kranti Bhranti -Interactive Game
10. TCI India tool Fixed Day Static Approach to Expand Access to Quality Family Planning Services- <https://tciurbanhealth.org/lessons/fixed-day-static-approach/>
11. TCI India tool Establishing Urban Primary Facilities as Adolescent-Friendly Health Clinics to Meet the Health Needs of Adolescents and Youth tool- <https://tciurbanhealth.org/courses/india-services-supply/lessons/establishing-urban-primary-facilities-as-adolescent-friendly-health-clinics/>
12. TCI India tool Convergence of Services- <https://tciurbanhealth.org/lessons/convergence-of-services/>

For downloading and referring this tool visit: <https://tciurbanhealth.org/lessons/male-engagement/> and to refer other tools visit: <https://tciurbanhealth.org/india-toolkit/>

Disclaimer: This document is based on the learnings collated from The Challenge Initiative India, supported by Gates Institute under the first grant of BMGF and USAID from the period October 2016 to October 2021. It is not prescriptive in nature but provides overall guidance on how this particular aspect was dealt with in this PIP project for possible adoption and adaptation.

**For further details, please contact:** Population Services International (PSI) India | C-445, Chittaranjan Park, New Delhi- 110019

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