

CHARM: A Family Planning Intervention for Married Men and Couples in Rural India

Background

Of the 53 million women globally without family planning resources, one in five reside in India¹, and among sexually active Indian women, fewer than one in four use spacing contraceptives (oral contraceptive pills, condoms, intrauterine devices)². Males tend to be key decision-makers in the fertility of couples and reproductive control of female partners,³ but are rarely targeted for family planning programming. Intimate partner violence (IPV) and its disproportionate burden in India⁴ hinders contraceptive use and increases risk for contraceptive failure⁵.

CHARM [Counseling Husbands to Achieve Reproductive health and Marital equity] was developed to promote equitable contraceptive decision-making among couples and to reduce the risk of violence that can prevent respectful decision-making. Prior to CHARM, family planning promotion models with male engagement had been rigorously evaluated in India, though some non-randomized trials showed promise of such an approach.

CHARM Intervention

The intervention included a three-session gender equity and family planning counseling intervention delivered by public or private local male health providers to married men in rural Maharashtra⁶. Intervention goals were; improved contraceptive use, reduced incident pregnancy, improved contraceptive communication, and reduced IPV perpetration and acceptability in rural India (Figure 1)⁶.

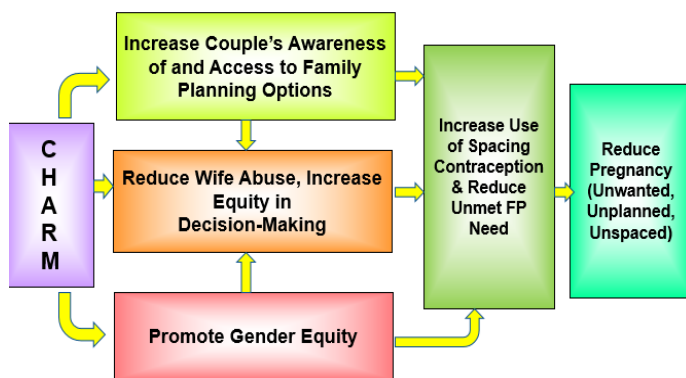


Figure 1. Conceptual Framework for the CHARM Intervention.



Local male village health providers (VHPs) delivered FP counseling inclusive of gender equity to men recruited via household recruitment

VHPs provided FP methods (e.g., pill, condom) at no cost.

Public -Private partnership model

Two men's sessions;
One couple session

**All participants were provided condoms and/or birth control pills at each session.*

Evaluation Methods

A two-armed cluster randomized controlled trial (2011-2015) was conducted to evaluate the impact of the CHARM Intervention on marital contraceptive use and incident pregnancy, and secondarily on contraceptive communication and men's IPV attitudes and perpetration.

1081 married couples were recruited from rural areas of Thane district, Maharashtra, India, from 50 geographic clusters of approximately equal size. Participants were recruited from geographic clusters randomized equally into either Intervention or Control conditions. For outcome evaluation, participants were surveyed at baseline and at 9- and 18-month follow-ups, and women were tested for pregnancy at baseline and at 18-month follow-up.



References

1. Alkema L, et al. (2013) National, regional, and global rates and trends in contraceptive prevalence and unmet need for family planning between 1990 and 2015: a systematic and comprehensive analysis. *Lancet* 381 (9878): 1642-52.
2. National Family Health Survey (NFHS-3), 2005-06: India: Volume 1. (2007) Mumbai, IIPS: International Institute for Population Sciences (IIPS) and Macro International.
3. Multiple sources – 5-13 on manuscript (see #6)
4. Multiple sources – 2 and 17 on manuscript (see #6)
5. Multiple sources – 14-16 on manuscript (see #6)
6. Raj A, et al. (2016) Cluster Randomized Controlled Trial Evaluation of a Gender Equity and Family Planning Intervention for Married Men and Couples in Rural India. *PLoS ONE* 11 (5): e0153190.

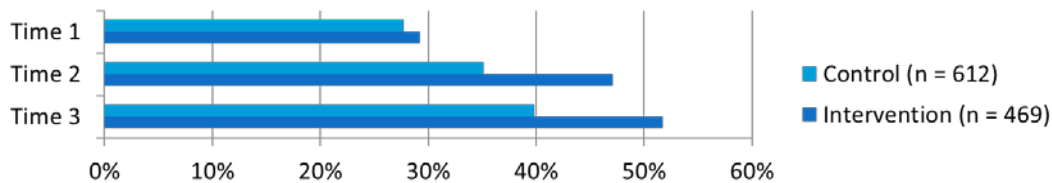
CHARM Intervention Impact

CHARM intervention participants showed significantly greater improvements over time on both contraceptive use (Figure 2) and marital contraceptive communication, as compared to the control condition. CHARM intervention participants were also over 50% more likely than control participants to report contraceptive use at 9 and 18 month follow up and were 75% more likely than control participants to report marital communication on contraceptive use at 9 month follow up.

The CHARM intervention also reduced men's acceptance and perpetration of sexual IPV. CHARM intervention participants were half as likely to report sexual IPV at 18 month follow up. CHARM intervention participants were also half as likely as control participants to report acceptance of sexual IPV, and they were half as likely to report partner violence perpetration by 18 month follow up relative to control participants. Notably, both intervention and control groups showed a reduction in the acceptability of IPV attitudes over time.

Follow-up data collection began after a high profile gang rape in Delhi in 2012, and these changes may be indicative of an exogenous shock from the high profile case resulting in greater awareness of gender-based violence, including IPV as wrong and a crime. These attitudinal change findings correspond to a significant effect of CHARM on sexual IPV perpetration, with CHARM participants being less likely than control participants to report sexual IPV at follow-up.

Figure 2. Proportion of women reporting modern contraception use by intervention group assignment, at baseline and two follow ups



Conclusion:

CHARM is an effective intervention that can engage men and increase contraceptive use and family planning communication among young couples in rural India. Intervention participants were **50% more likely** than control participants to report contraceptive use and **half as likely** to report sexual IPV a full 18 months following program entry. The intervention's approach, which integrates gender equity and family planning counseling can also affect beliefs regarding the acceptability of marital violence, and appears to reduce risk for marital sexual violence among couples.

“After participation in this program, my beliefs changed and we openly started discussion on family planning methods.”

– Husband (participant in CHARM)

Recommendations:

1. Increased engagement of men as partners in family planning via use of CHARM.
2. Integration of gender equity promotion and marital violence prevention in family planning counseling efforts.
3. Training of existing private rural medical providers as family planning counselors to extend public health reach.
4. Expanded accessibility and choice of effective contraceptives and associated resources via public-private partnerships and local provision of services in rural areas.

Related Publications

1. Raj A, Ghule M, Ritter J, Battala M, Gajanan V, Nair S, et al. (2016) [Cluster Randomized Controlled Trial Evaluation of a Gender Equity and Family Planning Intervention for Married Men and Couples in Rural India](#). PLoS ONE 11 (5): e0153190.

Acknowledgements

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