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 India, and among sexually active Indian women, fewer than one in four use spacing contraceptives (oral contraceptive pills, condoms, intrauterine devices). Males tend to be key decision-makers in the fertility of couples and reproductive control of female partners, but are rarely targeted for family planning programing. Intimate partner violence (IPV), an issue common in India, hinders contraceptive use and increases risk for contraceptive failure.

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 IPV, which can impede joint decision-making. This project involved a rigorous evaluation of CHARM.

The CHARM Intervention

CHARM is a 3-session gender equity and family planning counseling intervention delivered by public or private local male health providers in rural Maharashtra delivered over 3 months. Sessions 1&2 were for married men alone and session 3 for the couple. A desk-sized CHARM flipchart was used to discuss the following:

- family planning options
- barriers to family planning use including gender equity-related issues (e.g., son preference)
- joint family planning decision-making, and how
- respectful marital communication and interactions (IPV discussed in men’s sessions).

Free condoms and oral contraceptive pills were provided.

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.
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.

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.

Implications and Recommendations:

1. CHARM can be used to increase engagement of men as partners in family planning.
2. Gender equity promotion and marital violence prevention can be integrated into family planning counseling.
3. Private rural medical providers can be trained as family planning counselors to extend public health reach.
4. There is a need for expanded accessibility and choice of effective contraceptives and associated resources; this need can be met via public-private partnerships and local provision of services in rural areas.

Recommended Citation


Acknowledgements

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