

Inducting Men, Sharing Responsibility

International Evidence for Engaging Men and Boys in Family Planning

The need for greater male engagement in sexual and reproductive health, including family planning, has been underscored in the 1994 International Conference on Population and Development (ICPD) and in numerous subsequent international agreements.¹

International programming is evolving to recognize men's important role across the life course, not only as supporters of their partners' family planning use, but also as users themselves in their own right, and as important agents of change who can be engaged to help transform social norms and values around fertility and family planning in their communities.

In the Gender Roles, Equality & Transformations (GREAT) project, encouraging adolescent boys and young men to support their partners in family planning proved to be successful in tackling age-long gendered behaviors linked with gender-based violence and exclusion of boys and young men from SRH.²

The Iranian family planning program provided family planning counseling, information, and services without discrimination to men and women; this equality was a major factor in its success.³

Reviews show that integrated approaches that include both service provision and multiple communication interventions are more influential in changing men's SRH practices and awareness than single-focus interventions. Programs that include gender-transformative messages and work at multiple levels (for example, individual, household, and community), taking into account relationships, social institutions, gatekeepers, community leaders, and the like, have proved more effective in changing men's behavior and gender-related attitudes.⁴

Involving influential male leaders can help legitimize men's role in family planning. In this regard, religious leaders in Bangladesh have been oriented to family planning practices, male responsibility in family planning, and other related issues.⁵

The Case for Male Engagement in Pakistan

Some efforts have been made in Pakistan to induct men in family planning, but they could not be mainstreamed or sustained. For example, successive programs at the national and provincial level have provided for provision of family planning services to men at the workplace, in large registered institutions and through the sporadic use of *hakims* and homeopaths. However, the only concerted and large-scale effort of this nature—the Continuous Motivation Scheme of the 1970s, which engaged husband-and-wife teams to motivate couples to adopt family planning eventually ceased due to political interference.



The notice taped to the window of this Family Health Center says, "Men are prohibited from entering, by order of the District Population Welfare Officer (DPWO)."

Photos by Mumraiz Khan, Population Council



This is a list of charges for various family planning methods available at a Family Health Center. The sentence pointed out originally said, "Female and male sterilization surgery is conducted free of cost," but the words "and male" have been inked out.

More recently, the Family Advancement for Life and Health (FALAH) project provided evidence for multiple interventions to successfully engage men in family planning as users, supporters, and also change agents. The project demonstrated that communications programming emphasizing the benefits of HTSP resonates with men's own desire to protect the health of their wives and children. The project also contributed to male-friendly services by orienting male health service providers to the permissibility of family planning in Islam in 20 districts. However, strategies to replicate or scale up such interventions have yet to emerge. In qualitative studies, men from different parts of the country have complained of finding no male provider at health facilities to discuss family planning with, especially their concerns and questions about female methods that may have side effects.⁶

In a study spanning eight districts of Pakistan, men identified lack of information sources as a major obstacle in using and supporting their wives' use of contraceptives. Due to cultural barriers, they are often barred from exchanges on the subject between available female providers and their wives.⁷

This concern is supported by a recent assessment of public and private health facilities in Punjab province, which found that no cadre of service providers had complete and accurate knowledge about any specific contraceptive method, and a dire need for refresher training in contraceptive technology and client-centered care.⁸

Giving men access to family planning information and services will help increase use of family planning and enable couples to use more effective methods, particularly long-acting reversible contraceptives (LARCS). However, we want to caution that in making health services more male-friendly, it will be critically important to ensure that men's involvement does not in any way reduce women's autonomy and opportunities for them to obtain services independently.⁹

Recommendations

Men as ideational game changers

- Men's commitment to family planning can be enhanced by linking the idea of birth spacing and limiting with their own deep concern to ensure the health and well-being of their wives and children, and to provide for their families by achieving a balance ("tawazun") between resources and consumers.
- Advocacy and communications in support of family planning should specifically also address men. In particular, the new national population narrative, which is focused on the concept of tawazun, should be utilized to dispel the perception that family planning is only for women's use; to promote couple communication on family size and family planning; and to appeal to men's desire to be caring and supportive husbands and fathers.
- Encourage the religious leadership to be more involved, especially in provinces or regions where ulema (religious scholars) and *maulvis* (religious teachers) are important influencers of opinions and values. This is also a CCI recommendation and consensus has already been achieved across most leading *ulema* in the country that birth spacing is permissible and beneficial for mothers and children at the Population Summit in 2015.

Sensitize and inform boys and youth

- To address the gap in knowledge of boys transitioning to puberty, culturally acceptable and age-appropriate life skills-based education is being introduced in the country, both at school and at platforms that can serve out-of-school adolescents.
- We could also draw on best practices used for HIV/AIDS awareness raising among similar groups in Pakistan. In particular, anonymous hotlines and mHealth messages hold great potential to reach adolescent boys and young men.
- Deferring the first birth could be a key way to introduce spacing methods and build a habit of communication and use of family planning that serves couples throughout their reproductive lives.
- The CCI 2018 recommendations include a decision to utilize Nikah (marriage) registrars for premarital counseling, a practice is also being tried in Iran. We propose testing this practice in Pakistan through linkages with the marriage registration process. In provinces and regions where there is a risk of sensitivities related to *purdah* (privacy and modesty) or awkwardness between young potential spouses, the counseling could be conducted right after marriage.

Utilize existing providers in the health system to provide information and services to men

- An immediate priority is to train and utilize existing male technical staff in the public health system, such as male health technicians (MHTs), to provide family planning information and services to male clients.
- Male physicians can be trained to provide more direct information about specific contraceptive methods and also counseling about management of side effects.
- Alternative medicine practitioners, such as hakeems and homeopaths, can also be encouraged to provide family planning services.
- Consideration should be given to pairing community-based Lady Health Workers with a cadre of male health workers, on the pattern of the male and female behvarz in Iran. This will ensure that both men and women are counseled, facilitating couple communication and decision-making.
- Pharmacies and drug stores should be used more effectively to provide information and basic counseling to men and boys.

References

1. Office of Population and Reproductive Health (OPRH). 2018. *Essential Considerations for Engaging Men and Boys for Improved Family Planning Outcomes*. Np: OPRH, Bureau for Global Health, USAID.
2. Stern, Erin. 2015. "Sexual health and rights." In Edström, J.; Hassink, A.; Shahrokh, T. and Stern, E. (eds) (2015) 'Engendering Men: A Collaborative Review of Evidence on Men and Boys in Social Change and Gender Equality', EMERGE Evidence Review, Promundo-US, Sonke Gender Justice and the Institute of Development Studies.
3. Starrs, A. M., Ezeh, A. C., Barker, G., Basu, A., Bertrand, J. T., Blum, R., & Sathar, Z. A. (2018). Accelerate progress sexual and reproductive health and rights for all: report of the Guttmacher Lancet Commission. *The Lancet*, 391(10140), 2642-2692.
4. Population Reference Bureau (PRB). 2018. *Engaging Boys and Men in Contraceptive Use and Family Planning: A Slide Deck*. <https://www.prb.org/engaging-boys-and-men-in-contraception-use-and-family-planning-a-slide-deck/>
5. Hardee, Karen, Melanie Croce-Galis, and Jill Gay. 2017. "Are men well served by family planning programs?" *Reproductive Health* 14:14. DOI 10.1186/s12978-0170278-5.
6. Wilder J, Masilamani R, Daniel E. 2005. *Promoting Change in the Reproductive Behavior of Youth: Pathfinder International's PRACHAR Project*. Bihar, India: Pathfinder International.
7. Khan, A. 1996. Policy-making in Pakistan's population programme. *Health Policy and Planning* 11(1):3051, <https://doi.org/10.1093/heapol/11.1.30>
8. Ashfaq, Seemin and Maqsood Sadiq. 2015. "Engaging the Missing Link: Evidence from FALAH for Involving Men in Family Planning in Pakistan," Case Study. Washington, DC: Population Council, The Evidence Project.
9. Stern, Erin. 2015. "Sexual health and rights." In Edström, J.; Hassink, A.; Shahrokh, T. and Stern, E. (eds) (2015) 'Engendering Men: A Collaborative Review of Evidence on Men and Boys in Social Change and Gender Equality', EMERGE Evidence Review, Promundo-US, Sonke Gender Justice and the Institute of Development Studies.