Opinion and Analysis

Pakistan Journal of Public Health
www.pjph.org

Male Involvement: A Missing Link in Pakistan's Family Planning Programs

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Abstract

Greenstar Social Marketing is implementing The Challenge Initiative (TCI) project in provinces Punjab and Sindh as well as Islamabad Capital Territory. This program is implemented in partnership with the Departments of Health (DoH) and Population Welfare (PWD) who are leading the implementation program while the role of TCI is limited to provision of technical assistance. Currently, this program is being implemented in 15 districts in Pakistan. Different family planning high impact interventions are being implemented in these selected districts. Direct observation was used to observe clients visiting the government facilities. Three facilities were assessed directly for identifying potential areas for male involvement in Islamabad and Faisalabad districts. Moreover, key stakeholders i.e., DoH and PWD government officials, facility providers and staff, and health workers provided inputs on male engagement during different capacity building sessions. Their responses were noted and discussed in a larger team to strategize for future planning and implementation of the ongoing TCI program.

Doctors and LHVs mostly believed that allowing males to enter a facility would make the environment uncomfortable for women. Another major argument for barring men to enter the facility was that talking to them about family planning is a difficult conversation, and female service providers felt that they would struggle during this process. There were a few facilities where a male family welfare assistant was deputed but they also had same approach for the stated matter. Males are being ignored in Pakistan's family planning programming. Male family health days can be helpful for both community male members and service providers to initiate the discussion and build mutual trust. Training curriculum for relevant cadres should include a chapter on the importance of male involvement. Service providers should receive capacity building sessions on family planning value clarification, communication skills and gender intentionality. Men accompanying their women to the health facility should be welcomed and encouraged.

Keywords: Male engagement; family planning; gender intentionality

How to cite this article: Kayani MK, Shaikh S, Butt BR, Rehman T- ur, Siddiqui J- ur-R, Habib A, et al. Male Involvement: A Missing Link in Pakistan's Family Planning Programs. Pak J Public Health 2025 Aug. 30;15(Special.FP):75-8.
DOI: https://doi.org/10.32413/pjph.v15iSpecial.FP.1697

Introduction

There are countless instances in human history where, for years and years, one small design or structural flaw has hindered or blocked the progress of an otherwise well-laid out plan. Teams keep putting their best efforts to improve the results, but that one small and seemingly insignificant design mistake keeps blocking their way. This viewpoint article brings forth a story from the field where the aforementioned scenario is happening, and it needs to be addressed for an improved result. Let's explore the details.

Imagine a country that has a population of over 240 million people. A country that has all sorts of population related problems knocking at its doorstep. Be it unemployment, climate change, insufficient health delivery system, highest number of out-of-school children, or harsh realities like a high maternal mortality ratio, high infant mortality ratio, high number of anemic mothers, low contraceptive prevalence rate, and near to worst rankings on human development index. Adding to the trouble, the country is also dealing with terrorism and political uncertainty since decades. One starts to think that this whole situation seems like a perfectly blended recipe for a population disaster and there is nothing more that can be added. Well, we have some more surprises under our

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Submitted: 22-04-2025
Accepted: 23-06-2025
Published: 30-08-2025

sleeves. We dare to say that, in this case, may be, the recipe for a well expected population disaster needs further improvement. So, let's add a never-ending power struggle among the political parties and other stakeholders as a highly undesired cherry on the top of this population disaster cake that is craved by nobody. Situated in South Asia, Pakistan has recently jumped up to fifth position on the world population chart (1). Natural and financial resources are fast depleting and the gap between what a country can offer to its inhabitants and what is actually required is broadening with the passing of every single minute. Leave alone the complete and efficient provision of human rights package, the country is even struggling to manage the resources for the provision of basic rights like education, health, and employment to its citizens (2,3). The snapshot of health indicators in Pakistan presents a concerning picture regarding maternal and child health. The high number of estimated annual abortions (3.8 million) with a significant maternal mortality rate (186 deaths per 100,000 live births) suggests challenges in gaining safe abortion services and overall reproductive healthcare (4). Moreover, a contraceptive prevalence rate of only 34%, coupled with 17% of married women having unfilled needs for family planning, indicates a considerable gap in reproductive health services and education (5). The under-five mortality rate of 74 deaths per 1000 live births and the high prevalence of stunting (40.2%) and anemia (41.7%) among women of reproductive age underlines significant nutritional and health susceptibility in the population, impacting both child development and women's well-being (5). These indicators collectively point towards troubling area needing urgent attention and intervention to improve the health and well-being of women and children in Pakistan. Interestingly, of its total population, 64 % are young and under 30 (1). This youth bulge is supposed to provide a demographic dividend but this dividend is not something that can be attained without planning (6). Policy makers would have to come up with a plan for youth of the country. Considering the aforesaid facts, one assumes that there must be some great work going on to raise a movement on tackling population issues and creating an enabling environment for youth. Unfortunately, the answer to this assumption is not a straightforward "yes". Although, the country is running a population program through various departments, however, number of staff and health facilities are still way behind what the challenge is asking for. The budget allocated for health and population is nothing compared to the prevailing situation. Furthermore, a constitutional amendment has transferred the population welfare and health departments to provinces in 2010, it took provinces a serious amount of time to comprehend the new responsibilities and plan accordingly (7). Sadly, this time coincided with the years when the country was witnessing a massive increase in its population. Although, the provinces have started to catch up with the situation now, however, the challenges persist. Except for the federal capital, other provinces have not yet integrated population welfare and health department and it sometimes contributes to conflicts between the departments which consequently affects the population program delivery. In addition to these infrastructure, human resource, constitutional, policy and financial challenges, there are some values and beliefs related challenges as well.

Before we delve deep into what these related challenges are, let's explore the process that has helped us to reach this realization that addressing these challenges would be equally instrumental in the success of the population program.

Greenstar Social Marketing is a leading family planning focused development sector organization in Pakistan. Its contribution starts from basic health units and goes up to the highest-level service provision and policy making. It has a large network of clinics and service providers contributing under its core program and different donor funded projects. Family planning advocacy is also a major area of contribution and there are numerous noteworthy advocacies wins that the Greenstar has contributed to. Its linkage and coordination with provincial and national government places it as a highly desired and sought-after development sector organization by both government and donors (8). In 2022, Greenstar social marketing started to implement Bill & Melinda Gates foundation and Bayer foundation funded project "The Challenge Initiative" (TCI). The project aims to implement family planning related evidence backed high impact intervention to increase the use of contraceptives in general and long-acting family planning methods in particular (9). The project is being implemented with a clear goal in mind, that is to strengthen the government health system to implement the high-impact interventions in a self-sustained way without any kind of dependence on the challenge initiative project (10).

Exclusionary Practices in the Field

During the implementation of the TCI platform, a gender advisor was taken on board with the aim to integrate the gender aspect in implementation of all relevant interventions of the project. Initial assessment for gender intentionality of different high-impact interventions was carried out and a gender strategy for the project was developed (10). The gender advisor visited different government health facilities to assess how gender intentionality is being ensured and also identified the existing gaps. This assessment brought forward a striking revelation. Most of the service facilities and service providers were following an unwritten rule that males cannot enter the health facilities for family planning services or counseling. At least three facilities were assessed directly and indirectly for male involvement during different capacity-building sessions. Service provision cadres including doctors and Lady Health Visitors (LHVs) mostly believed that allowing males to enter a facility would make the environment uncomfortable for women. Another major argument in favor of barring men from entering the facility was that talking to them about family planning is a difficult conversation to carry out, and female service providers and LHVs felt that they would struggle during the process of this communication. Ironically, most of the population and health

clinic staff are female and male service providers are way less than females (11,12). There were a few facilities where a male Family Welfare Assistant (FWA) was deputed to assist men and women of visiting families. However, these FWAs were also observed to be part of the agreement that males should be barred from entering the facility. They shared that male usually don't visit, but if someone somehow comes to the facility, we try to meet them outside the facility and provide information or commodities as required. Adding to the situation, the men who accompany the females of their family to the clinic also are ignored as they were observed to be waiting outside the facility. These men also represent a valuable opportunity; with recognition and encouragement for their role in improving women's access to family planning services within their families, they have potential to become community champions for family planning. By doing this, they can contribute to facilitating more women to get better access to family planning services and counseling. They could be highlighted and celebrated as positive male role models for family planning in their respective communities.

The problem in this whole scenario is a serious one, government authorities have never issued any policy or guideline that restricts men's involvement during the provision of family planning services and counseling. As a matter of fact, men's engagement is preferred to be part of all social, print and electronic media family planning awareness campaigns of the government. As per the current census, males are 51 % of the total population of Pakistan (5). Society is currently a male-dominated society and men hold major share of all resources including both tangible resources like money, house, car etc., and non-tangible resources like decision-making power, etc. The question posed by the situation is; can a population program ever be successful by excluding the men in Pakistan? One might come up with the argument that this exclusion is not something that is intended by the government, and government policies favor men to visit facilities and get family planning services and counseling when required. On the face of it, it sounds correct but if the service providers and other facility staff are not ensuring an enabling environment for men's involvement in family planning due to their values, beliefs, and communication-related challenges, the policy makers need to come up with a plan where service providers and other facility staff gets a chance to rethink their perspective about the male involvement in family planning efforts.

The important sentiment, among healthcare provider, particularly doctors and LHVs, was that allowing male entry into Healthcare Facilities was expected to create an environment detrimental to women's comfort. A significant reason for this restriction centered on perceived difficulty in discussing family planning with male clients. Female Service Providers expressed a lack of confidence in their ability to effectively steer this conversation. Notably, even male Family Welfare Assistant positioned at some facilities reportedly shared this perspective, indicating an ongoing unease across genders regarding male engagement in family planning discussions within the facility settings.

Conclusion

Excluding men from the population program will not only dent the short-term results of the family planning efforts but will also contribute to hamper the program's long-term family planning commitments domestically and internationally. Developing a men-inclusive family planning program and ensuring its implementation can be a huge step forward for the prosperous and balanced future of Pakistan.

Recommendations

To increase the male involvement in family planning in Pakistan, several points should be implemented. Firstly, clear male involvement policy guidelines and welcome boards for service providers and facility staff should be developed and displayed at the entrance and waiting areas of the facility. These guidelines and welcome boards should explicitly mention that men are welcome for all available family planning services and counseling. Secondly, training curriculum for doctors, LHVs, LHWs, and other relevant cadres should include a chapter on the importance of male involvement. This chapter should highlight the importance of male involvement and address all relevant questions or concerns. Thirdly, service providers and facility staff should receive capacity-building sessions on value clarification training. These capacity-building sessions should help the participants to understand how their personal values are making it difficult for men to reach out to the facility for family planning services and counseling. Since there is some clear stigma attached with the sexual reproductive health related issues in Pakistan. Service providers struggle to initiate a discussion on family planning with male clients. To tackle this challenge, all service providers should receive capacity-building sessions on family planning related communication skills. Male focused family planning information, education, and communication (IEC) material should be displayed and telecasted at male waiting areas where possible. All facilities should be assessed for their gender intentionality and all identified gender gaps should be addressed to the best possible extent. Men who accompany their women to the health facility should be welcomed and provided with IEC material. They should also be acknowledged and encouraged in a non-intrusive way. Data collection mechanisms should have clear indicators for ensuring male involvement. All health facility staff should get training sessions on how to capture, share, assess, and analyze the data from a gender perspective. Finally, a mass media campaign to destigmatize male participation in the family planning program should be designed and launched extensively. It should happen after ensuring all the above given suggestions. Male family health days can also be helpful for both community male members and service providers to initiate the discussion and build mutual trust.

Financial support and sponsorship: This study was funded by the Bill & Melinda Gates Foundation (OPP1145051) and Bayer AG (Johns Hopkins University [JHU] Grant No. 123709).

Conflict of interest: None declared.

Authors' Contribution:
All Authors: Design, analysis, writing of the manuscript, final review

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