IN VolVING ME N IN reproducTIVE AND FERTILITY ISSUES: INSIGHTS FROM PUNJAB

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KEY MESSAGES:

• Compared with the early 1990s, men in Punjab seem more concerned about their fertility intentions and practices due to the financial challenges of raising large families.

• This concern has not only increased spousal communication about family size and contraceptive use but has also encouraged Punjabi men to practice family planning.

• Most men now realize that either they or their wives should use family planning. It is the next step, however, of translating intention into practice, which is a challenge.

• Supply-side issues, including absence or paucity of family planning services as well as poor quality of services (including service providers’ lack of capability to manage side effects) are the main factors hindering couples’ adoption of family planning.

• Other factors are perceived or experienced side effects of contraceptive methods.

• Men’s positive attitudes and their readiness to be involved in family planning programs suggest that the efforts of convincing men to use contraceptives have been effective and this it is now time for direct reproductive health interventions for men in Punjab.

• Heavy spending on media campaigns may not be as effective as interpersonal interventions—but a focused effort to mobilize men through male-specific interventions is likely to increase the demand for contraceptives, which must be met through improved supply of contraceptives and availability of family planning services in accessible facilities.
INTRODUCTION

This study explored Pakistani (especially Punjabi) couples’ dynamics during their decision processes on fertility intentions and practices, along with community perceptions of male-focused interventions as well as men’s suggestions for future intervention strategies.

It drew on three sources—a 2013 qualitative study in four districts of Punjab province; a targeted analysis of the baseline and endline surveys of the Family Advancement for Life and Health (FALAH 2007–2012) project; and the Pakistan Demographic Health Survey (PDHS) of 1990–1991 and of 2006–2007.

The four districts of the 2013 qualitative study were Bahawalpur, Jhelum, D.G.3 Khan, and Okara. (The first three were FALAH districts in which interventions were tested, the fourth the control district.) Twelve focus group discussions (FGDs) were conducted with men only, and in-depth interviews (IDIs) were conducted with 26 couples in these four districts in 2013. Participants were identified by key informants.

Data from 2,649 men and 638 couples from the FALAH baseline and endline surveys in 14 selected districts of the FALAH project were reanalyzed to assess the impact of FALAH male-directed interventions on fertility intentions and behavior.

FINDINGS

The findings can be broken down into several areas, on which the recommendations are based.

Changes in men’s attitudes towards family planning

The study points to a real change in men’s attitudes toward family planning in the Punjab and their readiness to be involved in family planning programs, through increased access to information and services (Table 1).

Punjabi men appeared to be more concerned about their fertility intentions and behavior than they were in the early 1990s. Since men are considered the primary earners and decision-makers in households in Pakistan, their primary motivating force is the growing economic challenge leading to an inability to meet household costs. Both qualitative and quantitative data confirm this change.

The desire to provide good health, education, and other basic necessities to their children was a strong force leading to the desire for small families.

“Financial problems are a strong reason in the minds of people that convince them to try out family planning. Let us suppose that there is a small family comprising two children. They will only be able to survive if they earn 500 to 700 rupees daily. The other reason is education.” IDI, man with 4 children, Rural Jhelum.

Increasing spousal communication aids decisions on fertility issues

Economic concerns also provide leverage to improve communication between husbands and wives about family size and contraceptive use. The male response suggests it is no longer the wives’ exclusive responsibility to initiate discussions on their fertility intentions. Although there may be a divergence in opinion on ideal family size and contraceptive use or choice of method, increasing spousal communication makes it easier for women to convince their husbands of the need for family planning. Follow-up discussions may be necessary before husbands and wives reach full agreement.

“My wife started this discussion about family planning because she no longer had the will to bear more children at this point and said I should use the withdrawal method.” IDI, man with 1 child, rural Bahawalpur.

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“I initiated the discussion. I think women initiate the discussion because they know that they have to run the house and manage food and clothes for their children. The woman takes care of these things; men just earn.” IDI, woman with 3 children, Rural Jhelum.

“My wife initiated the conversation and I agreed with her as we have limited resources.” - FGD, Urban Jhelum.

Supply-side issues impede men from using contraceptives
Supply-side issues, including lack of availability of family planning services and contraceptive methods, method failure, and contraceptive costs impede men from using contraceptives, despite men’s increasing acceptance of family planning and spousal communication. In addition, limited knowledge of specific family planning methods, perceived or experienced side effects of modern methods, and lack of provider skills for managing side effects, also act as barriers to family planning method use.

Definite receptiveness toward male group meetings
Punjabi men are very interested in male-focused intervention in family planning program. From the FALAH endline survey, male group meetings have the greatest role among FALAH interventions in changing couples’ fertility intentions and practices. Male group meetings are suggested (by men and women) as the most appropriate intervention for providing men with method-specific knowledge and for underlining the importance of family planning use. Men see male group meetings as having potentially more impact than women’s meetings, since educating and convincing the primary decision-makers (husbands) results in concrete steps to be taken by men themselves for practicing family planning. A suggested male group meeting strategy includes involving local persons to organize meetings and an educated and skillful outsider (preferably a doctor) to conduct them. The strategy also includes immediate provision of contraceptives after the meeting so that men who want to start using contraception can do so.

“I think there should be a gathering of a large number of people and that they should be told of the threats of not planning their families. Many people feel shy attending small gatherings (or one-to-one meetings). You should arrange the meeting and brief them about the possibilities of threats and the cons of not practicing or listening to these instructions which are for their own benefit.” - FGD, rural Jhelum.

“There should be separate meetings for men and women. They should be told everything about childbirth and spacing. They should be told about the different facilities and methods available for birth spacing.” - FGD, rural Okara.

Women favor involving religious leaders as an intervention more than men
Similar to the FALAH endline results, the 2013 qualitative study shows mixed opinions on involving religious leaders in family planning programs, with women more in favor than men. (Religion was not a strong constraint to men using FP—one small minority of men, for example, 2 of 26 IDIs and 3 of 12 FGDs, reported that it was.) Those favoring this approach further suggest that religious leaders should be trained and should discuss family planning with reference to the Quran and Hadith. Generally, this suggests that religious leaders can and should play a supportive role by communicating and endorsing the message that family planning is permitted in Islam.

The role of the media is limited
Men rarely appreciated the role of broadcast media in communicating family planning messages, mainly due to the impression that neither television nor radio can fulfill men’s need for details on contraceptive methods, which are not deemed appropriate for these media. Women showed greater interest in interventions through broadcast media and proposed that drama series on the topic should be broadcast in local regional languages.

Demand for male health workers
Appreciating the role and effectiveness of the government’s Lady Health Worker program, men suggested recruiting male health workers in communities, with roles similar to Lady Health Workers (LHWs), providing services to men at community level.

“Just as there are LHWs, there should be male workers as well. Our women feel shy providing these methods. So, a man should be aware and he should acquire these methods.” - FGD, rural Jhelum.
“In the same way as LHWs, there should be a male team for men that can gather them somewhere and guide them about what is better for them and how to use different [contraceptive] methods.” IDI, man with two children, rural Okara.

“There are some questions that a woman [LHW] cannot ask a man but a man can ask such questions from another man. Therefore, a man’s involvement in this becomes imperative. Men should join this field [as male motivators].” IDI, man with four children, urban Bahawalpur.

**RECOMMENDATIONS**

- In Punjab, men need to become the primary focus of family planning programs. Male-specific interventions should be introduced to augment men’s lack of knowledge of family planning methods, to encourage timely decisions on fertility issues, and to increase contraceptive use.

- Men express the need for frequent male group meetings with full geographic coverage, facilitated by a local or community resident. They should be conducted by an “outside” health professional (preferably a doctor). Also, to minimize delay in contraceptive uptake, contraceptives should be made available at the end of these meetings.

- Interventions involving religious leaders should play a supporting role in increasing acceptability of family planning among men. Such leaders should be trained to deliver messages that birth spacing and family planning are allowed in Islam.

- Given the supply-side barriers to family planning use, regular supplies to clients should be assured.

- Service providers should be knowledgeable and skillful, and should receive training on managing side effects.

*This HNP Knowledge Brief highlights the key findings from the HNP Discussion paper “Involving Men in Reproductive and Fertility Issues: Insights from Punjab” written by Iram Kamran, Mumraiz Khan, and Zeba Tasneem and published in January 2014.*