POLICY BRIEF

A Hollistic Approach to Address Gender-Based Differences in Understanding of Family Planning in Rural Punjab

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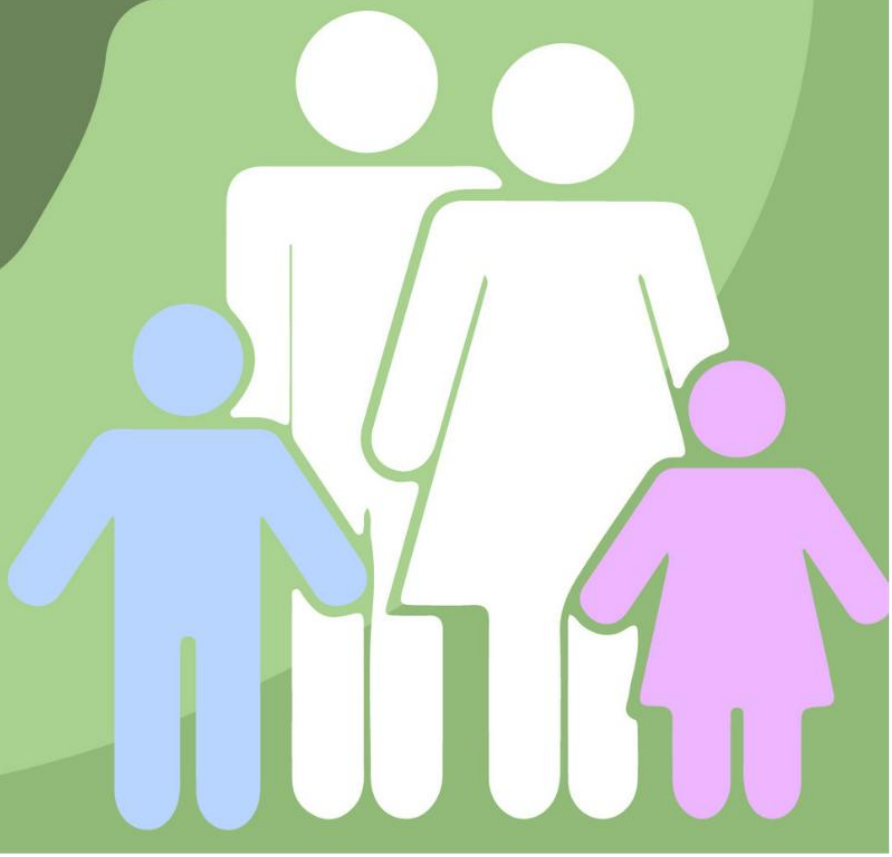


Abbreviations

BOS: Bureau of Statistics, Punjab

CCI: Council of Common Interests

CHW: Community Health Workers

FP: Family Planning

LGCD: Local Government and Community Development

LHW: Lady Health Worker

M&E: Monitoring and Evaluation

PCSW: Punjab Commission on the Status of Women

PITB: Punjab Information Technology Board

PPIF: Punjab Population Innovation Fund

PRSP: Punjab Rural Support Program

PTA: Pakistan Telecommunication Authority PTA

Rahnuma-FPAP: Family Planning Association of Pakistan

SMU: Special Monitoring Unit

TCI: The Challenge Initiative

TMA: Tehsil Municipal Administrations

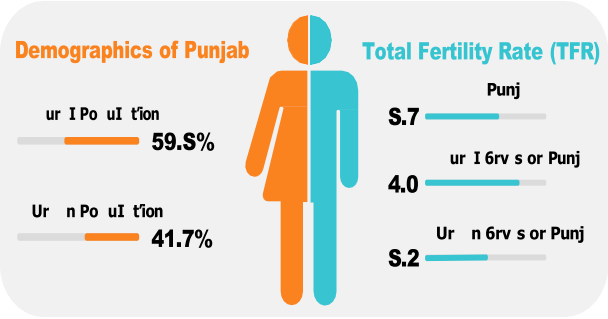
UNFPA: United Nations Population Fund

WHO: World Health Organization

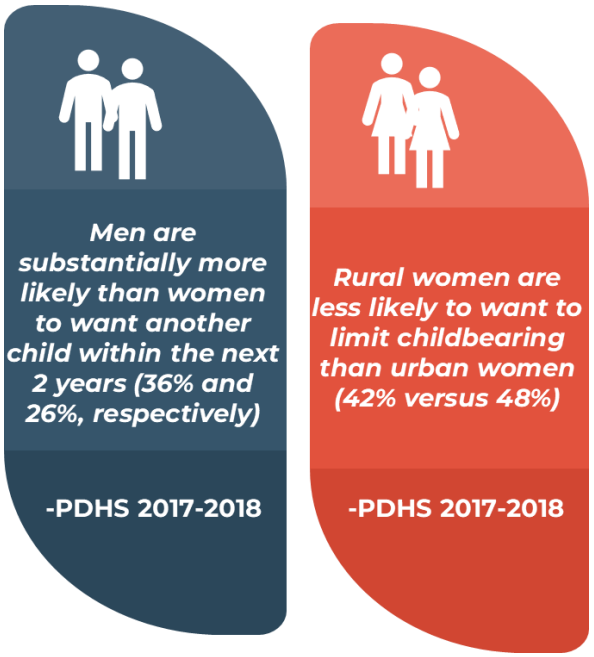
1. Background:

The government of Punjab is dedicated to addressing demographic challenges while leveraging the advantages of the demographic dividend: human capital development, gender equity and empowered women through lower fertility and increased labor force participation.

In Punjab, higher fertility continues to slow down demographic gains. Various policies and initiatives, such as the 2017 Punjab Population Policy, the Punjab Family Planning Program, the LHW program, the Tawazun initiative, and the 2024 Punjab Population Policy, aim to reduce fertility and promote contraceptive use to support sustainable development. Despite these efforts, fertility remains high and contraceptive use remains low, highlighting a gap between policy objectives and on-ground realities. Resistance to contraceptive use within households and communities, especially in rural areas, shows the shortcomings in current programs' approaches. This highlights the need for locally driven, gender-sensitive approaches that reflect community realities, experiences, and social norms.



Evidence indicates that there are marked differences in men's and women's day-to-day communications, interactions, and lived experiences related to contraceptives and family planning in rural Punjab, leading to gender-based variations in the understanding and utilization of FP and contraception. There is a need to mitigate these gendered differences in perceptions because choices related to family planning and reproductive health are taken at the household level, where husbands usually dominate decision-making due to patriarchy. This highlights the need for policies that not only provide services but also encourage dialogue, promote gender equality, and support joint household decision-making to ensure grassroots implementation of the government's policies.



2. Gendered differences in Day-to-Day communications and interactions related to FP:

In rural Punjab, men and women do not have equal access to information about family planning (FP).

THEMES OF COMMUNICATION RELATED TO FP BY GENDER

- Reasons for information seeking about FP
- Immediate sources of Information and advice about FP
- Facilitation & help needed to reach FP services
- Information received at home through community health workers

	Information received at home through community health workers	Reasons for information seeking about FP	Immediate sources of Information and advice about FP	Facilitation & help needed to reach FP services
Women	Lady Health Workers (LHWs) serve as a crucial link, bringing awareness, information, and counseling about FP directly into their homes.	Women seek information about FP out of necessity, typically arising from birth-related complications, declining health due to multiple pregnancies, and the desire to space future births.	In areas where health workers' outreach programs are weak or missing, women tend to receive information from informal family and community networks, such as in-laws (especially sisters or mothers-in-law), friends, neighbors, and community health workers.	They need to go to a health facility for FP counseling; they often have to depend on their husbands, in-laws, or neighbors for permission, company, or transportation.
Men	Health workers rarely talk to men in households during community outreach; as a result, men often do not receive proactive FP-related advice.	Men's FP information-seeking behavior is casual and mostly curiosity-driven.	They usually get information about FP from peers, occasional community health sessions, or the local media. Their understanding of FP based on these sources remains inadequate, and heavily influenced by patriarchal norms, and information, or at times misinformation.	They rarely engage with formal health services for family planning support. They do not depend on anyone while accessing facilitation.

Spousal communication about FP:

Communication between spouses about contraceptive use and fertility decisions is rare in rural areas. In the few instances when such conversations occur, decision-making is dominated by husbands, who are often influenced by son preference or conservative religious beliefs. In-laws, particularly mothers-in-law, often reinforce patriarchal norms such as son preference within the household. The dominance of the husband and in-laws within the household limits women's influence over their reproductive health.

As for my mother-in-law, she is significantly aged, and she doesn't know anything about this. My sisters-in-laws told me about different methods I can use

A 26-year-old female from South Punjab stated:

When we are free, we joke with each other, we tell each other to have a gap, use a condom, or not to do this. This is how we talk. Everybody starts joking about the person who has used it, and he becomes the target.

Male evidence from Central Punjab, while discussing FP with each other:

I became friends with a woman who was a health worker, specifically working on polio campaigns. I started helping her administer polio drops to children, and through her, I learned a lot. Thanks to her, I had a six-year gap between my children. Before that, I had no awareness.

A 46-year-old female from CP stated:

Influences of religious leaders on FP information:

Other than family, community members, and health workers, religious leaders may also influence FP or contraceptive use. Religious leaders rarely speak publicly about family planning. However, when they do, they offer pro-family planning advice. The moral authority of religious leader and their spouses grant them considerable influence over community behavior, highlighting a strong potential for faith-based advocacy to increase FP uptake in rural areas.

There is some evidence that religious leaders may advise pro-FP and contraceptive use.

In our village, the Qari Sahib at the mosque says that he talks about children's education. Then his wife says that one should have as few children as possible. Those who already have sons and daughters should not have more children. They should educate their children and take proper care of them.

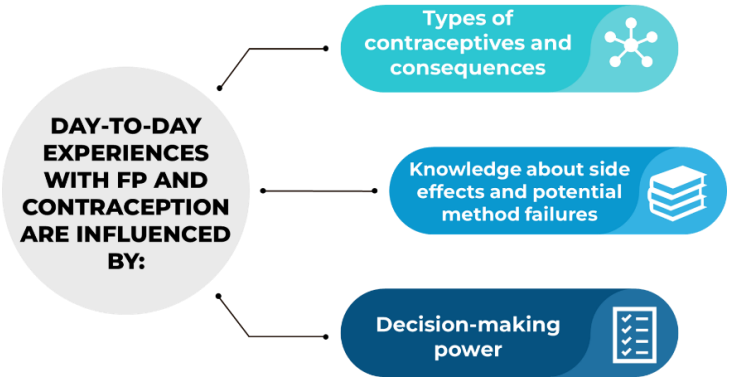
Female-stated (45 years old) evidence from Central Punjab about religious scholars:

I have heard religious leaders everywhere, on TV, on the streets, they say family planning is not a good thing. They say you should accept whatever God gives you

A 44-year-old man

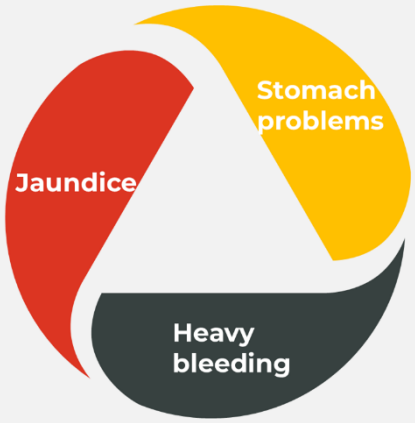
3. Gendered differences in Day-to-Day experiences with FP and contraceptive use

There are clear gender differences in day-to-day lived experiences with FP.



	Types of contraceptives and consequences	Knowledge about side effects and potential method failures	Decision-making power	Outcome of these lived experiences with FP and contraception
Women	Women use injections, pills and IUDs. Women often bear the physical and emotional responsibilities that come with contraception.	Women often lack complete knowledge of possible side effects or method failure. They are unprepared, which leads to withdrawal, leading to physical and psychological consequences.	Some women see themselves as active participants in family planning decisions, others prefer shared decision-making, and many still defer to their husbands' authority.	These experiences reflect ongoing gender inequalities, where limited access to information and rooted social norms restrict women's autonomy in reproductive health.
Men	Men's usage of contraceptives is limited to condoms only. They do not face any consequences.	Men are not interested in knowing the consequences of contraceptives that women bear	Men typically view themselves as the primary decision-makers in family planning and often make choices about contraception without consulting their wives.	Contraceptive use is mainly a woman's responsibility. Broader patriarchal norms, unequal communication between spouses, and restricted access to accurate information continue to influence reproductive and FP choices.

Women's reasons for discontinuation of contraceptives:



Impact of decision-making power on contraceptive use

> **My husband told me not to go for any precautionary measures or contraceptives, as it usually leads to complications, and taking medicines will make me a patient. But yes, when we had four children, he said these four are enough. But we did not go for any contraceptives**
>
> *Female-stated evidence from Central Punjab:*

Negative consequences of IUD:

The story of a 46-year-old mother of six had multiple negative experiences with contraceptives. She started using copper T but then had to get it removed after a year due to heavy periods that left her feeling "unable to walk," and later stopped birth control pills because they caused jaundice and a feeling of "heat in the body."'

> **A 40-year-old woman with three children described how her husband exercised control by independently deciding to stop using condoms. Her account highlights the power imbalance in their relationship: "I asked him about it, and he said that he just cannot use them anymore. It is just my husband's decision to stop using them now.**

Overall contraceptive performance of Departments of Health (LHWs) for the year 2021-22 in terms of Couple Years of Protection (CYP) has decreased by 20.3% in comparison with the last year 2020-21.

Source: *Annual Contraceptive Performance Report, Pakistan Bureau of Statistics*

4. Awareness and understanding of FP and FP policies

The official definition of family planning from WHO includes three elements: achieving the desired family size, spacing and timing of births, and using contraceptive methods and treatments. In rural Punjab, both men and women have only a limited understanding of FP.

Awareness of FP programs, such as Tawazun is low, but once explained, most people (both men and women) agree that Tawazun approach (balance between family size and available resources) supports responsible and informed reproductive choices. Both men and women view FP as morally acceptable, although gender differences are also evident in how people understand FP.

Women's understanding of FP

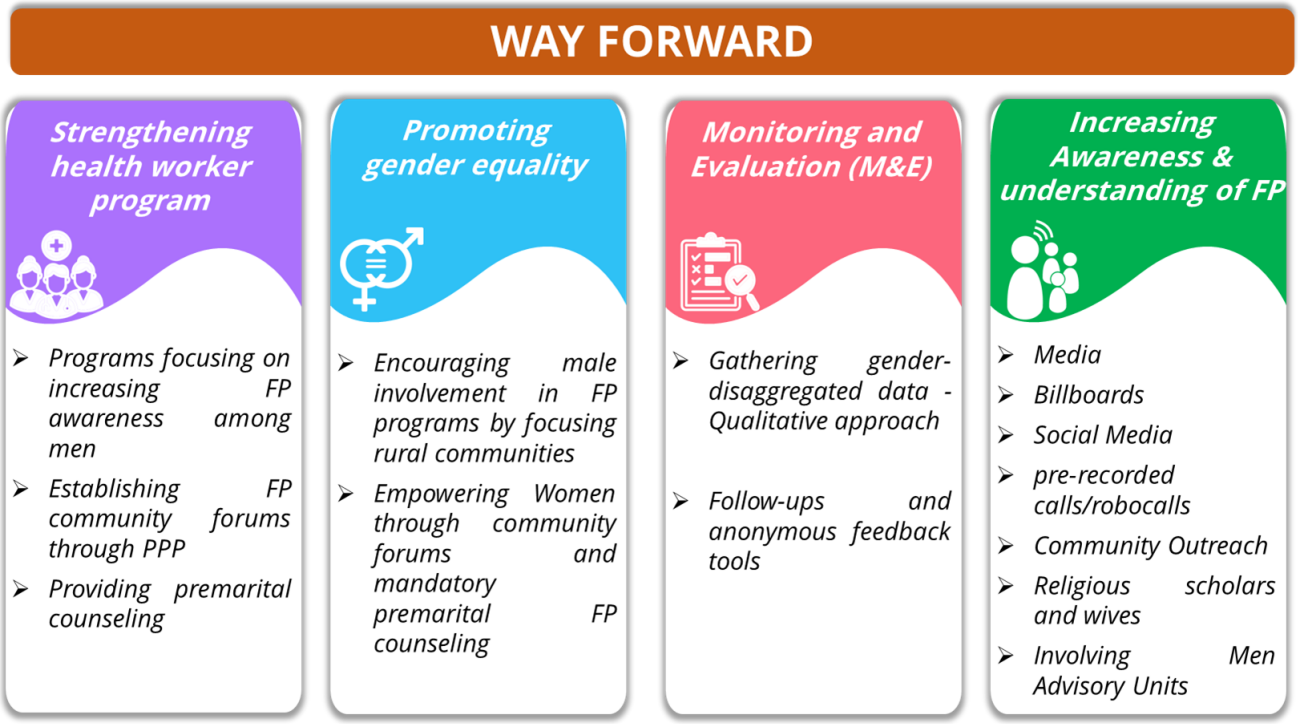
Women, drawing on their health and family experiences, often have a deeper, more practical understanding that links FP to health, family well-being, and economic stability. They base their opinions on personal experiences.

Younger and more educated women show greater awareness and acceptance of FP.

Men's understanding of FP

Men tend to have a more limited and information-based understanding, focusing less on health and more on traditional gender roles. They rely more on social norms and available information.

5. Way Forward: Policy Recommendations



There is an urgent need for a holistic approach to achieve family planning uptake while maintaining balance in life.

5.1. Strengthening Health Worker Programs:

This recommendation aims to ensure consistent, high-quality delivery of FP information and services across Punjab by

strengthening technical skills, improving supervision, and integrating digital monitoring tools.

The Punjab government, in collaboration with the Health and Population Department and the PITB, should provide specialized, culturally appropriate FP training to LHWs and CHWs. PITB will help in developing an LHW's mobile application and provide any further technical assistance. These trainings should involve:

- Mandatory annual or biannual gender-focused training
- Availability of published (soft copies/hard copies) standardized manuals and protocols for community visits
- Developing an LHW mobile application that provides detailed information on FP according to WHO standards. Health workers can register using their CNIC and log their visits. This approach will also help track the performance of these health workers, as suggested in the M&E, streamlining data collection and patient records.

Outcome: It will enhance LHWs' and CHWs' capacity to deliver culturally appropriate, gender-sensitive family planning services using standardized guidelines and digital tools, thereby improving service quality and outreach effectiveness across Punjab.

5.2. Promoting gender equality in family planning

Objective: This recommendation aims to promote gender equality in family planning by increasing male engagement, empowering women through community support networks, and institutionalizing premarital counseling on reproductive health policy aims to boost women's decision-making and improve family planning services by empowering communities, enhancing healthcare worker skills, and encouraging shared responsibility between men and women in reproductive health.

I. ***Encouraging male involvement in FP programs:*** Male involvement in family planning programs should be enhanced to promote gender equality in family planning and reproductive health choices

   - The existing collaborative initiative 'Scaling-Up Male Engagement in Family Planning' (May 2024 to April 2026) by the PRSP and the PPIF, should also target districts other than district Mandi Bahauddin (Tehsil Mandi Bahauddin & Malakwal & Phalia) and district Hafizabad. Targeted male communities include General Practitioners (GPs), hakims, homeopaths, and pharmacies. The program should also focus on the low-income communities in the districts of Lahore, Multan, and Rawalpindi.

II. ***Empowering Women:*** The Government of Punjab, through Public Private Partnership (PPP), in collaboration with the CCI, PCSW, Union councils, NGOs like Rahnuma-FPAP, and LHWs on the local level, should:

- Establish community forums where women can mentor and support each other by sharing their stories. In these forums, the positive and negative consequences of contraceptive use should be explained to women to avoid adverse health complications and multiple births.
- Make premarital family planning counseling mandatory for women before marriage registration, following UNFPA's module on 'Premarital Counseling & Family Wellbeing for Service Providers, 2020'. Educated female officials should be hired in union councils for providing home-based training to women prior their marriage.

5.3. Ground-level Monitoring and Evaluation (M&E) of family planning programs:

Objective: This recommendation aims to strengthen family planning programs. The Health and Population Department, in collaboration with the BOS, Punjab, PITB, and the SMU, should integrate a gender-responsive M&E system into existing Family Planning Programs, e.g., "Punjab Family Planning Program" and "LHWs program," by

- Gathering gender-disaggregated data through qualitative follow-ups to observe changes in men's and women's perceptions and access to contraceptives.
- Follow-ups and anonymous feedback tools (SMS, helplines, scorecards) to monitor and improve service quality and accessibility.

Outcome: By implementing these recommendations, enhanced accountability and data-driven decision-making will lead to more equitable, efficient, and gender-sensitive family planning services across Punjab.

5.4. Increasing awareness and understanding of FP:

Objective: This recommendation seeks to increase public awareness and knowledge of family planning (FP) by promoting a large-scale, multi-channel communication campaign that enhances core awareness of Tawazun, based on the WHO's comprehensive definition of FP. This campaign can be implemented through two channels: media and community outreach.

Media:

- Dissemination of awareness messages through billboards using the terminologies '*Sehatmand Maa, sehatmand bacha*,' especially in less developed rural areas and districts by LGCD and TMA in Punjab, particularly in rural Punjab.
- Official video messages on social media pages like Instagram/TikTok/YouTube from UNFPA/Health and Population Department's officials, educating youth.
- Initiatives like text messages and pre-recorded calls/robocalls on family planning awareness by the PITB and the PTA.

Community Outreach:

- The health and population department, in collaboration with organizations like Rahnuma-FPAP and Greenstar, TCI, should train religious leaders to spread FP information and correct misconceptions about FP from a spiritual

perspective. They should share information in sermons, community events, and on public platforms, focusing on birth spacing, maternal health, and shared responsibility. Additionally, satellite camps could be established in other districts of Punjab, as they did in Multan.

- Family planning awareness training should be provided to the wives of religious scholars to share accurate information among couples in low-income areas. The Health and Population Department, Punjab, can provide incentives (stipends) to motivate them.
- Men-targeted campaigns should include awareness and access to vasectomy services to promote shared contraceptive responsibility. This awareness can be provided by the Men's Advisory Units of the Health and Population Department, Punjab. The Health Department should include the Men's Advisory Training Centre's doctors and staff in their awareness campaigns.

Outcome: Through these recommendations, increased public awareness and acceptance of family planning, covering desired family size, birth spacing, and contraceptive use, can be achieved.