

**CHAPTER IV**  
**PRESENTATION**

MEN TARGETING MEN

IN

FAMILY PLANNING

IN

P A K I S T A N

ONCE I DID MEET SIX MEN (OR WOMEN)

WHO SERVED ME WELL AND TRUE

THIER NAMES WERE, WHAT, WHERE, AND WHEN

AND WHY, AND HOW, AND WHO!

WHERE ARE WE NOW?

(PROBLEM IDENTIFICATION, ANALYSIS AND  
PRIORITIZATION) (DIAGNOSIS, NATURAL HISTORY,  
BURDEN OF ILLNESSES, CAUSATION)

WHERE DO WE WANT TO GO?

(GOAL, AIM, OBJECTIVES AND TARGETS)

HOW WILL WE ARRIVE THERE?

(SOLUTION IDENTIFICATION, ANALYSIS AND  
PRIORITIZATION) (STRATEGY, METHODOLOGY)

HOW WILL WE COME TO KNOW, WHEN WE ARRIVE?

(CRITERIA FOR SUCCESS, STANDARDS, INDICATORS)

WHERE ARE WE NOW? (CPR 17.9%)(13%)

WHERE DO WE WANT TO ARRIVE?  
WHERE WE SHOULD BE? 38% (1995)  
GAP: 20% (32%, 1996)

HOW WILL WE ARRIVE THERE?  
BY MALE INVOLVEMENT THROUGH MALE WORKERS

HOW WILL WE COME TO KNOW, WHEN WE ARRIVE?  
EVALUATION THROUGH OBSERVATION, INTERVIEWS  
WITH WORKERS AND WITH SAMPLE POPULATION

LOW CONTRACEPTIVE USE  
13%

SHORT BIRTH INTERVAL  
(median birth interval 29 months)

-HIGH IMR  
(75/1000)  
  
-HIGH MMR  
(340/1000)

(BURDEN OF ILLNESSES)

HIGH POPULATION GROWTH  
(2.8%)

-More children who require food, education & Health services before being productive  
-Overcrowding  
-Poor housing  
-Poor sanitation  
-Communicable diseases  
-Lack of health facilities

VICIOUS CYCLE

LACK OF MALE INVOLVEMENT

PERSISTENT MALE PERCEPTIONS

1. VIRILITY
2. SOCIO-ECONOMIC COSTS
3. RELIGION
4. SIDE EFFECTS
5. FEAR OF IMPOTENCE WITH VASECTOMY
6. DISCOMFORT WITH CONDOM
7. POMISCUITY OF THE WIVES
8. EQUATION OF FP WITH HAVING NO MORE CHILDREN
9. IDEA ITSELF HAS FAILED IN DEVELOPED COUNTRIES

THEY DISAPPROVE  
THEY DON'T COMMUNICATE

FP PROGRAM

KNOWLEDGE IS HIGH AMONG FEMALES

THEY WANT TO USE

FEMALES KNOW THAT HUSBAND DISAPPROVES OR PERCIEVE THAT HE DISAPPROVES

LOW MOBILITY  
LOW WORKING STATUS  
LOW EDUCATION STATUS  
GENDER ITSELF

+

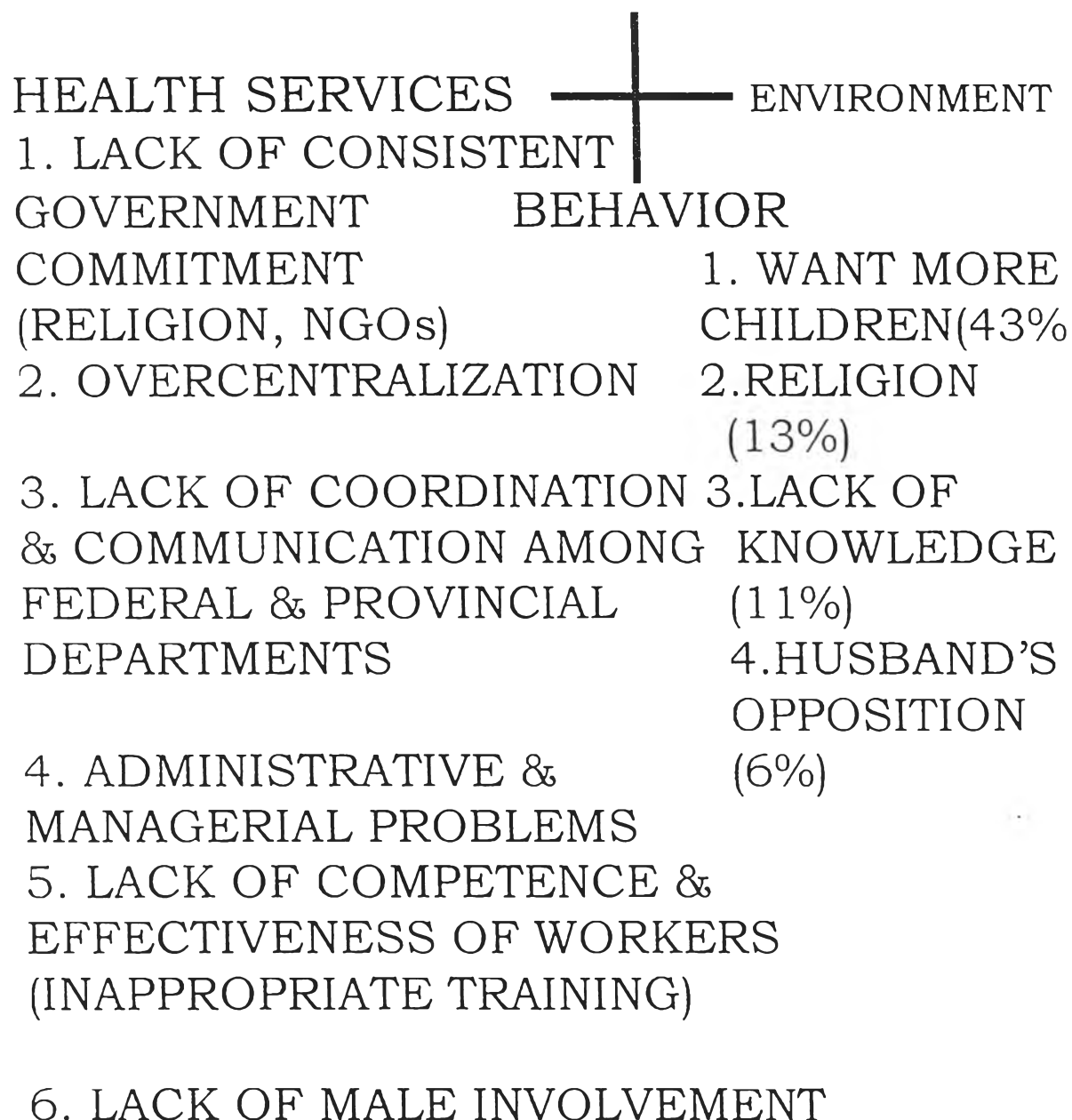
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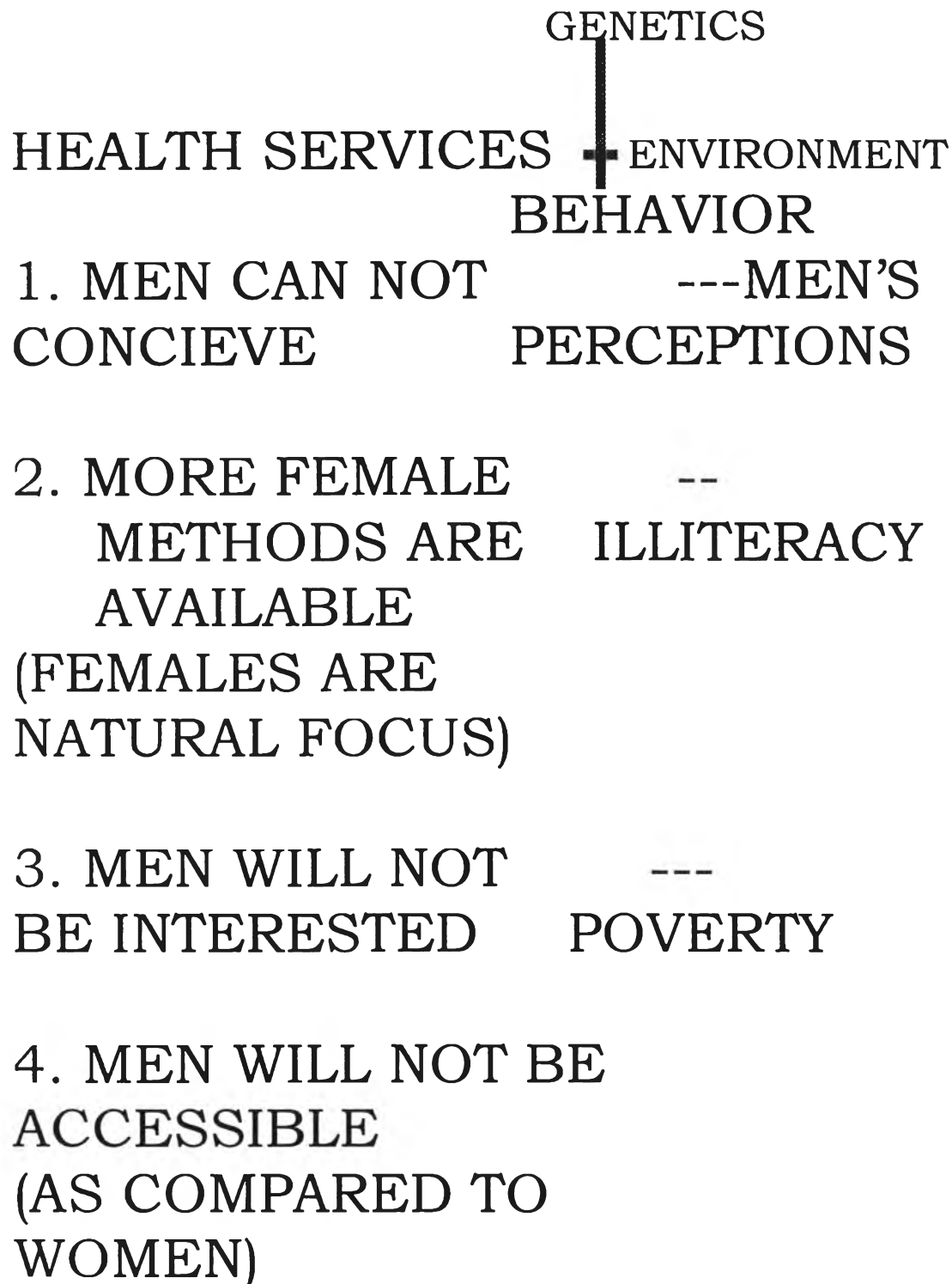
USE LOW

**(THE MAN WHO WAS A HOSPITAL)**

## GENETICS



## LACK OF MALE INVOLVEMENT





## CAUSES

## CRITERIA

	SEVERITY	MAGNITUDE	SUSCEPTIBILITY	POSSIBILITY OF INTERVENTION	TOTAL
1	++	+	++	-	5+
2	+	++	+	-	4+
3	+	+	+	+	4+
4	+	+	+	+	4+
5	++	+	+	++++	8+
6	+++	+++	+++	+++	12+

## OPTION APPRAISAL

OPTIONS	CRITERIA
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	NECESSITY	FEASIBILITY	URGENCY	TOTAL
RAISE STATUS OF WOMEN	++++	+	+	6+
INVOLVE MEN	++	++++	+++	9+

***“SO MANY DEEDS CRY OUT TO BE DONE,  
AND ALWAYS URGENTLY;  
THE WORLD ROLLS ON,  
TIME PASSES.  
TEN THOUSAND YEARS ARE TOO LONG,  
SEIZE THE DAY, SEIZE THE HOUR!”  
CHAIRMAN MAO TSE TUNG***

## OPTION APPRAISAL

### OPTIONS

### CRITERIA

	AVAILABILITY	ACCEPTABILITY	ACCESSIBILITY	AFFORDABILITY	ATTAINABILITY OF OBJECTIVES	TOTAL
FEMALE WORKERS	++	-	-	++	-	4+
MASS MEDIA	+	++	+	++	+	7+
MALE WORKERS	-	+++	+++	++	++++	12+

## ***GOAL***

1. To control high population growth and its after effects
2. To reduce Infant and maternal mortality as a result of short birth spacing
3. To achieve 38% contraceptive prevalence rate durin  
5 years (1998-2003) with rate of at least 4% increase per each year.

## ***AIM***

To meet unmet need of contraceptives

## ***OBJECTIVES***

### ***(A) General Objectives:***

1. To develop a Strategic Model for family planning behavior change among male members of community in Pakistan.
2. To propose an appropriate methodology to target men in Pakistan Family Planning Program.

*(B) Specific Objectives*

1. To recruit and use male workers as family planning motivators targeting men living in Tehsil Arifwala, District Pakpattan.
2. To devise a training program for Supervisors and Male workers using Behavior Change Strategic Model.
3. To evaluate the effectiveness of Behavior Change Model through KAP of workers and target male population about family planning.
4. To evaluate the competence of workers by recording behavior as number of clients consulted during specific time period and by identifying the verbal and nonverbal behaviors of male workers during consultations.

## ***HYPOTHESES***

1. A Family Planning Training Program according to Behavior Change Model will sensitize and motivate Male Workers.
2. Prior sensitization and motivation of Male Workers will enhance their competence and effectiveness.
3. Male Workers will bring a behavior change among men(husbands) to use contraceptives.
4. A behavior change among males will have a positive influence on their female partners to use contraceptives.

## PERT CHART FOR ACTIVITIES DURING DIFFERENT PHASES

PHASE	ACTIVITIES	JAN, 98	FEB, 98	MAR, 98	APR, 98	MAY, 98	JUN-AUG 99	JUN-AUG 2000	JUN-AUG 2001	OCT-DEC 2002
PREPERATION AND TRAINING	1. FORMULATION OF COORDINATION TEAM	█ ▶								
	2. RECRUITMENT OF SUPERVISORS	█ ▶								
	3. TRAINING OF SUPERVISORS		█ ▶							
	4. RECRUITMENT OF WORKERS		█ ▶							
	5. TRAINING OF WORKERS			█ ▶						
	6. TRANSPORT AND BUILDINGS, FINANCE ARRANGEMENTS	█ ▶								
SUPERVISION AND MONITORING	FIELD WORK AND MEETINGS						█ ▶			
EVALUATION	1. INTERVIEWS WITH WORKERS						█ ▶		█ ▶	
	2. INTERVIEWS WITH MALE POPULATION							█ ▶		█ ▶



## **PROPOSED PLAN**

A five years project (Jan, 1998- Dec 2002) has been proposed to target men in family planning through male workers. The project comprises three phases

1. Preperation and Training. This phase will last for five months since January, 1999 until May, 1999.

During this phase all needed resources including manpower, materials and money will be arrnged and training will be provided to workers and their supervisors.

2. Supervision and Monitoring. This phase will start since June, 1999 until Dec, 2002; and will include introduction of workers to the community; observations of activities of all workers; record keeping by workers

and their supervisors; regular meetings among workers and supervisors, and among supervisors and management team (co-ordination team); and analysis of the observations and record; and introduction of change in the program, when needed.

3. Evaluation. Two kinds of evaluations has been proposed, i. e. , regular observations and record analysis for process evaluation; and structured interviews with the workers in order to evaluate the competence of the workers; and structured interviews with sample male population in order to evaluate the effectiveness of workers, both as outcome evaluation. Interviews with workers will be carried out twice, first in June, July, August 1999 and then in June, July, August, 2001. The

interviews with sample male population, too, will be done twice in 2000 and then in 2002.

A cost effective analysis has been proposed through comparison with National Family Planning Program, by calculating cost/acceptor for two programs.

Collaborative research approach comprising of Action Research, Organizational Development, Organizational Learning, Process Consultation and Participatory Program Evaluation, will be applied to implement, supervise, monitor and evaluate the project. A “happy family approach through effective leadership” will serve for administration of the project.

## **DATA EXERCISE**

### **OBJECTIVES**

- 1. TO LEARN AND ACHIEVE BETTER UNDERSTANDING OF QUALITATIVE AND QUANTITATIVE TECHNIQUES**
- 2. TO TEST AND IMPROVE PROPOSED DATA INSTRUMENT TO EVALUATE KAP OF MALES**

### **DURATION**

- 1. SIX IN-DEPTH INTERVIEWS 29 AUGUST-3 SEPTEMBER AT RANGNAM APARTMENT**
- 2. 20 STRUCTURED INTERVIEWS WITH PAKISTANI MEN 5, 6, 7 & 14 SEPTEMBER AT TWO RESTAURANTS AT PRATUNAM & GPO**

### **FINDINGS**

- 1. ANALYTICAL FRAME WORK EMERGED FROM DISCUSSION DURING IN-DEPTH INTERVIEWS**

**A. INCLINED IN FAVOR OF AND AGAINST MALE INVOLVEMENT**

**B. IN FAVOR OF MALE WORKERS AND AGAINST**

**C. IN FAVOR OF COMMUNITY PARTICIPATION IN FUNDING AND  
AGAINST IT**

**2. ANALYSED FINDINGS OF STRUCTURED INTERVIEWS USING EPI  
INFO PROGRAM**

## **CONCLUSION**

**1. OVERALL RESPONSE FAVORABLE TOWARD MALE INVOLVEMENT  
AND MALE WORKERS BUT NEGATIVE TOWARD COMMUNITY  
PARTICIPATION IN FUNDING, THUS NEED TO HAVE IN-DEPTH  
INTERVIEWS WITH KEYSTAKEHOLDERS AS PROPOSED .**

**2. NEED TO IMPROVE QUESTIONNAIRE**

**3. NEED TO HAVE QUALITATIVE STUDY TO KNOW MEN'S  
PERCEPTIONS**

**4. SOME ANSWERS NEED VERIFICATION BY THE SPOUSES**