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RESEARCH ARTICLE
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MALE INVOLVEMENT IN FAMILY PLANNING AND ASSOCIATED FACTORS AMONG WOMEN ATTENDING PUMHS TERTIARY CARE CENTRE.

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Abstract

Objective:

This study aimed to assess the extent of male involvement in family planning and to identify the key male-related factors influencing women's decisions regarding contraceptive use. The objective was to understand how sociocultural, educational, and interpersonal dynamics shape reproductive choices in a tertiary care hospital setting in Pakistan.

Methodology:

A descriptive cross-sectional study was conducted at the Department of Obstetrics and Gynecology, People's University of Medical and Health Sciences (PUMHS), Nawabshah, over six months. Married women aged 15–40 years attending the outpatient and emergency departments were recruited using non-probability consecutive sampling. Data were collected through a structured proforma capturing demographic details, reproductive history, contraceptive knowledge, and the extent of male partner involvement. The data were analyzed using SPSS version 20, with descriptive statistics and chi-square tests applied to assess associations between variables.

Results:

Among the participants, a majority reported male partner involvement in family planning conversations (n=87), but fewer women (n=49) were part of the actual decision-making process. Most respondents were aware of contraceptive methods (n=70), and attitudes toward family planning were predominantly positive (n=92). However, higher education levels in women were significantly associated with better knowledge and more active participation in reproductive decisions. Despite this, male dominance and cultural barriers continued to limit effective contraceptive use.

Conclusion:

The study highlights a critical gap between awareness and practice of family planning, driven largely by limited female autonomy and superficial male involvement. These findings underscore the need for health policies that prioritize male-inclusive, culturally sensitive reproductive health strategies. Interventions should promote shared decision-making, integrate male-focused counseling, and challenge prevailing gender norms. Future research should incorporate direct male perspectives and explore long-term behavioral outcomes to develop more targeted family planning programs in Pakistan's socio-cultural context.

Introduction

Family planning (FP) is recognized globally as a fundamental component of reproductive health and human rights. It allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. In the Pakistani context, where population growth remains a critical challenge, family planning has long been emphasized in national health strategies. Despite various governmental and non-governmental initiatives, the practical observance of family planning in Pakistan remains inconsistent and often superficial, especially in rural and conservative areas.

Traditionally, family planning programs in Pakistan have been designed with a female-centered approach. Although these programs have increased awareness among women, a significant proportion of the population still experiences a high rate of unintended pregnancies. According to the Pakistan Demographic and Health Survey (PDHS) 2017-18, approximately 37% of pregnancies in Pakistan are unintended, with many resulting in unsafe abortions, maternal morbidity, and increased healthcare burden[1]. This contradiction—between high awareness levels and poor utilization—warrants a deeper investigation into the underlying causes.

One critical but often overlooked factor is the limited involvement of men in family planning decisions. In Pakistan's patriarchal society, men are traditionally regarded as the primary decision-makers within the household, including in matters related to reproduction and contraception. Several studies have revealed that male attitudes, misconceptions, religious beliefs, and cultural expectations significantly influence women's access to and use of contraceptive services[2,3,6]. Male disapproval, lack of spousal communication, and sociocultural resistance often prevent women from using contraceptives, despite their willingness.

Local studies echo these concerns. A study conducted in Punjab highlighted that men's preference for larger families and their misconceptions regarding contraceptive side effects were major barriers to the adoption of modern contraceptives by their spouses[4]. Another study from urban Karachi demonstrated that even when women were informed and willing, contraceptive use was often hindered due to male partners' objections or indifference[5]. Such evidence underlines the pivotal role of male participation in either facilitating or obstructing family planning practices.

The lack of male-focused education, limited availability of male-centered contraceptive options, and social stigma associated with male contraceptive use (such as vasectomy or condom use) further exacerbate the problem. Cultural values often equate masculinity with fertility, and family planning is mistakenly perceived as solely a woman's responsibility. These societal dynamics create an environment where male involvement is not only minimal but, at times, counterproductive[6].

Despite increasing global advocacy for inclusive reproductive health strategies, there remains a significant gap in research focused on understanding the male role in family planning within the Pakistani context[7,15]. Most public health initiatives continue to target women, while the influence of male behavior, knowledge, and decision-making remains underexplored.

Rationale for the Study

There is an urgent need to assess and understand the socio-demographic and cultural factors associated with male involvement in family planning. This study aims to bridge the knowledge gap by evaluating the extent and determinants of male participation among women attending a tertiary care hospital in Pakistan. By doing so, it will contribute evidence for designing gender-inclusive, culturally appropriate interventions that can improve family planning uptake and reduce unintended pregnancies.

Research Question

What is the extent of male involvement in family planning among women attending a tertiary care center, and what are the associated socio-demographic and behavioral factors?

Objectives

1. To determine the prevalence of male involvement in family planning decision-making among married women.
2. To identify socio-cultural, demographic, and behavioral factors associated with male involvement.

3. To explore the barriers that hinder active male participation in family planning practices.

This research is essential for informing public health strategies that reflect the cultural realities of Pakistani society and promote reproductive autonomy through shared decision-making.

Methodology

This descriptive cross-sectional study was conducted to explore the extent of male involvement in family planning and the associated factors among women attending consultations at the tertiary care hospital of People's University of Medical and Health Sciences for Women (PUMHS), Nawabshah.

Participant Selection Criteria

Participants were selected from the outpatient department (OPD) and emergency unit of the Department of Obstetrics and Gynecology. The inclusion criteria comprised married women of reproductive age between 15 and 40 years who presented for consultation during the study period. Women were selected regardless of parity but had to be accompanied by or able to report on the role and involvement of their male partners in family planning decisions. Education level, number of living children, and current or previous use of contraceptive methods were noted. Women with cognitive impairments or who declined consent were excluded.

Study Setting and Duration

The study was carried out at PUMHS tertiary care hospital over a six-month period, from May 16, 2024, to November 15, 2024, following ethical approval from the university's Institutional Review Board.

Sampling and Data Collection

A non-probability consecutive sampling technique was employed to recruit participants. Each eligible woman who attended the OPD or emergency department during the study period was invited to participate. Informed written consent was obtained from all participants after the objectives of the study were explained in their native language to ensure comprehension.

Data were collected using a structured, pretested proforma. The questionnaire captured key socio-demographic details (age, education, residency, religion, and socioeconomic class), reproductive history, knowledge and use of contraceptive methods, and most importantly, the involvement and attitude of male partners in family planning. The tool also included specific questions regarding who made the final decision about contraceptive use, whether the male partner ever discussed family planning, and the type of male contraceptive (if any) ever used.

Training for Data Accuracy

To ensure consistency and accuracy, data collectors—female postgraduate trainees—were trained through a two-day session led by the research supervisor. The training included an overview of ethical considerations, how to obtain consent, neutral questioning techniques, and standardized data recording procedures. Pilot testing of the proforma was conducted on a small sample before final administration to refine any ambiguous items.

Statistical Analysis

Data were entered into SPSS version 20 for analysis. Descriptive statistics such as frequencies and percentages were computed for categorical variables, including education level, contraceptive use, and male involvement. Continuous variables such as age and number of children were summarized using means and standard deviations. Cross-tabulations were generated to explore associations between male involvement and other variables like education, knowledge, and decision-making authority. Chi-square tests were applied to determine the statistical significance of relationships between male involvement and contraceptive uptake, with a p-value of <0.05 considered statistically significant.

Conclusion of Methodology

This methodology enabled a multidimensional assessment of the male-related factors influencing women's decisions on family planning. By integrating socio-demographic variables with interpersonal and cultural dynamics, the study provided critical insights into how male partner attitudes and roles affect the adoption of family planning methods. The use of hospital-based data grounded the research in a real-world healthcare setting and ensured contextual relevance for improving family planning interventions in Pakistan's sociocultural landscape.

Results and Analysis

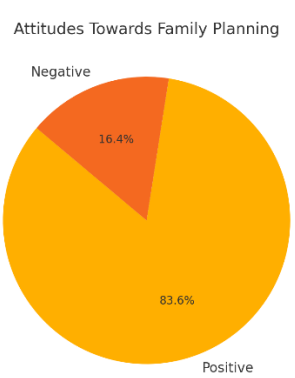
Overview of Data Analysis Process

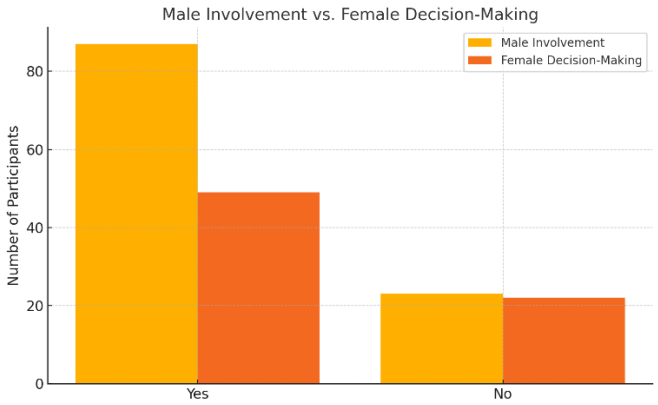
The data was obtained through a structured questionnaire administered to women attending the outpatient and emergency departments of a tertiary care hospital. The responses were compiled in an Excel spreadsheet and analyzed using descriptive statistics. Frequency distributions were calculated for categorical variables such as age, education, number of children, knowledge of family planning (FP), decision-making roles, and male involvement. These results provide insight into key demographic factors and sociocultural dynamics influencing male involvement in family planning decisions.

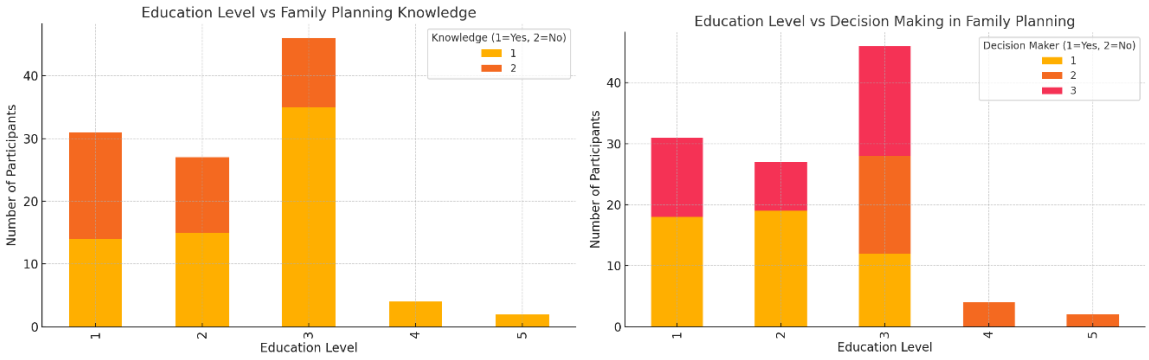
The study comprised women of reproductive age, with most participants falling in the 21–25 years (32 women) and 26–30 years (43 women) age groups, followed by 15–20 years (16 women). Educational levels were predominantly lower-middle, with the highest representation at the matriculation level (46), followed by primary (31) and middle (27), potentially impacting awareness and autonomy in family planning. While 70 participants reported knowledge of family planning, only 49 were involved in decision-making, and although male involvement was reported by 87 women, this often reflected dominance rather than shared responsibility. Women with higher education showed greater awareness and autonomy, whereas lower education was associated with limited contraceptive dialogue and reduced decision-making power. Many participants had three or more children and still desired larger families, indicating deep-rooted cultural preferences often shaped by male and extended family influence. Despite 92 women expressing positive attitudes toward family planning, actual adoption of contraceptive methods remained low, suggesting persistent behavioral and socio-cultural barriers.

Statistical Observations and Unexpected Trends

- A notable trend was the relatively high male involvement (87 cases) paired with low female autonomy in decision-making (49 cases).
- Interestingly, knowledge about FP was high, but this did not proportionately translate into FP usage or empowerment, suggesting that knowledge alone is insufficient without supportive interpersonal and societal structures.
- Education level was a clear differentiator, with more educated women reporting greater involvement in decisions and awareness of FP options.







Conclusion and Implications

The findings from this study indicate a complex interplay between awareness, education, male involvement, and actual practice of family planning. While male involvement appears numerically high, its quality is debatable, as many women still lack agency in reproductive choices. These insights underscore the need for:

- Targeted couple-based counseling programs
- Male-focused education campaigns
- Culturally sensitive policies that empower women within the context of their family and community structures

Such interventions, tailored to Pakistan's socio-cultural fabric, could improve the uptake and success of family planning services across both rural and urban settings.

Discussion

The study revealed several significant findings regarding male involvement in family planning (FP) and its associated factors. A majority of women surveyed acknowledged the presence of some level of male partner involvement in reproductive health decisions, with 87 participants reporting male involvement. However, only 49 women confirmed they were involved in decision-making, highlighting a discrepancy between nominal male support and actual shared decision-making. Despite relatively high awareness of family planning methods (70 participants), uptake remained suboptimal. Educational attainment emerged as a critical determinant of both knowledge and autonomy: women with higher education levels demonstrated greater understanding of FP methods and were more likely to participate in FP decisions. Attitudinal data also showed a predominance of positive attitudes toward FP (92 participants), yet this did not consistently translate into contraceptive use, indicating underlying behavioral and societal barriers.

These findings align with previous studies conducted in Pakistan and other low- and middle-income countries[8,9]. For instance, a qualitative study in rural Punjab similarly observed that although men often dominate household decisions, their understanding of modern contraceptive methods was limited, contributing to opposition or passivity toward FP uptake by spouses[4] (Aslam et al., 2013). In Karachi, Ali et al[2] found that even when women had access to FP services, male disapproval frequently curtailed utilization. Our study supports these observations and further highlights the need to differentiate between mere male "presence" in FP conversations and meaningful "participation" that empowers both partners.

Conversely, our findings diverge from studies in urban Ethiopian[10,12,13,18] and Nigerian[11,20] settings, where increased male educational attainment and public health messaging led to a measurable shift in shared contraceptive decision-making. The relative stagnancy observed in our study area could be attributed to the sociocultural environment of rural Sindh, where traditional gender roles and extended family influence remain strong[5]. In particular, family size preference, male virility myths, and reluctance to discuss reproductive matters openly persist as barriers to change[14].

Public Health Implications

The implications of these findings are far-reaching. Low male involvement in meaningful FP decision-making continues to fuel high rates of unintended pregnancies, leading to unsafe abortions and increased maternal morbidity and mortality. The World Health Organization has identified unmet contraceptive need as a major contributor to preventable maternal deaths, especially in countries like Pakistan[19]. Strengthening male-inclusive reproductive health education could drastically reduce reliance on post-abortion care, mitigate induced and septic abortions, and improve maternal outcomes[8].

This study emphasizes the necessity of transitioning from women-centric FP strategies to couple-based counseling that actively engages male partners. Interventions such as community-level education campaigns, involvement of religious leaders, and integration of male-focused sessions into maternal health services could encourage shared responsibility and reduce the stigma associated with male contraceptive methods like condoms and vasectomy.

Recommendations for Future Research

While this study provides foundational insights, several research gaps remain. First, there is a need to conduct longitudinal studies to evaluate changes in male attitudes over time and their influence on contraceptive continuation. Second, qualitative investigations are warranted to explore deeper cultural narratives and male perceptions of reproductive health. Third, research exploring the role of healthcare providers—particularly male doctors and counselors—in shaping male engagement would be valuable. Additionally, future studies should disaggregate data by urban vs. rural settings, income brackets, and ethnic backgrounds to design tailored interventions.

Study Limitations

The present study had a few limitations. Being hospital-based and limited to a single tertiary care setting, its findings may not be generalizable to the broader population. The reliance on self-reported data introduces the possibility of recall or social desirability bias, particularly in topics as sensitive as family planning and spousal dynamics. Moreover, male perspectives were not directly captured, which limits the ability to triangulate findings.

Conclusion

Despite its limitations, this study offers meaningful contributions to understanding male involvement in family planning in the context of rural Pakistan. It underscores the critical role of education, societal norms, and male attitudes in shaping contraceptive decisions. By identifying the disconnect between knowledge and action, and between male presence and shared decision-making, it lays the groundwork for policy reform and culturally sensitive public health strategies. Expanding this research through broader, multi-site studies can further illuminate the pathways to improving reproductive autonomy and reducing maternal mortality in Pakistan.

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