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Original Article

Challenging Gender Norms: Male Physicians' Perspectives on Family Planning in Rural Islamabad

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Abstract

Objective: To explore male physicians' perceptions of how family planning (FP) training, supportive supervision, and access to educational materials impact their knowledge, confidence, and ability to provide FP services in rural areas of Islamabad, Pakistan, where FP is traditionally considered a female domain.

Methodology: This qualitative study involved 12 in-depth interviews with male family physicians practicing in rural communities of the Islamabad Capital Territory (ICT). The interviews explored their experiences and perceptions of engaging in FP service provision, a field predominantly led by female healthcare providers due to cultural norms and gendered divisions in healthcare roles. Interviews were transcribed, categorized, and thoroughly analyzed. Participants were informed about the study's objectives, procedures, and confidentiality measures to ensure voluntary participation.

Results: The findings revealed significant gender-based barriers to male physicians' involvement in FP services. Many reported that their medical education placed minimal emphasis on FP, reinforcing the perception that it falls outside their professional scope. Cultural norms further restricted their engagement, as FP counseling and provision were widely regarded as responsibilities of female healthcare workers. However, FP training, supportive supervision, and access to educational materials enabled male physicians to develop essential skills, increasing their confidence in counseling and service delivery. Participants noted a rise in client numbers and referrals, attributing this shift to improved competence and community acceptance. They also emphasized the need for stronger pharmacy linkages and accessible informational materials to enhance service provision.

Conclusion: In Pakistan, gender inequality in healthcare limits male physicians' participation in FP, reinforcing traditional gender roles and restricting access to comprehensive reproductive health services. Providing male physicians with structured FP training, counseling tools, and institutional support can help challenge these barriers, fostering their role as key contributors to expanding FP access in rural communities.

Keywords: Family planning service provision, Islamabad, In-depth interviews, Male family physicians, Qualitative study,

Introduction

Pakistan, boasting a population of 241.5 million in 2023, stands as the fifth most populous country globally.[1] With an annual population growth rate of 2.55%, projections indicate an increase to 263 million by 2030 and a staggering 338 million by 2050.[2] A substantial population surge is therefore anticipated. Over the past two decades, there has been a discernible stagnation in the decline of the country's total fertility rate (TFR), with a marginal decrease from 3.8 in 2013 to 3.6 in 2018.[3] Meanwhile, an alarming 51.5% of the total demand for FP remains unmet, placing an estimated 6 million (17.3%) married women at the risk of unwanted pregnancies.[4] Addressing this unmet need and improving access is pivotal to reducing unwanted pregnancies and enhancing contraceptive uptake.[5]

Family Planning (FP) services provision that prioritizes human rights emphasize equal opportunities for both men and women to make decisions about the number and spacing of their children.[6] This approach is also supported by the International Conference on Population and Development (ICPD), which encourages equal access to FP information, products, and services for both men and women. The Sustainable Development Goals (SDGs) and FP 2030 agenda, highlight the importance of men's involvement in FP programs. These initiatives aim to create a supportive environment that engages men as partners in reproductive health decision-making.[7]

High-income countries have adopted a couple-centered approach to promote FP services by involving men in reproductive health decision-making. This approach has shown promise in increasing involvement of men in FP. Although many low-and middle-income countries (LMICs) are working to promote equality in FP by implementing services and programs that involve men,[8] in Pakistan, FP has traditionally been considered a women's issue.

Social and cultural barriers pose challenges to involve men in FP service provision. Studies have shown that engaging male family physicians could play a pivotal role in enhancing FP services, as evidenced by initiatives in Punjab and Sindh that demonstrated the positive impact of male involvement on contraceptive continuation rates.[9] This qualitative study addresses a significant research gap by assessing the

extent of FP services provision for men in rural areas of Islamabad. The premise for the current study implemented in rural Islamabad was that given the current state of FP in Pakistan, the engagement of male family physicians in the provision of FP services emerges as a pivotal strategy. By involving male family physicians, FP services can be enhanced. Moreover, their involvement can lead to more informed decision-making, enabling individuals and couples to choose contraceptive methods aligning with their preferences and circumstances.[10] Engaging the private sector, especially male family physicians, would have a significant impact on improving family lives and empowering vulnerable women in Pakistan.[11]

This qualitative study explored the perspectives, narratives, and experiences of male family physicians in providing FP services, a domain traditionally dominated by female healthcare providers. Through in-depth interviews, we examined the gendered barriers that limited their involvement, including cultural norms, professional stigma, and inadequate training in reproductive health. Additionally, we identified facilitators that enabled their engagement and gathered insights on policy reforms and supportive measures to promote gender-inclusive FP service provision. By integrating male physicians into FP services, this study highlights a critical step toward addressing gender disparities in reproductive healthcare, ensuring equitable decision-making, and empowering women and couples to make informed choices about their FP needs in rural Islamabad.

Methodology

This qualitative study was conducted to determine the perspectives and experiences of male family physicians in the year 2023, in the rural areas of Islamabad, Pakistan. At the time of the study, Islamabad - the capital city of Pakistan, had a total population of 2,363,863 people with 53.1% (1,254,991) people living in the rural areas. In Pakistan, primary health care needs including family planning are mainly met by general practitioners (GPs) in the private sector.[12]

This study involved conducting 12 in-depth interviews with male family physicians in September 2023. Family physicians who were aware of the FP intervention in the past six months were purposively selected for interviews. In-depth Interviews (IDIs) were used to gain comprehensive insights into the perspectives and experiences of male family physicians regarding their involvement in family planning services provided within the specified rural context.

A set of pre-set questions was constructed to guide in-depth interviews (IDIs) with male family physicians, focusing on their experiences and perspectives in providing family planning (FP) services. The IDI guidelines covered five key thematic areas, including constraints to FP provision, perceptions of male physicians engaging in FP services, experiences of FP service providers, continuity or proactive promotion of FP services, and suggestions for scalability or expansion.

Developed by the principal investigator and co-investigators, these questions explored challenges faced by male physicians, their role in integrating FP into regular services, and their future engagement in this field. Each question included probes to elicit detailed and comprehensive responses, ensuring a deeper understanding of gender-related barriers, client receptivity, and trust issues.

The interview guide underwent pretesting before actual interviews, with adjustments made to enhance clarity, language, and communication on FP concepts and practices. Additionally, recommendations for improving male physician participation in FP services, including policy changes, training, and resource allocation, were also addressed.

Ethical approval for the study was obtained from the Internal Review Board (IRB) of Population Council and the Ethical Review Committee of Health Services Academy (HSA), Islamabad, Pakistan (No. 7-82/IERC-HAS/2022-40), approved on October 31, 2022. Informed consent was obtained from respondents after a clear explanation of the study objectives, procedures, potential benefits, risks, and the right to withdraw at any stage without consequence. Respondents had the opportunity to ask questions, and participation in IDIs was voluntary. Participants signed a consent form, and data collected as part of IDI transcripts was anonymized to ensure respondent privacy and confidentiality.

In-depth interviews were conducted ensuring privacy within the clinics of family physicians, The interview time was allotted before clinic hours to allow flexibility. Efforts were made to proactively mobilize enthusiastic participation in the interview process. Each interview lasted from approximately 30 to 45 minutes.

Two qualified and trained field team members, including a moderator and a note-taker, conducted the interviews. Demographic information related to age, healthcare cadre, and years of clinical practice, was collected from respondents. All IDIs were audio-recorded after obtaining written and recorded consent from family physicians, and the audio recordings were manually transcribed verbatim into Urdu and then translated into English.

Data analysis employed inductive thematic analysis. Two independent reviewers thoroughly reviewed each transcript to enhance the reliability and robustness of the findings. They initiated the review process by identifying initial codes to elicit the actual opinion of respondents. Axial coding was then applied to concepts, quotes, and sub-themes associated with these codes, refining categories, and grouping them together. Similar categories were merged to construct overarching themes. Subsequently, selective coding was employed to key themes and findings, providing a comprehensive and structured analysis of respondents' perspectives.

Results

A total of 12 respondents were invited to participate in this study. All the respondents were male family physicians. The minimum age of the respondents was 30 years, and the maximum age was 67 years. The respondents' years of clinical practice ranged from 2 years to 39 years.

Table 1: Family Physicians' Perspectives on Gender and Family Planning

	Themes Generated
	Theme 1: Constraints to provision of family planning service
42 years	*'I used to feel hesitant discussing family planning, fearing it was not my place to address FP concerns because of cultural norms. Over time, I have become more comfortable and confident in engaging with clients on this topic.'*
67 years	*'I provide basic information about family planning to my clients, but mostly refer my female clients to medical facilities for family planning services, such as polyclinic, PIMS, and Holy Family Hospital.*'
	Theme 2: Evolving Role of Male Physicians in Family Planning
44 years	*'Over time, I have developed the knowledge and skills needed to provide comprehensive family planning services. I can now confidently counsel clients on various contraceptive methods, their effectiveness, benefits, potential side effects, and contraindications.'*
50 years	*'Yes of course, I am properly equipped to tend to the needs of my clients and respond to their queries and give advice as needed. I am now confident in my ability to address any family planning questions or issues from my clients.'*
55 years	*'Training relating to family planning can be quite beneficial. When you train the doctor on how to counsel people, you get better results. Initially, I was not trained for this role.'*
34 years	*'Ongoing guidance, access to comprehensive training resources, regular discussions, and field visits would help bridge the gap in family planning services, especially by supporting male physicians in a field traditionally dominated by female healthcare providers.'*
	Theme 3: Challenging Gender Norms in Family Planning Services
67 years	*'In my practice, I have noticed that cultural and religious sensitivities make family planning a challenging topic, particularly for male physicians. Many patients perceive family planning as a subject meant for female healthcare providers, reinforcing gender norms that limit open discussions and access to services.'*
38 years	*'Since I started providing family planning services, I have noticed a growing number of clients seeking guidance from me. As a male physician, earning their trust in this traditionally female-led domain has been significant. Over time, clients have developed a more positive attitude toward family planning and have even referred others to my clinic, indicating a shift in perceptions about who can provide these services.'*
30 years	'*Integrating male family physicians into family planning services challenges traditional gender roles and improves accessibility. As primary healthcare providers, they can foster trust and encourage open discussions, helping to reduce gender-based barriers in reproductive healthcare.'*
	Theme 4: Continued provision of family planning service in future
38 years	'*Yes, I would like to continue this practice, to cater to those who want to avail family planning services especially male clients to address gender disparity. It is my duty to provide the service to my clients and others who are interested in opting for family planning'.*
55 years	*'Yes, I would like to provide family planning services to my clients if the required training and technical aid is provided to me'.*
	Theme 5: Enhancing Male Involvement in Family Planning to Address Gender Disparities
38 years	*'Providing education and training to male family physicians in remote rural areas can help engage them in family planning, challenging gender norms and expanding access to reproductive healthcare for both men and women.'*
48 years	*'Engaging government officials, local healthcare providers, community leaders, and NGOs is crucial in gaining support for gender-inclusive family planning services, ensuring that both male and female healthcare providers are equipped to meet the reproductive health needs of the community.'*
48 years	*'Launching community outreach initiatives, facilitating open discussions, and organizing awareness campaigns can help increase public knowledge and understanding of family planning, while also challenging gender biases and encouraging both male and female participation in reproductive health decisions.'*

Theme 1: Constraints to Provision of Family Planning Services

Respondents highlighted several challenges that limited their ability to provide FP services, including limited knowledge and expertise, inadequate training opportunities, and lack of ongoing professional development. These gaps initially hindered their confidence and engagement in FP service provision. Furthermore, cultural norms and social expectations were also identified as major challenges to male involvement in FP. Some respondents noted that their FP knowledge was largely based on basic medical education, rather than continuous professional development.

Theme 2: Evolving Role of Male Physicians in Family Planning

The respondents mentioned that the evolving role of male physicians in FP highlights a gradual shift towards greater male involvement in reproductive healthcare, helping to address gender disparities in FP service provision. Initially, FP services were mainly associated with female healthcare providers, limiting the engagement of male physicians in contraceptive counseling and service delivery. However, the respondents highlighted that their experiences reflect a transformative journey, where male physicians have gained the knowledge, confidence, and skills needed to offer FP services. The respondents emphasized that this shift demonstrates a growing acceptance of male physicians' role in FP and their ability to counsel clients—both men and women—by providing accurate and informed counseling. While many male physicians have adapted to this role, some respondents stressed the importance of training in FP, highlighting that their initial medical education did not adequately prepare them for FP counseling. Moreover, the respondents also emphasized the need for ongoing support mechanisms to sustain and enhance their participation in FP.

Theme 3: Challenging Gender Norms in Family Planning Services

The involvement of male physicians in FP services indicates a significant challenge to traditional gender norms, which have historically considered FP as the domain of female healthcare providers. These gendered expectations limit the engagement of male physicians and restrict open discussions about FP services. However, the involvement of male physicians in FP promoting a more inclusive approach to reproductive healthcare. Despite these challenges, some male physicians have successfully gained the trust of their clients, signaling a gradual shift in attitudes toward male involvement in FP. This growing acceptance suggests that male physicians can play an essential role in FP service provision. As trust builds between patients and male healthcare providers, more individuals seek guidance from them, contributing to greater access and broader acceptance of FP services across different communities. Moreover, the integration of male family physicians into FP services is seen as an important strategy to reduce gender disparities and improve overall accessibility.

Theme 4: Continued Provision of Family Planning Service in the Future

The majority of the respondents highlighted that family planning has now become an integral part of their day-to-day clinical practice. They were dedicated to supporting and promoting any family planning initiative and emphasizing its positive impact on health and general welfare of the people. This suggests a strong commitment from family physicians regarding the importance of engaging male family physicians in family planning services provision in improving public health outcomes.

Theme 5: Enhancing Male Involvement in Family Planning to Address Gender Disparities

The respondents highlighted several strategies to enhance male involvement in FP and reduce gender disparities in reproductive healthcare. One of the key suggestions was the establishment of an integrated network of family physicians who would be actively engaged in FP service provision. The respondents emphasized the key role of the Government in expanding FP services nationwide. They suggested that government-led initiatives could strengthen FP accessibility, particularly in underserved areas where gender norms and cultural expectations often limit male physicians' involvement. By providing institutional support, the government can create an enabling environment for male healthcare providers to participate more effectively in FP services. By making FP services more accessible, male physicians may feel more empowered to engage in this domain, ultimately contributing to a more gender-balanced approach in reproductive healthcare.

Discussion

This qualitative study provided key insights into the perspective and experiences of male family physicians in delivering FP services in rural areas of Islamabad. Engaging male family physicians in FP service provision is crucial for several reasons, including promoting inclusivity, ensuring wider access to FP services for men, and developing shared responsibility in reproductive healthcare.[13-15] This study highlights the key challenges faced by male physicians, the evolving nature of their role, and strategies for improving their involvement in FP services to address gender disparities.

Respondents highlighted several challenges to male physicians' involvement in FP service provision, including limited knowledge, inadequate training, and lack of professional development opportunities. These findings align with studies conducted in Cape Town[16] and Turkey,[17] which reported that a lack of training and ongoing support limited healthcare providers' confidence in delivering FP services. Additionally, cultural norms and social expectations act as significant barriers to male involvement in FP. The perception that FP is primarily a female concern discourages male physicians from actively engaging in service provision. Previous studies in Karachi and Tanzania similarly identified cultural constraints as a major obstacle in integrating male providers into FP services. Overcoming these barriers requires culturally sensitive interventions that promote gender-inclusive approaches to FP. The study indicates a gradual shift in the role of male physicians in FP services. Initially, FP was perceived as the domain of female healthcare providers, limiting male physicians' engagement. However, respondents mentioned that, with comprehensive FP training and ongoing support, they gained confidence in providing FP counseling and services. A qualitative study in Nigeria[18] demonstrated that targeted training programs and technical support significantly improved male physicians' confidence in FP service provision.

Similarly, our study found that capacity-building initiatives led to increased competence and motivation among family physicians to offer FP services. To ensure sustainability, structured training programs and mentorship opportunities should be integrated into professional development frameworks for male physicians.

The integration of male physicians into FP services challenges traditional gender norms, contributing to a more inclusive reproductive healthcare system. Respondents emphasized that, despite initial resistance, they have successfully gained the trust of their clients, leading to increased FP uptake. Studies in Ghana[19] and Malawi[20] reported similar findings, indicating that male healthcare providers can play a crucial role in expanding FP services by building trust within their communities. Furthermore, male physicians' involvement in FP facilitates greater male engagement in reproductive health discussions, addressing a critical gap in service delivery. By fostering an environment where men feel comfortable seeking FP counseling from male providers, healthcare systems can promote shared responsibility and improve overall accessibility to FP services.

Many respondents expressed a strong commitment to supporting and promoting FP initiatives, recognizing their impact on public health. By integrating FP service provision within primary healthcare settings of Pakistan, male physicians can contribute to long-term improvements in reproductive health outcomes. To further enhance male involvement in FP, respondents suggested several strategies, including the establishment of an integrated network of male family physicians dedicated to FP service provision. Government-led initiatives were identified as crucial in expanding FP accessibility, particularly in underserved areas where cultural norms limit male physicians' participation. A study in Nigeria[21] emphasized the importance of multi-stakeholder collaboration, including government agencies, civil society organizations, and local health authorities, to strengthen FP services. Additionally, respondents advocated for the implementation of policies that ensure free contraceptive distribution, thereby increasing accessibility and affordability. Providing institutional support for male physicians through government-led programs can create an enabling environment for their active participation in FP services.

The findings of this study have significant implications for policy development and healthcare system strengthening in Pakistan. To achieve the national target of a 50% contraceptive prevalence rate (CPR) by 2025, Pakistan must increase FP service utilization through both public and private healthcare sectors.[22] Our study highlights the need for targeted efforts to engage male family physicians in FP service delivery, optimizing community-based outreach and strengthening the private healthcare sector's role in FP initiatives. Furthermore, community awareness and educational programs should be implemented to engage males in FP and encourage open discussions about reproductive health. Government support for private sector engagement in FP services can lead to improved accessibility, ensuring that both men and women have equitable access to quality FP services.

Limitations of the Study

The findings of the study may not be representative or applicable beyond the specific conditions or circumstances in which the study was conducted. The reported effectiveness of the intervention by the respondents opens avenues for further explorations in other regions of Pakistan. This implies broader geographical applicability and generalizability of the positive outcomes of the intervention.

Conclusion

We have highlighted the substantial, yet largely untapped potential for the expansion of FP services and increasing the access to quality healthcare services. In Pakistan, the predominant focus on curative care within medical education and health service provision has resulted in limited attention to preventive care, including FP. Consequently, it is imperative to prioritize training in FP methods and counseling to enhance the participation of family physicians in delivering FP services. Physicians trained through the project exhibited a strong motivation to incorporate family planning into their routine practice.

They found IEC materials on FP to be instrumental in raising awareness and interest among their clients. The interviewed physicians emphasized the crucial role of coordination among stakeholders and advocated for increased government involvement to further expand FP services. By focusing on male physicians' involvement in family planning—traditionally viewed as a women's domain—the study addresses how gender roles and biases influence healthcare delivery. It explores the impact of interventions aimed at engaging male physicians, thereby challenging gender norms and promoting a more inclusive approach to family planning services. This contributes to reducing gender inequalities by encouraging male participation in areas typically associated with female healthcare.

Conflict of Interest: None

Author Contributions: JJ: Conceptualization, Thematic Content Analysis, Identification of Key Themes and Patterns, Manuscript Writing, and Final Review; RS: Data Visualization, Manuscript Editing, and Review; MHL: Data Collection, Initial Coding, and Contribution to Thematic Analysis.

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