

Case Study: Reproductive Health Services for Men in Pakistan

In Pakistan, a program conducted discussion groups to assess the participants' knowledge of men's reproductive health and to explore their perceptions about these issues. Participants included men, women, and service providers.

The facilitators discovered that while the men had some knowledge about various forms of contraception, misconceptions still abounded. For example, some men mistakenly believed that vasectomy causes impotence. Both men and women expressed serious concern about contracting sexually transmitted infections (STIs) and AIDS, yet they had limited knowledge about these infections or how to prevent them. The participants also voiced concern about infertility and the stigma attached to it. The group discussions also revealed that many men sought advice about and treatment for reproductive health issues from traditional healthcare providers, who are commonly referred to as hakeems. Generally, hakeems work at street markets and are popular for several reasons. First, their services are less costly and easier to access than formal health clinics. In addition, the men said that in comparison with clinical providers, hakeems have better interpersonal skills and provide a more comfortable atmosphere for discussing sensitive issues.

To address some of the issues raised in the discussions, an international reproductive health organization established a partnership with several hospitals and organizations in Pakistan to create men's reproductive health services. These sites provided, for example, family planning counseling, no-scalpel vasectomy services, condom distribution, STI treatment, sexual dysfunction counseling, infertility services, reproductive health education, and community outreach activities. The international organization worked closely with the sites' staff and oriented them to men's reproductive health issues and devised strategies to educate men, such as developing informative materials for male clients. In addition, they trained providers in clinical men's reproductive health services.

Each site developed its own activities to promote services to men. Some sites asked religious leaders to pass on information about their services. Other sites used advertisements near their entrances and on the back of rickshaws that promoted the services they offered. Still other sites provided reproductive health education in workplace settings to engage men.

The project saw a substantial increase in the number of men seeking family planning services. For example, at one clinic, there was an 89 percent jump in vasectomy clients after just the first year of the program. This project was successful on several other levels, too. The sites introduced new men's reproductive health services, including STI screening, diagnosis, and treatment. The program also garnered support for addressing men's reproductive health concerns within Pakistan, created various resources that local agencies and institutions can use, and identified successful strategies for attracting male clients that can be replicated throughout the country. (Men as Clients)

Reference

Ashoke Shrestha, Lissette C. Bernal, Moustapha Diallo, Andrew Levack, Manisha Mehta, Dirgha Raj and Maria Lorencikova. 2003. *Working with Men in Clinics and Communities: Experiences from Four Countries*. Washington, DC: IGWG Men and Reproductive Health Taskforce.

