

June 2021



MALE ENGAGEMENT IN FAMILY PLANNING

Understanding Global Policy Barriers and Enablers



Contents

Introduction	1
Approach: Male Engagement Policy Framework	1
Methods	3
Findings	3
Men as Clients.....	6
Men as Supportive Partners.....	7
Men as Agents of Change.....	8
Principles of Male Engagement	9
Recommendations	10
Conclusion	13
References	14
Annex A. Policies Reviewed	15

JUNE 2021

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Suggested citation: DeGraw, E. and E. Rottach. 2021. *Male Engagement in Family Planning: Understanding Global Policy Barriers and Enablers*. Washington, DC: Palladium, Health Policy Plus.

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ISBN: 978-1-59560-281-7

Health Policy Plus (HP+) is a seven-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-15-00051, beginning August 28, 2015. HP+ is implemented by Palladium, in collaboration with Avenir Health, Futures Group Global Outreach, Plan International USA, Population Reference Bureau, RTI International, ThinkWell, and the White Ribbon Alliance for Safe Motherhood.

This report was produced for review by the U.S. Agency for International Development. It was prepared by HP+. The information provided in this report is not official U.S. Government information and does not necessarily reflect the views or positions of the U.S. Agency for International Development or the U.S. Government.

Introduction

Although family planning historically has been considered the sole domain of women, the paradigm is shifting. Recent research offers compelling evidence that young men and adolescent boys ages 15–24 (referred to as “men and boys” in this brief) have an important role to play in family planning, both to meet their own reproductive health needs and to support and facilitate their partner’s access and use (Box 1).

Unequal gender norms and other power dynamics restrict women and men from accessing and using family planning. Women and girls may lack the autonomy, mobility, and/or resources to obtain it, face discrimination from healthcare providers, or experience family and community pressure related to family planning. Men and boys may perceive that health facilities are not male-friendly, feel uncomfortable discussing fertility preferences and contraceptive methods with their partners, or be influenced by norms that say family planning is the woman’s responsibility. Given these realities, engaging men and boys is imperative to ensure women and men can access and use family planning, and to continue to change unequal gender and power dynamics. Their engagement improves not only women’s and girls’ health and wellbeing, but also the health of men and their children.

Policy is an essential lever for expanding demand for and access to family planning. Global and country efforts to prioritize male engagement in family planning need to look closely at policy-level barriers and identify key advocacy actions to build support and facilitate engagement of men and adolescent boys as contraceptive users, as supportive partners for family planning, and as agents of change.

To respond to this gap, the U.S. Agency for International Development (USAID)-funded Health Policy Plus (HP+) project examined the global policy environment for male engagement in family planning. The analysis explored policy barriers and identified priority policy actions that strengthen a supportive environment for engaging boys and young men in family planning programs and services. This work will inform future efforts to integrate male engagement into family planning policies and financing structures and strengthen their implementation.

Approach: Male Engagement Policy Framework

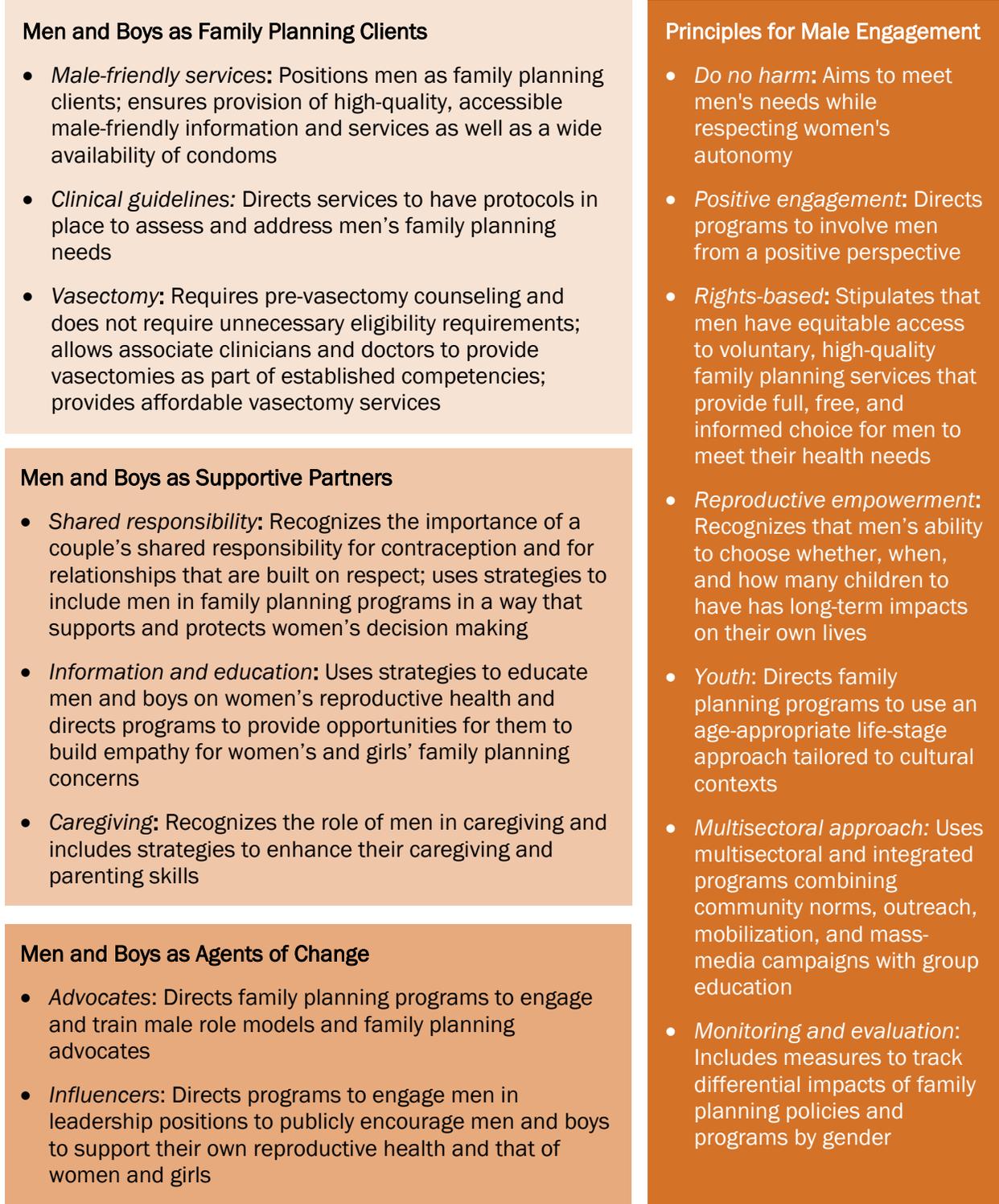
To examine how policies support or hinder men’s and boys’ involvement in family planning, this analysis applies a [male engagement policy framework](#) (DeGraw and Rottach, 2021). The framework is organized around three overlapping roles for men and boys. It contains 27 evidence-based policy provisions that influence men’s and boys’ participation in family planning and seven principles for male engagement. It provides a framework against which family planning policies can be compared to understand the extent to which they support male engagement. Figure 1 provides a summary of the framework.

Box 1. Male Engagement Roles

Male engagement in family planning refers to the involvement of men and boys across life stages as clients and users, supportive partners, and agents of change in ways that intentionally challenge unequal gender and power dynamics.

Source: Adapted from USAID, 2018, pg. 3

Figure 1. Policy Framework for Male Engagement



Methods

For this analysis, HP+ used the policy framework to conduct a global policy analysis of national reproductive health, family planning, and/or gender policies from 26 USAID family planning priority countries. To conduct the policy analysis, HP+ completed a text analysis of the policies to assess the extent to which they adhered to the standards in the male engagement policy framework and to identify policy barriers and enablers. See Annex A for a full list of policies reviewed.¹

Findings

Across the national landscapes of family planning, reproductive health, and gender policies, governments consistently positioned family planning as a central priority for improving the health and wellbeing of the population. However, family planning was often framed as a woman's issue with targeted strategies to improve their access and availability to contraceptives and care, while little attention was given to men's and boys' roles. National policies frequently include high-level statements that recognize men's crucial role in reducing unmet need for contraception but very few countries include a comprehensive male engagement approach within their policies. Those male-centric approaches focus on supporting men as family planning clients, supportive partners, or agents of change. Table 1 summarizes the results from HP+'s policy assessment. Countries were categorized as having a strong enabling environment, an average enabling environment, or a weak enabling environment based on the extent to which their policies include provisions for male engagement (see Box 2).²

Box 2. Policy Assessment Criteria for Country Categorization

Strong enabling environment.

Countries were categorized as having a strong enabling environment when policies contain specific provisions for men in all three roles (clients, partners, and change agents) and address at least four of the principles for male engagement, as identified in the male engagement framework.

Average enabling environment.

Countries were categorized as having an average enabling environment if policies included provisions for at least one of men's roles and included at least two of the principles for male engagement as identified in the male engagement framework. Countries were also included in this category if policies had provisions across all three roles but did not include four or more of the male engagement principles (e.g., Bangladesh, Pakistan, and Liberia).

Weak enabling environment.

Countries were categorized as having a weak enabling policy environment if policies did not include provisions for any of men's three roles and addressed fewer than two principles for male engagement as identified in the male engagement framework.

¹ In addition to firsthand analysis of primary documents, HP+ assessed the Excel data files provided by MEASURE Evaluation on its assessment, *Male Engagement in Family Planning: Gaps in Monitoring and Evaluation*, which examined how 23 national family planning and reproductive health policies address male engagement (Adamou et al., 2017).

² As part of a larger assessment, HP+ conducted case studies in [Bangladesh](#) and [Nepal](#). Methods included a policy review and key informant interviews. HP+ collected and reviewed 26 policies and guidelines and conducted 30 key informant interviews at the central and provincial level in Nepal and collected and reviewed 23 policies and associated documents and conducted 17 key information interviews at the central level in Bangladesh. Categorization for both countries was determined by the broader policy framework examined.

Table 1. Inclusion of Male Engagement in National Sexual and Reproductive Health and Gender Policies

Strong Enabling Policy Environment

Country	Users	Supportive Partners	Agents of Change	Principles						
				Do No Harm	Positive Engagement	Rights-Based	Reproductive Empowerment	Youth	Multisectoral Approach	Monitoring & Evaluation (M&E)
Kenya	X	X	X		X	X	X	X	X	X
Malawi	X	X	X		X	X	X	X	X	X
Mali	X	X	X	X	X	X		X	X	X
Philippines	X	X	X		X	X	X	X		X

Average Enabling Policy Environment

Country	Users	Supportive Partners	Agents of Change	Principles						
				Do No Harm	Positive Engagement	Rights-Based	Reproductive Empowerment	Youth	Multisectoral Approach	M&E
Bangladesh	X	X	X			X			X	X
Ethiopia	X	X				X		X		X
Ghana	X		X		X		X	X		X
India	X	X				X			X	X
Liberia	X	X	X			X		X	X	
Maldives*	X	X			X		X			
Mauritius*	X	X					X		X	
Nepal	X					X		X		X
Pakistan (Punjab and Sindh)	X	X	X			X			X	
South Africa*	X						X	X		
South Sudan	X							X		X
Tanzania	X	X			X	X		X		X
Uganda	X					X				X
Zambia	X	X				X		X		X

Weak Enabling Policy Environment

Country	Users	Supportive Partners	Agents of Change	Principles						
				Do No Harm	Positive Engagement	Rights-Based	Reproductive Empowerment	Youth	Multisectoral Approach	M&E
Afghanistan*						X				
Democratic Republic of the Congo						X				
Haiti*										
Jordan*							X			
Nigeria							X			
Rwanda										X
Somalia*										
Yemen*										

* Data extracted from the MEASURE Evaluation study, *Male Engagement in Family Planning: Gaps in Monitoring and Evaluation* (Adamou et al., 2017).

With a few exceptions, the assessment found that policies do not adequately support male engagement for family planning because they rarely include specific strategies for engaging men and adolescent boys. With insufficient attention toward reaching men, countries are missing a significant opportunity to improve reproductive health and gender outcomes.

- Of the 26 countries assessed, only four (Kenya, Malawi, Mali, and the Philippines) were identified as having a strong enabling environment with comprehensive approaches to engage men as family planning clients, supportive partners, and agents of change, and included strong provisions to address the principles of male engagement identified in the framework.
- The majority of countries assessed (14 out of 26), were categorized as having an average enabling environment for family planning. Within this category, countries had a significant range within their policy provisions for male engagement. Across all the policy frameworks within this category, emphasis was placed on two roles of men—as family planning clients and supportive partners—with stronger policy provisions to support men within these roles. While some countries recognized the need for men as agents of change, very few countries included direct provisions to support men in this role.
- Eight countries (Afghanistan, the Democratic Republic of Congo, Haiti, Jordan, Nigeria, Rwanda, Somalia, and Yemen) were found to have a weak enabling environment for male engagement in family planning. These eight countries have policy frameworks that do not adequately support male engagement within family planning policies. Within the policy frameworks, male engagement is limited to general statements that either recognize that men play an important role in making decisions about family planning or call for increased male engagement in family planning and reproductive health. However, the policies do not include specific provisions to actively support men as clients, supportive partners, or agents of change.

Men as Clients

As a whole, the countries' policy frameworks were strongest and most consistent for men's role as family planning clients. Almost all countries recognized the importance of men as family planning clients and almost all countries that HP+ categorized as having a strong enabling or average enabling policy environment included direct policy provisions to improve men's access to and uptake of family planning information and services. The assessment found that Kenya, Malawi, the Philippines, and Tanzania have some of the strongest policy frameworks that position men as family planning clients, promote men's access to family planning information and services, and advocate for more user-friendly health facilities and services that benefit men. For example, service delivery guidelines and standards from all four countries include provisions to educate men about male-controlled family planning methods and introduce clinical protocols to address men's family planning needs (see Tanzania, Ministry of Health and Social Welfare, 2013; Malawi, Ministry of Health, 2014; Kenya, Ministry of Public Health and Sanitation, 2018; and Philippines, Department of Health, 2014 in Annex A). In Kenya and Philippines, guidelines also emphasize the integration of family planning with other services that are beneficial to men (e.g., prostate cancer screening and male circumcision) (see Kenya, Ministry of Public Health and Sanitation, 2018 and Philippines, Department of Health, 2006 in Annex A). Additionally, guidelines Tanzania and Malawi focus on the need to orient all service

providers in providing male-friendly services that meet men's needs and create an environment conducive to such services (see Tanzania, Ministry of Health and Social Welfare, 2013 and Malawi, Ministry of Health, 2014 in Annex A). Tanzania's guidelines outline specific characteristics needed by providers and facilities to be male-friendly (see Box 3). The Philippines also ensures that male contraceptive methods are affordable by including vasectomy services within the national health insurance benefits package, which covers more than 90 percent of the population (PhilHealth Insurance Corporation, 2017).

While Kenya, Malawi, the Philippines, and Tanzania provide strong examples for policy frameworks that support men as clients of family planning, the 2014 *Philippine Clinical Standards Manual* does include a critical barrier that limits men's access to vasectomy services. The guidelines require spousal consent for individuals undergoing permanent surgical contraceptive methods, including vasectomy. Requiring spousal consent limits both men's and women's ability to make autonomous decisions about their reproductive health, and as a result, may deter individuals from seeking a permanent method of contraception.

Many of the countries assessed do not adequately include policy provisions to support the role of men as clients. Two examples include the Democratic Republic of Congo and Liberia. The policy frameworks in both countries focus on reaching all people with family planning information and services, but do not include direct or specific provisions to support men as family planning clients. The Democratic Republic of Congo's *Family Planning National Multisectoral Strategic Plan 2014–2020*, for example, aims to ensure a rapid and sustained increase in the use of effective modern methods by women and men who wish to use them and includes an objective to develop programs targeting men, including young men. However, the policy does not include strategies aimed at reaching men or include approaches that target men's specific family planning needs according to data provided by MEASURE Evaluation.

Men as Supportive Partners

Almost all of the policies assessed recognize the existence of inequality and power differentials between men and women. They note that men's attitudes often determine whether women can freely access sexual and reproductive health services and identify a need for joint decision making for family planning. While engaging men and boys as supportive partners can help to

Box 3. Male Engagement Provisions under the Tanzania National Family Planning Guidelines and Standards (2013)

Provider characteristics:

- Has technical competence in male-specific areas
- Respects male people
- Ensures privacy and confidentiality
- Allows adequate time for client-provider interaction
- Is nonjudgmental and considerate
- Observes the specific rights of men

Health facility characteristics:

- Wide range of health services and functioning referral system
- Convenient hours and, if possible, separate space and special times
- Adequate space and privacy
- Conducive location
- Comfortable surroundings
- Availability of couples counseling

promote equitable relationships and power dynamics, less than half of the countries assessed included specific and targeted provisions to engage men and boys as supportive partners in family planning.

India's *National Population Policy 2000*, for example, recognizes that the “active involvement of men is called for in planning families, supporting contraceptive use, helping pregnant women stay healthy, arranging skilled care during delivery, avoiding delays in seeking care, helping after the baby is born and, finally, in being a responsible father” (p. 11). However, the only strategy included to support men in this role focuses on targeting men in information and education campaigns to promote small family norms and raise awareness of the benefits of fewer children, better spacing, better health and nutrition, and better education. Similarly, the Democratic Republic of Congo's 2015 Law No. 15/013 on the modalities for the application of women's rights and parity includes a single statement: “Men and women are equal partners in reproductive health. They should jointly choose a family planning method that takes into account their respective health” (p. 4). While the statement does promote joint decision making, the policy does not include strategies to foster more effective communication between men and women around contraception.

In comparison, policies in Ethiopia and Zambia—the 2011 *National Guideline for Family Planning Services* and 2006 *Family Planning Guidelines and Protocols*, respectively—provide a stronger foundation for assisting men to be supportive partners. As indicated in data provided by MEASURE Evaluation, both documents include provisions to improve communication between couples regarding fertility and family planning decisions that reflect the needs and desires of both partners and specifically call for men to be provided information to enable them to participate responsibly in family planning decision making. The policies note that men can receive this information by accompanying their partners on clinic visits and by taking advantage of special clinic hours for men where available. However, while couple communication and joint counseling are important aspects to support men in their role as supportive partners, neither of the policies includes measures to protect women's autonomy and decision making, which is critical to ensure that strategies to involve men are supporting, rather than compromising, women's decision making. This is an important policy gap that was identified across all of the countries assessed.

Men as Agents of Change

The policy assessment found that across all 26 countries, most policies do not include provisions for engaging men as agents of change for gender equality, which highlights an important gap in the family planning policy framework, globally. Only eight countries included direct policy provisions to support men in this role (Bangladesh, Ghana, Kenya, Liberia, Malawi, Mali, Pakistan, and the Philippines). In Pakistan, for example, the *Sindh Population Policy 2016* and *Punjab Population Policy 2017* include actions to engage local activists and religious scholars for regular communication with the male community about the benefits of birth spacing and to respond to their questions, apprehensions, and misperceptions around family planning. The *Sindh Population Policy* also focuses on mobilizing male frontline workers, male mobilizers, and motivators to encourage male members of the community to accept and support family planning.

In Bangladesh, two policies include provisions focusing on male religious leaders and community leaders as agents of change. Bangladesh's 2008 *National Communication Strategy for Family Planning and Reproductive Health* includes specific male engagement strategies to train these mostly male leaders to reach men with messages about family planning, reproductive health, and maternal health. The strategy emphasizes a need for leaders to regularly discuss family planning and contraception with men in their communities. Additionally, the country's 2011 strategy on *Improving Uptake of Long-Acting and Permanent Methods in Family Planning Program* includes objectives to train advocates, including satisfied vasectomy clients, to reduce myths and misconceptions about vasectomy among men. These policy provisions encourage men to take public action to address barriers to family planning and promote gender equality.

In comparison, in many other countries, policies do not adequately support men to be agents of change. While the policies do recommend working with advocates or influencers, most policy provisions do not directly target men to take this role or describe men as recipients of this information. In Nepal, for example, most policies do not include provisions for engaging men as agents of change. The *FP2020 Nepal Prioritized Actions 2018–2020*, a document guiding interventions over an 18-month period, includes ways to mobilize champions and to create an enabling environment and service demand generation. However, it does not specifically target male champions. This type of generalization was common across many of the countries that HP+ categorized as having an average or weak enabling environment. To address this, countries should strengthen policies by including provisions encouraging men to take public action to address barriers to family planning and to promote gender equality.

Principles of Male Engagement

The policy frameworks from the 26 countries assessed incorporate several male engagement principles. The most common principles include those related to rights, multisectoral programming, youth, and monitoring and evaluation (M&E). However, even though these principles are often addressed, many of the policy provisions continue to be deficient when it comes to inclusion of male engagement.

Youth: When analyzing the policies for provisions to support youth access to family planning information, education, and services, the policies often consider adolescents as a homogenous population and do not differentiate between the needs of girls versus boys. When policies do differentiate, it is almost exclusively to call out the specific needs of adolescent girls and young women. As a result, the policies overall do not contain strategies or approaches to reach boys or target their specific family planning needs. Policy provisions for comprehensive sexuality education (CSE) are also often at a high level, calling for CSE programs to be implemented. However, many policies do not have direct or targeted strategies that outline CSE components or contain provisions for reaching boys specifically with targeted gender-transformative information.

Monitoring and evaluation: About half of the policies assessed include provisions to monitor male engagement in family planning, focusing on sex- and age-disaggregated data. However, in the instance of male engagement, most of the indicators included show male engagement only from a user perspective and are specific to men only when disaggregated by sex (e.g., service use, counseling). As noted in MEASURE Evaluation's *Male Engagement in*

Family Planning Gaps in Monitoring and Evaluation, only a limited number of strategies included indicators specifically focused on men (Adamou et al., 2017). These included: the number of men attending sexual and reproductive health and rights (SRHR) services, male sterilization coverage rate, percentage of men who have accurate knowledge about male contraceptive methods, percentage of men who have positive attitudes toward male contraceptive methods, and number of male participants reached by family planning sensitization workshops. Very few indicators were included that were specific to men as supportive partners or as agents of change. The lack of indicators around male engagement limits decisionmakers' ability to design male engagement programs and services that are appropriate for their context, monitor how implementation of policies and programs affect men and boys, make course corrections when needed, and track progress toward achievement of results.

The assessment also found that most policies do not adequately incorporate the male engagement principles of do no harm, positive engagement, and reproductive empowerment. For example, as mentioned, policies did not include provisions to meet men's and boys' needs while safeguarding women's and girls' autonomy. Policies also did not direct programs to involve men and boys from a positive perspective that recognizes that men's and boys' engagement improves not only women's and girls' health and wellbeing, but also their own health. Policies do not recognize that men's and boys' ability to choose whether to have children, when, and how many has long-term impacts on their own lives or that family planning may support their future goals and intentions. Incorporating these principles into family planning policies can help to strengthen the enabling environment for men's and boys' involvement, create better entry points into the health system for men and boys, and promote healthier lifestyles among this population. Inclusion of these principles will also ensure that policies will protect women's and girls' autonomy and decision making, which is critical for family planning and reproductive health.

Recommendations

Strengthen policies to explicitly engage men and boys in family planning.

Policymakers should update policies and plans to include strategies, activities, and indicators that specifically support men's and boys' three roles in family planning. Embedding male engagement strategies in national and subnational policies, and in operational policies and plans, will elevate male engagement to a priority policy goal, thereby helping to create an enabling environment for men's and boys' involvement in family planning.

Engage men as clients. To increase demand and ensure that services adequately meet the needs of men and boys, policies should include approaches to strengthen male-friendly services combined with approaches to address the gender and demand-side barriers that affect men's and boys' involvement in family planning.

1. Family planning and SRHR policies should position men more centrally as family planning clients, recognizing that men have a diverse set of needs that often require a different approach and understanding when it comes to family planning.

2. Policies should include specific awareness-raising and education provisions to positively influence men's attitudes toward condom use and vasectomy uptake, including strategies that allow space for men to have open discussions regarding sex and contraception.
3. Policies should ensure quality male-friendly care through a range of accommodations to ensure the environment is accessible, affordable, and patient-centered.
 - a. Specific strategies should be included to ensure innovative service delivery methods to reach men where they are (i.e., at workplaces, places of worship, sports gatherings, and other community venues).
 - b. Policies should encourage health facilities to provide, if possible, separate space and special times for men to access family planning services to ensure adequate space and privacy.
 - c. Policies should link vasectomy more closely to existing service delivery platforms, such as mobile outreach, that provide widespread, high-quality access to long-acting reversible contraception and female sterilization, in order to increase demand for services.
 - d. Policies should include provisions to ensure condoms are readily available for men, women, and adolescents and widely distributed to men in various community settings.
4. Policies should include strategies and protocols to establish a cadre of committed, well-supported providers who can serve as champions for men as family planning clients and as a platform for expanding male engagement.
 - a. Guidelines should include clear clinical and non-clinical protocols to better support providers in engaging men in family planning and ensure high-quality care.
5. Policies should direct programs to use an age-appropriate, life-stage approach that is tailored to the needs of youth and adolescents. This would include approaches that consider the cultural context for very young adolescents, adolescents, and young men (e.g., adolescent male-friendly services, community-based distribution of information and condoms, condom outlets, and free or subsidized family planning services for young men).

Involve men as supportive partners. Policies need to strengthen provisions to assist men to be supportive partners. Policymakers should integrate strategies to educate men and boys on women's reproductive health rights and should direct programs to provide opportunities for men and boys to build empathy for women's and girls' concerns regarding family planning. Strategies should ensure that men support, rather than compromise, women's autonomy and decision making. Additionally, policies should better integrate strategies to engage men as advocates and influencers to challenge unequal gender and power dynamics.

1. Policies should include provisions to strengthen information and education to promote male responsibility and the sexual and reproductive health needs and rights of women, men, and adolescents.

2. Policies need to go beyond the mention of joint decision making to include direct strategies to support couples in effective communication and decision making for family planning.
 - a. Policies should direct family planning services to create safe spaces where men and women can be provided with family planning services and information together, if a woman chooses to include her partner.
 - b. Policies should include provisions to train healthcare providers to counsel men and couples and to recognize possible controlling or violent behavior by a partner.
3. Policies should include strategies to promote caregiving, parenting skills, and non-violent communication and negotiation skills among men and boys.
 - a. Policies may include provisions to develop antenatal, postnatal, and childhood immunization programs that are father-friendly and that empower men with the knowledge and skills needed to make informed decisions about family planning and healthy relationships.
4. Policies should strengthen provisions for CSE that is gender transformative for adolescents as a critical component to build healthy SRHR attitudes and behaviors.³ Policies should emphasize the need for CSE programs to reach boys and include strategies to meet the educational needs of boys, specifically.
 - a. To enable teachers to confidently deliver CSE in school settings, policies should include strategies to support teachers with further training to addresses barriers to open discussion of SRHR and family planning and to help them promote a diverse and positive view of sexuality with a gender equality perspective inclusive of men.
 - b. Policies should direct CSE programs to provide information that is scientifically accurate, age-appropriate, and developmentally appropriate, gender-transformative, and culturally relevant. The information should include the cognitive, emotional, physical, and social aspects of sexuality; should provide young people with the opportunity to explore values, attitudes, social and cultural norms, and rights that impact sexual and social relationships; and should promote the acquisition of life skills.

Enlist men as agents of change. The policy assessment found that most policies do not adequately address men as agents of change, highlighting an important gap in the family planning policy framework. Policymakers should emphasize the need to strengthen provisions to support men in this role while ensuring that strategies to engage men as agents of change are rooted in women’s rights and gender equality approaches and use positive messaging that promotes men instead of “shaming or blaming them.”

1. Policies should direct family planning programs to engage and train male role models and family planning advocates to clarify misconceptions associated with male-specific

³ Gender transformative programs address the causes of gender-based inequalities and work to transform harmful gender roles, norms, and power relationships.

reproductive healthcare and encourage other men to take responsibility for the development of healthy families.

- a. Policies should include provisions to train and support male role models, unpacking gender norms and power dynamics to ensure that men model and promote behavior that supports, rather than compromises, women's autonomy and decision making.
2. Policies should direct programs to engage men in government and community leadership and other influential positions to publicly encourage men and boys to play an active role in supporting both their own reproductive health and that of women and girls.
3. Policies should include strategies to support advocates to facilitate individual and community reflection on norms, expectations, and roles pertaining to reproductive health, family size, caregiving, and contraception at different life stages.

Strengthen monitoring and evaluation frameworks related to male engagement. To improve understanding of men's and boys' family planning needs, and how well the health system is meeting those needs, policymakers should strengthen policies to include specific male engagement indicators for family planning. Indicators can be derived from the MEASURE Evaluation key indicator set for male engagement in family planning (see "[MEASURE Evaluation: Male Engagement in Reproductive Health Programs](#)"). This data will help health planners and managers better tailor and adjust programs to meet men's and boys' reproductive health needs. Key indicators may include:

- Percent distribution of contraceptive methods currently used by men or their sexual partners.
- Percent of men who have ever used any male family planning method or family planning method that requires male participation.
- Men's condom use at last sex.
- Number of family planning providers trained on male-specific family planning.
- Number or percent of facilities that offer vasectomy services.
- Percent of men who share the decision making of reproductive health issues with their spouse or sexual partner.
- Percent of men who support use of modern contraception for themselves or their partners.

Conclusion

This analysis developed a framework to examine the policy environment for male engagement in family planning in 26 countries. The analysis explored policy enablers and barriers and identified priority policy actions that strengthen a supportive environment for engaging boys and young men in family planning programs and services. Strengthening the policy environment for engaging men and boys will help ensure women and men can access and use family planning and will contribute to improved gender equality. Men's and boys' engagement

improves not only the health and wellbeing of women and girls but also the health of men and their children.

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Annex A. Policies Reviewed

Country	Policy	Year	Author	Data Provided By
Afghanistan	National Reproductive Health Policy 2012–2016	2012	Ministry of Public Health	MEASURE Evaluation
Bangladesh	Improving Uptake of Long-Acting and Permanent Methods in Family Planning Program, Bangladesh National Strategy 2011–2016	2011	Directorate General of Family Planning	HP+
Bangladesh	Bangladesh Population Policy 2012	n.d.	Ministry of Health and Family Welfare	MEASURE Evaluation
Bangladesh	National Communication Strategy for Family Planning and Reproductive Health	2008	Ministry of Health and Family Welfare	HP+
Democratic Republic of the Congo (DRC)	Family Planning National Multisectoral Strategic Plan 2014–2020	2014	NA	MEASURE Evaluation
Democratic Republic of the Congo (DRC)	Law No. 15/013 of 1 August 2015 on the modalities for the application of women's rights and parity	2015	Government of DRC	HP+
Ethiopia	National Reproductive Health Strategy 2006–2015	2006	Ministry of Health	HP+
Ethiopia	National Guideline for Family Planning Services	2011	Ministry of Health	MEASURE Evaluation
Ghana	National Gender Policy: Mainstreaming Gender Equality and Women's Empowerment into Ghana's Development Efforts	2015	Ministry of Gender Children and Social Protection	HP+
Ghana	Health Sector Gender Policy	2009	Ministry of Health	HP+
Ghana	Reproductive Health Strategic Plan 2007–2011	2007	Ghana Health Service; Reproductive and Child Health Department	MEASURE Evaluation
Haiti	National Strategic Plan for Reproductive Health and Family Planning 2013–2016	2012	Ministère de la santé publique et de la population	MEASURE Evaluation
India	India's Vision FP2020	2014	Ministry of Health and Family Welfare	MEASURE Evaluation

Country	Policy	Year	Author	Data Provided By
India	National Population Policy 2000	2000	Ministry of Health and Family Welfare	HP+
Jordan (Aman)	National Reproductive Health/Family Planning Strategy 2013–2017	2013	NA	MEASURE Evaluation
Kenya	Kenya Reproductive, Maternal, Newborn, Child, and Adolescent Health Investment Framework	2016	Ministry of Health	HP+
Kenya	National Family Planning Guidelines for Service Providers (6th Edition)	2018	Ministry of Health	HP+
Kenya	National Family Planning Guidelines for Service Providers	2010	Ministry of Public Health and Sanitation	HP+
Kenya	National Reproductive Health Strategy 2009–2015	2009	Ministry of Public Health and Sanitation	MEASURE Evaluation
Liberia	National Family Planning Strategy 2009–2014: Increasing Access to and Utilization of Family Planning Services in Liberia	2011	Ministry of Health and Social Welfare	HP+
Liberia	National Sexual and Reproductive Health Policy	2010	Ministry of Health and Social Welfare	HP+
Liberia	National Sexual and Reproductive Health Strategy 2010	2010	Ministry of Health and Social Welfare	MEASURE Evaluation
Malawi	Malawi Costed Implementation Plan for Family Planning, 2016–2020	2015	Government of Malawi	MEASURE Evaluation
Malawi	Malawi National Reproductive Health Service Delivery Guidelines 2014-2019	2014	Ministry of Health	HP+
Malawi	National Sexual and Reproductive Health and Rights Policy	2009	Ministry of Health	HP+
Malawi	National Gender Policy (Second Edition)	2015	Ministry of Gender, Children, Disability and Social Welfare	HP+
Maldives	National Reproductive Health Strategy 2014–2018	2014	Ministry of Health	MEASURE Evaluation
Mali	Guide for the Constructive Engagement of Men in Reproductive Health	2019	Ministry of Health	HP+
Mali	National Action Plan for Family Planning in Mali 2014–2018	2014	NA	MEASURE Evaluation

Country	Policy	Year	Author	Data Provided By
Mauritius	National Sexual and Reproductive Health Strategy and Plan of Action 2009–2015	2008	Ministry of Health and Quality of Life	MEASURE Evaluation
Nepal	Nepal Health Sector Strategy Implementation Plan 2016–2021	2017	Ministry of Health	HP+
Nepal	FP2020 Nepal Prioritized Actions 2018–2020	2018	FP2020	HP+
Nigeria	Nigeria Family Planning Blueprint (Scale-Up Plan)	2014	Federal Ministry of Health	MEASURE Evaluation
Nigeria	Reproductive, Maternal, Newborn, Adolescent Health and Nutrition Investment Case 2017–2030	2017	Government of the Federal Republic of Nigeria	HP+
Nigeria	National Gender Policy Strategic Framework (Implementation Plan) 2008–2013	2008	Government of the Federal Republic of Nigeria	HP+
Pakistan	Punjab Population Policy 2017	2017	Government of Punjab, Population Welfare Department	HP+
Pakistan	Sindh Population Policy 2016	2016	Government of Sindh, Population Welfare Department	HP+
Pakistan	Manual of Standards for Family Planning Services (Revised, 2017)	2017	Population Welfare Department	HP+
Philippines	The Responsible Parenthood and Reproductive Health Act of 2012	2012	Congress of the Philippines	HP+
Philippines	National Policy and Strategic Framework on Male Involvement in Reproductive Health	2006	Department of Health	MEASURE Evaluation
Philippines	The Philippine Clinical Standards Manual on Family Planning (2014 Edition)	2014	Department of Health	HP+
Rwanda	National Gender Policy	2010	Ministry of Gender and Family Promotion	HP+
Rwanda	National Family Planning Policy	2012	Ministry of Health	MEASURE Evaluation
Somalia	Reproductive Health National Strategy and Action Plan 2010–2015	2010	NA	MEASURE Evaluation
South Africa	National Adolescent Sexual and Reproductive Health and Rights Framework Strategy 2014–2019	2015	NA	MEASURE Evaluation

Country	Policy	Year	Author	Data Provided By
South Sudan	National Family Planning Policy	2013	Ministry of Health	HP+
South Sudan	National Reproductive Health Strategic Plan 2013–2016	2013	Ministry of Health	HP+
Tanzania	National Strategy for Gender Development	2005	Ministry of Community Development Gender and Children	HP+
Tanzania	The National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child & Adolescent Health in Tanzania (2016–2020): <i>ONE PLAN II</i>	2016	Ministry of Health, Community Development, Gender, Elderly and Children	HP+
Tanzania	National Family Planning Guidelines and Standard	2013	Ministry of Health and Social Welfare	HP+
Uganda	Costed Implementation Plan for Family Planning 2015–2020	2014	Ministry of Health	MEASURE Evaluation
Uganda	The Uganda Gender Policy	2007	NA	HP+
Uganda	The National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights	2006	Ministry of Health	MEASURE Evaluation
Yemen	National Reproductive Health Strategy 2011–2015	2015	NA	MEASURE Evaluation
Zambia	The Gender Equity and Equality Bill 2015	2015	Government of Zambia	HP+
Zambia	Family Planning Guidelines and Protocols	2006	Ministry of Health	MEASURE Evaluation

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