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Evaluating The Role of Social Mobilizers in Promoting Family Planning Services: Community Perspectives and Implementation Challenges

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ARTICLE INFO	ABSTRACT
Submission: September 02, 2026 Revised: September 30, 2026 Accepted: October 06, 2026 Available Online: October 13, 2026 Keywords: Social Mobilizers, Family Planning, Community Perspectives. Corresponding author: Muhammad Ahmed Nawaz Email ahmednawaz@iub.edu.pk	Family planning is a key element of reproductive health and an important protective public service for the enhanced well-being of communities, families, and individuals. This study is designed to present evidence to support the reinforcement of family planning implementation strategies in Bahawalpur and other similar districts of Pakistan by highlighting the impact of front-line social mobilizers on responses, moving beyond policy rhetoric. The objectives of the study were to evaluate the role of social mobilizers in promoting family planning and to assess the community perspectives and implementation challenges. A qualitative research approach was used with a phenomenological research design. The present study proceeded with a qualitative approach to examine the experiences, perceptions, and challenges of the social mobilizers who work in the promotion of family planning. The human universe of the study comprised social mobilizers of the Population Welfare Department, Government of Punjab. The geographical universe was District Bahawalpur, urban areas as well as rural areas. The design allowed for a rich understanding of the phenomenon in its context. Departmental records indicated that 49 social mobilizers are working in District Bahawalpur. There were 49 social mobilizers serving in the study area, out of which 15 participants were chosen for conducting in-depth interviews. Simple random sampling was found to be the most appropriate and justified sampling technique to select 15 participants from a homogeneous group of 49 social mobilizers for qualitative in-depth interviews.

Introduction

Family planning is a key element of reproductive health and an important protective public service for the enhanced well-being of communities, families and individuals. This specifically refers to the capacity of individuals and couples to make choices about the number, timing, and spacing of births through voluntary, informed decisions using contraceptive methods. Family planning should not just be thought of as birth control but as a framework for responsible parenthood, maternal and child health, and reproductive rights. According to the World Health Organisation (WHO), family planning is a conscious and deliberate decision-making process in which individuals or couples exercise their rights to decide on their fertility, based on the information they have and the conditions that exist. Family planning in this light aids not just individual freedom but also stronger families and better lives.

Family planning plays a major role from a health point of view in the reduction of maternal mortality, infant death, as well as high-risk pregnancy. Background: High-risk pregnancies, including unintended, closely spaced births, adolescent and advanced maternal age pregnant women, are associated with morbidity for both mothers and their children. Couples and women can thus prevent these dangers by using modern contraceptive methods that enable them to space their pregnancies at safer and healthier intervals (Cleland et al., 2012). Evidence shows that optimal spacing between births increases neonatal survival, the child's nutrition, and

the mother's recovery period, facilitating better family health. Globally, there are estimated to be millions of unintended pregnancies each year that could potentially be averted through increased availability and accessibility of family planning services, greatly decreasing maternal deaths in low- and middle-income countries where healthcare systems remain largely overstretched (WHO, 2021).

Family planning has significant socio-economic impacts. It also allows for continued access to education, participation in the labour force, and greater control over life decisions. Women who delay early marriage and pregnancy are more likely to complete schooling, which increases household income and national development (Bongaarts & Hardee, 2019). Mothers with smaller, less closely spaced families tend to have better outcomes in terms of the allocation of food, health care, schooling, and income, all of which play a role in the long-term development of children. As a result, family planning is closely linked with poverty alleviation, gender equity and social advancement. Researchers have long argued that such investments generate high economic returns by reducing dependency burdens and enabling opportunities for human capital accumulation (Starbird et al., 2016).

Acceptance of family planning is uneven across much of the world, in which cultural practices or religious beliefs promote high fertility, misinformation about contraceptive methods prevails, gender inequities restrict women's access to a continuum of care, and poor service delivery systems are incorporated. In conservative societies, reproductive decisions are more powerfully shaped by husbands and elders as well as community expectations than by women. Lack of choices for couples, myths about contraceptive side effects, and social stigma associated with the use of contraception, along with less active male involvement in family planning, continue to discourage wider uptake (Sedgh et al., 2016).

In a country with high population growth, poor access to health services and low uptake of contraception, family planning remains one of the biggest public policy issues in Pakistan. Despite national population welfare programmes, the Lady Health Worker programme, and donor-supported interventions introduced in recent decades to increase access to family planning services, the unmet need for contraceptives continues to be high, especially within rural Punjab and southern districts such as Bahawalpur (National Institute of Population Studies [NIPS] & ICF, 2019). Despite the gains made, cultural barriers to gender equality remain, as do limited male participation and persisting misinformation. This illustrates that simply providing clinical services is not enough; community awareness and behaviour-change strategies are no less critical.

Literature Review

Family planning programmes focus on service delivery through clinics, but social mobilization needs to be achieved much more effectively. Despite mounting evidence of the efficacy and added value of involving communities in family planning programmes, social mobilization has not yet been widely adopted as a structured strategy; rather, it is implemented mainly through clinic-based service delivery. Enhancing participation by mobilising, organising and empowering individuals, families, local groups or institutions to take collective actions that improve health and social well-being. Social mobilization for family planning consists of increasing awareness, changing misconceptions about the need and availability of contraceptive methods, facilitating informed decision-making regarding reproductive choices in an environment accepting of contraception, with intensified linkages between communities and service providers. It becomes particularly useful in settings where individual preferences are influenced not only by personal choice but also by socio-cultural expectations, kinship systems, religious doctrine, and local attitudes (UNICEF, 2020).

Social mobilization has become important in Pakistan, not only due to the continued low rate of contraceptive use, high unmet family planning needs, and misinformation, but also due to the inter-regional gaps in terms of social mobilization. The government departments, NGOs, population welfare projects, and lady health workers have raised awareness through door-to-door campaigns, village meetings, and community campaigns. These strategies are deemed to be effective to varying extents based on staffing, quality of staff training, and cultural competence/experience/trust in local networks (NIPS & ICF 2019).

The country's major role in mobilising is vital in decentralising health and bringing services closer to the doorsteps of the community at the district level (Phillips et al., 2007). Hence, mobilization has shown the best results at the district level in Pakistan via Lady Health Workers (LHWs) and door-to-door contraceptive counselling and maternal health education (Choudhary et al., 2021). Concerning contraceptive use, there have been increases in prevalence rates at the district level, and maternal mortality has decreased.

Community Health Workers (CHWs) also collaborate with social mobilizers to promote reproductive health programmes, bringing reproductive health services closer to people and making them more responsive to their needs (Aichatou et al., 2016). At the district level in India, the CHWs have been trained to address gender constraints on FP and thus impact on male involvement in contraceptive use (Siddique et al., 2016). In addition, there is a need to aggregate digital health tools, better financial incentives,

and community engagement models at the district level to further enhance mobilization (Elden et al., 2019). Reducing fragmentation between social mobilizers, health workers, and policymakers can increase the effectiveness and sustainability of interventions in the district to enhance reproductive health and family planning services (Sellen et al., 2012).

The South Punjab region of Pakistan has a unique social and geographic context which can be used to explore the family planning service delivery and community outreach mechanisms, as in the case of the district of Bahawalpur. Bahawalpur is one of the biggest districts in Punjab, both in terms of area and the number of urban, peri-urban, and large rural localities. A mixed settlement system can result in differential access to health care, education, transportation, and other public services. Since then, the urban population has enjoyed relative advantages in the availability of hospitals, Family Welfare Centers, private clinics and educational institutions.

One problem in Bahawalpur is the all-male dominance in reproductive decisions taken in households. In many households, husbands control the number of children, the timing of pregnancies, and the use or not use of contraception. For many, awareness about women's rights to family planning is low, and negative attitudes are present, as in many parts of the world, women's efforts to adopt family planning methods can be interpreted as an attack on masculinity. This is an example of the need to engage men as family planning stakeholders and not as only a women's issue. Programs that set aside the influence of males may not work as well in more conservative communities. Hence the relevance of such social mobilizers in that context. These social mobilizers are trusted members of the community who can gain entry and establish rapport with people in their own communities, whilst having a culturally appropriate means to deliver family planning messages.

In this sense, District Bahawalpur is a context of relevance for the present practical situation of mobilizing families for the promotion of family planning. A district that exemplifies the urban/rural paradox today: the urban success stories mixed with rural issues and entrenched social conservatism, and the availability of services and services underutilized. The differences in these contrasts are thus relevant to the reproductive health gains that can be achieved with different approaches to mobilizing the frontline, especially in complex environments.

Conceptual Framework

The current study aims to draw on the concept that social mobilization is an important tool that can be used to improve awareness, acceptance, and uptake of family planning services in communities. Social mobilization refers to a structured approach to engage the participation of people, communities, institutions and local stakeholders in a joint effort to address social and health problems. Social mobilizers, within the context of family planning, are first-hand agents or facilitators who are responsible for creating links between formal service providers and the general population by communicating, counselling, building rapport, and influencing behavior. They are key contributors in populations that do not have easy access to accurate information about the right to reproduction. They are especially applicable for the reproductive decisions of underserved and conservative communities where their reproductive decisions are sometimes framed or shaped by culturally congruent beliefs.

The second part of this framework relates to all aspects of family planning service delivery (contraceptive information, counselling, referrals and follow-up support as well as reproductive healthcare services). Even when governments and health departments set up clinics, Family Welfare Centres, mobile outreach units, and reproductive information and contraceptive counselling systems, these are not taken advantage of in areas where communities do not know about them or appear hesitant to approach them to utilize these services. Thus, while institutions need to be there (supply side), it is also about convincing people that what they are offering is needed and how it can be won over trust (demand side). Social mobilizers conduct follow-up with eligible couples to ensure that community-level services that have been determined in a policy are used; explain methods of HC; reduce concerns regarding side effects; and connect households to service points. Hence, the framework assumes that increased social mobilization (SM) will lead to more positive family planning service delivery outcomes.

The framework also includes the third dimension of community participation and behavior change communication (BCC) as two key means of sustainability of family planning programs. Community participation in understanding and supporting reproductive health initiatives is greatly influenced by local leaders, religious figures, women's groups, youth groups, and households. A behaviour change communication tool or strategy is the communication and/or communication activity that involves the use of culturally appropriate messages, interpersonal discussion, community meetings, awareness sessions, and media to change attitudes and practices on contraception and birth spacing. Women know the best approach and an ideal way of achieving reproductive health services, but as most of them lack information, experience stigma, or feel various norms to comply with are the ones holding them back from accessing these services, participatory communication strategies will redefine perceptions and initiate informed choices. Community participation has an impact on acceptance of family planning services.

There are three complementary theoretical perspectives underlying and supporting the framework. Social Cognitive Theory (Bandura, 1986): a theory of learning that suggests that behavior modelling, interaction, self-efficacy, and social reinforcement play a role in learning. If community members watch positive family-planning behaviours among their neighbors or are positively stimulated by weavers, they are likely to adopt these behaviors within their own families. The Diffusion of Innovations Theory (DoIT) (Rogers, 2003) describes the process by which an innovation or practice is disseminated over time into a social system. The methods of family planning are considered innovations, and their acceptance will depend on the type of research, media channels, opinion leaders, and social networks. Moreover, these combine to fulfil the conditions for Attractiveness & Achievability of this HBM (Rosenstock, 1974).

Statement of the problems

The present study is set to understand the role of social mobilisers in the promotion of family planning services in District Bahawalpur. The aim is to determine their level of knowledge, practical responsibilities, and challenges faced, as well as how much they can contribute towards improving acceptance and use of family planning methods. This study is designed to present evidence to support the reinforcement of the family planning implementation strategies in Bahawalpur and other similar districts of Pakistan by highlighting the impact of front-line social mobilizers on responses, moving beyond policy rhetoric.

Research objectives

The objectives of the study were to evaluate the role of social mobilizers in promoting family planning and to assess the community perspectives and implementation challenges.

Research Design

A qualitative research approach was used with a phenomenological research design. The present study proceeded with a qualitative approach to examine the experiences, perceptions, and challenges of the social mobilizers who work in the promotion of family planning. The human universe of the study comprised social mobilizers of the Population Welfare Department, Government of Punjab. The geographical universe was District Bahawalpur, urban areas as well as rural areas. The design allowed for a rich understanding of the phenomenon in its context.

Both primary and secondary sources of data were used in the study. The primary data were obtained directly from the social mobilizers by conducting semi-structured interviews. These participants gave their first-hand information about their experiences, responsibilities, challenges, and strategies relating to the promotion of family planning. Secondary data were collected from books, peer-reviewed articles, government reports, policy documents, and publications from national and international agencies operating in reproductive health and family planning. The population is the entire group of individuals who pass the test of inclusion in the study, but the universe is the territorial or theoretical limits that translate into the scope of investigation (Babbie, 2013). In this current study, the sample has been clearly defined as social mobilizers who were in service in District Bahawalpur within the Population Welfare Department (PWD) in the state of Punjab in Pakistan.

Departmental records indicated that 49 social mobilizers are working in District Bahawalpur

There were 49 social mobilizers serving in the study area, out of which 15 participants were chosen for conducting in-depth interviews. Simple random sampling was found to be the most appropriate and justified sampling technique to select 15 participants from a homogeneous group of 49 social mobilizers for qualitative in-depth interviews (Creswell & Poth, 2018; Saunders, Lewis, & Thornhill, 2019).

This study's main research instrument was a semi-structured interview guide. An interview guide was composed of two parts. The initial section collected demographic information (name, age, gender, education level, years of service) and the tehsil of service, to provide framing context of the experiences of the mobilizers. The second part gave conceptual questions that were arranged according to the aim of the study. These thematic questions were organized as follows: (1) knowledge mobilizers' use of strategies to raise awareness, (2) their role and efficacy, (3) level of available access to their services, and (4) impediments and difficulties they encounter. Interviews were held at a time and place convenient for the interviewees. The length of the interview was about 45 to 60 minutes.

Results

Mobilizer Preparedness and Training Profile

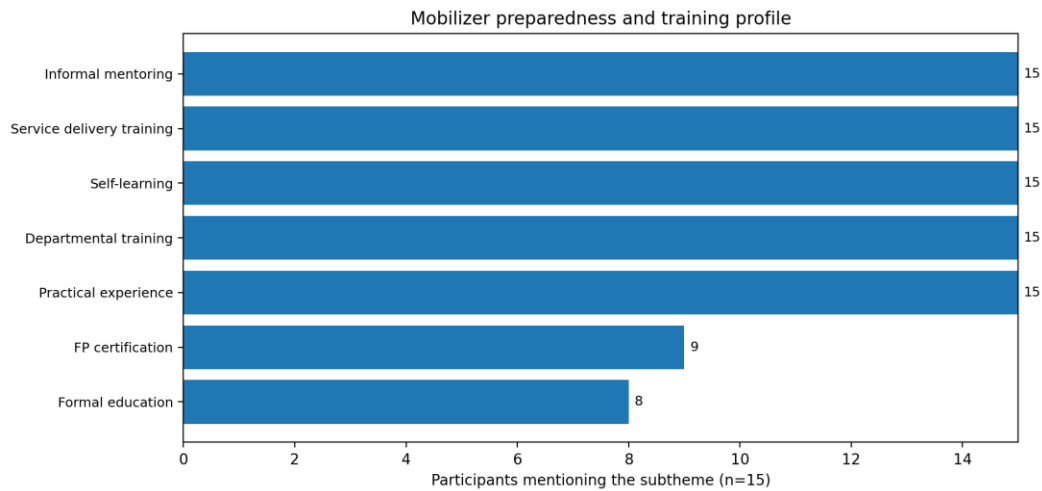


Figure 2: Mobilizer Preparedness and Training Profile

The results suggest that social mobilizers rely on a variety of sources of learning and experience for successful outreach. It was acknowledged throughout that preparedness is not dependent on a formal education but is enhanced with departmental training, hands-on experience in the field, mentoring, and self-learning. The answers indicate from the social mobilizers' perspective that competency is a blend of book learning and practice. Repeatedly, participants noted that classroom training was not enough to equip them to function in the community. Rather, they said field experience was a vital source of confidence, communication skills, and cultural understanding. The interviews also showed that training is not seen as a one-off activity, but an ongoing process. The participants mentioned taking part in refresher courses, departmental workshops, and mentoring sessions throughout their careers. The different awareness strategies used in the field were also discussed. The most successful strategies for awareness creation on family planning were found to be door-to-door visits, community meetings, engagement of religious leaders, and radio or TV, or digital communication platforms. The results also reveal that mobilizers focus on issues like birth spacing, maternal and child health, modern methods of contraceptive use, and fixing common misconceptions about family planning. These were key themes discussed in interviews and are a central theme of outreach efforts in District Bahawalpur. In summary, the results support that presegmentation readiness is supported by formal education, departmental training, experiential learning, mentorship, and culturally-appropriate communication skills. The participants regarded these as complementary and crucial for the effective promotion of family planning services in the various community contexts.

Preferred Awareness and Communication Strategies

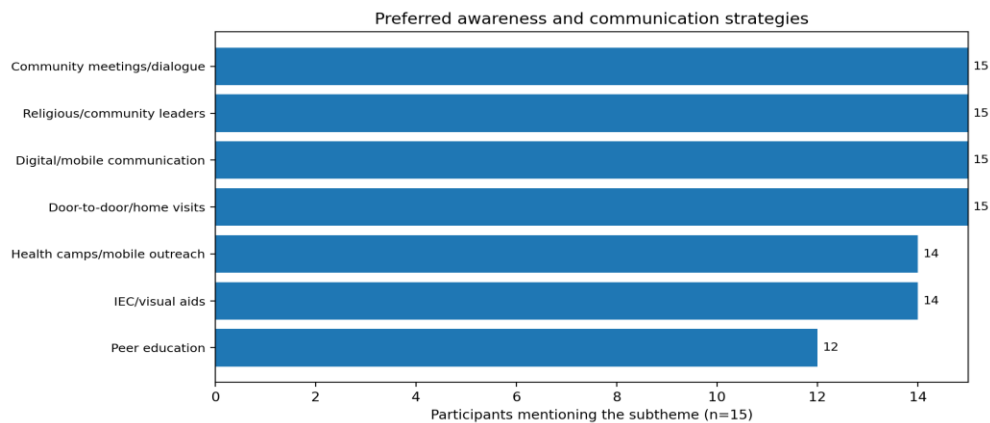


Figure 3: Preferred Awareness and Communication Strategies

The results show that social mobilizers have multiple sources of knowledge and experience which they draw upon to carry out their social mobilization duties effectively. The participants reiterated that preparedness is not a one-size-fits-all phenomenon and that preparation in the department, practical hands-on experience in the field, mentoring, and ongoing self-study contribute to it. The above responses indicate that the social mobilizers see professional competence as a blend of formal knowledge and experience. There were repeated comments on the need to have the classroom training supplemented by opportunities to engage in the community. They, however, said that their experiences in the field provided them with the confidence, communication, and cultural awareness they needed. The interviews also indicated that training is not regarded as a one-shot, but an ongoing process. There were refresher courses, departmental workshops, and mentoring sessions attended by participants during the course. Participants also shared their different awareness strategies used in the field. The most effective ways to raise awareness of family planning were found to be: door-to-door visits, community meetings, religious leaders, and digital communication platforms. The results also show that topics like birth spacing, maternal and child health, modern contraceptive methods, and correction of common misconceptions about family planning are given priority in mobilization. The themes emphasized in the interviews were carried through throughout the District Bahawalpur's outreach activities. In summary, the results show that readiness for outreach is developed through formal education, departmental training, experiential learning, mentorship, and culturally responsive communication skills. The participants saw these as supplementary and necessary to enhance the promotion of family planning services in a variety of community contexts.

Community Response, Genders, Age Dynamics

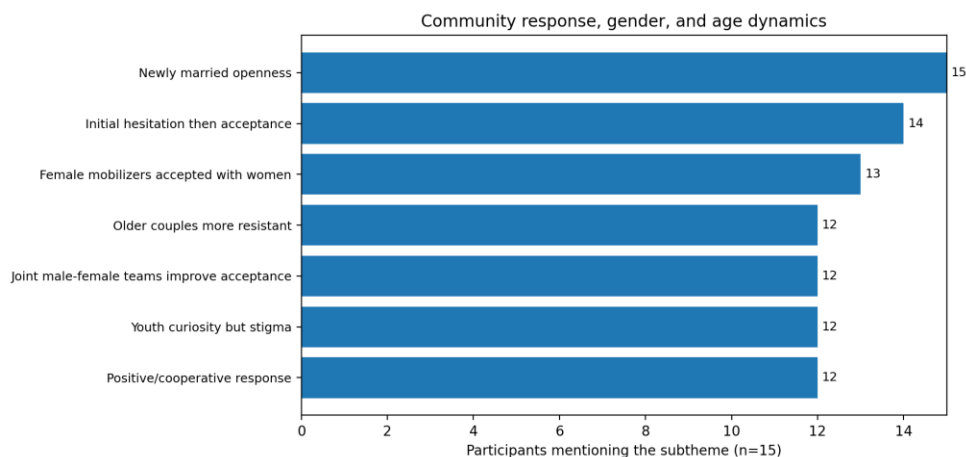


Figure 4: Community Response, Genders, Age Dynamics

The results showed that the community was in general responsive to family planning awareness-raising activities, but with a certain initial hesitation and caution. Participants reported that the acceptance process was seldom instantaneous, and often involved numerous interactions, trust-building, and culturally appropriate communication. Social mobilizers presented community acceptance as a gradual process influenced by the social norms, family structure, level of education, and experience with healthcare systems in the community. The answers indicate that building community acceptance is a gradual process of sustained involvement and relationship building, not a single-shot approach of awareness raising. The following emerged as a major challenge as highlighted by the participants: resistance based on misconceptions about contraceptive methods and side effects. Almost everyone experienced problems with fertility, health issues, and perceived risks with family planning. The results suggest that misinformation is still a major factor in family planning acceptance and the need for evidence-based counseling in community outreach. Interviews also identified the significance of the family decision-making structures, such as those of husbands and older family members. It was consistently noted that reproductive decisions are not consistently driven by individual couples, but also by senior family members. The responses illustrate how decisions around family planning are situated in social and family dynamics of power relations. Social mobilizers also tend to have a working relationship with influential members of the family as well as the couple to facilitate acceptance. Another large factor that influenced outreach effectiveness was gender. Participants reported that female mobilizers tended to have more access to women and male mobilizers had more access to male decision makers. The findings indicate that communication strategies that are gender appropriate, can improve the effectiveness of communication and promote community involvement.

Overall, the results show that the social, cultural, gender, and age-related aspects are complex and present in the community when it comes to responding to family planning promotion. Acceptance may be a slow process and take time, and may be influenced by ongoing engagement, trust building, culturally appropriate communication, and active involvement from influential family and community leaders.

Dominant Barriers and Resistance Patterns

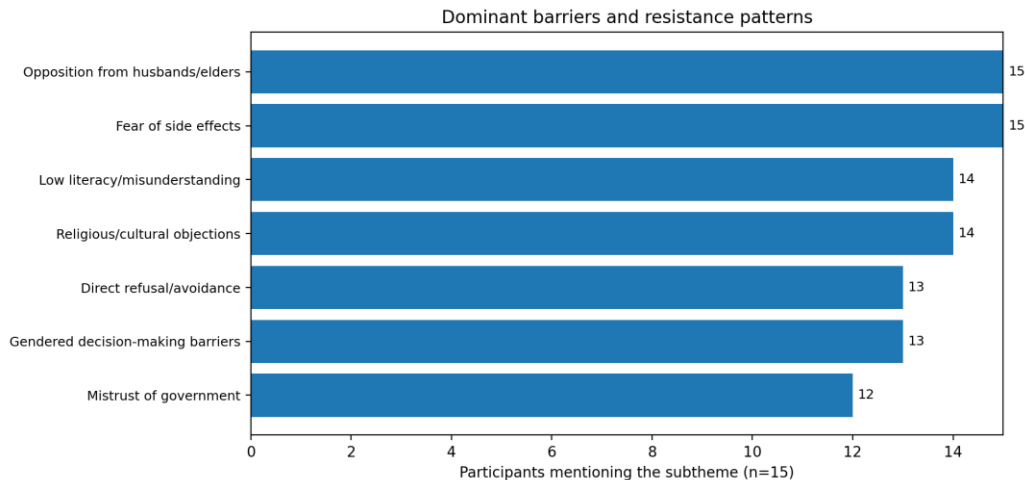


Figure 5: Dominant Barriers and Resistance Patterns

The results showed that social mobilizers face many challenges in their community when promoting family planning services. These barriers are not solely the result of one thing but a combination of cultural beliefs, religious interpretations, misinformation, gender norms, low literacy rates, and institutional constraints. Participants repeatedly said that family planning promotion is a hard task that is “patient, persistent, and flexible. Many reported issues included the lack of information on contraceptive methods. Participants said there was a lack of accurate information among community members, and people typically need to rely on rumours rather than medically sound information. These responses show that misinformation is one of the biggest challenges to successful family planning promotion. Mobilizers often spend a lot of time debunking misconceptions and giving correct information. Another widespread concern that arose in almost all interviews was fear of side effects of contraceptives. Many couples are unable to use family planning because they are concerned about side effects, physical changes, or health risks. Other barriers identified included religious and cultural beliefs. Participants said that there are some community members who view family planning as inconsistent with the beliefs of the religion, or the community's beliefs and expectations about family size. Other significant sources of resistance were the influence of husbands, elders, or other family decision-makers. Women generally were found to have no freedom to make decisions about family planning consistently in all the participating countries. The results underscore the need for family decision-makers to be engaged in awareness-building and counselling activities. Reaching children to encourage them to advocate for better health was further complicated by the low level of literacy and lack of health awareness. The results reveal the multi-faceted and interrelated nature of barriers to FP promotion. Misinformation, fear of side effects, cultural and religious beliefs, gendered decision-making, low literacy, and institutional limitations are all factors that affect resistance. Yet, social mobilizers persist in implementing adaptive strategies to help them tackle such challenges and raise awareness of reproductive health issues in their community.

Overarching Thematic Insight

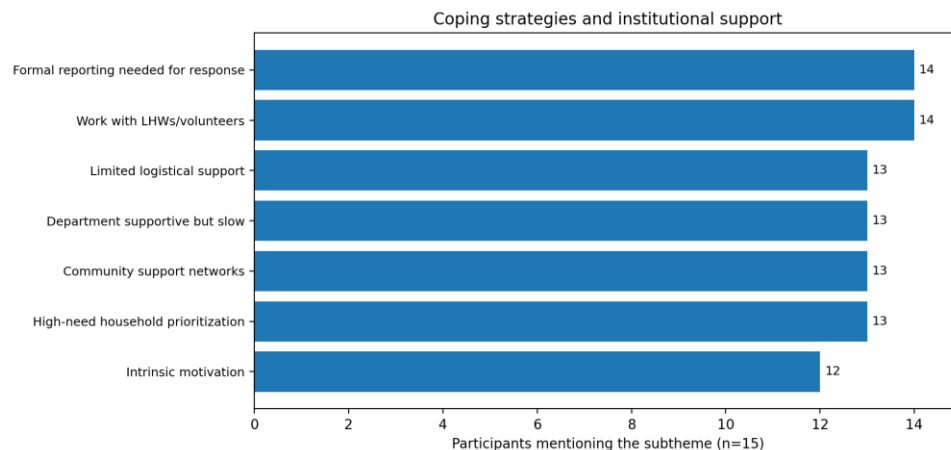


Figure 6: Coping Strategies and Institutional Support

As seen in Figure 6, mobilizers reduce challenges by emphasizing work, social networking, and the involvement of local health workers and volunteers, while at the same time, they see the department as an encouraging, yet slow and process-limited unit.

Apart from the question-specific results stated above, a few cross-cutting themes have emerged from the thematic analysis that would provide a better understanding of the general experiences of social mobilizers in family planning programs. Cross-cutting themes are those that occur throughout the various interview questions and contribute to the identification of underlying patterns that inform experiences or practices of the interviewees. This is particularly helpful in qualitative research since it allows the investigator to go beyond descriptive categories and reveal the interpretive meanings that connect the various aspects of the story's participants share

Findings

Awareness of Social Mobilizers Regarding Family Planning Methods

The research question was the major one, and it focused on the level of awareness of social mobilizers about various family planning techniques. The thematic analysis showed that most mobilizers showed a moderate to high degree of awareness of modern methods of contraception, including birth spacing methods, oral contraceptive pills, intrauterine devices, and injectable contraceptives. Participants cited that they mostly gained by way of training programmes delivered by the Population Welfare Department and through field experience gained in the process of conducting community outreach.

The evidence shows that formal training programmes are critical towards providing mobilizers with the necessary information on reproductive health services. However, what also plays a great role in acquiring practical knowledge is the experience and direct work with the community. According to Mobilizers, the learning was the result of real-life experience with clients, conversations with healthcare professionals, and the mentoring of more experienced people. These findings are in line with other studies that have already shown that community health workers develop expertise as a synthesis of formal training and experience (Bhutta et al., 2010).

In general, the findings indicate that despite the strong knowledge base on family planning methodologies, social mobilizers have to continue their professional growth and institutionalization, without which they cannot remain effective in their outreach programs in the community.

Barriers and Challenges in Disseminating Family Planning Services

The second research question investigated the barriers and challenges facing the social mobilizers in spreading family planning services in their communities. The evaluation identified a few issues that were all linked together, such as socio-cultural resistance, not knowing about the available contraceptive methods, household decision-making, and logistical challenges related to the outreach activities.

The existence of cultural norms and traditional beliefs that do not allow the use of modern contraception techniques was also one of the most common barriers that were reported. Social prestige or financial security is linked to high family size in some societies, and thus, it creates opposition to family-planning programs. Mobilizers further reported that religious perceptions and ethical issues sometimes lead to negative attitudes towards contraception.

These results are aligned with past studies that suggest that reproductive health behaviors in most of the developing societies are influenced by the socio-cultural norms (Cleland et al., 2012). When cultural norms promote a greater rate of fertility, citizens can find family-planning behavior incompatible with their cultural beliefs. As a result, mobilizers are often required to conduct a lot of discussion and persuasion in a bid to settle the concerns of the community.

Combined, the results suggest that the issues that social mobilizers encounter are complex in nature, having socio-cultural and institutional aspects. The challenges will only be resolved through concerted action at the community and policy levels to reinforce the family planning programmes and enable the frontline health workers.

Recommendations for Enhancing the Effectiveness of Social Mobilizers

The third research question was aimed at establishing recommendations that might be used to improve the effectiveness of social mobilizers in the process of promoting family planning services. Based on their field experiences, respondents gave a number of suggestions, which reiterated the need to have better training programmes, better institutional support, and community engagement strategies.

Another common suggestion that was made was an increase in training programs for mobilizers. Participants highlighted the need to have routine refresher courses which would enable them to be aware of the new contraceptive methods, new communication methods, and polished counseling methods. This type of ongoing professional development would prepare the mobilizers to address community-related inquiries and concerns in a more responsive manner.

A second suggestion was the increase of logistical and administrative support for the outreach activities. Mobilizers indicated that their ability to access remote communities and hold awareness campaigns would be highly developed as a result of transportation facilities, educational material, and communication resources. The same suggestions have been stressed when it comes to research on the performance of community health workers, where it has been noted that proper institutional support is the key to maintaining effective health interventions (Kok et al., 2015).

In general, the suggestions that are given by the participants underline the importance of a one-dimensional approach to the enhancement of family planning outreach. The effectiveness of social mobilizers can be increased through training programmes and strengthening institutional support systems, as well as developing partnerships at the community level and helping to achieve better reproductive health outcomes.

Effectiveness and Roles of Social Mobilizers in Promoting Family Planning Services

The fourth research question explored the effectiveness of community mobilizers in promoting family-planning services, looking at the roles that they play in the process. The findings point out that mobilizers play a complex role in promoting reproductive health; they operate as educators, counselors, facilitators, and intermediaries between the medical facilities and the members of the community.

The participants said they had participated in various activities that aimed at creating awareness of family planning. Such activities included home visits, community meetings, education, and personal counseling of couples who needed advice on birth control methods. The messages sent by mobilizers through these contacts spread news about the existence of reproductive health services and urged families to consider the advantages of planned parenthood and birth spacing.

The effectiveness of the outreach of mobilizers can be explained through the Diffusion of Innovations Theory, which explains the dissemination of new ideas and practices in social systems (Rogers, 2003). Mobilizers act as agents of change by bringing information on the use of modern contraceptives and promoting their use in society. Mobilizers can help the slow diffusion of reproductive-health knowledge by building relationships with members of the community and addressing issues through dialogue.

By extension, the results indicate that the impact of social mobilizers is better than passing information. Their practice is associated with complex social relationships that entail the use of cultural sensitivity, communicative competence, and community dynamics.

Mobilizers can help to improve the health awareness of local populations and to strengthen access to family-planning services by filling the gap between health-care systems and the local populations.

Discussion

The first objective of the study was to evaluate the role of social mobilizers in promoting family planning, and the findings were Majority of the mobilizers reported that early training programmes conducted by the Population Welfare Department and other health-related agencies acted as a background element in their professional training. These education programs usually contained knowledge on birth control techniques, maternal and child health, communication skills, and community participation plans. This kind of organized training programme is generally identified as necessary in providing the frontline health workers with the technical knowledge needed to disseminate correct health information and assist in informed decision-making among the community members. The same results were found in the study by Steyn, Cordero, Gichangi, Smit, Nkole, Kiarie, & Temmerman (2016). An overview of the implementation of community and HCP participation is provided in this review. In order to be as thorough as possible in collecting and analyzing participatory techniques including both community and healthcare providers, the study was carried out utilizing an extensive search strategy. Drawing firm conclusions was challenging due to the inconsistent quality of the evidence collected and the impossibility of drawing comparisons in some areas.

The second objective was to assess the community perspectives and implementation challenges. The findings of the study were that the most common strategy that was used for family planning outreach was household visits. Mobilizers explained that they would go to families in their respective communities, where they provided information on the existing contraceptive approaches, birth spacing, and concerns touching on reproductive health. This direct way of interacting with them allows mobilizers to become more connected with community members, and the health messages can be designed to suit the unique situations of household members. The community-based health promotion studies also highlight the effectiveness of interpersonal communication tools as a specific way to impact health behaviour due to the possibility to talk, clear up questions, and provide individual counselling. The same results were found in the study by Samsudin, Karim, Othman, Naserrudin, Sahani, Hod, & Zaini (2024). Community members can be important change agents if they are educated about health-related issues and given the tools and assistance they need. Effective advising entails giving community members accurate and easily accessible information so they are aware of the possible health hazards and advantages of various options. It also necessitates establishing a welcoming atmosphere that promotes candid communication and cooperation between stakeholders and community members. Community members' varied viewpoints and experiences are taken into consideration when they are actively involved in decision-making processes.

Conclusion

This research mainly aimed at exploring the experiences and the efficacy of social mobilizers who were involved in the process of promoting family-planning awareness and services in the communities. Using qualitative inquiry, the study focused on the levels of awareness of mobilizers regarding family-planning strategies, the obstacles they face in their efforts to spread information about reproductive health, the functions they carry out in the community outreach, and how they can be improved.

The results prove that social mobilizers are very instrumental in bridging the gap between the formal healthcare systems and the local communities. Mobilizers are middle people and translate technical reproductive health messages into messages that are culturally understandable to members of the community. Their task is not only to spread information about contraceptive methods but also to lead the conversation, break the myths, and stimulate making the wise decision-making by families.

The research also found out that the level of knowledge that the mobilizers have about family-planning methods is usually satisfactory, and it is mostly determined by the institutional training programs and on-the-job experience. However, to be well equipped to handle the upcoming challenges of reproductive health and emerging community issues, current training and continuous professional development are crucial to make sure that the mobilizers are sufficiently prepared to meet the demands.

The other important finding of the study is associated with the presence of the socio-cultural processes that contribute to the community reaction to the family-planning programs. The effect of cultural beliefs, traditional norms, and gender relations on household reproductive health decisions is common. There are also misconceptions concerning contraceptive methods and fear of eventual health hazards, which also form some of the resistance to family planning adoption in some communities. Correspondingly, social mobilizers will act as the essential force in eliminating these obstacles by means of culturally competent communication as well as prolonged interaction with the community members.

The results also highlight the issue of institutional support in facilitating mobilizers in executing their functions. Although mobilizers are highly committed to their work, structural factors like the lack of logistical resources, efficient educational materials, and the lack of administrative coordination prevent the successful implementation of outreach actions. It is therefore necessary to strengthen institutional structures and offer proper support to mobilizers to enhance the performance of family-planning programs.

Recommendations

- The training programs on social mobilizers should be mainstreamed and regularly updated to ensure that the social mobilizers are well informed on contemporary contraceptive techniques, reproductive health facilities, and communication techniques.
- Ongoing professional growth activities such as refresher training and capacity-building workshops could improve the confidence of mobilizers and help them to address the issues of the community in a better way.
- The government agencies and health organizations should also enhance institutional support for social mobilizers by providing sufficient logistical support in terms of logistical facilities, transportation, and educational facilities.
- Better communication between the administrative level and mobilisers in the field can be assistive in making sure that field activities of outreach are performed efficiently and effectively.
- The referral can be enhanced by more collaboration between social mobilisers, Lady Health Workers, and local healthcare facilities, which will help provide people who seek family planning services with proper medical counselling.
- Community health strategies can help improve the general outcomes of reproductive health programs.
- Awareness campaigns through mass media, educational institutions, and community forums can contribute to enhancing the knowledge of family planning and busting the myths of contraceptive methods.

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