OVERCOMING BARRIERS TO FAMILY PLANNING IN PAKISTAN

Lessons from Stories of Change and a literature review

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BACKGROUND TO THIS RESEARCH

In this report, findings from the Stories of Change and existing scientific literature on family planning in Pakistan are presented. The main objective of this report is a) to give an overview of the barriers that married Pakistani women and their husbands face in adopting family planning and b) to indicate how these barriers can be overcome.

In 2015, 18 Stories of Change were collected in the province Punjab[1] in Pakistan by Rahnuma, SAP-PK and Sojhla (see Annex for interview questions used). The scientific literature that was used for this report comprises both studies undertaken in and focussing on Pakistan, and beyond.

The first chapter discusses the risks that Pakistani women and children face when not adopting healthier reproductive behaviour and highlights the importance of family planning. The second chapter focuses on the barriers that hamper the adoption of family planning methods among married Pakistani couples. The third chapter addresses important steps that need to be undertaken to tackle barriers in order to enhance contraceptive uptake and family planning. In this chapter, suggestions on how to change people's knowledge and attitudes and how to help married Pakistani women and their husbands to change their behaviour are presented.

[1] More specifically, stories were collected in the following districts of the province Punjab: Chakwal, Muzafargahr, Lahore, Bhakhar and Multan.

1 THE IMPORTANCE OF FAMILY PLANNING

Promoting the uptake of contraceptives and family planning is important, first of all, since 20 percent of all married women have an unmet need for family planning. This implies that they either wish to space the birth of the next child (9%), or to stop having children all together (11%), but are not using any form of contraception (NIPS, 2013).

Family planning can contribute to women empowerment as it enables them to exercise free and informed choice. At the same time, family planning can result in direct health benefits. The rapid succession of pregnancies of many Pakistani women involves significant health risks for both mother and child. If contraceptive use would increase, the number of unintended pregnancies and unsafe abortions, an important cause of maternal mortality, could be reduced (UNFPA, 2013).

2 BARRIERS TO FAMILY PLANNING

Despite the benefits of adopting family planning methods, the Stories of Change and existing scientific literature indicate various barriers which curtail the uptake of contraceptives by Pakistani couples.

2.1 Lack of knowledge

An important barrier to adopting family planning methods is men and women's lack of awareness of the health risks engendered by the rapid succession of pregnancies. In addition, Stories of Change showed that having a lot of children and suffering from health issues was simply perceived as the norm for women by some storytellers. Because all the other women these storytellers knew seemed to suffer the same fate, it had never occurred to them to complain or protest about their situation.

> *"Only after two month of the delivery she was pregnant again. Now she felt more tired while working. She claimed that the second baby is making her more exhausted and weak all the time. I also observed that the only baby we had was not getting healthy. My wife started looking like more than her age in just a couple of months. We never visited the doctor for these reasons as the family thought it a common issue. My brother's wife also had the same reflections whenever she got pregnant so not much care was being provided to my wife. She too never demanded to go to the doctor and thought it a normal thing to happen to females when they are pregnant (male story teller, SOJHLA)".*

Second, a lack of general knowledge or misconceptions about contraceptive methods is another obstacle for couples to adopt family planning methods (Khan, 2015; Kiani, 2003). For example, one male storyteller of the Stories of Change recounted that he and his wife were in dire need to delay the conception of another child, but the fact that he and his wife didn't know any other way than to abstain from sex created a lot of frustration, and even caused difficulties in their relationship:

> *"As a matter of fact I needed to be with my wife and feared of making her pregnant. Keeping away from her made me sick and my behavior was also changed with her… We feared that it will ruin our life totally (male storyteller, SOJHLA)".*

2.2 Lack of motivation

Lack of motivation forms another barrier for Pakistani women and their husbands to start using contraceptives. This has various origins. First of all, having many boys is a source of great pride in Pakistan, as it heightens the status and prestige of a family within the community (WCP, 2016). This results in families – in particular mothers (-in-law) - pressuring young married couples to produce as many male heirs as possible. Family planning, which would space or limit the number of children, is therefore often not accepted.

Additionally, religious beliefs (such as that fertility is determined by God's will) influence the

motivation of Pakistani women and men to adopt family planning (Zafar, Ullah, Rehman & Abbasi, 2003). Some storytellers of the Stories of Change indicated that family planning was not permitted by their religious beliefs (WCP, 2016):

> *"I thought for the first time to visit the Family Planning office and get more of the information regarding FP. The family planning department's office was very friendly and they welcomed me. The lady doctor there, asked me to bring my wife along so that they can guide her for a better future for us both. When I told my wife about my day's activity she became furious. She said that our religion never permits for family planning. She further added that according to the religion every soul which comes to life brings its food and shelter along. So we human beings have not to worry about the financial matters (male story teller, SOJHLA)".*

Last, concerns about side-effects of contraceptives can give rise to negative attitudes towards using them (WCP, 2016; Zafar, et al., 2003). For instance, the fear that particular contraceptive methods (such as the intrauterine device and female sterilization) would affect a woman's health, hampered women's intentions to adopt family planning methods (Agha, 2010). For both husbands and wives, the fear that the uptake of contraceptives would harm a woman's womb formed an important obstacle in adopting such methods (Agha, 2010).

2.3 Lack of agency

Lack of approval and support from family-in-laws forms in particular for women, but also in some cases for men, the strongest obstacle in adopting family planning methods (Agha, 2010). Intentions to start using contraceptives strongly depend on both the husband's (Stephenson, 2004; Zafar, et al., 2003) and mother-in-law's approval (Khan, 2015; WCP, 2016). The Stories of Change showed that defying or otherwise failing to fulfil the fertility wishes of her husband or relatives-in-law can have grave consequences for a woman, as her husband – sometimes pressured by his family – may decide to divorce her on account of it (WCP, 2016).

In line with this, women lack decision-making power to decide on their own reproductive behaviour. Instead, it is either the husband or the mother-in-law that decides. Even though women might hold different views on the use of contraceptives (Khan, 2015), many of them still believe family planning decisions should be made by their husbands (Agha, 2010). As described by a female story teller:

> *"In our society, Husband (Male) has the right to decide regarding number of children and female has no role in taking such decisions. So, unless and until the husband is not convinced to use these methods, I as a woman cannot do anything in making such choices. Even, I am aware of the benefits of having sufficient gap in child births but I am unable to exercise such decisions (female story teller, RAHNUMA)".*

It is also often perceived that women are not allowed to consult information about contraceptives without their husbands' knowing and approval (Zafar, et al., 2003).

2.4 Communication

Another important factor that stands in the way of couples' adoption of family planning methods is the lack of communication about family planning between husband and wife (Kiani, 2003), likely

due to cultural and religious taboos surrounding the topic. Both male and female story tellers reported that they were too shy to talk to their spouses about family planning and birth control:

> *"After marriage, I was very shy and not able to express my feelings in front of my husband and in-laws. My mother-in-law wanted a boy baby from us as soon as possible and my husband was also of the same opinion. After eleven months of my marriage, I gave birth to a baby boy but faced some complications. Delivery was conducted by a local female (Quack). But gradually, both I started recovering and we came to our normal life. I was very happy and my in-laws were also feeling blessed. Three months latter my husband told me that his mother, my mother in-law, is demanding another child to increase our family size, as having more sons is considered a matter of pride in the area. I was not prepared for this but could not do anything as I was unable to express my feelings in front of him. I do not want to make him angry so I kept quiet. Just after a year, I gave birth to a baby girl. But this time I was very sick and faced a lot of complications. The infant was very week and was under weight. This time the delivery was conducted by the nearby public health facility as the Quack told my mother in-law that this is a complicated case and I cannot handle it. This time, I thought of having space in birth, but found it quite difficult to talk to my husband and mother in-law (female story teller, RAHNUMA)".*

In some cases, this shyness to talk to a spouse resulted in misunderstandings, where both husband and wife did not want to have a new baby, but were unaware of each other's feelings and – under pressure of their mother(-in-law) – kept having children (WCP, 2016). Because of feelings of shame, Pakistani couples are also often hesitant to discuss family planning and reproductive health issues with health care personnel (Zafar, et al., 2003).

2.5 Limited availability and accessibility

Furthermore, the uptake of modern contraceptive methods is hampered in areas where no health clinics, or no health clinics which offer family planning services, are available (Sultan, Cleland & Ali, 2002; Stanback, Lebetkina, Orr & Malarcher, 2014). Additionally, frequent stock-outs in health centres can hamper the uptake of contraceptives (Hardy & Leahy, 2009; Stanback, et al., 2014).

On the other hand, in the case of the availability of health centres, in many cases these are underutilized due to the social inaccessibility of these services (Sultan, et al., 2002). Pakistani women are restricted in their mobility, as typically the husband, mother-in-law or another adult family member needs to be convinced to accompany the wife to a health clinic. 0This is the case in order not to harm the family's honour (Sultan, et al., 2002).

3 HOW TO OVERCOME BARRIERS TO FAMILY PLANNING

STEP 1: CHANGE PEOPLE'S AWARENESS AND ATTITUDES

3.1 Increase awareness of health risks and knowledge of family planning methods

In case of a lack of awareness about the health risks of rapid succession of pregnancies, the first step is to make people aware of this. Women who are more aware of the lowered health risk as a result of spacing children are more likely to start using contraceptives (Agha, 2010). In awareness raising activities, it is important to not only target women, but also to target men. The Stories of Change showed the importance of changing men's perspectives on family planning, as they are generally the ones who hold the decision power over when and how many children will be born within the marriage (WCP, 2016).

One strategy that proved successful in making men aware about the problems that the rapid succession of pregnancies can cause for their wives and baby's was staging educational plays about family planning issues and having male community members participate in them. The Stories of Change indicated that because of men's participation in plays and the deep emergence in the topic of family planning that their role as actor or script writer required, they had increased their knowledge about undertaking healthy family planning behaviour and the health risks of incessant pregnancies for women and children (WCP, 2016):

> *"Later I was asked to write a script of the issues regarding the family planning and these issues were to be a part of the performance staged in the community. I have to study and observe a lot for the issues. To make a performance brilliant it is necessary for it be more realistic and should address the issues which are physically being faced by the community. Therefore I have to very careful in writing the script and had to go into a deep observation for which only my own family was present, as I had complete access to see and feel the issues myself. Only thing I needed was to observe the issues without any bias … When I was working to have a best script and was observing the issues at my own home I observed that I myself needed to have a control over my family and think of my wife who was facing lots of problems due to repeated pregnancies with no or very little interval. It dawned on me that as my wife came to a very religious and respected family, where it is taught that one should obey their husband and do whatever righteous the husband expects from a wife. Therefore my wife had never complained me about the issues and it was me who has to be careful for her health. Now as I already had participated in the training workshop as a trainer and myself had searched about the issues I felt guilty of not being careful regarding the rights of my wife. I then took a decision that I will not go for another pregnancy until and unless my wife also want to have more kids. I consulted her and was shocked to know that she too didn't wanted more kids at least until the young ones are able to move around themselves and can walk and talk and at least she had no worries for their toilet and changing nappies. She thought that they have enough kids and going for another kid can be thought of only if I wanted to have more otherwise she thought our family has been completed (male story teller, SOJHLA)".*

Additionally, knowledge of the variety of family planning methods and facilities available to women has a positive effect on Pakistani women and their husbands' intentions to use contraceptives

(Agha, 2010). One way to increase this knowledge is to arrange joint visits to health centres of husband and wife, and possibly mother-in-law, thereby contributing to a shared understanding. During these visits, professionals such as doctors or health workers could inform them about family planning methods (WCP, 2016).

Third, both awareness of health risks and knowledge of the variety of family planning methods could be increased by providing sexuality education to adolescents. It is important to recognize that this type of education is a politically difficult and sensitive topic in many countries, as it is often presumed that this would encourage youth to become sexually active. However, when provided appropriately, sexuality education can inform adolescents with "age-appropriate, culturally relevant and scientifically accurate information (Mbizvo & Phillips, 2014: 938)".

3.2 Respond to concerns about contraceptive use

Informing Pakistani couples about contraceptives is an important way to respond to concerns about contraceptive use. This can be done, first of all, by offering contraceptive information and counselling in order to inform people about the methods available to them and possible side-effects. (Zafar, et al., 2003) In addition, it is important to promote contraceptives with minimal side effects (Zafar, et al., 2003). Also, readily available assistance should be there for women who either start using contraceptives or would like to switch methods (Zafar, et al., 2003).

> *"Initially my wife was not agreeing to go on pills but later she was convinced after visiting the lady doctor several times and sharing her insecurities. Now after having a gap of three years and also have a baby boy, what we wished for, is a blessing for us. We are a happy family now. I think if we were not practicing these contraceptives we would have never recovered financially or health wise... Initially she somewhat agreed but was not sure about the side effects of pills. I took the courage to take her to the doctor several times and after all she was convinced (male story teller, SOJHLA)".*

3.3 Change negative attitudes

It is necessary to involve secondary target audiences in behavioural change campaigns to address a lack of motivation and negative attitudes towards family planning (Agha, 2010). Both husbands (Stephenson, 2004; Kiani, 2003) and mothers-in-law should be included. It is important to recognize the pivotal role the mother-in-law can play in reproductive decision making, and address this in (future) project implementation by making efforts to change mother-in-laws' attitudes towards family planning too. A combination of the visit of the health worker and improved communication about family planning between mother-in-law, daughter-in-law, and husband proved to be a fruitful strategy for changing the mother-in-law's and husband's attitude (WCP, 2016):

> *"My husband had seen my disturbed health condition during last pregnancy and he was of the opinion to give some gap in next pregnancy. But on her mother's pressure, he was unable to do so. Initially, I and my husband both were reluctant to discuss the matter but few days later, I started the topic and asked my husband that we should take a gap in next pregnancy. My husband who was also of the same opinion from inside but previously found it quite difficult to openly discuss it with me. We mutually agreed to avoid pregnancy for some time and he also advised me to discuss it with my mother in-law. I finally, discussed it with her, and initially she was very angry with this decision. She gave example that majority of women in the area and*

> *none of our ancestors used such methods … When I informed her that the doctor and lady health worker informed us that it can create serious problems for children. I also requested the lady health visitor to convince my mother in-law. Gradually, she was convinced and especially when she came to know that my husband also had the same opinion (same female story teller as previous quote, RAHNUMA)".*

Furthermore, the Stories of Change showed that people's behaviour with regards to family planning and using contraceptive methods can be changed by making links to basic human emotions and instincts, such as pleasure, fear, and maternal instinct. It was for example noted that men started using condoms more often after the condom manufacturer had added features to the condoms that increased the men's sexual pleasure during intercourse (WCP, 2016).

> *"Another reason behind the increased use of the contraceptives is hmmm… it seems very odd to say ... but the use of condoms increased due to the companies change in their product. The condom is not only used for the intervals but now the condoms come with different qualities the most important is the one which guarantee the more satisfaction. Their qualities are also a reason of males going for it (female story teller, SOJHLA)"*

Agha (2010) showed that husbands are more likely to start using condoms when they perceive that a responsible and caring husband would adopt such contraceptive methods in order to improve the quality of health and living of his family.

One of the reasons that women were more inclined to start using family planning methods was that they had come to realise that pregnancies were bad for their health, and feared that incessant pregnancies would take a toll on their physical appearance. Also, it seems useful to 'open parents' eyes' about the costs of having another baby, and to point out the dangers that incessant pregnancies and having too many mouths to feed can have on the health and happiness of their already born children. Parents will be naturally concerned about their children's wellbeing and will feel the instinctive need to take precautions – in the form of not having another baby - to protect them (WCP, 2016).

Engaging religious authority figures (who take a positive stance on family planning) in family planning activities that inform people about family planning seemed to be an effective way to reduce people's anxiety about using contraceptive methods, which they previously thought of as being sinful or culturally unacceptable (WCP, 2016). In this way religious misconceptions can be clarified (Fikree, Khan, Kadir, Sajan & Rahbar, 2001). For the storytellers of the Stories of Change who mentioned that they had taken part in such an activity, the religious legitimization they received from the religious authority figures played an important role in their decision to actually start practicing family planning (WCP, 2016).

STEP 2: HELP COUPLES TO CHANGE THEIR BEHAVIOUR

3.4 Encourage spouses to discuss family planning

The Stories of Change showed that an important element in improving family planning behaviour was encouraging communication about family planning between husband and wife (WCP, 2016).

One way to promote intra-marital communication was to guide women in overcoming their shyness in talking about family planning. This can be done by teaching women strategies in how to broach the subject of family planning with their husbands and how to convince them on the importance of adopting family planning methods. Possible ways to convince husbands might entail: making them think about the costs of another baby (and the financial benefits of having fewer), and making them aware that incessant pregnancies can not only create grave health issues for their wives, but may also lead to weak and sickly – or even deceased – offspring (WCP, 2016).

> *"She [a female health worker from Rahnuma's Family Planning Association] also guided us that we need to discuss these matters with our husbands and need to get them in confidence. She also told us the way how to communicate this message to husbands; she said that the health of new born is of ultimate concern for husbands so if we can communicate to them that insufficient gap in child births can create problems for them which can lead to their death … It enables me to discuss the matter of family planning with my husband more confidently. I am in a better position to explain that insufficient duration in child birth can create serious dangerous for both mother and child (female story teller, RAHNUMA)".*

However, training women to overcome their culturally ingrained shyness is a complex task and may not be a viable goal for many women within the (short) time span of a programme's implementation. It may therefore also in this case be necessary – or at the least more efficient – to also directly target men (Kiani, 2003), and include them in the project activities (WCP, 2016). This can be done by arranging sensitization sessions for men, where informed professionals such as doctors or health workers inform them about family planning methods, and where they are encouraged to communicate with their wives about the topic of family planning and include them in the decision making (WCP, 2016).

3.5 Increase the physical and social accessibility of contraceptives

The availability of health centres which offer family planning services has to be improved, especially in areas where currently such clinics are not present (Shelton et al., 1999).

Next to increasing the availability of static health clinics, a community-based approach to family planning has shown positive results. This approach entails the training of literate married women who offer doorstep contraceptive information and basic services in their own and nearby communities (Sultan, et al., 2002). These measures are especially important to overcome the restricted mobility of women (Douthwaite & Ward, 2005).

In the case of lacking access to public health clinics or stock-outs of contraceptives, drug stores can form an important supplier of condoms and pills, thereby increasing the availability of family planning methods (Malkin & Stanback, 2015). Various studies have shown that drugs stores tend to be preferred over public health clinics because of more convenient locations and openings hours (see Malkin & Stanback, 2005 for an overview). Yet, shop providers need to be well-informed and instructed about the contraceptive methods in order to guarantee the safety of the practise (Malkin & Stanback, 2015).

4 ADDITIONAL CONSIDERATIONS

Whilst undertaking projects to overcome barriers to family planning, the following considerations are important to take into account.

4.1 Men and/or women?

The Stories of Change indicated that it may not be fruitful to organise 'mixed gender' group activities where multiple men and women take part, as they may be viewed as culturally unacceptable, and women may not be allowed or willing to attend out of embarrassment or fear of being stigmatised as a 'bad woman':

> *"Initially, I found resistant and difficulties in my community and people passed negative comments on me this women's character is not good as she participated in events where men are part, in our community women are not allowed to talk with men without the veil that's why I choose before that change in myself nobody can dare to talk about women rights in our community (female story teller, SAP-PK)".*

Group activities can therefore best be organised separately for men and women (WCP, 2016). In the case of intra-marital activities, husband and wife can be included in the same activity.

4.2 Who to work with?

The Stories of Change suggested that having a familiar and respected facilitator for the project activities can help to put project participants at ease and make them accept and absorb information better. When raising awareness about family planning issues, it is advisable to choose a project facilitator from the community, with whom people are already comfortable to share sensitive information, and who knows the local language. Additionally, quotes of various storytellers showed that repeated contact with the same project officer (for example a health worker, a counsellor, etc.) can help take away initial suspicions and reservations a participant has towards that project officer. At least for some participants trust needs to be built slowly before participants really start to listen and open up (WCP, 2016).

> *"Rahnuma-Family Planning Association of Pakistan arranged awareness raising sessions with young married girls in the local community to make them aware on the benefits of using family planning methods. The sessions were conducted by a lady health worker working in our area that we already knew very well and she delivered the information in local language "Saraiki". It was easy for all of us to understand that what she is saying (female story teller, RAHNUMA)".*

4.3 Male-to-male?

In the case of delivering reproductive health information and services to men, it is advised to work with male workers (Kiani, 2003)

4.4 Which obstacles are faced by whom?

It is likely great differences exist in the barriers faced by individuals which hamper the adoption of family planning methods. Therefore, to increase the relevance of the projects that are implemented, it is necessary to assess which obstacles are faced by which people (Stephenson, 2004).

5 CONCLUSION

Health problems due to incessant pregnancies are a serious problem in Pakistan. Promoting the uptake of contraceptives and family planning is important among other reasons since 20 percent of all married women have an unmet need for family planning.

This report has highlighted barriers faced by Pakistani couples in adopting family planning methods:

- Men and women may lack awareness of the health risks engendered by the rapid succession of pregnancies, or may lack knowledge or misconceptions about contraceptive methods.
- Men and women may lack motivation to adopt family planning methods due to cultural traditions, religious beliefs or fears for side-effects of contraceptives.
- Lack of approval and support from family-in-laws and limited or lacking decision-power of women over their reproductive behaviour may form barriers to adopting family planning methods.
- Shyness and cultural taboos surrounding the topic of sexuality make it difficult for both wife and husband to open up and discuss family planning issues with each other.
- The uptake of modern contraceptive methods may be hampered in areas where health clinics witness frequent stock-outs or where no health clinics which offer family planning services are available in the first place. Additionally, health centres may be underutilised due to the social inaccessibility of these services.

Strategies that can help Pakistani couples to overcome these hurdles and adopt family planning methods were twofold in nature:

- First of all, people's knowledge about the health risks of incessant pregnancies and the contraceptive methods available to them needs to be enhanced. Additionally, negative attitudes towards adopting family planning methods need to be changed.
- Secondly, people have to be helped in changing their behaviour by improving intra-marital communication and by increasing the physical and social accessibility of contraceptives.

Specific activities or things that worked and that may thus be fruitful to include in future project design for programmes with similar purposes are:

- Targeting husbands and mothers-in-law directly, in addition to women, in awareness raising activities and behavioural change campaigns (e.g. by staging educational plays and having male community members participate in them).
- Informing couples about contraceptives and possible side-effects by arranging visits to health clinics which provide contraceptive information and counselling.
- Engaging religious authority figures (who take a positive stance on family planning) in family planning activities that inform people about family planning to reduce people's anxiety about using contraceptive methods, which they previously thought of as being sinful or culturally unacceptable.
- Guiding women to overcome their shyness and to discuss family planning with their husbands, as well as teaching them strategies to convince their husbands and mothers-in-law (e.g. by pointing out the risks involved for the life of the unborn child).
- Encouraging men to discuss family planning and include women in the decision-making.
- Offering contraceptives in drugs stores to expand the supply of contraceptive methods.
- Encouraging door-step services and counselling to overcome the limited mobility of Pakistani women.

REFERENCES

Agha, S. (2010). Intentions to use contraceptives in Pakistan: implications for behavior change campaigns. *BMC Public Health, 10*: 450.

Alam, S., Ahmed, M. H., and Butt, M. S. (2003). The dynamics of fertility, family planning and female education in Pakistan. *Journal of Asian Economics, 14*: 447–463.

Douthwaite, M., and Ward, P. (2005). Increasing contraceptive use in rural Pakistan: an evaluation ofthe Lady Health Worker Programme. *Health Policy and Planning, 20*(2): 117-123.

Fikree, F. F., Khan, A., Kadir, M. M., Sajan, F., and Rahbar, M. H. (2001). What influences contraceptive use among young women in urban squatter settlements of Karachi, Pakistan? *International Family Planning Perspectives, 27*(3): 130-136.

Hardee, K., and Leahy, E. (2008). Population, fertility and family planning in Pakistan: a program in stagnation. *Population Action International, 3*: 1-12

Khan, M. S., Hashmani, F. N., Ahmed, O., Khan, M., Ahmed, S., Syed, S., and Qazi, F. (2015). Quantitatively evaluating the effect of social barriers: a case–control study of family members' opposition and women's intention to use contraception in Pakistan. *Emerging Themes in Epidemiology, 12*(2): 1-5.

Kiani, M. F. K., (2003). Motivation and Involvement of Men in Family Planning in Pakistan. *The Pakistan Development Review, 42*(3): 197-217.

Malkin, M. A., and Stanback, J. (2015). Community-based provision of family planning in the developing world: recent developments. *Current Opinion in Obstetrics and Gynecology, 27*(6): 482-486.

Mbizvo, M. T., and Philips, S. J. (2014). Family planning: Choices and challenges for developing countries. *Best practise and Research Clinical Obstetrics and Gynaecology, 28*(6): 931-943.

National Institute of Population Studies [Pakistan] and ICF International. 2013. Pakistan Demographic and Health Survey 2012-13. Calverton, Maryland, USA: National Institute of Statistics and ICF International.

Shelton, J. D., Bradshaw, L., Hussein, B., Zubair, Z., Drexler, T., and McKenn, M. R. (1999). Putting Unmet Need to the Test: Community-Based Distribution Of Family Planning in Pakistan. *International Family Planning Perspectives, 25*(4):191-195.

Stephenson, R., and Hennink, M. (2004). Barriers to Family Planning Service Use among the Urban Poor in Pakistan. *Asia Pacific Population Journal, 19*: 5–26.

Sultan, M., and Cleland, J. G., and Ali, M. M. (2002). Assessment of a new approach to Family Planning Services in Rural Pakistan. American Journal of Public Health, 92(7): 1168-1172.

UNFPA. (2013). The State of Family Planning in Pakistan: Targeting the Missing Links to Achieve Development Goals. UNFPA

USAID. (2012). Family Planning in Pakistan: An overview. Research and Development Solution. Policy Briefs Series No. 1.

World Citizens Panel. (2016). Pakistan Impact Report. Forthcoming.

Zafar, M. I., Ullah, M. H., Rehman, S., and Abbasi, S. (2003). Fertility Regulating Behaviour: A study of rural Punjab-Pakistan. *Pakistan Journal of Applied Sciences, 3*(6): 376-384.

ANNEX

WCP Stories of Change – Pakistan

Interview questions:

In addition to general questions (e.g. gender, age, occupation of the interviewee) and questions about consent, the interview addressed the following questions:

How would you describe the current situation regarding Gender Based Violence (Intimate Partner Violence) in Individual Life?

What main changes have you noticed in Individual Life in Gender Based Violence (Intimate Partner Violence) in the last couple of years?

We have been talking about a number of changes (refer to list above). From your point of view, which one is the MOST significant change?

Why did you choose this change in particular? In other words, why is it the most significant for you?

How did this change come about?

Now that you are where you are, what can you do to get a positive change or sustain the positive change?

What could my organization do to support you in this?

What title do you want to give to your story?

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Portrait of Ameena Samoo and her daughter in Pakistan, Umerkot district.

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