



CONSUMER Insight Study

Married Women's Pathway to
Family Planning (FP) Use in Pakistan



“

There are two great powers in the world; one is that of the sword and the other is that of the pen. There is a third power stronger than both and that is of women. No nation can rise to the height of glory unless the women are side by side.

”

MUHAMMAD ALI JINNAH



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We would also like to thank the VTT data collection and management team for their tireless efforts during various stages of the study process from site selection up to data preparation for the interpretation workshop.

Finally, thanks to the illustrator for the visual representations of our findings and journeys for the final report.





ETHICAL CONSIDERATIONS

The study was designed keeping in view the General Data Protection Regulations (in compliance with UK Data Protection Act 2018), protecting the confidentiality, with integrity and availability of the information it collects, stores, transfers and processes following international good practice, and to meeting its legal requirements and contractual obligations.

All research conducted adhered to strict ethical standards for research laid out by the US Office for Human Research Protections (OHRP) and Pakistan Health Council. This research received ethical clearance from the PSI Research Ethics Board and Research and Development Solutions (RADS) Pakistan ethical board, which ensured the protection and well-being of human subject participants. Prior to data collection, the in-country research team received training which covered topics such as ethics, respondent confidentiality, data protection and safety. Population Services International (PSI) Pakistan and VTT conducted field monitoring to ensure that the researcher adhered to approved protocols and fieldwork was conducted in ways which minimized the risk of harm to the respondents.

CREDITS

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ACRONYMS

CPR	Contraceptive Prevalence Rate
DAFPAK	Delivering Accelerated Family Planning in Pakistan
FCDO	Foreign Commonwealth & Development Office
FIL	Females-in-law
FGD	Focus Group Discussion
FP	Family Planning
HCD	Human Centred Design
HCP	Healthcare Provider
IDI	In-Depth Interview
IUD	Intrauterine Device
KP	Khyber Pakhtunkhwa
LHV	Lady Health Visitor
LHW	Lady Health Worker
LTM	Long Term Method
MM	Modern Method
MIL	Mother-in-Law
MEC	Medical Eligibility Criteria
MWRA	Married Women of Reproductive Age
OHRP	Office for Human Research Protections
PDHS	Pakistan Demographic and Health Survey
PSI	Population Services International
RADS	Research and Development Solutions
TM	Traditional Method



ABSTRACT

Pakistan Demographic and Health Survey (PDHS) 2017-18 show 17% of currently married women have an unmet need for Family Planning (FP). Women aged 25-34 and women living in rural areas have the highest share of unmet need (20% and 19%, respectively) and regional estimates range from 22% in Balochistan to 16% in Punjab. Focusing on and addressing these unmet needs would lead to the CPR being increased to 52% (National Institute of Population Studies & ICF, 2019)

Current FP interventions that draw on social marketing or social and behaviour change (SBC approaches are untailed and are designed for broad FP audiences). A targeted, evidence-based approach to program implementation and design, that is informed by a deep understanding of the lived experiences that shape women's attitudes, barriers of access, and behaviors regarding family planning, as well as the socio-ecological context, including the perspectives of their influencers, in which family planning discussions and decisions take place, could lead to improved program results, and ultimately, reduced unmet need.

Employing qualitative social marketing research approaches, this study sought to understand the factors that influence married women of reproductive age (MwRA)'s uptake of modern methods (MM) by gathering insights on their knowledge, perceptions and experiences regarding MM while also understanding their interactions with influencers and the roles they play in the decision-making process which subsequently defines the women's behaviour and attitude.

This study included MwRAs stratified into age groups (youth 18-24 and older women, 25-34) and further categorized into six population segments: urban young, urban general, urban wealthy young, urban wealthy general, rural young, and rural general. A total of 108 in-depth interviews conducted across three provinces in Pakistan were (Sindh, Punjab and KP) while 18 focus group discussions were conducted with their influencers (husbands, mothers-in-law, and community leaders).

Deductive coding was employed to code the followed by analysing and sorting the codes into categories to detect consistent and overarching themes. After this, extensive data analysis and interpretation exercises were conducted where key insights and thematic constructs were generated.

To visualize the data gathered, women's FP journey maps were constructed to depict the impact of her influencers, motivations and barriers and how that defines her progression through the various stages of her FP journey: awareness, decision, use, maintenance and advocacy.

The six journeys maps created to represent the care-seeking showed a similar overall trajectory and common features with few prominent differences in each segment. Regardless of age or residence, there was limited pre-marital understanding of family planning and reproductive health and women only actively sought or knowledge of modern methods (MM) after the birth of their first or second child.



Husbands are gatekeepers with regards to access to MM and influence the decision on whether to use traditional methods (TM), condoms or allow her to opt for an MM of her choice. Previous dissatisfaction with modern methods was observed among many current users of TM and condoms.

There were also differences in access to information & how they interacted with various touchpoints for each of the six population groups these differences influenced their decision-making process and affected their subsequent behaviour and FP pathway, which permitted them to access various sources for their knowledge gain. In contrast with the rural populations, couples from the urban young setting play an active role in their decision to have their first child. Also, it is only women from the urban older category who mention receiving IEC material which helps them form a decision regarding uptake of a method. Moreover, when it comes to advocacy for FP, rural older women are the most hesitant to share their experiences irrespective of whether it was positive or negative as they consider it a private matter.

Additionally, three psychographic FP path ways were also developed which were based on collating women into groups based on their behavioural patterns regarding FP. These show the most likely journey women follow based on their choices of FP methods.

Based on the study results, while there are few similarities for most groups regarding their awareness, decision, use, maintenance or advocacy, various factors influence women's FP journey which affects their decision making and accounts for their behavioural differences. This becomes useful for researchers, donors, and stakeholders alike as it highlights and supports the development of contextualized messaging for each of these groups. Steps can be taken to design tailored interventions based on women's position on the FP journey, their barriers and motivators, processes and mediums of change that would trigger a change in behaviour. This will optimize resources and ensure evidence-based approaches in developing healthy social and behavioural change strategies to improve the use of reproductive health services in Pakistan.

In that regard, PSI Pakistan wants to use the insights from the consumer insight study to generate problem statements. Plans are being made to focus on conducting a "Hackathon" event which will be based on facets of Human Centred Design (HCD). The Hackathon will be a design-oriented and solution-integrated event focusing on developing deliverables for the problem statements that have been derived from the consumer insight research. These can then be piloted for select intervention areas and refined overtime based on insights from the implementation phase, with the final product being potentially taken to scale.



INTRODUCTION

Despite the advent of Family Planning (FP) programs in the mid-1960s, Pakistan is significantly short of meeting its targets and lags behind almost all of the countries in the region, except for Afghanistan, in the success of its FP initiatives. Pakistan's fertility rate has decreased slower than desired compared to other countries in the region. According to the Pakistan Demographic and Health Survey (PDHS) 2017-18, the modern contraceptive use among currently married women of reproductive age (MWRA) has stagnated over the last five years (26% in 2012-13 and 25% in 2017-18).

Among currently married women, the most popular modern methods are male condom and female sterilization (CPR of 9.2% and 8.8% respectively). The contraceptive prevalence rate (CPR) among married women varies with age, rising from 7% among women age 15-19, peaking at 48% for women age 40-44, and then slightly declining to 37% among women age 45-49.

These statistics suggest the country will face a strenuous challenge in meeting its ambitious goal of decreasing the population growth rate from 2.4 per cent per annum to 1.5 % per annum by 2024, and to 1.1 per cent per annum by 2030 (Jones et al., 2019). Pakistan's diverse socioeconomic and political structure coupled with ethnic and cultural paradigms of its provinces along with increasing life expectancy means that the task ahead is increasingly more complex.

These conditions point to a need to grow the market and demand for family planning products and services. Population Services International (PSI) is currently supporting the private sector in Pakistan through the national provision of a broad range of high-quality family planning products and services, through a DFID-funded Delivering Accelerated Family Planning in Pakistan (DAFPAK) initiative. PSI has conducted extensive FP use/need analyses for Pakistan following its Keystone Approach which identifies market failures and helps in determining the most appropriate interventions needed to improve demand and supply while having a conducive environment that can lead to the development of an equitable and sustainable healthy market. To achieve this, there is a need to gain deeper insight into married women's (customer) experience with family planning products and understand the influencers, decision-makers, barriers and motivators that shape women's attitude towards accessing FP methods.

The focus of this research was to gather insights by utilizing in-depth interviews and focus group discussions with the target populations (MWRAs and their influencers). 107 in-depth interviews (IDIs) were conducted involving MWRAs within the age bracket of 18-34 years and 18 focus group discussions (FGDs) (6 to 8 participants in each) involving husbands, mothers-in-law and community leaders. To serve as a comparison between urban and rural sites and to ensure a better understanding of FP use and behaviour amongst population groups that FP market is failing, Peshawar and Swabi from Khyber Pakhtunkhwa (KP), Lahore and Toba Tek Singh from Punjab, and Karachi and Sanghar from Sindh were selected as study sites.

INTERVENTION DISTRICTS & FUN FACTS

RESEARCH AREAS



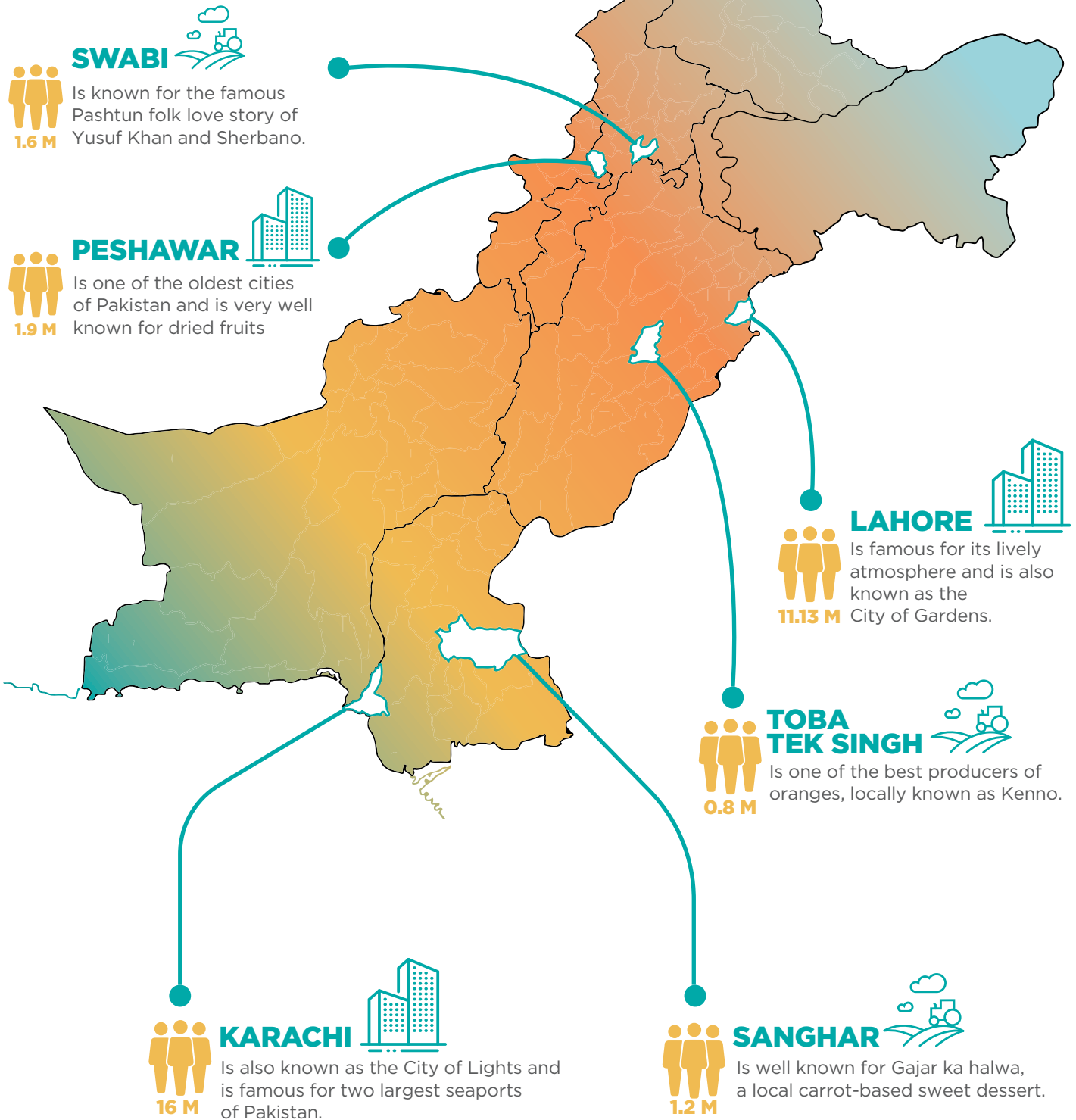
urban areas



rural areas



population



“

Research is formalized curiosity. It is poking and prying with a purpose

”

ZORA NEALE HURSTON

BACKGROUND

CONTEXTUAL SETTING

As of the National Census 2017, Pakistan is currently the fifth most populous country in the world and continues to grow exponentially. This massive growth in population poses severe socioeconomic impediments to the country's development. Paired with the country's sub-optimal scores and trends in human development areas such as education, literacy, health, nutrition, gender equality, employment and economy along with paradigm shifts caused by climate change, food insecurity and political instability, the country's capacity to competently respond and address the needs of this population figure is precarious.

At 34%, Pakistan has one of the lowest contraceptive use and high fertility rates (3.6 births per woman, PDHS 2017-18) among all the countries in the region with the average contraceptive use being 53% (Shah et al., 2018; World Bank, 2015). Data reveal that a significant portion of the population in Pakistan is plagued with a lack of information about FP and inaccessibility to quality FP services which results in several unwanted pregnancies.

One of the key findings of the PDHS (2017-2018) is that the rate of discontinuation amongst users of FP is also significantly high at 30%. Prior research indicates several reasons behind this discontinuation, however, the most cited are lack of proper knowledge and information, inaccessibility to quality FP services, and fear of side-effects of modern contraceptives (Mustafa et al., 2015). However, there is no sufficient insight into the various roles played by influencers and decision-makers and the women's interactions with various touchpoints during the stages of her FP journey. Hence why a consumer journey map was employed for this study to visualise and derive service delivery insights from the women's experiences.

CONSUMER JOURNEY MAPS

According to Følstad and Kvale (2018), consumer journey maps are a way to understand consumers and gather insight from their experiences. Consumer journey maps visualize the consumer's decision-making process and the various factors and influences that may impact their decision and situate the consumers on various stages on a journey model which differ but generally incorporate themes from adoption stairways. Consumer journey maps have been applied in healthcare settings, usually in hospitals and are referred to as patient-journey maps which are developed on the healthcare professional's assessment.

In a program setting, the application of a consumer journey map would serve as a visual guide to understanding women's FP journey along with the various touchpoints, barriers/motivators, and influencers, and how this affects her decision and behaviour. Such a holistic overview of a woman's FP journey would help programs to assess the effectiveness of their current strategies, re-evaluate the areas which need strengthening or improvement, and identify possible areas of intervention and design customized approaches that could trigger behaviour change.

IDEAL FP JOURNEY MAP

On the following page is a draft ideal consumer journey developed as a data visualization tool for women who currently use or have used Family Planning products. It depicts the stages of awareness, decision, use, maintenance and advocacy. Various factors such as motivators, barriers, and touchpoints are also visualised to see the facilitation of change and movement between the stages. This will be used to identify the different ways in which a Pakistani MWRA's pathway differs from the ideal and the strategies needed to bring her closer to her ideal FP journey. Each stage reflects what the best possible factors are that allow her journey to progress positively towards her becoming a satisfied MM user who advocates for others to adopt as well.

At the awareness stage, the woman should receive counselling that she needs: correct, authentic and age-appropriate information regarding sexuality, pregnancies and contraception. She would have the agency to raise inquiries and discuss her concerns. She should be able to make a connection between contraception and her future aspirations – it should encourage her to see how contraception can help her achieve her goals.

At the decision stage, the woman must have the necessary information about FP and the authority and social support she needs which enables her to reach a decision about the FP method that best suits her health and lifestyle. At the use level, the woman acquires her FP method and feels it is easy to access, available, affordable and of high quality. She receives quality counselling that supports her decision of continued use and service that is bias-free from the providers.

At the maintenance stage, the woman is able to consistently use her method. If there are any side-effects or she is dissatisfied with current method, she can seek prompt counselling and care that helps her to manage the complications or enables her to be able to seek another MM. If she desires to get pregnant, she can even choose to discontinue. At the advocacy stage, the woman is satisfied with her method and experience. Feeling self-assured and empowered, she shares and advocates her experience which encourages others to adopt and use modern methods too.

IDEAL FP JOURNEY OF A MARRIED WOMAN



AWARENESS

1

- She receives age-appropriate, correct and positive information regarding sexuality, pregnancy and contraception throughout her development.
- She understands how contraception fits into her life and can meet her needs.
- She knows where and has the agency to ask questions and discuss concerns with trusted and convenient resources.



USE

3

- She obtains her preferred method and feels it is affordable, available, of appropriate design, and assured quality.
- Quality counseling helps her make an informed choice and provides necessary information and support for successful continued use.
- She receives stigma and judgement-free quality services from her trusted provider.



ADVOCACY

5

- She is satisfied with her method and her experience.
- Feeling confident and empowered, she shares her experience, advocates for and supports others to adopt and effectively use modern methods.

2

DECISION



- She has the agency, the support she desires from her partner and family, and necessary and trusted information to select a method that best suits her FP needs, lifestyle and health.
- She decides to adopt FP and decides to choose a modern method.

4

MAINTENANCE



- She accesses her chosen method with consistency and ease.
- If she experiences complications or is unsatisfied, she can seek prompt and quality counseling and care from a trained supportive provider.
- She can easily access and choose an alternate modern method that meets her needs without interruption.
- She can discontinue if she chooses to get pregnant.










METHODOLOGY

Due to the exploratory nature of the subject matter of the research, a qualitative methodology was adopted. Qualitative research methods such as in-depth interviews and focus group discussions were utilized. The interview and focus group discussion guides were prepared based on the areas of inquiry generated from consumer information gaps identified during Market Development Approach workshop.

SAMPLING STRATEGY

In-Depth Interview: In-depth-interviews were conducted with married women aged 18-34 years; participants were further segmented by age (18-24 and 25-34 yrs) and residence (urban/rural). Considering high use of traditional method among urban wealthy women, addition sample of urban wealthy was taken to gather further insights regarding factors associated with their method choice. Purposive sampling technique was used and involved a province wise segregation of a total sample of 90 interviews.

An equal sample (30) was drawn from the three selected provinces i.e. Punjab, Sindh and KPK. This province wise sample was further segregated into age and rural and urban sample. For this purpose, VTT and PSI agreed on selecting one rural district and one urban district from each of the province. The urban districts were Karachi, Peshawar and Lahore from Sindh, Khyber Pakhtunkhwa, and Punjab respectively while their rural counterparts were Sanghar, Swabi and Toba Tekh Singh.

IDI's		Current Users of MMs	Method Discontinuers MMs	Traditional Method Users	Total
Young Women (18-24 yrs.): Urban		6	6	6	18
Young Women (18-24 yrs.): Rural		6	6	6	18
Urban women (18-34)		6	6	6	18
General Population (25-34 yrs.):Urban		6	6	6	18
General Population (25-34 yrs.): Rural		6	6	6	18
Young Women: Urban Wealthy		3	3	3	9
General Population (25-34 yrs.) Urban Wealthy Women		3	3	3	9
		30	30	30	108

To ensure the sample encompasses women from different backgrounds of FP use or non-use type, the populations were further bifurcated into groups of current users, discontinuers and traditional method/non-users.

For the purpose of gathering insights from urban wealthy populations in the research study, 18 additional women were identified from the urban districts and were also included as part of the sample. The age group and FP user type bifurcations were also employed in this population group.

FOCUS GROUP DISCUSSION

Focus group discussions were used to understand the community's perspective towards family planning use. Focused group discussion will be conducted in communities with key gatekeepers which includes husbands of the primary target population, mother-in-law or elder female member of the household and community leaders in the study area. A total of 18 focus group discussions (FGDs) were conducted for the three provinces.

INSTRUMENTS

The data collection instruments consisted of an interview guide for the IDIs and a discussion guide for the FGD. The IDI instrument guide consisted of questions pertaining to the woman's background, decision-making authority, aspirations, knowledge of FP, FP experience, and acquisition of behaviour/experience. Several specific questions depending on the user type (current, discontinuer, traditional/non-user) were also included. Interviewers were trained to follow up on the answers provided by the respondents with additional probes, some of which were provided in the questionnaire, and to follow emergent themes based on their relevance to the topic.

Whereas the FGD instrument guide comprised of various questions and probes regarding the attitudes of influencers regarding FP methods and their role in the FP journey of married women. Additional questions were also identified based on the influencer type (mothers-in-law, husband or community leader).

DATA COLLECTION

Data Collection was initiated in March 2019 and concluded in September 2019. A separate team of field researchers in each of the sampled districts were chosen to execute the data collection process. The research team was guided and trained on various facets of acquiring and documenting the consent of participants and ensuring their participation will remain anonymous. With the incorporation of urban wealthy populations, a total of 108 in-depth interviews were conducted for this study.



CODING AND ANALYSIS

The deductive coding approach was employed for data coding which refers to the development of a codebook that serves as a guide through the coding process. PSI Pakistan's codebook included the major themes of

Individual and Family Characteristics: These include the sub-themes of family life (family and husband description,

Individual and Family Dynamics: These include general decision-making processes and information about women's lives.

Family Planning: This include family size perception, knowledge and opinions, health facilities, modern method experiences, most recent modern method acquired, influential factors and overall FP experience.

Using the aforementioned codebook, all transcripts were sorted and analysed. A week-long data analysis and interpretation exercise was also carried out where key insights and thematic constructs were generated whereas insights on the influencers, decision-makers, barriers, and motivators for women were also gathered. To visualize the data gathered, women's FP journey maps were developed to depict the impact of her influencers, motivations and barriers and how that defines her progression through the various stages of her FP journey: awareness, decision, use, maintenance and advocacy.



FINDINGS

The following section highlights key findings from the consumer insight study. Journey maps that depict pathway to FP and archetypes of a typical woman from each population group were developed. The archetypes of typical clients were for designing program and communication strategies and arose from the individual and family characteristics and dynamics which were based on women's perceptions of their opportunities, motivations and aspirations for herself and her family.

Additionally, three psychographic FP pathways were also developed which were based on collating women into groups based on their behavioural patterns regarding FP. This psychographic segmentation did not account for demographic variables and focused on behavioural attributes about FP.







YOUNG RURAL (18-24 YRS.) WOMEN

Razia, a young rural housewife begins her day at dawn as her husband wakes up to prepare for his laborious day ahead. Her daily household chores include getting her 3 children ready for school and carrying out regular household chores (cooking and cleaning). Her hobbies involve sewing and watching soap operas. She likes to take naps in the afternoon and spends her spare time with her in-laws.

When it comes to **birth spacing** or family planning, ideally, Razia wants to have 4 children; however, her husband is only a matriculate, unable to hold a steady job in today's competitive market; thus, they already have difficulty making ends meet and cannot afford another child. She wants to support her husband in these tough times and work towards tackling their financial/personal issues together. Razia being a religious woman, prays to God to help them surmount their current problems and bless her family with a better future. She aspires for her **family** to have their own home with a solid/concrete structure and good education for her children.

Most of the health-related decisions in her household are taken by the family elders, with her husband and in-laws having the final say, including when matters are related to her and her children. Regarding her matters, Razia mostly confides in her sister. Keeping in view their current financial constraints, she wishes to provide good education to her kids and ensuring **quality time** for their upbringing, she is compelled to opt for family planning. This enables her to spend more time with her children and focus on their upbringing.

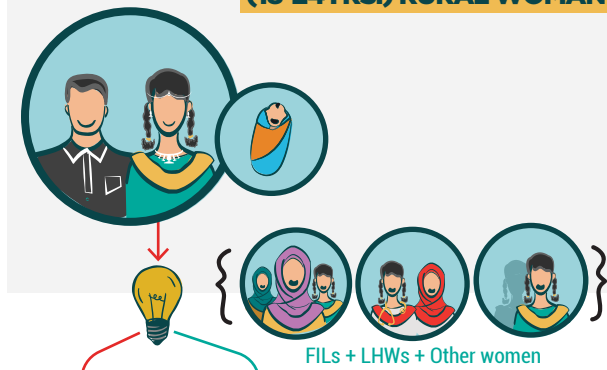
FP PATHWAYS OF A YOUNG (18-24YRS.) RURAL WOMAN ²

(18-24YRS.) RURAL WOMAN ²

AWARENESS

Having no pre-marital understanding of FP or spacing, she is exposed to the idea after the birth of her first child.

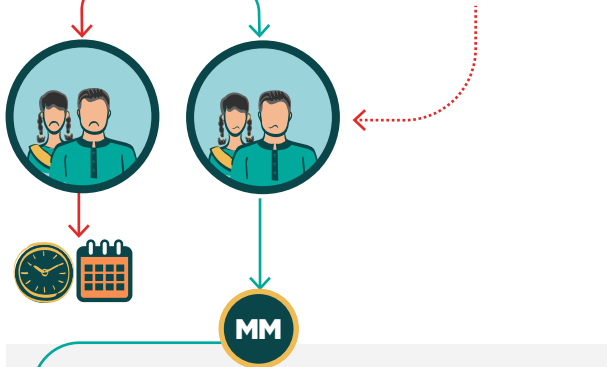
Initially she receives her information from FILs and LHWs that visit her house and then hears more about it from the women in her community who have used MM or know about it



DECISION

While her influencers for considering FP remain the same, the husband's decision prevails when it comes to opting for or against MM. He is either willing to adopt MM and allows her to access it or will object to MMs and decide to go for TMs or no methods.

His decision is influenced by his own influencers, ease of access, trust in MM, preference of more children or religious values.

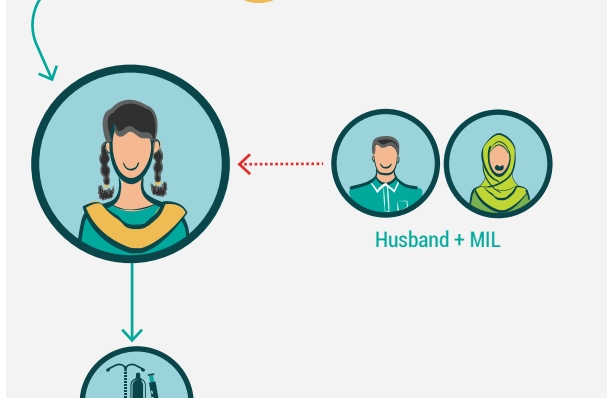


USE

When it comes to use, while she does consult, her MIL and husband, she is more independent to opt for a method based on her understanding of FP from LHWs & other women.

However, opting for condoms is unlikely unless it's mutually decided between the couple.

Regarding choice of methods, her motivators are cost, ease of access and effectiveness.

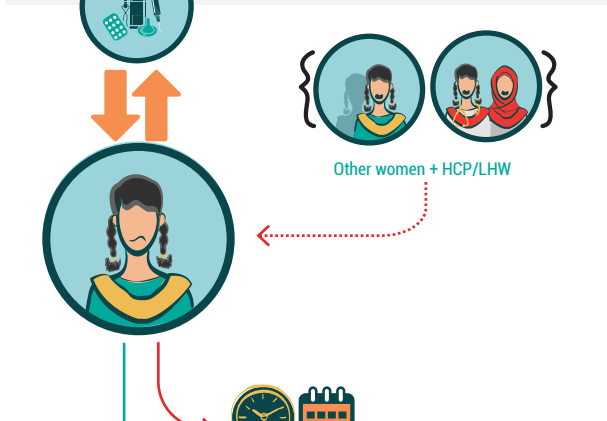


MAINTENANCE

She understands the benefits of spacing for herself, her children and the wellbeing of her family and would prefer to continue using MM.

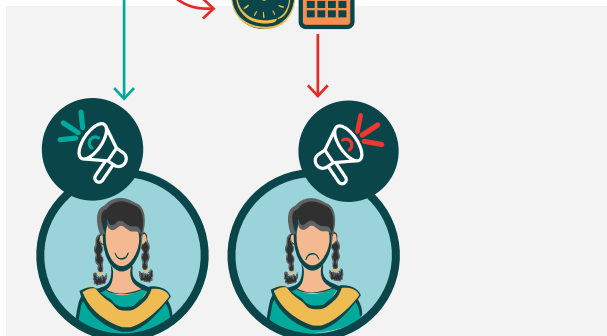
She doesn't trust MM, especially injectables and IUDs and has heard other women talk about their negative impact and is quick to discontinue if she feels any side effect.

Similarly, poor counselling leaves her unprepared for managing the side effects.



ADVOCACY

Depending on her experience, she will either encourage other women to opt for MM or discourage them, in case she found them unsafe and inconvenient.



{ } Influencers

HCP: Healthcare Provider FIL: Females-In-Law LHW: Lady-Health-Worker MM: Modern Method MIL: Mother-In-Law TM: Traditional Method

² In JM's across this document, green arrows signify a positive or the desired pathway, red arrows signify a lost opportunity, or a negative pathway & brown arrows represent potential pathways that could lead from the green to the red. A detailed key of the icons is given under Annex 1.

AWARENESS

Many of the respondents share societal pressure and expectation to bear a child within the first year of marriage. If a couple is unable to have a child after the first two years of marriage, assumptions are made about the woman's fertility and suggestions of remarriage are given to the husband.

Most of the respondents credit their female-in-laws, lady health workers (LHWs³) and community members for their knowledge about FP. Apart from LHVs who provide counselling to address myths, misconceptions and fears regarding FP, the knowledge gained from female-in-laws and community women are mostly based on their own experiences (both positive and negative) with contraceptives.

Additionally, the need for birth spacing/family planning methods by the women is further realised and predicated on the health and economic conditions of the household. It is commonly agreed that a small family with fewer kids meant manageable expenses and reduced adverse effects on the health of both mother and child due to multiple pregnancies.

However, many women also reveal several barriers they face which deterred their awareness. Negative experiences of contraceptive methods by community members are widely cited by the women which affect their perceptions of contraceptive methods and lead to negative attitudes. Misinformation regarding modern methods and a lack of trust in service providers is also prominent and cause women to continue to have a fear of modern methods, even if counselling is provided. Social constraints such as limited mobility to go to health facilities for further information is another barrier that affects the woman's awareness.

DECISION

The women have little autonomy in even deciding trivial day-to-day household tasks such as preparation of meals and groceries' shopping.

Service providers, LHVs, and females-in-law influence but it is the husband's decision that prevails regarding family planning matters.

Regarding motivational factors that contribute to the women's decision to adopt, many women refer to consultations with healthcare providers regarding FP which enables them to make an informed choice about their method. Positive behaviour of the staff at the health facilities, low cost of FP methods, and easy access to the methods (LHV providing methods at doorsteps) are also positive drivers.

"If I could decide on my own, I would have waited for two years before having my first child. My mother-in-law always questioned me why I was not bearing a child; hence I was in a lot of stress to conceive at that time. Furthermore, my husband also kept insisting to conceive. We are living in village; if someone doesn't have kids soon after marriage, the community starts assuming the woman is probably infertile and starts suggesting the husband to consider remarrying."

"Different women in our area gather and they discuss such things (contraceptive methods) and when the health workers come to our home to vaccinate our children, they also tell us"

"I think these methods are safe and help people control birth rates. And, it helps a mother take better care of her children and her health. People talk about things and perceive them to an extent but don't understand that taking care of children is necessary and you must control the number when you can't afford them."

³ LHWs are community agents whose role involves providing basic health and FP services, referring patients to nearby clinics, organizing health committees and increasing uptake of health initiatives. Whereas, LHVs are qualified nurses or midwives with post-registration experience who bring vital care to individuals, families and entire communities.

“There was a woman who used injections and had bleeding issue that didn’t stop, so I rejected this method. Copper t was used by my sister, she too had problems. Seeing all this, I did not opt to experiment myself and didn’t use these methods.”

“I don’t trust them (modern methods) as they stop working that is an issue. I was not satisfied with Copper-T as it went bad and caused a lot of bleeding, so I had to have it taken out”

“She (LHW) is performing her duty very well, she visits door to door and provides birth spacing methods and medicines to those who need them; she is doing her duty faithfully.”

“I told about my frail health to the LHW who came to give polio drops to kids in our area, she said that it’s not good to have kids without interval. She quickly briefed me about birth spacing and advised me to visit one on the nearby health facilities, to find out more about my options.”

Improved mother and child health and better quality of life and upbringing of children are prime benefits that positively affect the decision to adopt a method. However, several barriers also affect women’s decisions. The availability of only male doctors at health facilities is a deterrent along with a lack of trust in modern methods, an insufficient supply of preferred methods at facilities, excessive travel distance to health facilities, myths and misconceptions regarding modern methods, and husband’s reservations towards modern methods.

USAGE

At the usage level of FP methods, there are several barriers of adoption and continuation of MMs. Many women mention only their husbands and mothers-in-law as influencers/people whose advice they follow regarding contraception adoption or continuation.

Lady Health Workers (LHWs) play an important role in creating FP awareness amongst rural young mothers. In addition to their responsibility of visiting households to immunize children according to the national schedule, they also brief mothers about reproductive health and nutrition, and distribute condoms and pills for family planning. LHWs are proactive in disseminating information about family planning products and services door to door, they do not have much influence over the client’s decision to use or discontinue MMs.

Free/low cost of contraceptive methods, easy access via LHVs visits to women’s homes to deliver methods and effectiveness of methods are commonly mentioned as motivators by the women. However, issues such as side-effects of modern methods and lack of knowledge of available facilities for FP are also observed as barriers. Many women face negative attitudes from the facility staff which creates an unfavourable environment that leads to a lack of trust in the service provider and makes the women feel uncomfortable and hesitant to discuss their matters with them. Misconceptions about modern methods causing internal damage to the body also affect the woman’s trust in the method itself and are cited as a deterrent. It is also based on the stories and experiences of other women that are passed along.

MAINTENANCE

Young rural women (age 18-24) report that they face social constraints and are exposed to various myths and misconceptions. Despite numerous barriers, the majority of them continue the use of modern methods, while others discontinue.

Reasons for Method Continuation:

One of the more encouraging findings from this study was that rural parents are cognizant about the long-term benefits of adopting FP which range from limiting the number of children to a manageable size to properly raising and educating them. Parents want to provide good education to their children and are willing to make sacrifices to secure a better future for them. Women report that they switched to modern family planning methods because they are easy to use and allows them to focus more on their and their children's health. This shows women being able to correlate their aspirations for their children's health and upbringing being facilitated by FP usage. With the delivery of the right information, products, and services from healthcare service providers, they can access them without much difficulty.

Reasons Method Discontinuation:

Respondents report that there are various issues that affect their usage of modern methods. Issues range from unavailability of methods to lack of trust in modern methods. Women complain of side-effects such as injections which cause their bodies to swell up. While there is no known correlation between contraceptives and fluid retention in the body, misconceptions and poor counselling cause the women to stay away from modern methods. Similarly, women who initiate use of contraceptives, over time either give in to the perceptions around them and form associations between any bodily change and the method or if actual side effects are experienced, discontinue immediately due to poor counselling. However, the data also suggests these are the gaps in counselling which leads to dissatisfaction and discontinuation of FP methods by some. In an interview, a woman mentions that she used birth control injections after consultation with an LHW, but it caused her body to react and swell, due to which she stopped using them immediately.

ADVOCACY

Women are likely to share all information they have regarding FP within their social circles. They not only pass on the message given by LHWs but also their personal experiences with the product.

Hence the development of negative perceptions could be attributed largely to this exchange of information and experiences between family, friends, and extended social circles. Young women are seen getting second opinions about what they had learned from the health workers about FP from husbands and females-in-law. The latter of whose opinion is mostly based on their personal experiences or information received from secondary sources. These women are also very likely to propagate positive or negative perceptions of these methods, based on their experiences, both real and perceived.

"I don't want any more babies, whether a girl or boy. I don't want more as I can't afford it. My husband agrees. We want to raise both children in a good way"

"I never use to talk on this topic. So, I never give any advice."

"I believe traditional method is more effective. The modern ones are useless." (Laughing)
"Yes, I give advice to girls of my age. I advise them to take pills initially and afterwards they can use injection"

"I would strongly recommend couples to go for birth spacing. It will have a very good impact on their health and overall life."



It is a common occurrence that if a method has worked for them positively, the women will recommend that specific method to others. However, many women will urge other couples to opt for birth spacing in general as it is good for health and overall quality of life. Whereas many women will not advise anything to anyone, even if the methods have worked for them correctly, as they consider it a personal matter. While some base their opinions on modern methods by their perception of the effectiveness of methods which they feel is lesser compared to traditional methods.

TABLE 1: INFLUENCERS, MOTIVATORS & BARRIERS FOR RURAL YOUNG WOMEN ALONG THEIR FP PATHWAY

	AWARENESS	DECISION	USE	MAINTENANCE	ADVOCACY
INFLUENCERS	<ul style="list-style-type: none"> • Females-in-law • Lady Health Visitors (LHVs) • Community Women 	<ul style="list-style-type: none"> • Service Providers • Lady Health Visitors (LHVs) • Husbands • Females-in-law <p>"My mother-in-law and my husband suggested FP" – F24SA03</p>	<ul style="list-style-type: none"> • Husbands • Mothers-in-law <p>"My husband does not say much; my in laws make most of the decisions" - F20SW33</p>	<ul style="list-style-type: none"> • Mothers-in-law • Husbands 	
MOTIVATORS	<ul style="list-style-type: none"> • Positive experiences of female family members • Counseling by health-care providers • Gap between kids • Financial constraints <p>"Doctor told me that if you will have birth space it can have good effect over your health and your baby's health as well". – F19SW04</p>	<ul style="list-style-type: none"> • Informed choice • Positive behavior of facility staff • Low cost of method uptake • Easy access (provided at doorstep by LHV) • Improved mother & child health • Better quality of life & upbringing for children <p>"Financial position of our family made us take this decision, so that the only child may be looked after" – F24T006</p>	<ul style="list-style-type: none"> • Easy access (provided at doorstep by LHV) • Effectiveness of Modern Methods • Free of cost services <p>"Injection does not cause a lot of pain, that is why I am still using it" – F23SA15</p>	<ul style="list-style-type: none"> • Expensive to support a large family • Better health of mother and child <p>"We are poor, and my husband works hard and is a laborer, that's why" – F24T006</p>	<ul style="list-style-type: none"> • Positive experience of using modern methods • Understanding of financial implications of a large family <p>"Yes, it is important, because if one has manageable number of children, then only parents are able to provide them quality education and other comforts in life" – F24SW13</p>
BARRIERS	<ul style="list-style-type: none"> • Negative experiences of community members • Inaccessibility of sources of contraceptives • Social constraints • Misinformation regarding modern methods • Lack of trust in service providers 	<ul style="list-style-type: none"> • Only availability of male doctors at facilities • Lack of trust in modern method • Supplies not available at FP facilities • Excessive travel distance to health facilities • Myths and misconceptions regarding modern methods • Husband's reservations towards modern method use 	<ul style="list-style-type: none"> • Side effects of MM • Lack of knowledge of available facilities in the area • Negative attitude of facility staff • Misconception that MM can cause internal damage • Lack of trust in LHVs 	<ul style="list-style-type: none"> • Difficult to remember follow up of MM • Side Effects of MM • Mother-in-law does not approve LHV's visit to the house • Husband wants more children • Lack of awareness about MM <p>"Because when I was using pills, I started gaining weight, and there were rashes on my body, so I switched to injection" – F19SW04</p>	<ul style="list-style-type: none"> • Negative experience of using modern methods • Lack of trust in effectiveness and efficacy of MM <p>"I believe traditional method is more effective. The modern ones are useless. (Laughing)" - F20SW33</p>



YOUNG URBAN (18-24 YRS.) WOMEN

Ayesha, a 22-year old housewife from Karachi, begins and ends her daily routine tending to her children. She spends most of her day taking care of household chores and her favourite part of the day is when she can take some rest or visit her family. Her husband, mother-in-law and sister-in-law (FIL) are some of the most important people in her life. Between them, her kids and **household** chores, she is left with hardly any time to interact with her friends. Ayesha lives in a joint family system (husband, kids, and in-laws). The family elders do most of the **decision making**, related to her and her children's health. Even her husband's decisions are influenced by her mother-in-law. At times she does not agree with their decisions and wants to play an active role in the decision-making process; however, she still stays optimistic and does not let this affect her relationship with her family. Her aspirations include a decent job for her husband, quality education for her children, **good health** of the entire family, and wishes that one day her family could afford to buy their own separate home.

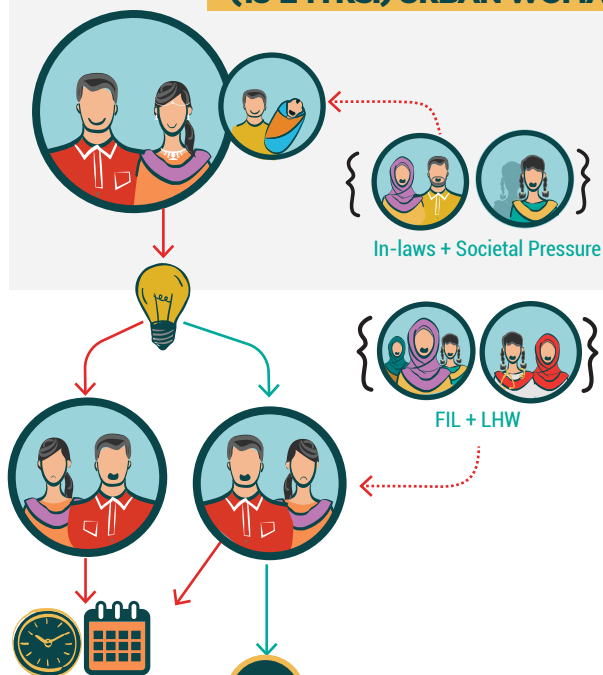
With respect to family planning, Ayesha conceived her first child within a year of her **marriage**. She could have waited for some time, but believes that kids are Allah's blessings, so if God has that in store for her, she should not think otherwise. Another influencing factor for her to have a child so quickly was mainly to please her elders, especially her mother-in-law; and the concern about what people, both within the family and outside, might say or think if she opted for birth spacing/family planning. Her idea of an ideal number of children is four. She is fully aware of the advantages of birth spacing/family planning and believes it is **beneficial** for both mother and child. It also enables her to concentrate on her kids' upbringing. According to her, birth spacing has relieved her from the undue stress of always worrying about her family's wellbeing.

FP PATHWAYS OF A YOUNG (18-24YRS.) URBAN WOMAN

AWARENESS

With no pre-marital understanding of birth spacing and FP, and familial and societal pressure, the couple has kids right after marriage.

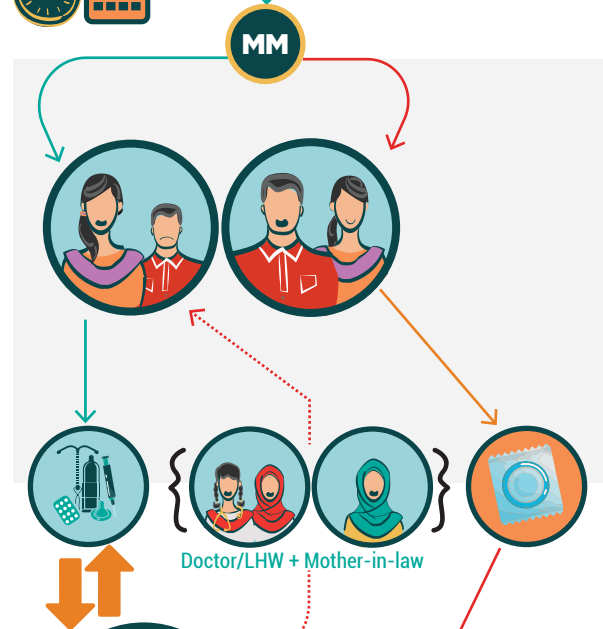
Awareness of FP starts after bearing two children. Females in Law and LHWs often introduce the FP option.



DECISION

Husbands are key gatekeepers in the decision to acquire FP information and use. Some are willing to adopt MM, in which case HCP and other women are key influencers.

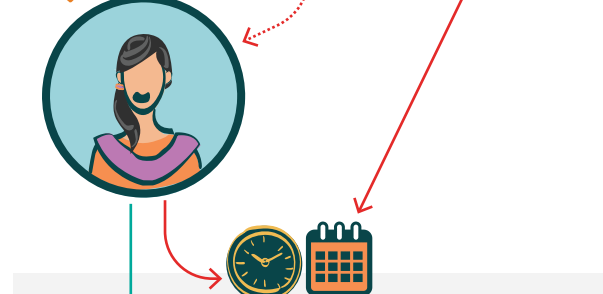
While other husbands will allow for information gathering but still use TM or not entertain the possibility entirely.



USE

In method intake, husbands again pay a significant role. Some directly opt for condoms, due to preference, low side effects or ease of access.

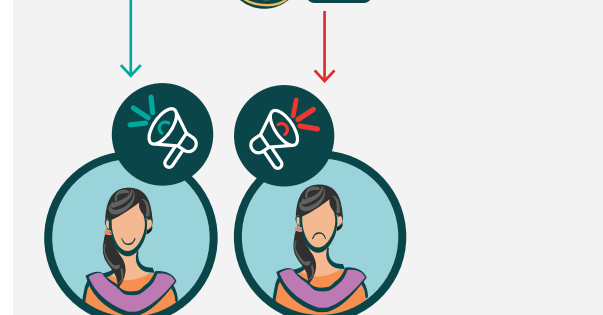
However, when opting for other MM, she can choose on their own. In which case she takes into account FILs, HCP and other women's opinions and experiences, along with ease of access.



MAINTENANCE

During use she experiences multiple issues including side effects, lack of access, and inconvenience. These result in her switching methods, generally in consultation with her influencers.

Either she finds a suitable method, and continues or chooses to discontinue out of frustration or fear of side effects.



ADVOCACY

While young women are likely to share their experience of MM, positive or negative with other women, dissatisfaction with their method is a strong motivator to advocate against MMs.

AWARENESS

Compared to the rural counterparts, both husband and wife from the urban young setting play a relatively more active role in their decision to have their first child. Most of the women reside in joint family structures with in-laws living under the same roof and mention a general expectation regarding the news of an upcoming first child. However, many of the families also provide their support and respect the couple's decision to conceive later.

Despite having more exposure based on their socioeconomic background, even the women in this group learn about family planning after their marriage (or even after conceiving) from the following sources: LHWs, sisters and female-in-laws. Respondents in this category have two perspectives regarding children: while some wanted to conceive right away, others wanted to wait and spend quality time with their husbands or focus on their health. However, as they were not using contraceptives, they conceived, nonetheless.

Many women recognise that using FP products can lead to them being healthy and able to concentrate and devote more time to their children. However, the lack of discussion and awareness about FP before marriage emerges as a prominent barrier as most couples end up conceiving before they even think of using a contraceptive to prevent an unwanted pregnancy.

DECISION

There are a few households where the major decision-making powers regarding health, education and financial conditions lay with the mothers-in-law and the husbands. However, there are a few women who are determined to be part of the decision-making process and report feelings of neglect when excluded from the decision-making process. Some women also indicate that in their household, all decisions are taken by mutual consent of all the family members.

Regarding advice from others, then the women consult the LHWs who dispel myths, misconceptions, fears and help women make informed decisions regarding method adoption. However, many women also give equal - if not greater - importance to advice from their sisters and other female-in-laws who provided the anecdotes of their method experiences (positive or negative) which affect the woman's decision and consequently, her own experience with the method.

The mothers-in-law and husbands also play a role in the FP decision-making process; however, the husband's role seems to be greater as the type of method adoption relies on his preference. The women themselves recognise certain benefits of modern methods such as improved health of mother and child, quality of life, and success of the family which may influence her decision to adopt a method.

"If I had a choice to wait for more years before giving birth to my first child, I would not have waited. It was my choice. My husband also wanted to have a child. It is very important for any women to have a kid, because she stays busy looking after it. If she is alone, she will be doing nothing. Time does not pass easily like this."

"I wanted to enjoy my marriage for some time. When you have babies, your priorities change, and your life gets disturbed."

"My husband wanted to have his first child three years after our marriage because he thought that one should be able to take good care of them. But our son was born after one year of marriage."

"My mother-in-law takes all decisions regarding shopping as well as family participation in social and cultural events and functions. I even let my husband and my mother-in-law make any decisions relevant to my children. All internal decisions are made by the family's elders, and my husband participates in it."

"All decisions are made with mutual consent by all family members and they involve me while discussing such things and making major & minor decisions."

“Initially, we hadn’t talked about family planning but after my son, my mother-in-law, herself, took me to a family planner. In our first year, nobody consented to our using methods of contraception but in the following year, everyone accepted.”

“At the moment, we prefer condoms. We trust it and have been using it. I am afraid of injections and I don’t trust pills”

“I used injections, birth control pills and condoms but I was always at a disadvantage because of them. Even my menstrual cycle has become abnormal. I have bid farewell to all these methods and am now using natural ways. Even my husband said to leave such methods that affect my health.”

“The benefit of condoms is that you don’t get pregnant. And when you want to have then you can have whenever”

However, inaccurate perceptions and misinformation of modern methods also make women hesitant to use the products due to fear of side-effects and loss of fertility. Also, husbands are less likely to be persuaded for their wives to use long-term acting methods.

USAGE

Young urban women consult with their husbands, LHWs and mothers-in-law regarding modern methods. Ease of access and trusted relationship with the service provider further encourage and help them to use modern methods. The women also report satisfaction with short-term methods such as condoms due to usage and convenience of use (provided at doorstep) which indicates that access to FP products and services has been made much easier owing to the efforts of LHWs. The health facilities, both private and public, in the selected urban area, are within proximity to where most of the respondents reside. This accessibility factor makes it even easier to approach and obtain a healthcare professional’s guidance regarding the use of FP products and services. At times, make door-to-door visits to provide products such as condoms and birth control pills free of cost, which not only save costs from any out of pocket expense but also the time to travel to and from the healthcare facility or pharmacy.

The most prominent barrier that emerges is counselling failure regarding the method of choice; this leaves the woman unable to adequately understand her method, how they work and the subsequent management of side-effects. Moreover, provider bias against certain methods prevents the providers from offering younger women the full method mix, particularly LARCs. Finally, the mismanagement of side-effects and limited mobility (to leave the house) to procure certain methods from retail shops and clinics are further barriers that influence her usage. Additionally, it is fear of injections and lack of trust in certain methods that also enable the women to opt for condoms.

MAINTENANCE

Young Urban women (age 18-24) are facing various side effects and counselling failure while using modern family planning methods. Despite that, many respondents report to be comfortable with these methods due to their personal experience and hence continue to use these products. However, there are a significant number of respondents who are displeased with the products and hence they discontinue its use.

Reasons for Method Continuation:

Women report the ease of use of modern methods, the effectiveness of the modern methods and their husband's preference of the methods which enables them to continue using the methods. Many women are also able to draw a connection between their aspirations for quality of life, the health of mother and child, and success of family with their usage of FP modern methods. However, the main benefit of modern methods is the prevention of pregnancies.

Reasons Method Discontinuation:

The reasons for discontinuance were mostly related to the physical health of the women (age 18-24). The methods interfere with their hormone level and change the duration of the menstruation cycle and cause weakness in their bodies. For some individuals, their fears and consequent discontinuation of modern family planning comes from their personal experiences using various methods or the providers' biases against certain methods which creates doubts in the woman's mind as well. Regardless of whichever method they opted for, health complications, usually arise in the form of side effects and are observed to be consistent. Whether these arise from the woman's reaction to the method, inappropriate dispensation of the method, inadequate counselling or pre-conditioned perception of side effects, they have long-lasting impacts on the choices of women and their change of preference from modern to traditional methods. Many women also cite limited mobility towards accessing retail shops and clinics which usually means they are dependent on someone to accompany them.

ADVOCACY

For advocating FP modern methods, women rely on their experience and perception of the methods. If it has been a good experience with minimal or no side-effects then women are likely to share it, however, it is also common that the word of these women is not heard over the vast negative experiences that are shared by other women.

Many women mention that they actively discuss their (positive and negative) experiences with their social circle. They discuss their method preference and how its use led to a successful gap. Whereas a few women have said that they haven't been asked for any advice yet but if they are, they will suggest and recommend the same method they are currently using. Moreover, many women prefer to only advise close companions or their female members in the household.

"Initially, we hadn't talked about family planning but after my son, my mother-in-law, herself, took me to a family planner. In our first year, nobody consented to our using methods of contraception but in the following year, everyone accepted."

"At the moment, we prefer condoms. We trust it and have been using it. I am afraid of injections and I don't trust pills"

"I used injections, birth control pills and condoms but I was always at a disadvantage because of them. Even my menstrual cycle has become abnormal. I have bid farewell to all these methods and am now using natural ways. Even my husband said to leave such methods that affect my health."

"The benefit of condoms is that you don't get pregnant. And when you want to have then you can have whenever"

"I think it's beneficial to have a gap as it allows better health. It (contraceptive methods) sometimes causes irregular menses, abdominal problems, and uterine injuries."

"I trust my sister-in-law regarding this matter (information about FP), I trust that she will guide me better."

"No one has asked me advice yet on FP method, but if somebody asked me, I will recommend the same thing which I have been using (condom)."



TABLE 2: INFLUENCERS, MOTIVATORS & BARRIERS FOR URBAN YOUNG WOMEN ALONG THEIR FP PATHWAY

	AWARENESS	DECISION	USE	MAINTENANCE	ADVOCACY
INFLUENCERS	<ul style="list-style-type: none"> LHWs Sister(s) & females-in-law <p>"I have heard it from lady doctor and from my sister; she is using the Copper T and capsule (implant). And someone else I know was using capsule (implant). But we use condom when we do not want a child". – F23KA10</p>	<ul style="list-style-type: none"> Anecdotes of women with prior FP experience Husbands LHWs Service Providers <p>"They explained different methods and asked me to choose the one that best suits me...and told me that if I use an injection, I do not have to use anything else for 3 months." – F23KA25</p>	<ul style="list-style-type: none"> Service providers Husbands LHWs Mothers-in-law 	<ul style="list-style-type: none"> Husbands Service providers LHWs <p>"Yes, I used this method for six months, after which my husband suggested to stop using it, because he believed that its long-term use could cause health problems". – F24PE28</p>	
MOTIVATORS	<ul style="list-style-type: none"> Beneficial for mother and child's health Enable's her to concentrate on the kids' upbringing 	<ul style="list-style-type: none"> Health of mother and child Better for relationship with husband/kids Future success of family <p>"My mother-in-law is a firm believer of the fact that a healthy mother can up bring healthy children. So, she makes sure gap is taken. I and my husband always respect her decision." – F24PE28</p>	<ul style="list-style-type: none"> Ease of use Satisfaction with usage Convenience of use (provided at doorstep by LHW) Trusted relationship with service providers <p>"That I can't get pregnant after using this. When you will copulate, the fluid will remain in it. And you don't get pregnant." – F23KA10</p>	<ul style="list-style-type: none"> Ease of use Effectiveness Husband's preference <p>"Sometimes my husband brings it. And sometimes I go there to buy it. Other times I buy it or get it from the LHW who visits". – F23KA10</p>	<ul style="list-style-type: none"> Positive experience of using modern methods Understanding of health implications on mother and child <p>"We must use birth spacing methods; couples should use this when their children are still young or still breast feeding. And, for the health of the mother". – F22LA35</p>
BARRIERS	<ul style="list-style-type: none"> FP is generally not discussed until after marriage <p>"No, I didn't have any conversations with anyone. We are seven sisters and from us six are married but we didn't have these conversations. Because they did not use any birth spacing. No one talk to me about it" – F22KA17</p>	<ul style="list-style-type: none"> Service providers need to convince husband's for long term methods (LTMs) Fear of loss of fertility Fear/discomfort towards injections Inaccurate knowledge and understanding of side effects 	<ul style="list-style-type: none"> Counseling failure regarding method of choice Provider bias for certain methods Side effects (irregular menstruation, body pains, uterine infections etc.) Women's limited mobility for going to shops or clinics 	<ul style="list-style-type: none"> Side effects (irregular menstruation, body pains, uterine infections etc.) Women's limited mobility towards accessing retails stores and clinics. <p>"First, I took birth control injections and after my second visit, the lady health worker also prescribed pills for birth control. Both treatments caused prolonged menstruation. After that, I started using condoms which also caused uterine problems." – F24PE28</p>	<ul style="list-style-type: none"> Negative experience of using modern methods



RURAL WOMEN (25-34 YRS.)

Mariam, a middle-aged **housewife** and a mother of 4 from Sanghar-Sindh, starts her day early in the morning by offering her prayers and reciting the Quran. She then prepares breakfast for everyone and cleans the house before her family wakes up. Her favorite part of the day is the evening, this is when she gets some time to take a break and relax. Her life revolves around her husband, kids and taking care of the house. Her husband has only studied up till secondary school, allowing him to only secure impermanent odd jobs and this leads to a persistent financial crunch. This adds to the tension and strain within her immediate family, which includes the in-laws, and managing **daily expenses** of the household which results in a continuous challenge. In the current situation, the only thing Mariam feels she can do is to pray for her family's health and **prosperity** and hope that the current phase is short-lived.

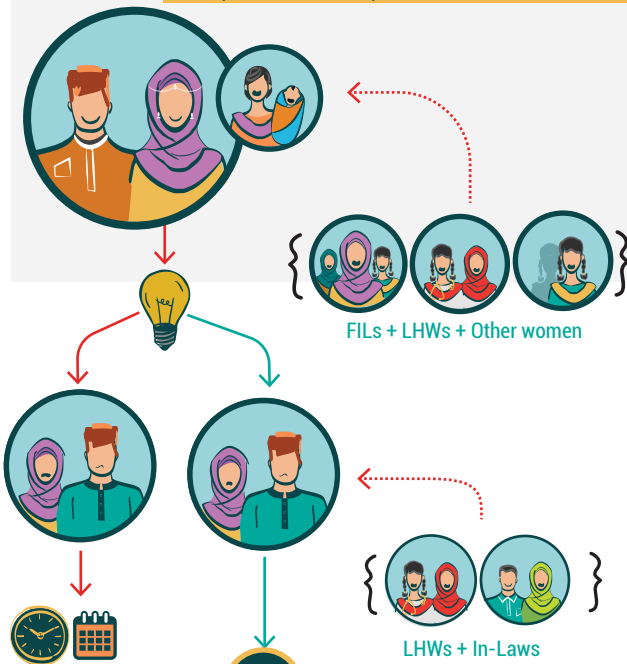
Most decisions in her household are made by the elders and her husband. When it comes to family planning, Mariam first found out about family planning through her sister-in-law soon after marriage. Though she did not practice it until she believed that her family size was complete. Now, she does not wish to have any more children and understands the importance of having a small family and the advantages of **birth spacing**, especially for someone who has very limited **financial resources**. However, she also believes that regardless of how we plan these matters, God blesses us with what He thinks is best for us and if He were to bless them with another child, they will accept him/her with open arms

FP PATHWAYS OF A GENERAL (25-34YRS.) RURAL WOMAN

AWARENESS

With little to no pre-marital understanding of FP, her journey of FP begins after the second child.

FILs, LHWs and other women in the neighborhood introduce her to the idea of birth spacing.



DECISION

When it comes to decision, apart from her husband, her in-laws play a prominent part, with either expectations of grandchildren or encouraging the couple to space.

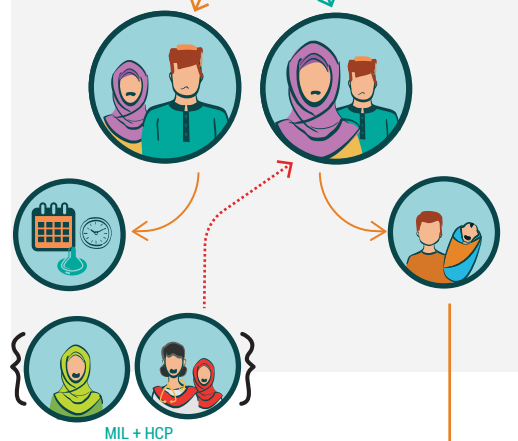
As a result the couple might decide to consider MM or continue with TM or no spacing until they have reached their ideal family size. Externally, LHWs act as a primary influencer through counseling and engagement.



USE

If her in-laws and husband are encouraging, she would further engage with LHWs/HCP to get information.

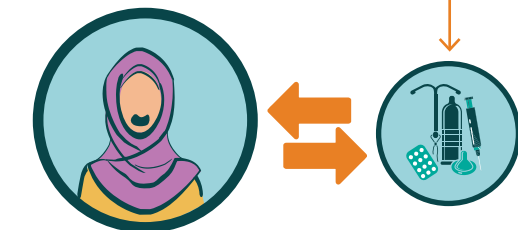
However, eventually she (or them together) will decide to wait till they have two or more children to complete their family size, before she finally adopts a method. Alternatively, they might decide to use condoms or TMs to manage their spacing.



MAINTENANCE

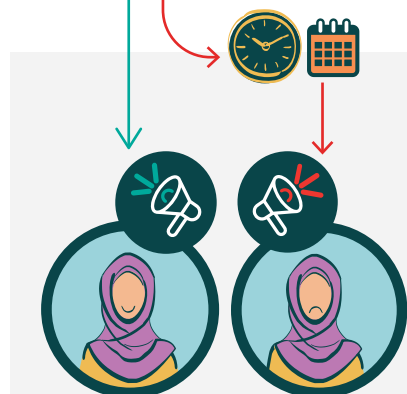
During maintenance side effects, effectiveness, ease of access and convenience, play a prominent part in whether she continues or not.

If the method suits her, and she is not dissuaded by the side effects she will continue to use it, otherwise she will grow apprehensive and give in to her fear of harmful effects and discontinue.



ADVOCACY

Those women that have satisfactory experience are likely to promote MM use, while those who discontinue due to dissatisfaction with their method are relatively more motivated to influence other women against MM.



{ } Influencers

AWARENESS

A common response from most of those respondents is that they were not aware and consequentially, did not use any traditional or modern FP methods right after marriage. Moreover, they do not have the liberty to decide on their own about whether they want a child or not. They are indoctrinated with the idea that they should have as many kids as possible because it is God's will to give them a child. By the time they find out about the negative impact of multiple births on their bodies or their circumstances, it is generally too late. Some of the respondents are already mothers of 3-4 children, with only 1-1.5-year gaps between births.

Where access to information is not easy due to cultural and technological constraints, women rely on human channels to obtain information regarding FP products and services. Healthcare service providers such as LHWs making door-to-door visits to households and disseminating vital information, suggestions, and where applicable, family planning products have been instrumental in advocating FP awareness among these women.

Many women credit their female-in-laws, LHWs and community members as providing them awareness and information regarding FP. As aforementioned, many of the women are struggling with their health already hence their interest is piqued listening to the positive impact on mother and child health if modern methods are used. These women are also aware of their household and socioeconomic conditions and know the financial implications of another child is born.

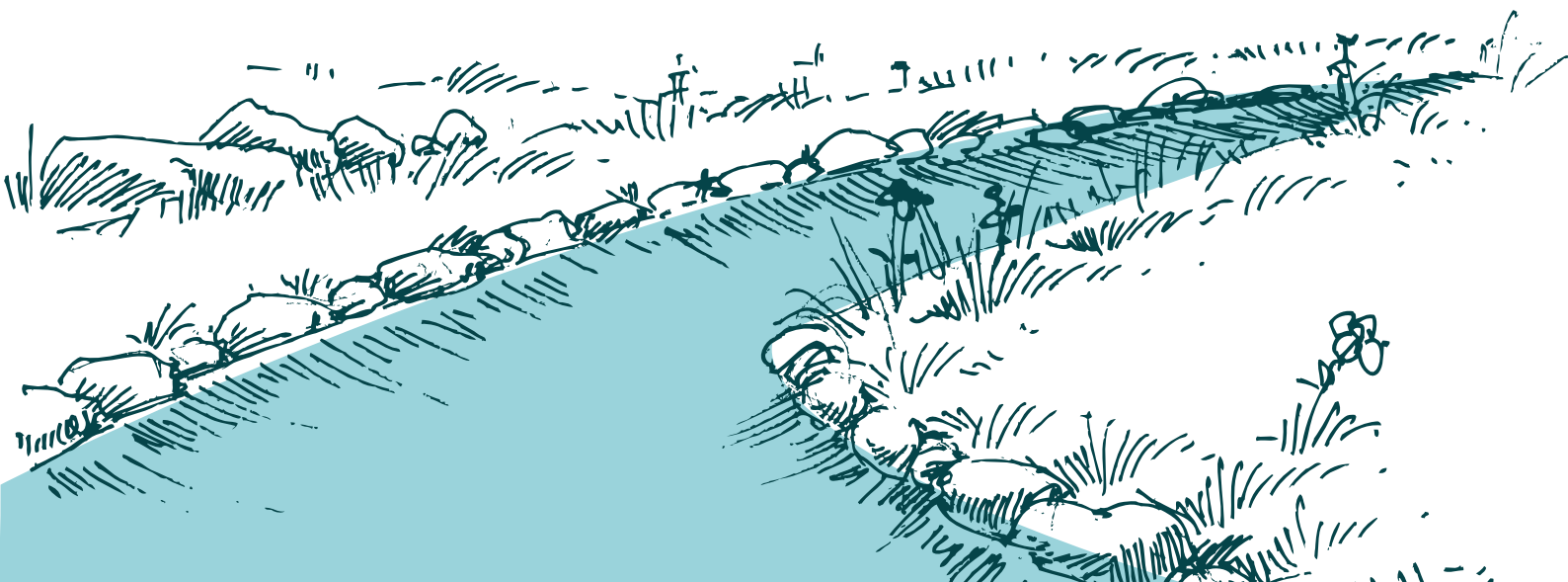
However, the awareness level is deeply obstructed by insufficient information which is provided to the women as they mostly rely on their female-in-laws and community members. Many women are heavily influenced by the experiences of other women (sisters and female-in-laws) with contraceptives, going as far as refusing to use birth spacing methods if they were told not to. The ones that do go on to healthcare professionals are unsatisfied with the lack of proper counseling. Many women are also completely unaware of family planning and birth spacing and do not want to opt for it regardless of what it is.

"It's not in my hands, it's all in Allah's hands. If I was aware of the fact that this will damage my health, I would never use FP methods."

"This is quite common in our village. People wish to have their first child soon after marriage. As I mentioned earlier that the people in our community have a habit of gossiping about such matters, and my husband does not like it. Even my own family started to say that it has been a long time since my marriage, how come I still don't have a child."

"Previously, I was not using any methods (for birth control). The lady health visitor advised me to use condoms or pills or injections to have some gap before I have my next child."

"I have no idea about birth spacing and I will not opt for birth spacing."



DECISION

“My neighbors and relatives told me about birth spacing techniques. They said that if injections don’t suit someone, they can use condoms or take pills. I never used these methods but have heard about them often.”

“After marriage my mother-in-law guided me how to breast feed my baby and told me not to use any birth spacing pills since my baby was young and being breast-fed, and the meds could affect his health.”

“I took advice from my sister-in-law who told me to not do birth spacing so I didn’t”

“It was a good experience, I did not conceive for five years, it was effective”
“It has the advantage of not conceiving when you don’t want it. Now it’s been 3 years since I did not get pregnant, but I had back to back pregnancies having gap of two years earlier when I did not use any method.”

“Yes, she gave me pills to stop periods. That was effective but one day I missed that pill and periods starts again. Blood flow was heavy”

“Because of the diseases, we are afraid of it, poor people. If we do birth spacing, there are diseases attached with it. That is why we don’t do that.”

Many of the households rely on joint decision-making which consists of the family elders and the husband. For family planning-related decisions, the mothers-in-law and husbands are primarily involved. Some interviews indicate that it is the mothers-in-law who guide women on breastfeeding and to not take any birth spacing pills as it may affect the infant’s health.

Interviews with the women reveal that most women who fear using contraceptives base their opinions on information received from non-medical individuals such as mothers-in-law and husbands. Only a few go on to visit the healthcare provider. Some women do decide to use, and they are motivated by their desire to have fewer members in the family due to financial constraints/poverty. However, uncondusive behavior from healthcare providers affects their decision deeply. They are also discouraged with lack of permissions from decision-makers.

It is also interesting to note that middle-aged women who have some knowledge about family planning methods do not plan to use them in the future as well, regardless of the nature of the method(s).

USAGE

At this level, women only consult with their husbands regarding family planning use.

Many women are using at this stage and are motivated to do so due to ease of access, effectiveness and low costs of the methods. The health cards they receive are also another driver as it becomes easy to remember when to take a follow-up and their engagement with the healthcare provider also helps them to gain more information. Many women also consider FP use as a way to contribute to the household; they want to support their husbands in any way they can. If they are not able to work outside, many take on home-based jobs such as sewing to bear the costs of raising children and household expenses. However, many women also deal with distant facilities which hinder their accessibility due to their limited mobility. The cost implications of traveling to and from the health facility and of the methods are also another barrier.



MAINTENANCE

The decision to maintain a family planning method, if modern method, are taken in consultation with the husband.

Reasons for Method Continuation:

Among other reasons, ease of use, effectiveness, satisfaction with the methods and method accessibility are the main reason why women from general rural (age 25-34) decide to continue using modern family planning methods. Experiences are determined to be beneficial by the women based on their effectiveness and their success in prevention of pregnancies.

Reasons Method Discontinuation:

Women experience side-effects like body pain, irregular menstrual cycle and weight gain that lead them to discontinue the method. Women also report they discontinue the use of modern methods because of the fear of diseases associated with the process.

Weak financial positions and the fear of extra burdens in case of mishaps while using invasive FP procedures often lead to women dropping the idea of opting for such methods. These misconceptions are ingrained so deeply in the minds of potential users, that they go as far as fearing death or paralysis. Many women are also not medically eligible for the method they initially prefer which causes them to become dissatisfied with any other alternatives that are suggested and ultimately, leads them to discontinue

ADVOCACY

When it comes to advocating their experiences with other women, the rural older women are reluctant to share their experiences irrespective of whether they are positive or negative. This is a surprising finding as many do rely on others' experiences for their decisions and usage, however, may feel hesitance in sharing their own. Many women say they say nothing to others about their experiences as they consider such conversations to be matters of utmost privacy. The few women that do indicate that couples should use FP methods if they want to, also do not seem to be committed to the idea of having a proper conversation about it with others and may just mention it.

“People talk about stitches and operations, but I am afraid of getting operated because there is no one to take care of my kids if I go for it... I have heard that birth spacing cause issues like blood diseases”

“After the birth of my last child I started using it, injection isn't good, and it didn't work for me. I am not willing to go for any tablet or injection now because due to the injection I was paralyzed.”

“No, I say nothing”

“They should continue if they want to, if someone wants small family only then they should use”



TABLE 3: INFLUENCERS, MOTIVATORS & BARRIERS FOR RURAL GENERAL WOMEN ALONG THEIR FP PATHWAY

	AWARENESS	DECISION	USE	MAINTENANCE	ADVOCACY
INFLUENCERS	<ul style="list-style-type: none"> • Females-in-law • Husband • Healthcare providers • Local community members <p>"I heard from the local women (Bajis). Also, female staff in BHUs and civil hospitals share details about different contraceptive methods" – F29SW30</p>	<ul style="list-style-type: none"> • Mothers-in-law • Healthcare providers • Husbands <p>"When I told my husband that I don't want any more pregnancies, then he said that you may go for any contraceptive method. He left the decision to me to choose whether I wanted to get operated or injected". – F34T001</p>	<ul style="list-style-type: none"> • Husbands 	<ul style="list-style-type: none"> • Mutual understanding 	
MOTIVATORS	<ul style="list-style-type: none"> • Better health for mother and child • Financial implications/poverty <p>"Yes, birth spacing is very important and I would strongly recommend that every couple go for birth spacing. It makes life easier and we can nourish our children better." – F29SW30</p>	<ul style="list-style-type: none"> • Desire for fewer members in the family • Financial implications/poverty 	<ul style="list-style-type: none"> • Ease of access (time/distance) • Voucher/health-card system for injections • Low cost <p>"I took 5 minutes to get there. When I reached there then it took no time to get treated if the clinic was not crowded." – F34T001</p>	<ul style="list-style-type: none"> • No side effects • Satisfaction with usage • Convenience of use (provided at doorstep by LHW) 	<ul style="list-style-type: none"> • Positive experience of using modern methods <p>"Yes, I suggest them because I had good experience in the past, but now since I am unwell, it is not suitable for me. It could be beneficial for others". – F33SW11</p>
BARRIERS	<ul style="list-style-type: none"> • Lack of/poor counseling • Insufficient information 	<ul style="list-style-type: none"> • Unconducive behavior of healthcare providers • Lack of permission from decision makers (husband, mother-in-law etc.) • Failure to meet medical eligibility criteria (MEC) for certain methods 	<ul style="list-style-type: none"> • Ease of access • Side Effects/perceived side effects • Cost implications • Involvement in decision making of females-in-law <p>"I don't know, people used to tell me that I was gaining weight due to injection and I said that no it was due stress but then I stopped using injections". – F28T003</p>	<ul style="list-style-type: none"> • Dissatisfaction with method usage <p>"Yes, I discussed it with my husband. He also advised me to stop it since it has really disturbed my health." – F29SW30</p>	<ul style="list-style-type: none"> • Negative experience of using modern methods <p>"I would clearly say that injections could have a negative effect on some users." – F30SW11</p>



Urban Women (25-34 Yrs.)

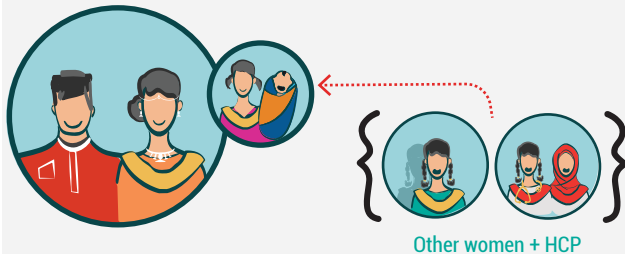
Laila, a 28 years old **housewife** from Lahore begins her day by tending to her husband and children. She spends most of her time looking after the family and doing domestic chores. When she has **spare time**, she likes to recite the Quran. Some of her indoor hobbies include stitching clothes and maintaining her home. Since she does not have a large circle of friends, she confides mostly in her husband and in-laws. She enjoys a **healthy relationship** with her husband and wishes for it to last till the end. She appreciates her husband's supportive nature and how he cooperates with her in every aspect. She has no particular complaints from the joint family system and enjoys spending time with her children and taking care of them.

She and her family have been facing some **financial challenges** in the last five years, which has caused a lot of stress for her. In the next few years, she wishes for her husband's good health, a steady job (for financial stability), quality education for her kids (both religious and academic), a house of her own, and to be able to contribute financially by finding a suitable job for herself as well. Her husband principally makes most of the decisions and some are taken by her in-laws. She does get upset at times for not being involved in the decision making, but she handles the situations amicably. She would like to have a greater say in some aspects of her family life.

She had her first child soon after the marriage, due to **family pressure**. Both Laila and her husband want a small family and are aware of various birth spacing options. They feel that adopting such methods would improve the health and upbringing of their children, while reducing the financial burden on them.

FP PATHWAYS OF A GENERAL (25-34YRS.) URBAN WOMAN

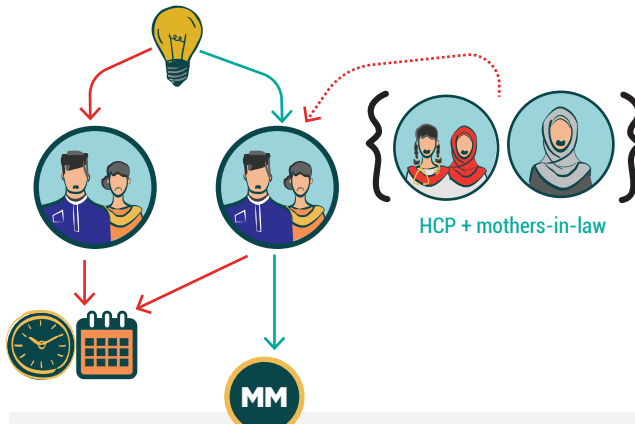
AWARENESS



She has no pre-marital counseling on FP and starts to find out about FP between her 1st and 2nd child.

During the awareness phase, her influencers are women around her (FILs & neighbours) and the HCP that she engages with.

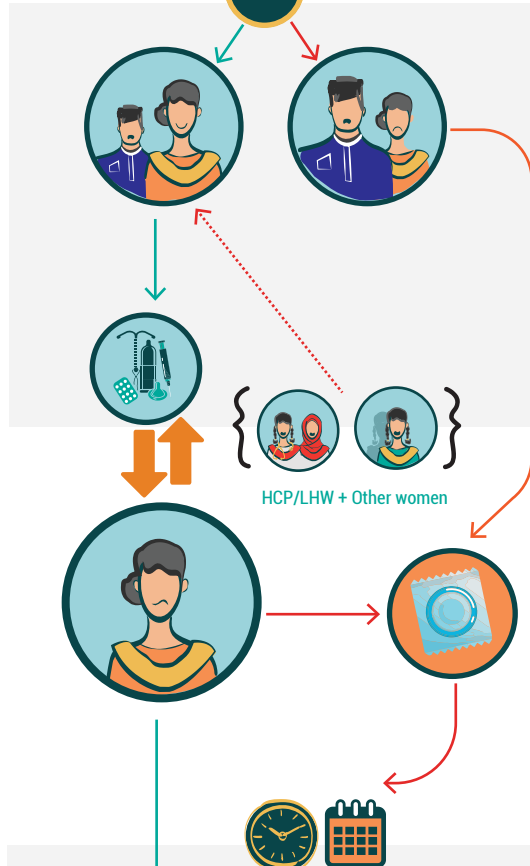
DECISION



Husbands are the primary decision makers when it comes to adoption of FP method, however, they are likely to discuss it as a couple.

If he's willing for her to adopt MM, in that case HCPs and MILs are her key influencers. If he's against MM uptake, then either they will opt for TMs or not opt for a method altogether.

USE



In method uptake, husbands, HCP and other women in the community play a part. Accessibility & quality of service weigh heavy on her choice.

Based on these factors she will opt for a MM method that caused the least inconvenience. However, alternatively the decision is strongly influenced and made entirely by her husband who have a preference for condoms.

MAINTENANCE

Ease of access and method satisfaction are primary drivers for her.

She will either find a suitable method and continue or complain of side effects and method failure and will opt to discontinue.

Similarly lack of resources in case of side effects is another contributing factor for discontinuation.

ADVOCACY

If her experience was satisfactory, she is likely to promote MM use, while if discontinues due to dissatisfaction with the method, she will be relatively more motivated to influence other women against MMs.

{ } influencers

AWARENESS

Due to the relatively better healthcare systems in urban areas as compared to those in rural localities, married women have access to information from healthcare providers, neighbors, females-in-laws, and relatives. Husbands also play an influential role in the woman's awareness regarding FP methods. However, many women only become aware of FP after marriage and only start using it when they have already birthed the first child.

Women are aware of benefits of FP such as a gap between the children which is good for maternal and child health but many women also express fear of side-effects and procedures which make them reluctant to consider taking modern methods. This can be due to the widespread myths and misconceptions and poor counseling that does not address such views. Religious and conservative views also hinder women's awareness.

DECISION

For general decision-making matters, husbands generally make decisions with consultation from the women. However, when it comes to family planning-related decisions then mothers-in-law and healthcare providers were also involved. The couple also took a mutual decision regarding FP.

Many women remark that ease and convenience of use is a factor that motivates them to consider using FP. The prevention of an unwanted pregnancy can also lead to less financial constraints on the family and better maternal and child health. Additionally, women in this category mention receiving IEC material about FP from their visits to healthcare centers which also helps them to decide.

However, these women are also plagued with fear and anxiety regarding method use due to perception of side-effects which is a consequence of poor counseling. Many women are also unsure of the effectiveness of the methods. Moreover, personal preference for natural methods and religious perception of modern methods also impacts their decision.

USAGE

At the usage level, women seek advice from community members, healthcare providers and husbands regarding their use of modern methods.

The easy accessibility and quality of services of the local healthcare centers are one of the many reasons why women choose to visit them for their FP needs. Many women express reservations with regards to overcrowded facilities and the financial costs of the services.

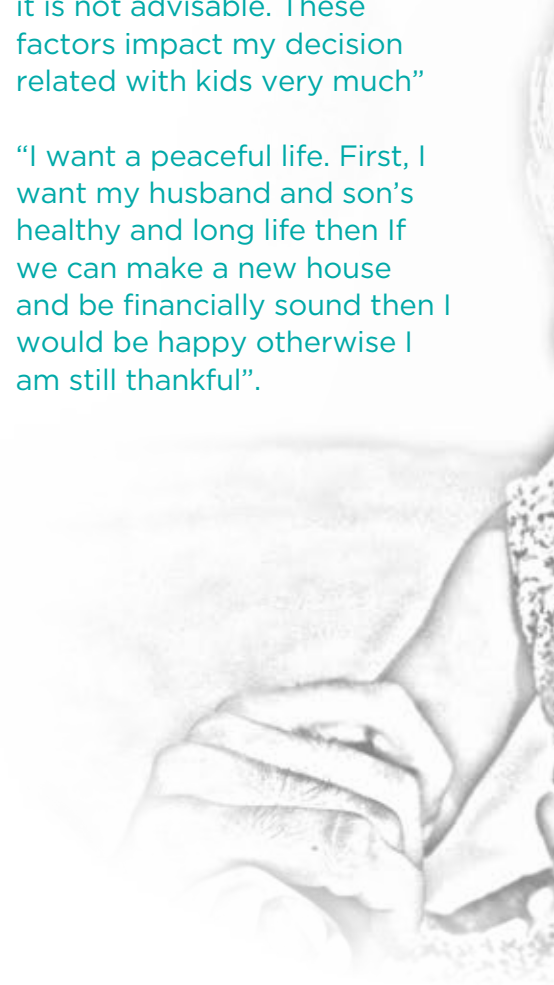
“After my marriage, I observed and talked to the wives of my brothers-in-law. They were using condoms. They told me to use this method as it is very effective. My mother-in-law also told me to use birth spacing so I do not have to face any issues in the future. She said she will take me to a healthcare facility for family planning”.

“I was informed by my relatives and people in my neighborhood. When we meet and talk about.”

“Mostly decisions are made on mutual agreement. We all agree on one decision. It never happened that one person in the family is taking all decisions; we all agree on one common decision.”

“If you can afford a greater number of children, you can have more children otherwise it is not advisable. These factors impact my decision related with kids very much”

“I want a peaceful life. First, I want my husband and son's healthy and long life then If we can make a new house and be financially sound then I would be happy otherwise I am still thankful”.



“fewer the children the better they will be groomed, and their problems would be solved easily, if more children are there then their problems would be more”

“We use these methods with the perception that they are effective. The benefit is that I will raise my children in a well manner, my children will get good education and home will run smoothly”

“I used pills for six months then I was in a lot of pain I stopped using it”

“Yes. I think if someone is going to ask me about this, I will suggest them this method as I have used it and it is the safest method”

“I don't give suggestions. If they will get any harm they will come to my home”



Many also fear the procedures and side-effects that come along with a few modern methods. These efforts augmented prayers and untiring efforts from married couples to save as little or as much as they possibly could and bring their savings to justifiable use.

MAINTENANCE

General urban women (age 25-34) decide about a family planning method with the help of their husband. Based on their individual experiences, many women decide to either continue or discontinue their methods with help from sisters, female-in-laws, healthcare providers and husbands.

Reasons for Method Continuation:

There is a prominent number of respondents who continue with the use of modern methods because of the benefits, such as, ease of access to modern methods. Many women also consider their satisfaction with usage as a major factor that encourages them to continue using the method. No experience of side-effects is also another behavior continuation driver.

Reasons Method Discontinuation:

The major contributor to the process of discontinuance of use of modern methods is the efficacy of methods; many women report method failure which inhibits their trust in the methods. The Inconvenience of use due to side-effects is also another reason women decide to stop using which can be due to poor counseling of side-effect management by the healthcare provider. Additionally, the lack of financial resources to get treatment for side-effects is another reason for discontinuation.

ADVOCACY

Much like the populations before, urban older women also seem to advocate their experiences (both positive and negative) about FP modern methods with their social circle. Many women will suggest the very same method they use as they consider it to be the safest as they've not had any negative repercussions with it. However, many women also hold themselves back from giving any suggestions or advice based on their positive experience because if the women have a negative experience, they will blame them for their “ill-advice.”



TABLE 4: INFLUENCERS, MOTIVATORS & BARRIERS FOR URBAN GENERAL WOMEN ALONG THEIR FP PATHWAY

	AWARENESS	DECISION	USE	MAINTENANCE	ADVOCACY
INFLUENCERS	<ul style="list-style-type: none"> • Husbands • Females-in-law • Neighbors • Relatives • Healthcare providers 	<ul style="list-style-type: none"> • Husbands • Mothers-in-law • Healthcare providers • Mutual Decision <p>"After 1-2 months of my first child's birth, I talked to my husband that I don't want more kids right now but when we will feel the need to have kids then we will stop using precaution." – F34KA07</p>	<ul style="list-style-type: none"> • Neighbors/community members • Healthcare providers • Husbands 	<ul style="list-style-type: none"> • Females-in-law/Sister(s) • Husbands • Healthcare providers <p>"Yes, my sister. She said that I should stop using injection. Injections are warm and due to that my menstrual cycle was disturbed. I did not have menses for four years" – F32KA04</p>	
MOTIVATORS	<ul style="list-style-type: none"> • Gap in children • Health of mother and child <p>"Yes, obviously it is needed, because due to immediate pregnancies, ladies are suffering. You can see in our neighborhood they deliver babies every year and their health are suffering due to extreme weakness. Secondly, they cannot take proper care of themselves, cannot send their kids to school, and don't have enough to eat." – F30PE03</p>	<ul style="list-style-type: none"> • Ease of access • Convenience of use • Financial limitations/constraints • Health of mother & child • IEC Material 	<ul style="list-style-type: none"> • Ease of access (time/distance) • Quality of service at health facility • Free of cost • Fewer children\ <p>"We can easily get all types of FP products at home, even if it was a village or faraway places or some hilly areas, where it is hard to reach. I think it is easy there too, but we are living in a city, there is no issue here". – F31PE02</p>	<ul style="list-style-type: none"> • No side effects • Satisfaction with usage • Ease of access 	<ul style="list-style-type: none"> • Positive experience of using modern methods <p>"I will tell them to have Copper T implanted for 5 years but then again it is everyone's choice. I would advise them to use Copper T, if they are not satisfied than use condom." – F25LA01</p>
BARRIERS	<ul style="list-style-type: none"> • Lack of pre-marital awareness • Fear of side-effects/procedures • Poor counseling • Religion views <p>"Some people consider it a sin to use birth control methods. While some people want more children intentionally. Similarly, some people want to have a baby boy child... while doing so they give birth to many girls". F26PE18</p>	<ul style="list-style-type: none"> • Effectiveness of method • Fear & anxiety regarding use • Personal preferences • Religious views • Poor counselling 	<ul style="list-style-type: none"> • Side effects • Fear of procedures • Overcrowded facilities • Financial implications/costs <p>"Yeah, like pills individual often forget to take it, and injection if I use injection and then it causes other health problem then what I will do" – F30PE03</p>	<ul style="list-style-type: none"> • Inconvenience of use • Efficacy of product (actual/perceived) • Poor counselling • Lack of financial resources <p>"I had irregular periods when we were using condoms and I was worried about this. But now I am using pills, so I am free of this stress." – F31PE02</p>	<ul style="list-style-type: none"> • Negative experience of using modern methods

“

The first right of every child is to be wanted, to be desired, to be planned for with an intensity of love that gives it its title to being.

”

MARGARET SANGER





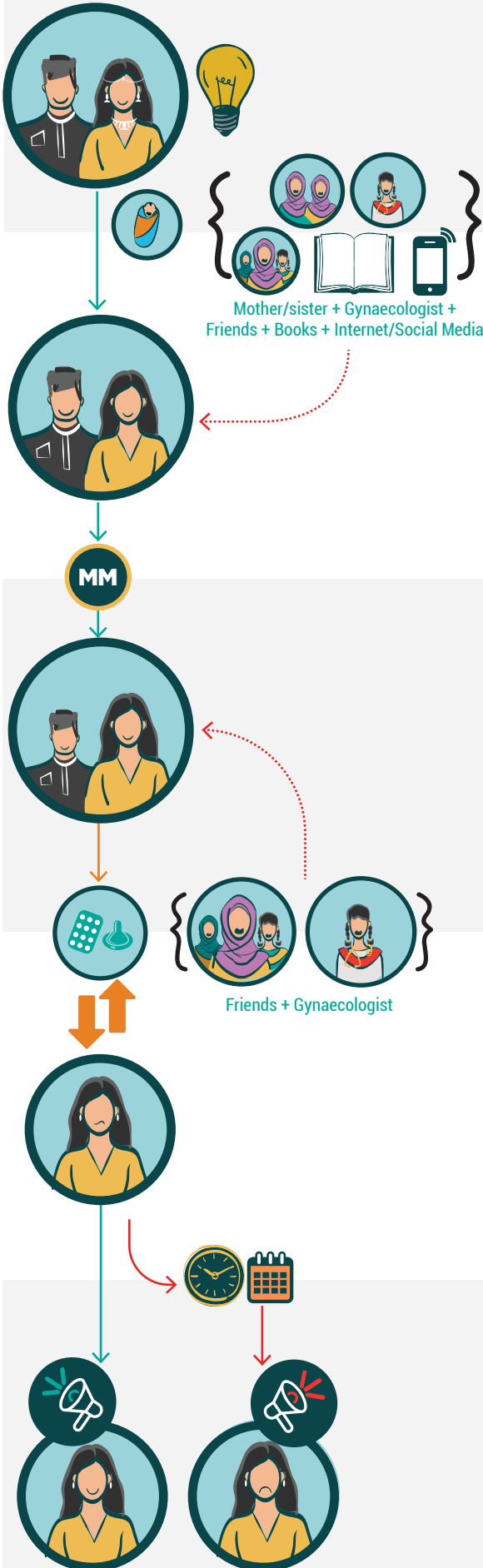
Young Urban Wealthy Women (18-24 Yrs.)

Anaya is a 23 years old **working woman** residing in Lahore. Her day begins with waking up early in the morning to offer her prayers and making breakfast for her husband and kid. After breakfast Anaya and her husband go to their office where she spends most of her day. She likes evenings as she and her husband are back from their offices and spend time together, though she doesn't enjoy mornings as she had to cover lots of tasks (both at work and house). For her, husband and sister are the most important people in her life with whom she can share anything and discuss personal matters. During her free time (which is mostly after her child goes to sleep), Anaya reads and engages with friends. Her husband is a 28 years old businessman. She and her husband are friends and discuss/share everything with each other. They live in a **nuclear family** system where there is not much interruption from her in-laws, and they are free to make their own decisions. Most of the general decisions are made by her husband.

Although they live independently, still they take consent and give importance to elder's say in decision making. Most of the decisions are taken by mutual consent but in few cases husband or elder takes decision without involving her. In those cases, she remains silent and tries her best to focus on work and avoid negativity. She believes fighting is not the solution and whatever the decision taken is, it would be in everyone's best interest. As she is well educated and earning for herself, she is not facing any marital or **societal problems** in life. She wishes to seek higher education from abroad. She aspires for a better career and better grooming for her children. She also wishes that her husband achieves the goals he has set for himself. Anaya has 1 child who was born within 2 years of marriage. She knows about the complications one has to face if they intentionally delay pregnancy for a long time, so both of them mutually decided to have a kid. But now after the baby, they want to give a gap before having another baby, in order to better groom the child and have some space for themselves. Her idea of a perfect family size is three kids, with a minimum gap of two to three years. She believes family planning is important because it allows mothers to **given time** and attention to the child and doesn't compromise their health.

FP PATHWAYS OF YOUNG URBAN

(18-24YRS.) WEALTHY WOMAN



AWARENESS

She has more exposure and access to resources and **was aware of FP and birth-spacing prior to her marriage**. Her sources of information include the internet/social media, female family members, friends and her gynecologist.

However, the societal pressure to have her 10 child right after marriage was still there and she would likely approach MM after her 10 pregnancy.

DECISION

Due to greater access to information and more autonomy she is most likely to make mutual decisions with her husband on FP and opt for MMs.

Similarly, due to greater access to relevant healthcare and counseling, she is likely to make an informed choice that better aligns with personal and career priorities.

USE

While deciding on what MM to use, she is most likely to only consult her husband.

However, citing the convenience of use of short-term methods such as condoms and pills and the ease in procuring them from pharmacies, **she is prone to opting for them instead of injectables or IUDs.**

Due to the information and knowledge she avails from multiple sources such as the internet, friends and her gynaecologist, she feels she is equipped to handle FP products.

MAINTENANCE

She is willing to keep using MMs as they allow her to balance her personal and professional goals. manage those as well.

However, if she feels they are not effective or there are side effects, **she is likely to switch between methods and eventually to traditional methods as she feels she can manage those as well.**

ADVOCACY

She does advocate for FP and birth-spacing, however, she is more in favor of short-term methods. **She doesn't necessarily feel MMs are more effective than TMs, while she thinks the latter is relatively safer.**

{ } Influencers

AWARENESS

Women in this group have more access to resources, which allows them better living standards. In this group, both partners work to ensure that the quality of life is maintained, especially before they welcome another member to their fold.

Referring to their sources for FP awareness, mothers, husbands, sisters and gynaecologists are prominent. Unlike the other population segments, wealthy young women also learn about FP through movies, media, advertisements, internet and guidebooks. Despite this, many women mention the social taboo nature of FP as a barrier to receiving accurate FP awareness. Often, despite having awareness about modern methods, even couples from this segment are not exempt from the pressure of having their first child as soon as possible. Most women have their firstborn right away as it allows them to better mitigate their upcoming challenges, especially regarding joining the workforce.

The greater access of young, wealthy women to information about family planning plays a significant part in how they perceive the concept of birth spacing and which method seems most viable to them.

DECISION

Owing to their higher educational qualifications coupled with their wider access to information, urban wealthy young women tend to make better-informed decisions and play a significant, if not equal, role in the decision-making processes.

Regarding decision-making for FP, primarily it is decided between the couple and a healthcare professional (usually a gynaecologist). Women are motivated in their decision to uptake FP by certain motivational drivers such as making an informed choice (by acquiring knowledge about all modern methods and choosing their preferred one) and in-depth consultations with healthcare professionals who clarify any misinformation and rumours about modern methods. Women also highlight their education, friends' circles and social media as important information sources, while also attributing discussions with their family members as important factors in their decision making.

Women are motivated by perceived outcomes of deciding to adopt a method such as improved health for mother and baby as well as being able to give proper attention to each child. Perception of side-effects and religious views are the only barriers that emerge at this stage which may interfere with the woman's decision to take a contraceptive.

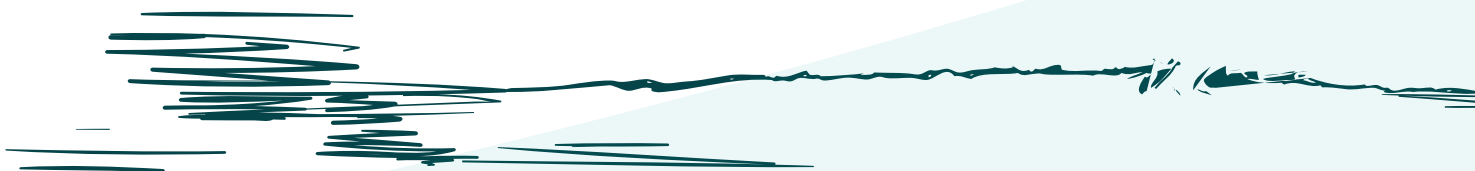
“When you read through the internet, you can get information about 10,000 methods along with their pros and cons”

“I have had discussions since childhood with my family and I got information through movies and media and before marriage I did a lot of research and I consulted gynecologist for second opinion”

“Both of us, I think, take only decision about family planning”

“I want to start working and my husband is also working, so I will have a baby before 30. Then, I would like to have a gap after which I will have another child.”

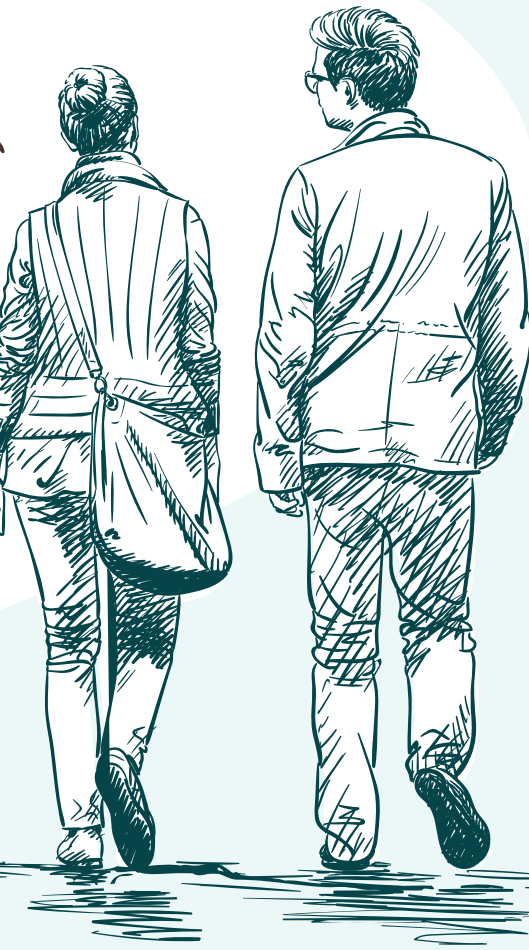
“I don't want another child because I did not forget my previous delivery yet. It effected my health a lot and now I don't want my daughter to suffer because of me. Me and my daughter both suffered at that time as I couldn't give much time and attention to her so that's why I use the method”



“Injection is good, I feel no pain that is why I am using it.”
“Condom is most easily available. It doesn't have any side effects and it is cheaper. It does not really alter anything inside your body so it's safer too”

“Its good because I don't have any unwanted pregnancy”
“Due to condoms, I felt pain and also got an infection when I passed urine. After one month, I stopped using them”

“Traditional methods are safe and best to use because medicines can cause many side effects it causes swelling and coils effect internal organs so I would recommend traditional methods. One should know the dates, there are less chances to get pregnant then”



USAGE

At the FP use level, only husbands are consulted by the women. Due to the information and knowledge provided by sources such as the internet, friends and gynaecologist, women feel equipped to handle FP products. They cite the convenience of use of products for short-term products such as condoms and pills and the ease in procuring them from pharmacies which encourage them to use them regularly. Moreover, they also mention better maternal and child health as a benefit of using modern methods. For barriers, women experience side-effects which leads to them switching the method or medicines to alleviate those. They also face societal pressure to have another child.

MAINTENANCE

Women belonging to the wealthy young category (age 18-24) are educated regarding modern family planning methods and are willing to continue using them, however, discontinuation is still prevalent.

Reasons for Method Continuation:

Women who continue to use modern methods do so based on ease of use and access of certain methods, husband's support to use a method, and effectiveness of the methods. Despite the benefits that it provides for the mothers and the family, several other factors contribute to the adoption of these methods. Differing from other population segments, women from this category also consider FP as a means to achieve their personal and professional goals as most of the couples are in the process of settling down in their careers. The use of modern FP methods helps them to prevent any unwanted pregnancies.

Reasons Method Discontinuation:

Women who discontinue do so for several reasons. Their reasons range from discomfort with modern methods that are invasive (injections), side-effects of the products, resistance from husbands and the pressure to have another child. To reverse the discomfort and experience of side-effects, women revert to traditional methods which immediately alleviate their negative experiences of the products and reinforces the belief that FP products are not suitable for them.

ADVOCACY

Many women advocate for birth spacing, however, they do not necessarily think that it can only be achieved by modern methods as they question their efficiency and effectiveness. These women consider recommending traditional methods (calendar/fertility awareness) as it is safe and does not have side-effects. However, many women do not prefer discussing their experiences with the methods as it may have worked for them but would not work necessarily work for others. Women do feel it is easier to recommend a condom as it is comparatively safer.

TABLE 5: INFLUENCERS, MOTIVATORS & BARRIERS FOR WEALTHY URBAN YOUNG WOMEN ALONG THEIR FP PATHWAY

	AWARENESS	DECISION	USE	MAINTENANCE	ADVOCACY
INFLUENCERS	<ul style="list-style-type: none"> • Family & friends (Mother, Husband, Sister) • Movies, media, advertisements • Gynecologist • Guidebooks • Internet <p>"I bought a book to select a method for myself in which there were details about all method and in that condoms were the safest method" – F24PE05</p>	<ul style="list-style-type: none"> • Husbands • Healthcare providers (doctors) <p>"I did not consult with anyone because I have studied everything in my course. Then I talked to my husband" – F24LA07</p>	<ul style="list-style-type: none"> • Husbands • Product quality <p>"Injection is good, I feel no pain that is why I am using it" – F23SA15</p>	<ul style="list-style-type: none"> • Social media • Husbands <p>"Yes, I discussed with him (husband). I said I was comfortable with traditional method and the modern simultaneously." – F23KA08</p>	
MOTIVATORS	<ul style="list-style-type: none"> • Better attention towards current children • Health of mother and child <p>"Birth spacing is important as mothers can give time and attention to her child and she can be healthy too" – F24LA06</p>	<ul style="list-style-type: none"> • Informed choice • Better health • Consultation with healthcare providers • Husbands • Better attention towards current children <p>"After a baby we should have a break so that the life of the child should not be disturbed" – F24LA07</p>	<ul style="list-style-type: none"> • Convenience of use • Better health for mother and child • Ease of access <p>"It's good because I don't have any unwanted pregnancy" – F24PE05</p> <p>"I think I should use protection, because I have already delivered a baby through C section and I don't want to be pregnant for the coming few years" – F23PE04</p>	<ul style="list-style-type: none"> • Ease of use • Effectiveness of product • Husband's method preference • Ease of access <p>"I confidently get it (condoms) I don't have to rely on my husband to get that." – F24LA02</p> <p>"We have different pharmacies here and everyone can choose the type according to their affordability" – F24LA06</p>	<ul style="list-style-type: none"> • Positive experience of using modern methods <p>"I want that you people should minimize the side effects of these methods. Yes, I heard about one more method i-e copper T, in which many females face allergy with that copper and face irregular periods and once I heard that one woman get pregnant with copper T. yes she's my friend so it's also unsafe method" – F24PE05</p>
BARRIERS	<ul style="list-style-type: none"> • Societal pressure • Social taboo (cannot discuss openly) <p>"Yes, problems are there in discussion as not everyone can discuss these matters openly, I can discuss it with my friends but not everybody". – F24KA04</p>	<ul style="list-style-type: none"> • Perception of side effects • Religious views <p>"In our country there are religious concerns, like some people think that it's a sin to use contraceptives and it's difficult for a working woman to manage kids and work" – F24KA04</p>	<ul style="list-style-type: none"> • Side effects • Societal pressure <p>"My sister in law was using condom and she faced complication and it was difficult for me to opt for the same method" -F24LA06</p> <p>"There is a problem in our society we don't discuss such things and our society has made things very difficult, so this is the challenge" – F24KA04</p>	<ul style="list-style-type: none"> • Not comfortable in being MM • Side effect (irregularity in periods) • Resistance from Husbands • Family pressure <p>"...regarding gender of kids, if a son is born, they (family) want a daughter. If a daughter is born, they (family) want a son" – F23KA08x</p>	<ul style="list-style-type: none"> • Negative experience of using modern methods <p>"Traditional methods are safe and best to use because medicines can have many side effects, it causes swelling and coils effect internal organs so I would recommend traditional methods. So, one should know the dates on which there are less chances of getting pregnant" – F24KA04</p>

“

A woman is a full circle. Within her is the power to create, nurture, and transform.

”

DIANE MARIECHILD





Urban Wealthy Women (25-34 Yrs)

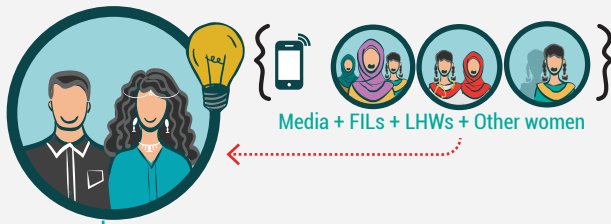
Alizay, a 31 years old working woman, lives in an **affluent** neighbourhood of Lahore. On a regular day, after having her breakfast with her family, she leaves for the office and drops her kid at the day-care centre on her way. On weekdays, most of her time is consumed by office work, and on weekends she spends time with her husband and children, and they go for shopping and outings. She also likes spending her Saturday evenings with her friends. Household chores like cooking, cleaning and other day-to-day tasks are the responsibility of a live-in maid. She loves to watch Netflix and go to the movies with her husband. She looks forward to getting promoted at her workplace. In parallel, Alizay is saving money so that she can start her own business soon. In her spare time, she likes surfing the internet and social media.

Her husband is 35 years old and works at a multinational organization. They are living in a **joint family** system and enjoy a healthy relationship. They prefer making mutual decisions but mostly end up deciding on their own. However, at times the elders in the family (father-in-law and mother-in-law) also contribute to their decision-making process. Alizay does not like if she is not consulted/involved while making family decisions, and freely expresses her reservations/concerns.

She gets upset when there are arguments or fights in the house over petty issues. Apart from that, job-related stress makes her worry and affects her health. She believes that her in-laws are **conservative**, which at times creates conflict in the house. She wants a peaceful life where family members live happily. To avoid any scenes or confrontations, she wishes to have a separate/independent house one day, where she can live with her husband as they please. Since both Alizay and her husband were not ready for a baby soon after their marriage, they decided not to have a child for at least 2 years; Alizay's mother-in-law was quite upset because of their decision. However, Alizay ended up conceiving **unplanned**, and her child was born after 1 year of their marriage. Now she is using FP methods to give a gap of at least 3 years and plans to have a second to complete her family. This would allow her to focus on her career and family simultaneously.

FP PATHWAYS URBAN

(25-34 YRS.) WEALTHY WOMAN



AWARENESS

Having been introduced to reproductive health at school, she is aware of FP and its importance. While friends and media were her sources of information on types of methods for FP.

Similar, she has also discussed the matter with her husband, sister(s), FI Ls & gynaecologist.



DECISION

Decisions related to FP are considered a personal matter between the couple and thus, are taken independently by them. They do at times take advise of the elders or the gynaecologist.

The couples want to focus on their career and family life and are satisfied with the benefits of FP.

However, there are others who feel traditional methods are sufficient to meet their FP needs and opt for those instead.



USE

At the FP usage level, she takes advise from her mothers, sisters, and sisters-in-law. While her husband is also involved during the entire process.

Factors such as ease and convenience of use, better health for her and the child and avoiding unwanted pregnancy play an important part in her choices.

She is happier with condoms as it is non-invasive and does not have any side effects as such.



Females relatives & In laws



MAINTENANCE

She is aware of the advantages of modern 1 methods and realises the support it offers her in balancing her career and personal life. Similarly, since most methods are widely available, they are convenient.

However, side effects to some MMs have caused her to switch between methods and if she feels nothing suits her, she settles for TM instead.



ADVOCACY

She does advocate for FP and birth-spacing, however, she is more in favor of short-term methods. She doesn't necessarily feel MMs are more effective than TMs and thinks the latter is relatively safer.



{ } Influencers

AWARENESS

These women have great exposure and easy access to information about family planning and birth spacing products and services. Even at a young age, while they were going to colleges, women would sometimes read about such topics in their curricula or discuss it with their friends and colleagues. Regardless of whether these discussions were purposeful or in-depth, they provide a fair understanding of contraceptives and various dimensions of their use, merits and demerits, and outcomes to these women. Most respondents also recall the country-wide awareness campaigns in the form of television media and advertisements from their childhood. Whereas after marriage, many of the women continue to discuss with their husband, sisters, sisters-in-law and gynaecologists.

Due to their exposure to FP awareness, many women are aware of the benefits of using FP modern methods such as quality time with husband and family, the better upbringing of children and improved maternal and child health.

DECISION

According to the respondents, major contributors to decisions are determined by the relative significance and impact a decision has on the family. Unlike other population segments, wealthy urban women are confident that their husband and family would not exclude them from any decision; they also mention they would express their displeasure and disapproval if such an event was to occur.

Decisions related to family planning are considered a personal matter between the couple and thus, are taken independently by them which is another difference from other population segments. If the couple decides to they take consultation from a female elder or healthcare professional. Most couples are satisfied with the expected benefits of using contraception such as being able to focus on career and family and improved maternal and child health. This shows that women can make a clear connection between their aspirations and using FP modern methods to achieve them.

On the other hand, many couples consider the perceived negative impact of modern methods on health as well as their personal beliefs (preference for “traditional” methods) before their decision to adopt.

“I got this information through media and through discussions with friends. Besides that, before marriage, my elders told me about different methods that could be used to prevent pregnancy.”

“My sisters were using these methods, so I had an idea”

“I take all the decisions myself related to health issues. My health decisions are mostly based on birth gap between children”

“Family planning is a must, you have to consider factors that whose responsibility it will be in future. Who will take responsibility because we are living in a joint family, so do they take care of the baby or they will just say it’s your child take care of him by yourself? As we both are working so we have to consider all these things and that’s why we did family planning”

“It is easy to use this method because we have to use it externally and it has no effect on my health”

“If there are 4 kids roaming in my home then I won’t have enough energy that I can deal with them. And it is not only about physical energy even you have to be mentally strong so that you can handle them”



USAGE

“If there are 4 kids roaming in my home than I won't have enough energy that I can deal with them. And it is not only about physical energy even you have to be mentally strong so that you can handle them”

“Someone told me that you have a vaginal infection and that is due to the use of condoms. I was scared so I switched to injectable, but that too has lot of side effects”

“I will use this method until a new a safe method is introduced.”

At the FP usage level, women take the consultation of their mothers, sisters, and sisters-in-law. The husbands are also involved during the entire process. Due to this, many women are driven by factors such as ease and convenience of use, improved health of mother and child and no unwanted pregnancy. Most women are happier with the condom as it is used externally and does not have any effect on women's health. However, factors such as side-effects and religious views have a huge impact on the usage and cause a waver in their continued motivation to use them.

MAINTENANCE

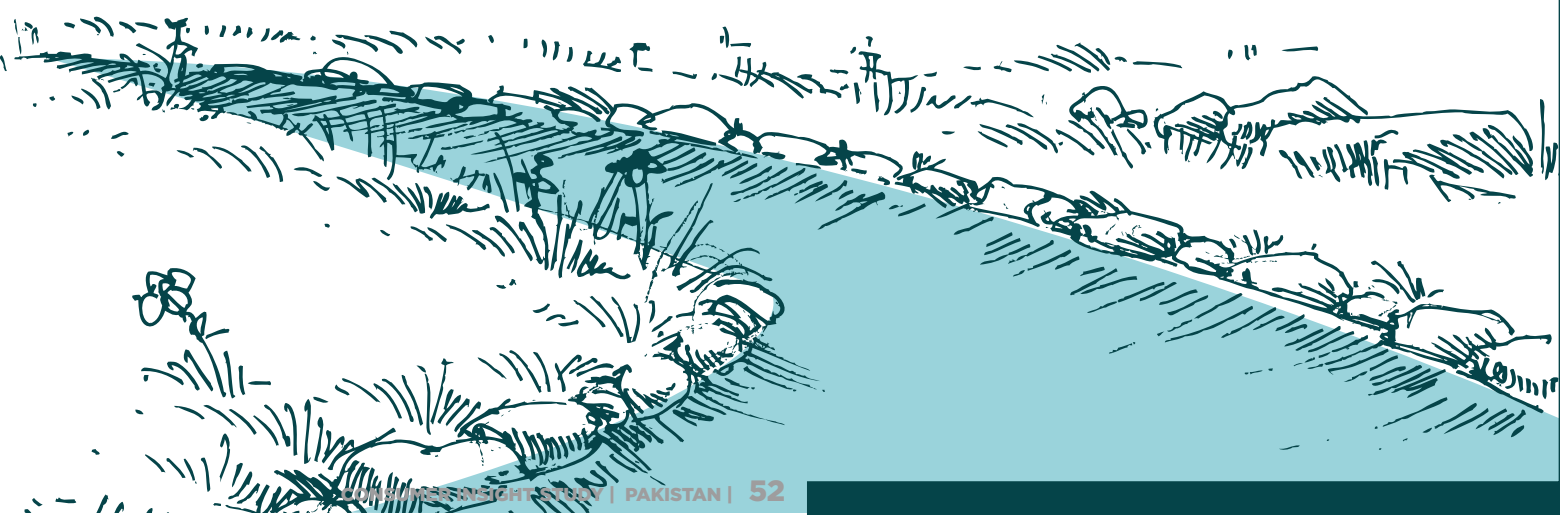
Most women from the wealthy general (age 25-34) category are users of modern family planning products, however, many discontinue as well.

Reasons for Method Continuation:

Generally, these women are aware of the advantages of modern methods. They agreed that these products are beneficial for the health of the mother and the baby. Women also report that due to their lifestyle and career, it is not possible for them to take care of multiple children and contraception helps them control the number of children they have with enough spacing in between. Women are also happy due to the cost-effectiveness and wide availability of the products. Interestingly, while other population segments discontinued their method at discomfort or side-effects, a few women in the category report discomfort while using the product, but due to its countless benefits, continue to use the product. Many women also mention they will use their current method until a newer and safer method has been introduced which indicates a trust on their chosen method.

Reasons Method Discontinuation:

Side effects of the modern methods push the women to opt for another method. However, when they undergo further side-effects, many women end up discontinuing them altogether. Many women also feel that certain methods are not accessible to them as their husbands must go out and get it.



ADVOCACY

The women are advocates of modern methods. They are comfortable and express their satisfaction with their current family planning method and state that they would not change their preference unless a safer or more effective method is introduced.

On the other hand, women who discontinue modern methods hold negative opinions about it due to the experience of side effects. They pass on their experiences so that other women are also prepared for the risks of modern FP methods. Interestingly, in this category, many women are currently using traditional methods and believe they can also be used for family planning or birth spacing so they still advocate for those. The traditional methods are also deemed safe due to their non-invasive nature and lack of side-effects.



TABLE 6: INFLUENCERS, MOTIVATORS & BARRIERS FOR WEALTHY URBAN GENERAL WOMEN ALONG THEIR FP PATHWAY

	AWARENESS	DECISION	USE	MAINTENANCE	ADVOCACY
INFLUENCERS	<ul style="list-style-type: none"> •Health Facility •Friends/sister(s)/sister-in-law •Husband •Doctors (gynaecologist) •TV ads/media •Female relatives <p>"Condoms from ad, when I was in O levels. Girls and boys talking. About medicines, I think I saw a medicine that my mother was using ... something like morning pill or whatever it was that. And the Ad of green star used to play on television about birth spacing" – F27KA01</p>	<ul style="list-style-type: none"> •Husband •Sister(s)/Females-in-law •Friends •Doctors <p>"I am a working woman, so I have more access to information and to address confusion, if any I consult my sister" – F33KA02 "I will trust mostly those who have used it" – F34KA18</p>	<ul style="list-style-type: none"> •Husbands •Trust on product quality •Family members (mothers, sisters & sisters-in-law)\ <p>"My husband said it's the safest method so far, tablets have side effect, so we used this method with mutual understanding, and it was beneficial that's why we started using that method" – F30LA03</p>	<ul style="list-style-type: none"> •Husbands •Doctors <p>"I would like to explore the safe days method. I will do some research and I think there is an application in your mobile phone which calculates your period cycle and tell you your safe days and when you ovulate, I may consider that" – F27KA01</p>	<ul style="list-style-type: none"> •Friends •Advertisements
MOTIVATORS	<ul style="list-style-type: none"> •Quality time with husband/family •Better upbringing of kids •Mother and child's health <p>"Birth spacing is important as mother can give time and attention to her child and she can be healthy too" – F24LA06</p>	<ul style="list-style-type: none"> •Focus on career and family •Mother and child's health <p>"Most of the women who belong to the working class find it difficult to manage both work and kids together and one gets pressurized from society to have children. All these factors together influence the decision of couples about family planning" – F30LA03</p>	<ul style="list-style-type: none"> •Convenience of use •Better health of mother and child •Easy access •Don't want kids for the time being <p>"Because I don't want kids right now. I want to spend time with my husband and my career is also very hectic." – F27KA01</p>	<ul style="list-style-type: none"> •Gap between children •Cost effective •Easily available •Good environment in health facilities <p>"After my first daughter I decided to use FP products. I consulted my doctor; my sister in law told me to use pills so I used that. My experience of using pills failed, I had issues, so I switched the method." – F25PE01</p>	<ul style="list-style-type: none"> •Positive experience of using modern methods •Agree with need for gap <p>"I suggest using this until your baby turns 2 years old. You can prevent pregnancy to 6 months by using condoms or natural process and you could use contraceptive if your partner agrees". – F34LA05</p>
BARRIERS	<ul style="list-style-type: none"> •Cultural constraints •Conservative mindsets •Social pressure <p>"No one ever mentioned religious perspective but culturally I have faced issue, like my aunt told me that first child after marriage should be quick." – F27KA01</p>	<ul style="list-style-type: none"> •Negative impact on health •Personal beliefs <p>"I don't want to take anything because I think you are placing a foreign thing in your body, why? There are natural methods."</p>	<ul style="list-style-type: none"> •Side effects •Religious views <p>"It's a sin and my health started getting worse. Periods were also disturbed, and I felt extreme headache and vomiting. I felt dizziness and weakness when I used the pills.– F30PE03</p>	<ul style="list-style-type: none"> •Side effects •Accessibility <p>"Someone told me that you have a vaginal infection and that is due to the use of condoms. I was scared so I switched to injectables, but they too have side effects" – F33PE02</p>	<ul style="list-style-type: none"> •Negative experience of using modern methods <p>"While marketing, brands should tell the negative aspects too, they hide the negative aspects and only publicize the positive aspect they should let people know everything" – F33KA02</p>

PSYCHOGRAPHIC FP PATHWAY OF WOMEN

To further enhance the analysis and present a holistic overview of the FP pathway and journey of MWRAs in Pakistan, psychographic attributes were utilized to take another approach at the segmentation of the women based on behavioural tendencies and data. These psychographic segmentations do not account for demographic differences such as age, locality or province but focus on grouping populations that are mimicking the same behaviour pattern across the data.

Below are the three visual representations that summate the pathways that a Pakistani woman, regardless of background, is likely to follow. In these pathways are also the opportunities and the touchpoints where a woman on her pathway to FP is vulnerable and needs support to make choices that are in her best interest. This includes intervening to motivate her influencers, to provide her appropriate counselling to manage her side effects when they arise and to align her pathways with her aspirations.

Dissatisfied modern method switcher, Future negative advocate

Sakina is a modern method (MM) switcher, informed and unhappy with her options, she eventually converts to traditional methods (TM) and becomes a negative advocate.

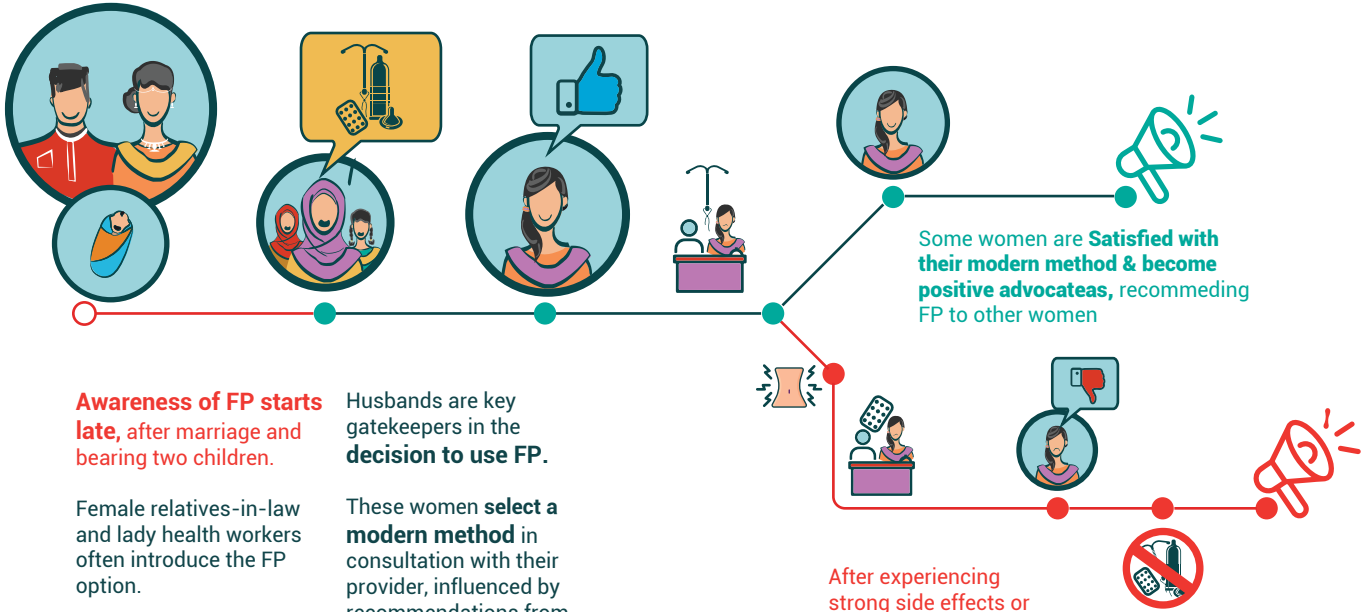
Her journey of awareness of FP starts after marriage and around the time she has had her second child. She is introduced to the idea of FP through information she receives from her female in-laws and the women around her, along with the lady health workers (LHWs) from her community that are focused on mobilizing women towards making informed reproductive health choices.

After receiving approval from her husband, who decides if she should seek further information regarding MMs or continue to TMs, she either re-approaches the LHWs or consults with her provider. Along with these factors, her decision is also influenced by recommendations and anecdotes from women around her. After experiencing strong side-effects or inconvenience in using the method, she switches to another method than another.

She either finds a method that is satisfactory and advocates to other women around her to adopt a method as well. Or her continued dissatisfaction with MMs, due to side effects and ineffectual counselling by providers, leads her and her husband to discontinue the MM altogether. Her TM decision, made with her husband, is reinforced when her side effects subside, and she feels better after discontinuing the method. Sharing her experience, here onwards she will actively dissuade other women from using MM.



FP PATHWAYS OF A MODERN METHOD SWITCHER



Awareness of FP starts late, after marriage and bearing two children.

Female relatives-in-law and lady health workers often introduce the FP option.

Husbands are key gatekeepers in the decision to use FP.

These women select a modern method in consultation with their provider, influenced by recommendations from women around them.

“
Modern methods are effective, but they don't suit everyone and have bad side effects.
 ”

After experiencing strong side effects or inconvenience in method use, many women consult their provider and opt to switch methods.

Their continued dissatisfaction with the modern method options lead these women and their husbands to discontinue modern methods.

The decision to discontinue is enforced when side effects subside. These women become persuasive negative advocates, counselling other women against modern method use and towards traditional methods.



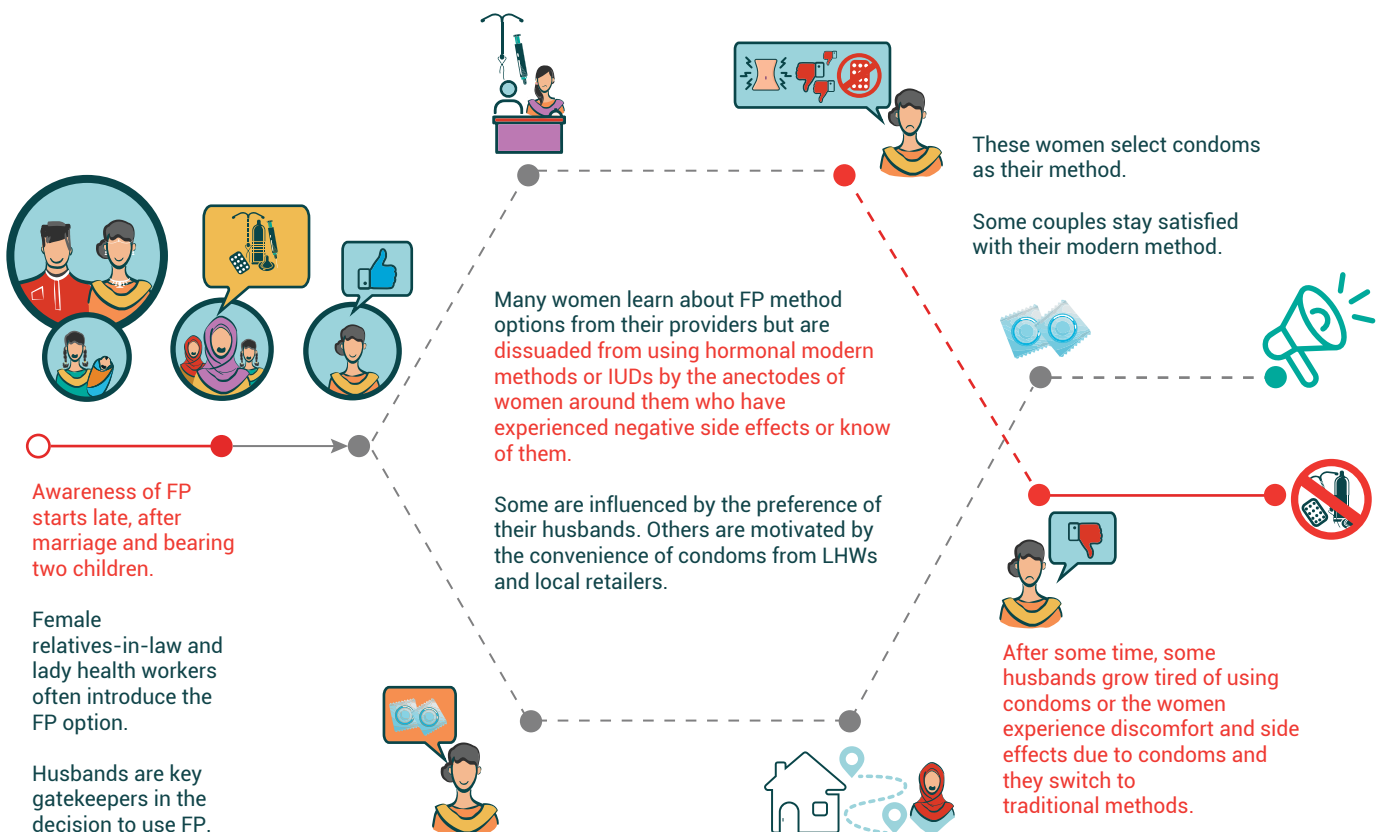
CONDOM-ONLY USER, FUTURE DISCONTINUER

Similar to Sakina's journey, Hina's awareness of FP starts around the same time. She too has been informed about her options by providers and female relatives. However, she and her husband opt for condoms and don't consider using other MMs. She is influenced by his preference for condoms and she feels it's convenient to get from the LHW that visits her house, or the husband can purchase them from local retail stores.

Additionally, her sister-in-law strongly dissuaded her from using any of the other MMs because of her own unpleasant experiences with them. She has also heard other women complain about side-effect and hormonal issues. These women, the Sakinas, have faced negative experiences due to side effects and poor counselling and became vocal negative advocates against MM in their communities.

Like Sakina, Hina could embark in two paths. She and her husband are satisfied with using condoms and use them. However, after using condoms for some time, her husband grows tired of using them. She also starts experiencing some discomfort and they decide to switch to traditional methods as a safer option.

FP PATHWAYS OF A CONDOM-ONLY USER WHO WILL EVENTUALLY DISCONTINUE

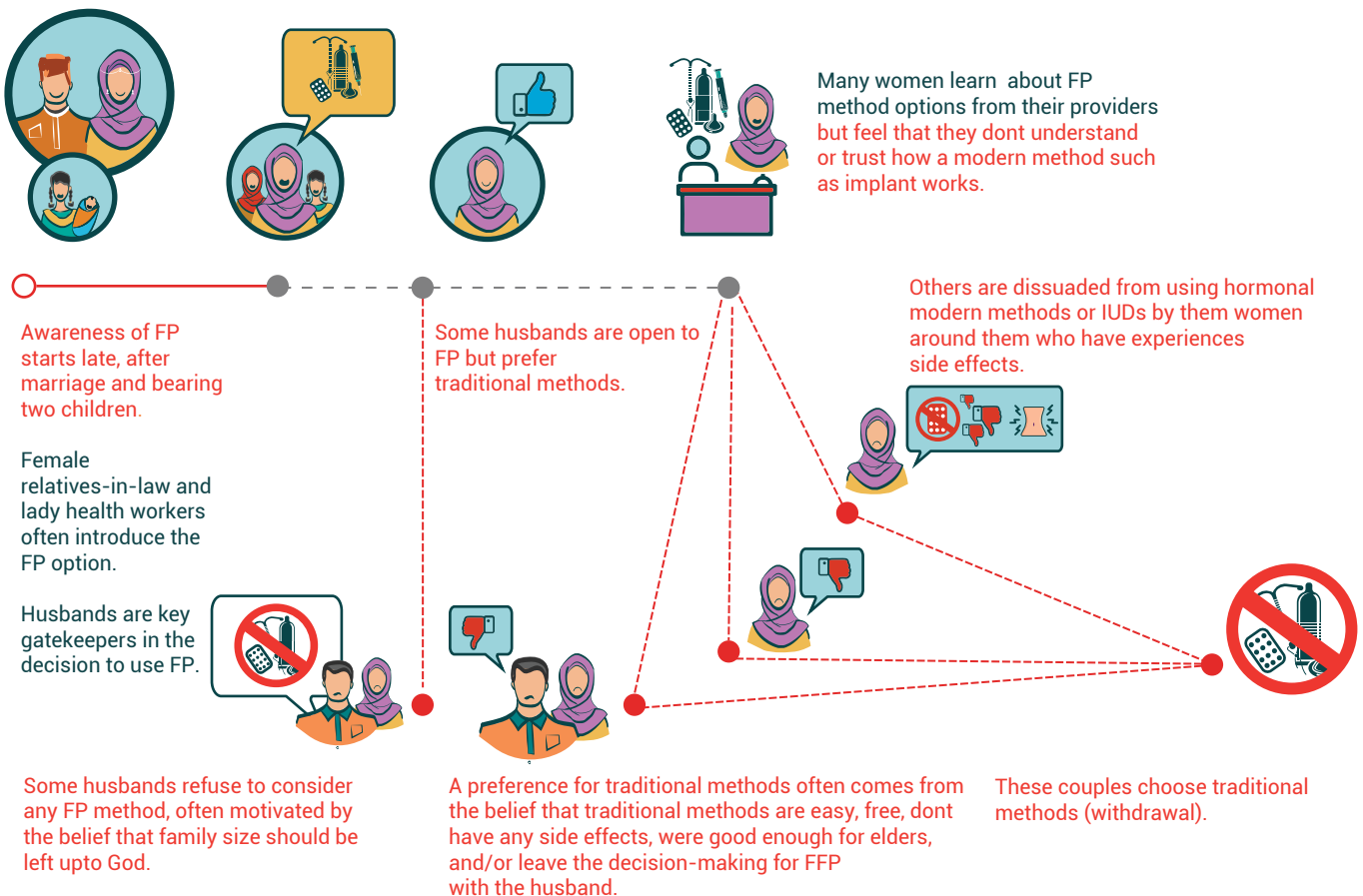


TRADITIONAL METHOD-ONLY USER

Fatima is a traditional method (TM) user. While her awareness stage follows the same trajectory as the other two, her FP journey is short, and her husband is a major stakeholder in it. He is either averse to modern methods (MM) due to his religious beliefs, or he prefers TM as he finds them to have the lowest risk of complication.

The opinion that if it were good enough for their elders, it should be good enough for them is also held by her husband and she's not averse to that rationale. If it were left up to her to decide, she would still opt for the TM. She does not understand how MM work which reflects in her questions regarding implants as to how something placed in her arm could keep her from getting pregnant. Fatima also doesn't trust MM as she has heard Sakina mention they cause hormonal problems while Hina mentions discomfort with condoms. She does not want to risk her health.

FP PATHWAYS OF A CONDOM-ONLY USER WHO WILL EVENTUALLY DISCONTINUE



INSIGHTS FROM HUSBANDS

As cited by several of the aforementioned population groups, husbands emerge as a key gatekeeper of awareness and access to FP methods. One important aspect is that husbands play the integral role of making the decision to switch from hormonal modern methods to less reliable ones like traditional (withdrawal) methods or less effectiveness ones (such as condoms).

Husbands understand the concepts of birth spacing and family planning and refer to family planning as adopting a modern method to give a gap between the births of children so that mothers can breastfeed and nourish each child properly. They also mention the benefits of modern methods, such as improved mother and child's health and better management of their income, as many cite a correlation between growing family size and increasing expenses upon each household.

“Mothers breastfeed their child, which is inadequate for many children. That is why mothers take gap which leads to the use of injections or pills. These two things come into our mind.”

Many husbands mentioned that their understanding of FP was better than their wives as the wives do not know about family planning because they are illiterate. Some respondents felt that this stemmed from their culture, as most wives are dependent on their husbands for everything, including forming an opinion. Most of the husbands felt that they should discuss the importance of family planning, and the consequences on the household if it is not adopted.

“They are not educated so that do not know the benefits of family planning. The women of our society are not sent to schools and colleges so that they may not know the disadvantages of having more children.”

“The wives in society are usually dependent on the husbands. Our culture is like that, the Pakistani and Islamic culture. The wives follow the husbands and do not have their own opinion.”

“The husband should talk to the wives and tell them about the importance of family planning. These things should be discussed with them. They need to be told about the situation of the economy of the country.”



Husbands generally preferred to receive family planning services for their wives from health facilities which are situated near their homes. Some respondents mentioned that they must travel to distant health facilities as there are no health facilities in their areas. Generally, men do not go inside the facilities as they are uncomfortable; they simply wait outside while the women discuss their concerns with the service provider. According to the husbands, health facilities provide information about benefits and risks of contraceptive methods. However, the husbands are unhappy with the services received and shared that the staff of health facilities provide partial information about these methods. Moreover, women-only visit these facilities is when they don't receive services from LHWs. Otherwise, LHWs are the husband's preferred choice of providers as they visit the house, address concerns and provide the methods which is indicative of the limited mobility they offer to women.

When FP commodities are short at the facility, they procure from retail outlets. It was noted that shyness of the husband's to go to a health facility or buying condoms from retail stores is a major hassle in adaptation and continuation of modern birth spacing methods; there was a general agreement that there is an unhealthy social stigma attached to seeking FP services. Similarly, men are hesitant to seek advice from female providers or LHWs, and few (if any) male medical officers are deployed at a few health facilities, resulting in men's insufficient awareness on the subject.

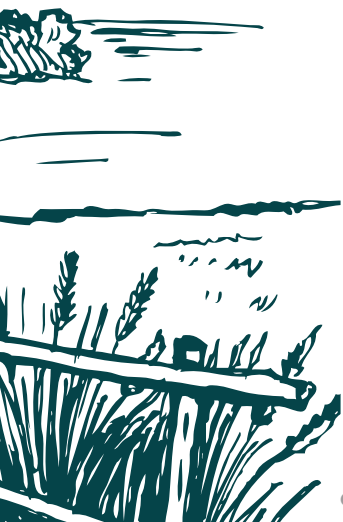
Due to their unhappiness with the services from health facilities, many of the respondents resort to quacks to receive information which generally skews their perception of modern methods with misinformation, myths and misconceptions. Other than that, men rely on sources such as people whose advice they trust i.e. close friends and family. Many of the husbands believe that condoms are generally preferred by unmarried people who have sexual relationships whereas married couples use injectables and pills.

“Social stigma is also a challenge for receiving FP services. Irregular supply of contraceptives and lack of proper awareness by LHWs is another challenge in the way of service uptake.”

Concerning modern methods, the men share reservations especially regarding women gaining weight. Men believe that women are afraid of health concerns as they also must take care of their families. Side effects and planning for another child are chief determinants for the discontinuation of FP.

“Since most men are the bread earners, therefore they tend to initiate all decisions. Women are uneducated and they don't have awareness about FP so decisions should mostly be made by men”.

A few men also thought that as their wives are unaware, so decisions related to FP should be made by men too. Whereas, according to the majority of the respondents, wives and husbands should mutually decide about adopting contraception methods for family planning.



Insights from Mothers-In-Law

Mothers-in-law believe that lack of skills to convince their husbands, refusal of husbands to use condoms, shyness of husbands to buy condoms, lack of awareness, poor access to facilities and poverty are the main challenges their daughters-in-law face in adopting modern family planning methods.

It was noted, mothers-in-law discussions on FP issues, regarding advantages and disadvantages, are not limited to direct family members but also with neighbours, friends and relatives. They highlighted side effects as the primary concern, while also sharing benefits, such as better health of mothers and children.

Their information is based on interactions with LHWs, health facility staff, and current family planning product users. During the interactions for this study, they discussed the correlation between access and availability of a wide range of methods, and it is a major motivator to seek FP services. The respondents reveal that there is significant encouragement from mothers-in-law and elders for couples to seek FP services. Realising growing financial constraints and the increasing importance of education for everyone, grandmothers want healthy grandkids who can become functioning members of the society. They claimed they proactively recommend birth spacing methods to women to control the size of their families.

They admit that times have changed from when they were young, where family sizes didn't matter and planning for children's future didn't become a priority until later in life.

“In our time, importance was not given to education this much. Now education is the most important factor. In our days, people were not aware about these things, there were no means and no awareness. We were very simple people, uneducated and unaware of these things. We were not concerned about large family and small family stuff.”

Mothers-in-law understand that the new couples have concerns about their family sizes and want to be prepared for all eventualities. The need for a first child remains strong, but newly married couples do not want to rush it. Children are their priorities, but only if they can provide for them and raise them in a decent environment.

In our times, people were not much concerned about birth spacing and were also not aware about it. But nowadays, couples have knowledge and they take safety precautions from the start. Many don't want to have baby soon, and those who do, they go for birth spacing after the first baby. They think about their future and education. They say that we can't afford children and we are not birthing kids as a burden. They want to give them good education and lifestyle.”

Mothers-in-laws suggested private health facilities springing up everywhere, has been a key factor in respondents understanding of family planning. The ease of access means they do not have to travel to distant places and are in the vicinity of their residences. Nevertheless, they preferred to receive services from LHWs who visit them at their homes and provide them with family planning services free of cost. Mothers-in-laws have mixed opinions about the access to methods for the different age groups of women who need FP.

According to some respondents, young women (18-24) should not access services as they are too young to go outside homes alone, while some also suggested that they should first complete their family before availing contraceptives. In such a scenario, women are left dependent on their husbands to wear condoms. Failure to convince their husbands results in them using traditional methods such as withdrawal and renders them susceptible to conception. While according to some other respondents, they can access services as this is a different time.

Insights from Community Leaders

While the responses from MWRA's did not indicate community leaders as major influencers in their FP pathway; they did arise in a few responses from the husbands.

In the discussions with community leaders, it was revealed that community leaders and decision-makers have only heard about FP methods from friends and through their limited interactions with health facilities staff, while many of the community leaders did not understand the term "family planning."

“Family planning is a government plan which is related to children. It is a system initiated by the government. But I want to ask that what government will provide and give which type of facilities. Will they visit door to door?”

The few community leaders that did understand what family planning methods are and what health benefits are to be gained from the use of contraceptives, admit that women face numerous hurdles in availing FP services. As family methods remain socially unacceptable and even if they were not, the logistics of acquiring them prove to be difficult.

In their view, health facilities are available and people in the community avail FP services from these facilities. In some areas, health facilities are at a significant distance. This makes people bear the cost of not only contraceptives but travel too. When men are away, women (especially younger women) face problem to travel to health facilities. Therefore, LHWs are the best option as they provide information about the importance of FP in their door to door visits and distribute contraceptives when asked for.

According to community leaders, a condom is the most preferred method of modern contraception as it has no side effects. These are easily available with LHWs, in health facilities or pharmacies. Concerning other contraceptives, they share that they have many advantages for mothers and children as both remain healthy due to appropriate birth interval. However, because of side effects, people discontinue their use. Also, people do not take the advice of LHWs before quitting any method, and it might also further complicate matters for them.

“Given the country’s position, if we do not do any family planning, it will create hurdles for us, and we will also not be able to educate our children. By using contraception, women and child can be healthier; and we can easily handle our expenses or earnings. Family planning is necessary as through family planning, we can secure the future of our kids and can give them a better future.”

The community leaders admit that unchecked population growth is a problem as it is creating problems for society, where there are a lot of mouths to feed but not enough resources. They also cite the country’s ongoing issues and claim that adopting family planning methods can help to alleviate some of the issues.

However, not all respondents were as understanding of family planning methods. There was a lack of information about modern methods and some respondents claimed that the topic is only for women to discuss, while others expressed doubts on the benefits of these methods and hinted at hidden agendas for promoting them. They believed that family planning methods is a western concept and un-Islamic and should be shunned as the souls that are destined to be born will be born regardless.

“The soul, which is destined to be born, will be born. We cannot stop it. Rest, taking precautionary measures is our duty.”

Key Takeaways

From the six demographics selected for this study, it was observed that the similarities in the journeys of recipients significantly outweighed the differences. Most women have no pre-marital understanding of family planning and reproductive health and have their first child right after marriage. While snippets of information make its way to them during the pregnancy and birthing process, it is only after the birth of the second child that women actively seek out information on family planning options. At this stage, their avenues of information are generally females-in-law and female relatives, LHWs and other women in the community. The only deviation is observed among wealthy women, who have some amount of pre-marital information on FP, due to greater access to social media and other avenues, while also being more empowered to seek information.

The pressure to procreate right after marriage is prevalent across all segments, and it’s only urban wealthy women who were sufficiently empowered to not give in to the pressure right away and have a greater say in when to conceive. The pressure experienced by most women is either directly from in-laws and relatives to bear a child, or it emerges in the form of fear of being considered infertile, which is perpetuated by society at large and particularly women around them. Either way, this leads women to assume conceiving to be a natural progression immediately after marriage and the possibility of initial spacing not permissible or inappropriate.

Similarly, when it comes to deciding to adopt modern methods, the majority of women are secondary stakeholders, with the husband being the gatekeeper to FP access. His decision to allow his wife to access a modern method is dictated by his influencers, which includes his family, community leaders and

other men, his understanding of FP and its significance in their life, his personal preferences, side effects, and ease of access to the methods. Based on these, there are three routes the husband is likely to pursue: he denies his wife access to modern methods and decide on either no method or traditional method (withdrawal); he prefers condoms as it, among other things, allows him to retain control, and does not allow her to pursue other methods; thirdly, he is comfortable with the wife opting for a method of her choice and lets her decide based on her preference. For the wealthy segments, however, there is more inclinations towards mutual decisions, with the third outcome being most likely one.

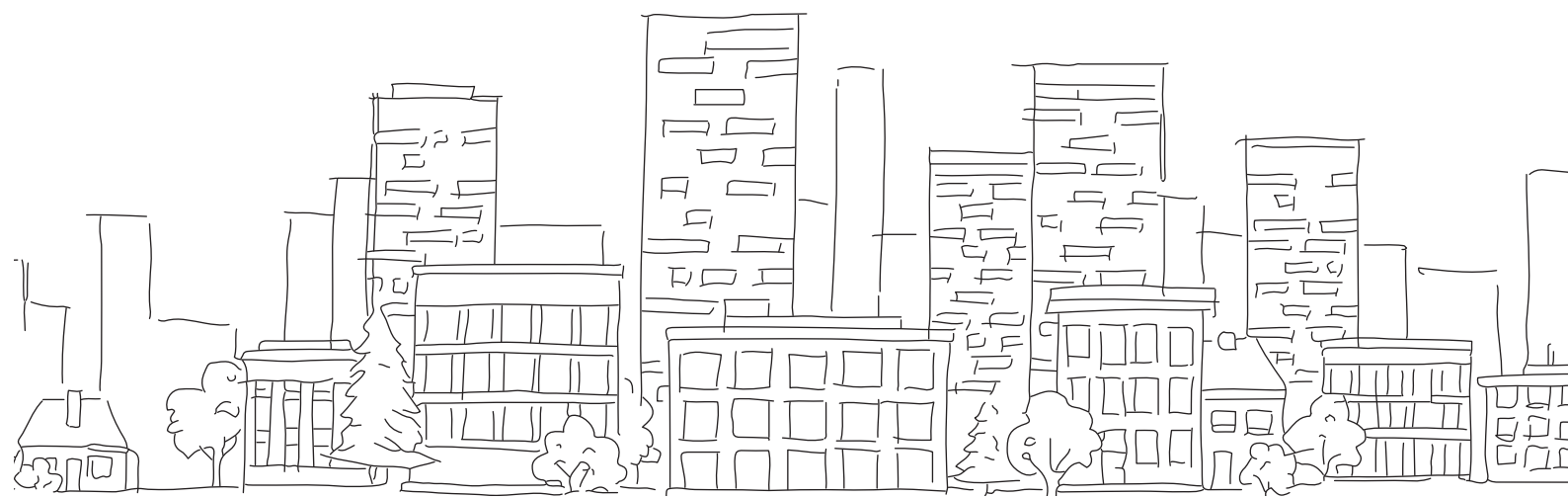
Choosing a modern method is where the women's primary individual journey through family planning starts and is fairly aligned among all demographics, including the wealthy. Most women's choice of MM is influenced by the anecdotes of women around them and the counselling that they receive from health-care providers (For most women from rural and urban areas, these would include LHWs and LHVs, whereas, wealthy women are more likely to approach gynaecologists). Method related side effects or perceived side effects often forces modern method users, especially pills, injectables, implants and IUDs, to switch their methods or discontinue them completely. Excessive bleeding, irregular menstrual cycles, weight gain and bloating are common concerns raised when using these methods. While different bodies react differently to different methods, a significant contributor to this is poor and inadequate counselling by healthcare access points where the women are likely to receive her method from and depends on information and counselling to manage her side effects. Other reasons for discontinuing include, inconvenience of use, access to method (of preference), cost, and decision to conceive.

Depending on how the experiences of women using modern methods play out, they are likely to advocate accordingly. Women who do settle for a method that suits them are likely to voice their approval of FP around other women. While women who have had negative experiences and out of frustration and disappointment decide to discontinue modern methods and revert to traditional options, are highly likely to share their grievances against these methods with other women and also likely to give in to myths and misconceptions that come their way and passing them on to other women. Negative advocates are more impactful than positive ones as they feed into the paranoia and distrust that already prevails in the community.

However, as common are the similarities, the differences are also key factors that reveal the underlying reasons behind women's behaviours. Rural populations report receiving negative attitudes from the facility staff which leads them to distrust the provider and feel reluctant to share their issues openly. Also, non-conducive behaviour from the provider affects their decision deeply too. For rural general population, a key message to impart should be focused on health benefits of FP as many are already struggling with their health already and their interest is developed by being told the positive impact on mother and child health if modern methods are used. For the rural populations, the decision of adopting or continuing FP is also based on the cost of the method. On the other hand, urban wealthy women cite an array of mediums for their pre-marital awareness such as the internet, movies, shows, books and social media platforms. Whereas urban older women mention IEC materials that are provided to them which helps them develop a decision regarding their method.

Decisions related to family planning are considered a personal matter between the couple and thus, are taken independently by them urban wealthy. Interestingly, in contrast with the other population segments, older wealthy women do experience some discomfort with their method of choice but will continue using after determining the countless other benefits they provide. Moreover, the husbands' insights contrast what the women have admitted at a few points. While many express that they wish to be included in decision-making, the men think that it is due to the way society is that women cannot form their own opinion and must rely on them. The men's preference of accessing methods from nearby health facilities or receiving them from the healthcare worker on their doorstep also reflects in the women's mentions of limited mobility.

The three psychographics present the behavioural patterns a woman is most likely to follow through her FP pathway and journey. These pathways also discuss the various opportunities and touchpoints where stakeholders can intervene that help them to target the behaviour and underlying reasoning behind it which inhibit her FP journey and use and improve the uptake of FP methods. This includes intervening to motivate her influencers, to provide her appropriate counselling for side-effect management and to align her contraception need with her aspirations. These suggest the development of nuanced and tailored messaging that target the women which current interventions are failing to tap into.



CONCLUSION & RECOMMENDATIONS

Based on the aforementioned findings that have been reported, it is apparent that while there are many similarities for most of the groups regarding their awareness, decision, use, maintenance or advocacy, there is an array of mediums and sources behind the various stages of their FP journey, which affects them and accounts for their behavioural differences with each other.

This becomes useful for researchers, donors and stakeholders alike as it highlights and supports the development of contextualized messaging and interventions for each of these groups. Steps can be taken to design and utilize specific messaging based on women's position on the FP journey stage with their assorted factors of barriers and motivators that affect them, assess which processes and mediums of change would be most suitable, and tailor interventions that target them appropriately. This will ensure that attention is given to optimizing resources and effectiveness when using strategies in developing health social and behavioural change models to improve the use of reproductive health services in Pakistan.



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ANNEX 1: AVATAR KEY FOR JOURNEY MAPS (JMS)

POPULATION SEGMENT	SATISFIED/ HAPPY	UNSATISFIED/ UNHAPPY	UNCERTAIN/ CONFUSED	OBJECTION/ SUGGESTION	MARRIAGE
Young Rural					
Young Urban					
General Rural					
General Urban					
Young Wealthy					
General Wealthy					
Husband 1					
Husband 2					

MODERN METHOD



TRADITIONAL METHOD





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