



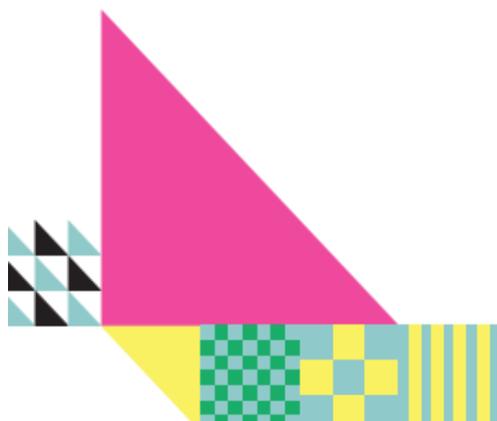
# THE USE OF MEDIA IN FAMILY PLANNING PROGRAMMING IN PAKISTAN

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### A DESK REVIEW REPORT

The media plays an important role in our life choices, and family planning (FP) is no exception. How has the media contributed to shaping FP practices and policies in Pakistan, and what needs to be considered for the media's strategic use in the future are critical questions. This document offers insights to answer these questions.

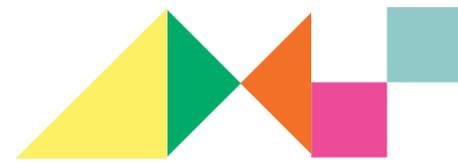
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## ABBREVIATIONS

<b>ASFRs</b>	Age-Specific Fertility Rates
<b>BCC</b>	behavior change communication
<b>CAM</b>	Communication, Advocacy and Mobilization
<b>CCI</b>	Council of Common Interest
<b>CCP</b>	Johns Hopkins Center for Communication Programs
<b>DAFPAK</b>	Delivering Accelerated Family Planning in Pakistan
<b>DoH</b>	Department of Health
<b>FALAH</b>	Family Advancement for Life and Health
<b>FP</b>	Family Planning
<b>ICPD</b>	International Conference on Population and Development
<b>IEC</b>	Information, Education and Communication
<b>IRDS</b>	Institute for Research and Documentation in Social Sciences
<b>KAP</b>	Knowledge, Attitude and Practices
<b>LHW</b>	Lady Health Worker
<b>LJCP</b>	Law and Justice Commission of Pakistan
<b>MoNHSR&amp;C</b>	Ministry of National Health Services, Regulations and Coordination
<b>MWRA</b>	Married Women in Reproductive Age
<b>NGO</b>	Non-Governmental Organisation
<b>NIPS</b>	National Institute of Population Studies
<b>OCP</b>	Oral Contraceptive Pills
<b>OOH</b>	Out-Of-Home
<b>PAIMAN</b>	Pakistan Initiative for Mothers and Newborns
<b>PDHS</b>	Pakistan Demographic and Health Survey
<b>PEA</b>	Political Economy Analysis
<b>PTV</b>	Pakistan Television
<b>PWD</b>	Population Welfare Department
<b>RH</b>	Reproductive Health
<b>SGM</b>	Support Group Methodology
<b>TFR</b>	Total Fertility Rate
<b>WSG</b>	Women Support Group



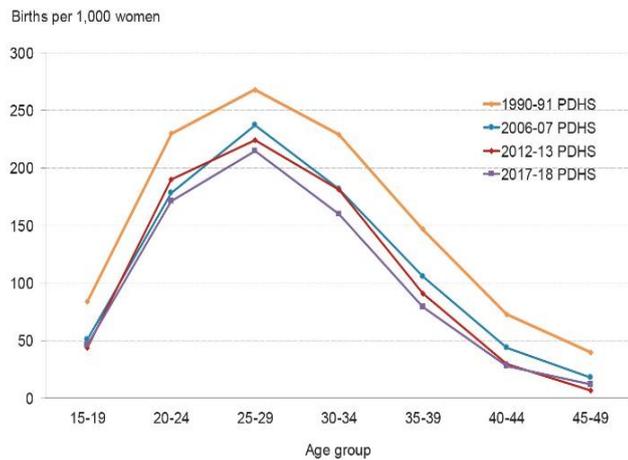
## Background

The media can be a critical conduit of communication between stakeholders and elevate family planning as a human rights issue in Pakistan. Building on the previous work of UNFPA and its partners, PSI has proposed to develop a media engagement strategy for addressing population growth. To formulate such a strategy, there is a need to build on previous initiatives around media engagement, assess lessons learned, and record best practices that could be carried forward into a cohesive plan to further UNFPA’s overarching sexual and reproductive agenda in Pakistan. The first step in this regard was to conduct a desk review of previous media engagement work. The paper in hand is an outcome of the desk review exercise.

## Family Planning: A Persistent Challenge

The last census conducted by the Government of Pakistan estimated the population of Pakistan to be 207,774,000 in 2017<sup>i</sup>. Currently the fifth most populous country in the world, Pakistan is adding nearly 5.28 million people to its population every year<sup>ii</sup>. This rise in population has appropriately been termed the “ticking time bomb” by Pakistan’s Supreme Court<sup>iii</sup>. This rise in population specifically means intense pressures on the country’s water and sanitation systems, millions of

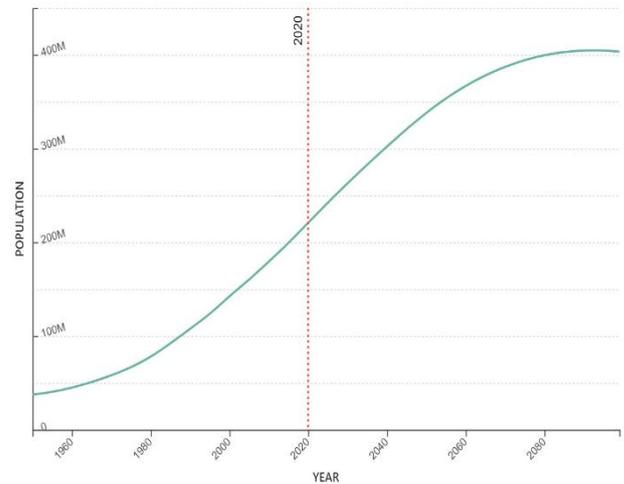
people becoming unemployed, and the country’s health and education systems becoming



overwhelmed.

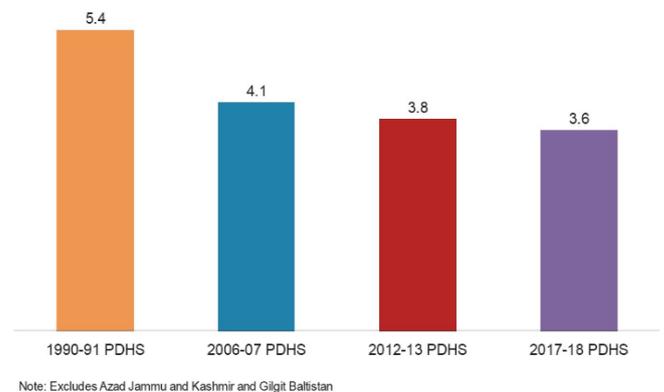
Pakistan Population 2020 (Live)

222,510,804



The Pakistan Demographic and Health Survey (PDHS 2017-18) has reported the total fertility rate (TFR) of 3.6, which for urban women is 2.9 and for rural women is 3.9. In other words, a rural woman (during her reproductive years) will give birth to one child more than an urban woman. The fertility rate has steadily declined for about 2 births per woman over 3 decades from 5.4 births per woman as reported in the 1990-1991 PDHS. This decline, however, has been slow in the recent period i.e., 4.1 in the 2006-07 PDHS to 3.6 in the 2017-18 PDHS. With respect to age-specific fertility rates (ASFRs), the decline has been almost consistent among different age groups.

Fig 1: Birth Per Woman



Source: PDHS 2017-18

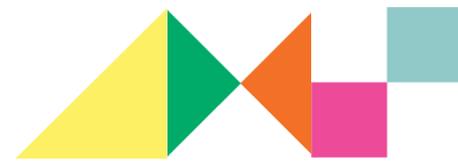
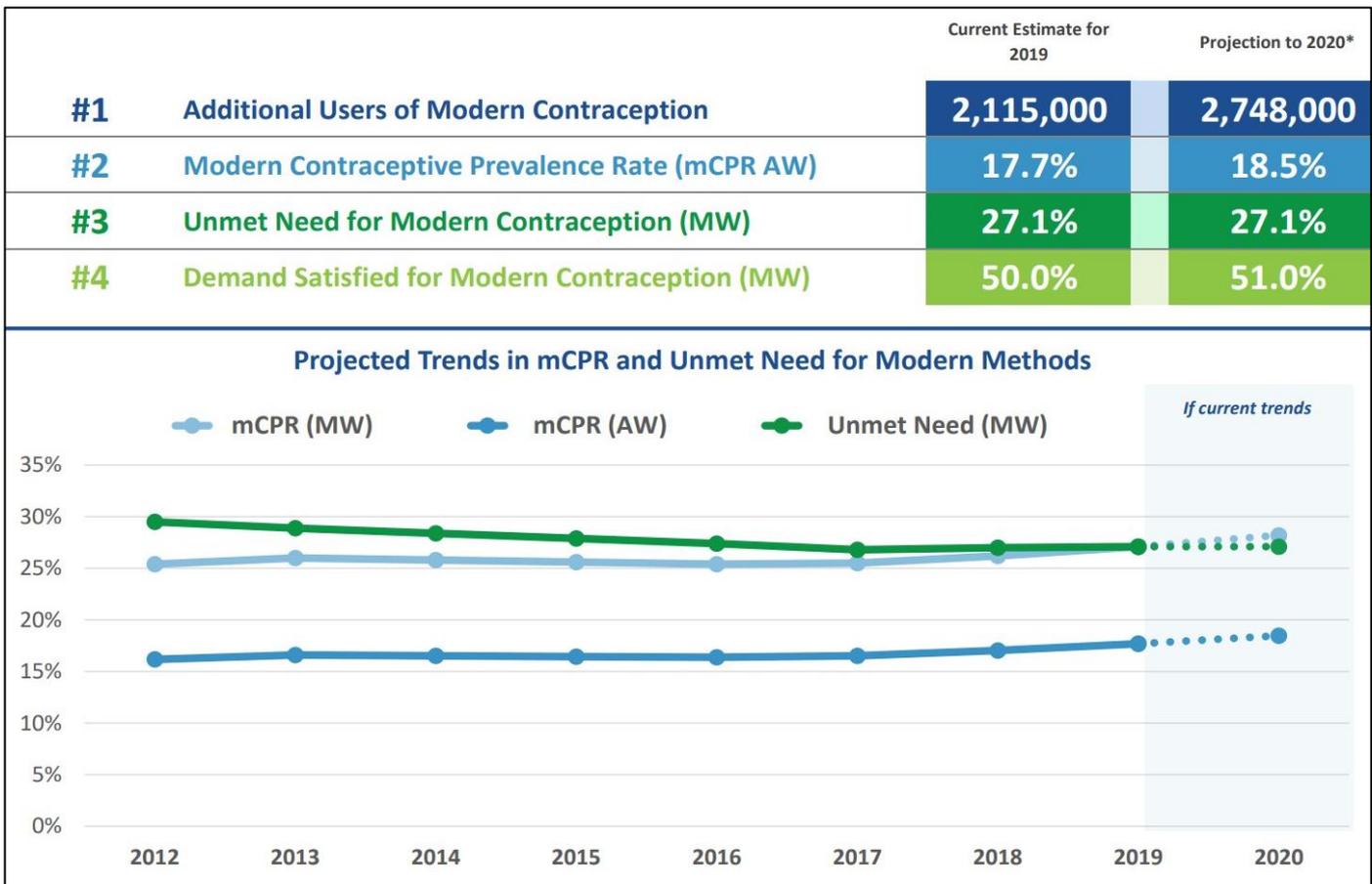


Fig 3: PakistanFP2020 2019 Core Indicators



Family planning (FP) is an approach to address the population growth and refers to a conscious effort by a couple to limit or space the number of children they have through the use of contraceptive methods. The five years between the 2 last PDH surveys witnessed a stagnancy in the use of contraceptive methods (34% in the 2017-18 PDHS, and 35% in the 2012-13 PDHS). An earlier rise noted in use of contraceptive methods, between the 2006-07 PDHS and the 2012-13 PDHS, was mostly attributed to an increase in the use of traditional methods from 4% to 9% (NIPS and ICF International, 2013).

An important parameter of need and demand for FP is unmet need. Unmet need refers to eligible women who wish to delay their next birth (spacing) or stop childbearing altogether (limiting) but are not using contraception. Unmet need is different from total demand for FP, which is the sum of unmet need and total contraceptive use.

There has been a slight decline in unmet need for FP, from 20% in 2012-13 to 17% in 2017-18. However, the use of modern methods (26% in 2012-13 and 25% in 2017-18) and the percentage of women with demand satisfied with modern methods (47% in 2012-13 and 49% in 2017-18) have remained largely unchanged between the last two PDHS surveys.

The FP2020 Annual Report provides the recent trends of the FP indicators. For Pakistan, the unmet need for modern contraception for married women is estimated to be 27.1% for 2019, while demand for modern contraception is satisfied for

**The 2017-18 PDHS reports that 17% of currently married women have an unmet need for FP services while 34% of married women are currently using a contraceptive method. It follows that 52% of currently married women have a demand for FP.**

50% of the married women. This leaves nearly 50% of married women whose demand for modern contraception is not satisfied.

## Recent Focus on Family Planning

In 2018, the Supreme Court of Pakistan directed the creation of a task force to formulate a mechanism to curb population growth in the country, describing population growth as a “ticking time bomb”. Following this call, the Law and Justice Commission of Pakistan (LJCP) in collaboration with the Ministry of National Health Services, Regulations and Coordination (MoNHSR&C) organized a ‘National Symposium on Alarming Population Growth in Pakistan: Call for Action’ in December 2018. The call-to-action was informed by two issues: as reported in the 2017 Population Census, population growth since 1998 was considerably higher than expected; and with Pakistan already water stressed, evidence that it could face severe water shortages due to its increasing population size.

The symposium resulted in an eight-recommendation action plan on how to address the issue, which was accepted by Pakistan’s Council of Common Interest (CCI) in November 2018. Federal and provincial task forces were established to ensure implementation of the recommendations laid out in the action plan<sup>iv</sup>. The Federal Task Force agreed to reduce the population growth rate from 2.4% a year to 1.5% by 2024, and to 1.1% by 2030. The CCI actions gave legitimacy at the highest level of government to address unfavourable population dynamics and the strengthen the FP program. The fifth recommendation of the action plan is about advocacy and communication, and specifically calls for: “A national narrative to be developed in consultation with provinces and other stakeholders to create a sense of urgency and necessity of reducing population growth rate and achieving socio-economic wellbeing for all.”

In 2019, Pakistan **renewed its commitment** to FP in the Nairobi Summit International Conference on

Population and Development (ICPD) and committed to ensuring universal access to FP and reproductive health (RH) services and commodities, while aiming to significantly decrease unmet need and increase CPR from 35% to 50% by 2025 and 60% by 2030. It further committed to lowering the TFR from 3.6 to 2.8 children per woman by 2025 and 2.2 children per woman by 2030. The other key commitment Pakistan made was to establish a five-year, non-lapsable Population Fund with an annual allocation of PKR 10 billion (USD 63.7 million) for FP/RH services, and to double federal, provincial population and health budgets for FP/RH and ensure timely releases of funds<sup>v</sup>.

## Family Planning Communication Outcomes

### Knowledge, Attitude and Practices (KAP) Gaps

Recent evidence shows that the lack of awareness about the health risks in a rapid succession of pregnancies; the misconceptions about contraceptive methods; the lack of motivation to adopt FP methods due to cultural traditions; the religious beliefs about FP; and the fears of any side-effects of FP are among the key barriers in Pakistan to FP uptake<sup>vi</sup>. A study conducted by the oldest and largest national non-governmental organisation (NGO) working on FP, the Rahnuma Family Planning Association of Pakistan, similarly highlighted barriers beyond the availability of services. Misinformation; the lack of information about supply sources; family restrictions; cultural or religious sensitivities; opposition by the husband; and the fear of side-effects act as barriers to meeting existing demand for FP<sup>vii</sup> in the country. Crucially, husbands have been found to be the key decisionmakers regarding health-seeking and FP uptake. This suggests a focus on FP education to improve utilization of services<sup>viii,ix</sup>. The importance of focusing on husbands is underscored by another study<sup>x</sup>, which revealed that the husband perceived opposition to contraceptives reduces the likelihood of women to use FP by 22 times, even if she has knowledge, physical access and is not herself opposed to



contraception. Other factors such as opposition by mothers-in-law and women's knowledge about contraceptive methods were also independently found to increase the risk of negative contraception intent (four-fold), but still less strongly than husband opposition<sup>xi</sup>.

Similar conclusions about the detrimental effect of in-laws have been made by another study, which showed that the perceived in-law support for FP was the strongest determinant of women's intention to use contraceptive methods. The study further showed that notwithstanding women's belief in the importance of spacing children, their perception that both a choice of methods and facilities with competent staff were available were important drivers of their intention to use contraceptive methods. The strongest obstacle, similar to other studies, was women's belief that FP decisions were made by the husband and fertility was determined by God's will. In addition to these attitudes and beliefs, the study identified that the fear that FP would harm a woman's womb lowered a woman's intention to use methods requiring procedures, such as the IUD and female sterilization. With respect to males, the perception that a responsible and caring husband uses FP to improve the standard of living of his family and protect his wife's health was the most important determinant of a man's intention to use condoms. A husband's lack of self-efficacy in being able to discuss FP with his wife was the strongest driver of the intention to use withdrawal. A man's fear that contraceptives would make a woman sterile and harm her womb lowered his intention to use modern contraceptive methods<sup>xii</sup>.

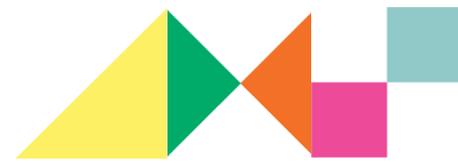
### Insights from PDHS 2017-18

The PDHS 2017-18 has reported that 98.3% of ever-married women in the reproductive age in Pakistan have heard of at least one method of FP. This, however, needs to be carefully examined. The percentage falls for specific methods – 93% for pills, 92.8% for injectables, 84% for male condoms, 81.1% for IUD and 52.1% for implants – implying the need to focus on increasing knowledge on specific methods, especially implants that are being recently introduced in services.

While the knowledge of methods is an important indicator, some other indicators also merit attention with respect to outcomes of information dissemination efforts. A little more than one-third i.e., 35.1% of women (amongst current users of selected modern methods age 15-49 who started the last episode of use within the 5 years preceding the survey) were reported in PDHS 2017-18 as have been advised on selecting a method and explained how to use it. Enabling a user (existing or intended) with the knowledge of methods, and information on selection and use of methods needs to be complemented with the knowledge of the side-effects and their management. The PDHS 2017-18 has highlighted the gaps in this aspect as well. Only one-third (35.3%) women users were informed about side-effects or problems of the method used, and this percentage further falls to 24.2% who were informed about what to do if they experienced side-effects. Interestingly, when we look at the reasons of discontinuation, the major reason reported in the PDHS 2017-18 for the discontinuation of three modern methods – IUD, injectable and pills – is the health concerns/side-effects (57.4%, 46.3% and 37.3% for each method respectively).

### Exposure to Family Planning Messages through Media

The status of exposure to FP messages reported in the PDHS 2017-18 provides some interesting insights. It shows that 76% women aged 15-49 reported having recently heard or seen a FP message through information sources **other than** radio (2.2%), television (22.7%), newspaper or magazine (3%) and mobile phone (0.9%). **The existing low exposure of women to FP messages through mass media underscores the need to revisit the media strategies used in the past for disseminating FP messages.** This unique picture is highlighted by the province of Sindh, where rural areas have a higher percentage of women (81.9%) as compared to in urban areas (74.7%) who report having exposure to FP messages through information sources other than radio, TV, newspaper and mobile.



In the PDHS 2017-18, a small percentage i.e., 17.9% of ever-married women age 15-49 who recently heard or saw an FP message on radio, television, newspaper or on a mobile phone reported having received the message of limiting the family size, while 59.5% reported having received a message on spacing. In Sindh, a slightly higher percentage of women i.e., 21.8% reported having received the message of limiting the family size, while a slightly lower i.e., 48.1% reported having received a message on spacing.

Information contributes to the decision of couples on whether to use FP. The PDHS 2017-18 provides an interesting insight into the decision-making responsibility for using or not using FP. Where the decision is made to use FP, 86.9% cases see the husbands share the decision-making responsibility with their wives. Where the decision is made to not use FP, 69.8% see the husbands have the greater decision-making responsibility than their wives. This underscores the need to focus on changing husbands' behaviors. The province of Sindh underscores this further. The percent of husbands mainly taking the decision of not using FP is slightly higher in Sindh i.e., 19.7% from the national percentage, which even gets higher for the rural Sindh i.e., to 24.8%.

## Media Use for Family Planning Programming in Pakistan

### Defining Media

In general, 'media' refers to various forms of communication and may include television, radio, and newspaper. In modern discourse, media is also used as collective noun to represent press or news reporting agencies. In the computer domain, media refers to different types of data storage options. For the purpose of this review, media is defined as a means of communication and is broadly classified into four types: 1) print media such as newspapers and magazines; 2) broadcast media (TV, radio); 3) outdoor or out-of-home (OOH) media; and 4) the Internet.

### Defining Media

Print media is one of the oldest and basic forms of mass dissemination of information, and includes newspapers, weeklies, magazines, publications and other forms of printed journals.

Broadcasting is the distribution of audio and/or video content to audiences via any microelectronic mass transport network medium. Distribution is defined as the broadcasting of message through transmission over radio and TV sets for reception by the public.

Social media represents the new group of digital, high-tech, or networked evidence and communication technologies and may take the forms of blogs, wikis and podcasts, and picture, music- and video-sharing.

Mass media refers to channels of communication for transmitting information to large numbers of people. Four factors, distance, technology, scale, and commodity characterize mass media.

Mid media refers to the locally conducted interactive media formats such as folk dramas, folk performance, street theatre, puppet shows, video vans, fairs, and exhibitions etc. Mid media is usually used to reach out to populations where other mediums are not available. There is variation in the geographies and culture. It facilitates two-way engagement with audiences and is usually used in combination with other media forms.

A 'multimedia' production combines various forms of media into a single cohesive product. Common elements of a multimedia product include text, audio, graphics, animation, video, interactivity. Digital media indicates the use of computer technology to create and combine various forms of media. The term is sometimes used interchangeably with multimedia, but it more specifically refers to electronic media that works using digital codes to generate digital audio, video, or any other digital content.

Out-of-Home advertising (OOH), also called outdoor advertising, denotes any visual advertising media found outside of the home. Billboards and signs, banners and ads on street furniture, shops, bus shelters or benches, in transit areas like airports or train stations, in a stadium or in the cinema etc are OOH media. It now also includes dynamic content on digital screens in typical billboard locations, bus stops, gas stations, airports, mall kiosks etc., and even the exterior of buses or cars.



## Key Stakeholders

Most of the different types of media mentioned above have been used in Pakistan to communicate FP messages. This is a function of a long history of FP being prioritized as a development agenda in Pakistan. FP has received state stewardship for more than half century now. The Population Welfare Department (PWD) is a dedicated department of the government that provides FP services nationwide through a network of FP welfare centres, reproductive health centres, FP welfare assistants and male mobilizers etc., The country's biggest community health workers' program, the Lady Health Workers Program (LHW) plays a crucial role. Rahnuma Family Planning Association of Pakistan, the country's largest national FP service NGO, was also formed by the government.

Besides the government and its associated organizations, development partners have had been key actors on the FP landscape. UNFPA, USAID and DFID have recently been the significant investors. UNFPA focuses on advancing women's and young people's ability to exercise their sexual and reproductive health rights. Since 1970, UNFPA in Pakistan has supported: sexual and reproductive health information and services; adolescents and youth; women's empowerment and gender equality and population and development.

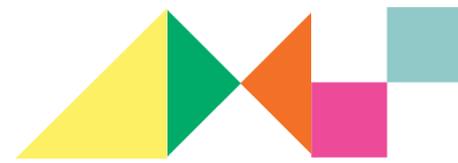
UNFPA programmes have expanded across the country with tailored interventions for local contexts through gender-responsive and youth-friendly policies, laws, and initiatives; advocacy for increased investments in health and education; communication strategies that address social norms change; and enhancing government partnership with private and civil society sectors along with some other interventions. Working with government, civil society partners and other humanitarian agencies, UNFPA Pakistan advocates for the integration of gender and sexual and reproductive health issues by increasing awareness and commitment among policy makers, decision-makers and program managers and strengthening partnerships with national entities to improve coordination for effective

preparedness and response. UNFPA is aligned with national priorities (Pakistan 2025 Vision), the United Nations Sustainable Development Framework (UNSDF 2018-2022), UNFPA Strategic Plan (2018-2021), International Conference on Population and Development (ICPD), the 2030 Agenda for Sustainable Development (SDGs) and Family Planning 2020 commitments<sup>xiii</sup>.

While UNFPA provides assistance to the Government of Pakistan on a recurring basis, USAID has funded two major projects, the Family Advancement for Life and Health (FALAH) and Pakistan Initiative for Mothers and New-borns (PAIMAN). Besides these two initiatives, USAID funded the Health Communication Project in Sindh and the DELIVER project across Pakistan. The latter focuses on strengthening supply of contraceptives through developing logistics management systems for the country's provincial governments. Currently, the DFID-funded Delivering Accelerated Family Planning in Pakistan (DAFPAK) is underway, which has a fully-funded communication component to support the other two components of DAFPAK. Besides USAID and DFID, the Bill and Melinda Gates Foundation has also provided some support to enhance FP services delivery, specifically in the Sindh province in the form of the Sukh Initiative. In addition to these development partners, social marketing agencies are also key actors on the FP landscape that have been using media for FP in Pakistan. Greenstar Social Marketing has been a key player in this regard. Recently, it has been joined by DKT as a new entrant on the FP landscape. Another key player in civil society has been Marie Stopes Society, which provides FP and RH services in Pakistan.

## Reflecting Back on the Use of Media for FP

While several media interventions have been implemented in Pakistan with respect to FP, the existing literature is limited in providing evaluative evidence on these interventions that conforms to necessary standards. The first successful attempt to be documented on the use of media to promote awareness about FP in Pakistan was the popular drama serial *Aahat*. 'Aahat' is an Urdu word representing a 'subtle noise', such as that of a

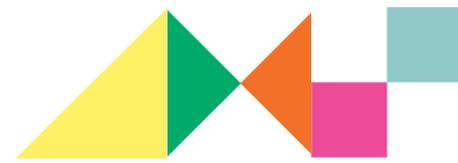


footstep. Culturally, the word sometimes refers to a 'sudden thought' that suddenly strikes and awakens someone from slumber or banality. *Aahat* was aired on national television channel Pakistan Television (PTV) in 1991, a time when the topic of FP was considered to be too sensitive for the media in Pakistan. Despite fears of a strong reaction from religious parties and leaders in Pakistan, the drama received an overwhelmingly positive response. The post-drama research showed that the awareness of FP issues and methods was increased from 87% to 94%, while relevant positive attitudes increased to 75%. Another significant outcome of the *Aahat* was that it led to a 12% increase in awareness and discussion about contraceptive methods amongst the viewers of the drama. The drama was viewed approximately by 30 million people. The seven-episode miniseries also generated discussions on television talk shows and in the print media, getting wide coverage and reaching audiences beyond the TV drama's direct viewers. This drama's success was attributed to the technical expertise of the organisation behind it, Johns Hopkins Center for Communication Programs (CCP), the formative research that informed the drama's development, and the choice to work with and give creative agency to a cast and crew comprised of seasoned actors, a writer, and a producer<sup>xiv</sup>.

The telecast of *Aahat* was followed by another successful TV drama called *Nijat*, which was also developed by CCP. The word '*Nijat*' refers to emancipation. It was also a social drama aired on PTV and that focused on FP, child labour and community health reforms<sup>xv</sup>. An impact evaluation was conducted for *Nijat*. The full evaluation is no longer accessible, making it difficult to reviews its in-depth findings to the following three research questions: 1) how people identified with the characters in the drama serial and relate with them as agents in FP decision-making; 2) what the relationship between exposure to mass media programming was and subsequent behavior; and 3) what the specific dynamic between FP decision-making was and behavior change. The available evaluation findings, however, did conclude that that the drama was successful in creating an impact on its target female audience.<sup>xvi</sup>

The other noteworthy media interventions in the recent past were implemented by USAID-funded Family Advancement for Life and Health (FALAH) project. Interestingly, there was almost a two-decade gap between FALAH and *Aahat*. FALAH's Communication, Advocacy and Mobilization (CAM) Strategy aimed to shift from 'small family' to 'birth spacing saves lives' and deployed its interventions across all three mediums including mass media, community media and interpersonal communication. The mass media campaign ranged from television commercials to radio spots and documentaries, whereas the interpersonal communication and community mobilization activities included household visits and group meetings with married women and their husbands, conducted by LHWs and outreach workers. FALAH also obtained a consensus from religious leaders of all major schools of thought regarding the permissibility of birth spacing in Islam. While there is no systematic evaluation on the impact of these efforts, the outreach and coverage were assessed in the endline survey of the project. It was found almost 60 and 32 percent of married women in reproductive age (MWRA) in urban and rural areas of FALAH districts respectively recalled at least one FALAH message. It is, however, not known what their source of the information was, whether the messages recall reflected an understanding of these messages, and whether these messages led desired practices and behaviours.

A supplementary qualitative study conducted by Gallup provided some insights into the probable impact of FALAH on the attitudinal change, a precursor to behaviour change. It revealed that 13.3% more women who reported having heard FP messages on radio, 12.6% more of the panel who watched messages on TV and 13.6% more of those who were visited by an LHW in the last 3 months wanted to cease childbearing. Other findings included that the attendance of husbands in a Friday sermon led to a 12.5% increase in women wanting no more children. Men who had attended Friday sermons showed a 27% increase in expressing that they did not want more children and a 16% increase in their approval of FP



compared to the baseline. Almost half of the men who had never used contraception and did not intend to use contraception in future changed their future intentions by the endline. The greatest impact reported on this group was of TV viewership. Women, who had heard FP messages on the radio reported a 15% increase in their husband's approval of FP. This was probably because messages being conveyed via radio were specifically encouraging inter-spousal communication<sup>xvii</sup>. While the evaluation of FALAH offers some interesting improvements in outreach and exposure, and attitudinal transformation, the question remains whether these intermediate changes matured into desired behaviours. Prima facie it appears that this did not happen as the population growth rate remained almost stagnant in the years to come.

However, while drawing such a conclusion, the supply factors effects cannot be ruled out.

Social marketing has been an important element of FP service delivery in Pakistan. Between April and June 2009, a social marketing advertising campaign for Touch condoms was implemented through private television and radio channels in Pakistan. An impact assessment showed that the campaign led to increases in the following: perceived availability of condoms; discussion of FP; approval of FP; procurement of condoms; frequency of condom procurement; ever-use of condoms with wife; current use of condoms with wife; use of condoms during last time with wife; consistent use of condoms with wife; and the intention to use condoms in the next 12 months with wife. In terms of numbers: the mean number of condom sources known increased from 1.7 to 2.0; the percentage who discussed FP the three months before the survey increased from 14% to 19%; approval of FP also increased from 71% to 75%; and ever-use of condoms increased from 49% to 55%. The Touch campaign was found to have generated 179,328 consistent condom users at a cost of \$2.80 per user. The study indicated that social marketing was effective in increasing condom use in urban Pakistan and recommended that similar assessments were needed to determine whether social marketing advertising

campaigns were also effective in changing behaviors related to condom use in rural Pakistan<sup>xviii</sup>.

Another important media venture on the FP landscape of the country was the launch of movie *Bol*. The movie was a joint venture of the USAID-funded Pakistan Initiative for Mothers and Newborns (PAIMAN) and was launched almost immediately after FALAH concluded in 2010-11. *Bol* secured three awards in London Asian Film Festival: Best Film, Best Female Actor and Best New Talent. It won at SAARC Film Awards 2012 for Best Actor Male and was awarded the Best Hindi film award in IRDS Film awards 2011 by the Institute for Research and Documentation in Social Sciences (IRDS)<sup>xix</sup>. While there has not been any evaluation of the movie in terms of impact on FP, the content of a number of reviews<sup>xx,xxi,xxii,xxiii</sup> indicate that *Bol* did spark debate and discussion about the about the social issues that underlie FP barriers. The viewers have found *Bol* as bringing up the issues of gender inequalities, poverty, impoverishment etc. It highlights the conservative patriarchal makeup of the society, that indeed are determinants of the FP choices of women. A few quotes from the reviewers' comments are given below to reflect the viewer's opinions created by *Bol*.

PAIMAN had also implemented behavior change communication (BCC) interventions other than *Bol* that included the use of mass media, print materials and mid media. The endline conducted for PAIMAN concluded that in general, the women who were exposed to PAIMAN BCC interventions were significantly more likely to obtain maternal health services during pregnancy, delivery, and the postpartum period, and know about danger signs during these times, compared to women who did not have exposure to these interventions. The endline further recorded that PAIMAN BCC interventions had a greater impact in rural areas compared to urban areas. Rural women were more likely to be exposed to PAIMAN's community mobilization efforts, which included women support groups (WSGs) facilitated by the LHWs. The endline also noted that maternal health improved in the urban areas, with the major impact

mainly due to mass media campaigns initiated by PAIMAN<sup>xxiv</sup>.



*It surfaced plenty of tragic, but existing, traits of the lower-class society in Pakistan.*

*Bol not only rejects the age-old foundations for grading humans based on gender but provides inspiration to a self-terrorized society about the beautiful possibilities that emerge if we choose to speak up and break the shackles inherited from the past.*

*"Bol" is one such hard-hitting, rock solid film that wakes u up from d slumbers & u witness d harsh realities of an impoverished Muslim household where the preference for male child leads to 7 daughters being born & thus begins their journey into the world of poverty & disdain.*

*The true definition of cruelty of a very conservative father towards her daughters and wife is really cruel.*

*Presented in its truest form, we see the macabre violence and the tyranny of a single man over an entire household, the torture his seven daughters and his quiet undemanding wife face because of him, the rejection his effeminate son faces only because he is born 'a woman', and the hypocrisy as well as pressure from society that he himself is wrapped in.*

While the snapshot of experience of some of the specific mass media interventions in Pakistan has been presented above, some other studies have also documented the role of media on FP to provide some insights. A study which conducted secondary analysis of the PDHS 2012-13 concluded that electronic media had a more important role than formal education in FP education. The competitive edge mentioned was that FP education can be given in very short time with the use of electronic media while increase in education level involves planning, approval, budget allocation etc. and takes years. The study concluded that electronic media could alter attitudes, change behaviours, and abolish fears and misconceptions about FP<sup>xxv</sup>. Similar findings were reported by another study, which showed that couples in the city of Karachi admitted that

increased awareness due to media and financial pressure compelled them to keep their family size small<sup>xxvi</sup>. A regional research looking at Pakistan, Bangladesh and India confirmed that these three countries have influenced their populations' reproductive attitudes through FP media programming. The research also found that women in these countries that had exposure to family-planning campaigns were more likely to opt for a contraceptive technique than the women without any exposure<sup>xxvii</sup>.

Within media sources, the TV appears to be an effective source of information. A study carried out in tertiary care hospital of Pakistan found that TV was the main source of information affecting the common people, followed by the friends and relatives<sup>xxviii</sup>. A small-scale study conducted in Chakwal documented that the most important source of awareness about contraceptives was television<sup>xxix</sup>. A study on the influence of media on contraceptive use in four Asian countries found that women in Pakistan who had TV in their home were 90% more likely to use condoms (95% CI 1.1–3.3, p=0.02) and 2.6 times more likely to use Oral Contraceptive Pills (OCP) (95% CI 1.4–4.8, p=0.003) compared with their counterparts who did not have TV in their homes, after adjustment of covariates, e.g., education, income and age.). However, the same study found that in men that the relationship between media exposure and contraception use was not found to be statistically significant (95% CI 0.7–2.4, p=0.49)<sup>xxx</sup>. Creating change in men's attitude towards FP, therefore, has been key challenge. Stories of Change, an intervention that successfully used educational plays to make men aware that a rapid succession of pregnancies created problems for their wives and children, offers a way to overcome this challenge. Because of men's participation in plays, including active roles as actor or script writer, increased their knowledge about undertaking healthy FP behaviour and the health risks of successive pregnancies for women and children<sup>xxxi</sup>.

As mentioned earlier, a major actor in FP communication in Pakistan has been the LHWs of the National Program for Family Planning and



Primary Health Care in Pakistan. Founded in 1991 with an aim to promote FP in Pakistan, the LHWs have been considered as mainstay of FP promotion and service provision in Pakistan. A study assessing the predictors of contraceptives use found that women who were aware of and knowledgeable about FP methods mentioned LHWs as their primary source of information for most methods<sup>xxxii</sup>. This is in agreement with national evaluation of the LHW program<sup>xxxiii</sup>. Another study conducted recently in Sindh has indicated that knowledge about LHWs and door-to-door visits by LHWs had no measurable impact on the occurrence of unintended pregnancies in the project population. The authors, have, however cautioned that these findings could be due to the fact that only 20% of the women in the study discussed FP methods with LHWs and 9.6% of the women were offered an FP method by LHWs. Surprisingly, only 7.4% of the women had used those FP methods and 5.1% of the women were satisfied with FP methods provided by LHWs<sup>xxxiv</sup>. The diminishing role of LHWs may be an effect of LHWs' over-involvement in other activities – primarily, polio – and also the negative result of the governance and regulatory changes in the that resulted from the 18th Amendment to Pakistan's constitution. Looking at the communication aspects, the LHWs job is to primarily undertake communication of FP with women in rural areas through household visits and support groups/women health committees. The primary job aid in this regard are the *Sehat ki Dastak* (Knock of Health) flipcharts.

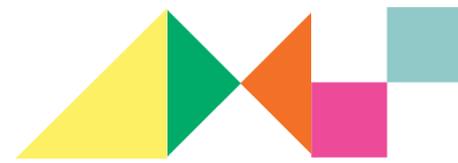
Conducted for Pakistan Initiative for Mothers and New-borns (PAIMAN), a process evaluation of support group methodology (SGM) of LHWs concluded that the LHWs, when trained, exhibited appropriate skills to conduct support group meetings and deliver messages related to MNH. While the use of *Sehat ki Dastak* was mentioned as one of the steps in SGM, the study did not provide any insights into the effectiveness of the *Sehat ki Dastak* flipcharts<sup>xxxv</sup>. Similarly, the impact evaluation of FALAH also evaluated the household visits of LHWs to conclude that 13.6% more women who were visited by an LHW in the last 3 months wanted to cease childbearing<sup>xxxvi</sup>. While

the LHWs have been the focus of research, most of the studies have evaluated their activities, none have evaluated the *Sehat ki Dastak* flipcharts. Whether the flipcharts are relevant, interesting, appealing etc. and convey the message might have been part of pretesting phases of development of these charts. The implementation results, however, are not known at present.

Another user and producer of FP-related Information, Education and Communication (IEC) materials is the PWD. The materials known to have been produced by PWD include brochures, posters, etc. These materials seem to be in use on a very small scale, owing to the overall small scale and infrastructure of the department and with dominance of LHWs of the Department of Health (DoH) as the major channel of health and FP education. No relevant evaluation of any such materials exists.

When looked for the use of media for FP advocacy, not much was available in literature. Its use for policy advocacy purposes has been limited, mostly to print media i.e. newspapers. Even the biggest private donor investment, FALAH, also conducted its advocacy efforts through high-level meetings, seminars, and conferences<sup>xxxvii</sup> and also a few TV discussions. The movie *Bol* was targeted at policymakers but also sought to generate public discourse. It appears that use of media for FP advocacy is yet to take roots in Pakistan. The lack of use of media in this regard may be a because of fear of stakeholder resistance, the lukewarm response of policymakers, or the low prioritisation of population by the government.

A Communication and Advocacy Strategy on Population Growth for Sindh was developed by Costed Implementation Plan (CIP) secretariat which included Communication for Media Sensitization as its strategy with objectives of strengthening capacity of journalists and media houses for delivering correct and positive FP messages. Important in this regard has been some work carried out by USAID funded HP+ project. HP+ conducted a workshop on family planning and development for 27 journalists representing print and electronic media in Urdu, Sindhi, and English



language newspapers and television channels. HP+ continued to work with the journalists through a Reproductive Health Fellows Program, providing support in story development and connecting them to experts in the field. Following the workshop, the journalists published 16 articles on reproductive health, family planning, and the CIP in leading newspapers across Sindh, creating awareness about these critical topics and encouraging government institutions to implement family planning policies effectively. Following the success of the media workshop, HP+ supported the CIP Secretariat to establish a media forum to increase focus on and coverage of family planning and reproductive health issues in the media. The forum gained high-level interest and commitment from policymakers and media houses alike, and now serves as a platform to raise awareness of population and development issues, including implementation of family planning policies and services<sup>xxxviii</sup>, <sup>xxxix</sup>. To what extent has the communication and strategy been implemented in Sindh and what has been the outcomes of the published literature. A CIP evaluation is currently underway which might inform on this aspect. Besides, the Health Communication Component (HCC) funded by USAID also developed a Community Dialogue Toolkit for LHWs to improve interpersonal communication and developed a TV commercial on FP choices, for Sindh province. The evaluation of these materials however could not be found.

The effective use of media especially for advocacy purposes is interalia a function of the capacity of the journalists and/or media communicators. A training needs assessment of journalists conducted for DFID funded Empowerment, Voice and Accountability for Better Health and Nutrition (EVA-BHN) project recommended that improving the capacity of journalists is fundamental to improving the practices of reporting on health issues. The key areas of capacity building should include: articulation and developing human interest stories; accessing, interpreting and analyzing health data and information from different sources including internet; internal advocacy with editors for publishing health stories; search, research and follow up for health stories;

drawing linkages between different dots for framing the poor women, children RMNCH and Nutrition agendas; engaging with and pursuing seniors and principles of good health reporting<sup>xl</sup>. While the effectiveness of the training requires a

complex analysis, yet an attempt to gauge the increase in reporting after trainings of journalists was conducted by CCP. To this end a four month baseline data from January to April 2015 was taken as benchmark and the center conducted a workshop in April 2015 with journalists covering health beat from various newspapers and mainstream channels. An increase of 39.5%, 75%, 22.9% and 21.8% in RMNCH and Nutrition stories was observed from January- April 2015's baseline till May August 2015, 2016, 2017 and 2018 respectively<sup>xli</sup>.

The needs of journalists merit more attention when it comes to FP reporting given that FP is so far not a neutral subject and can attract counter narrative reporting. A similar study should be undertaken about FP reporting needs and capacity gaps of journalists and media in general and the trainings of journalists be organized in the light of the findings of the assessment followed by media reporting monitoring.

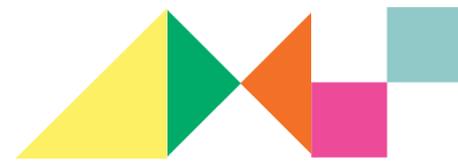


A qualitative study conducted in Pakistan to examine the use of media as an accountability tool evaluated a television talk show in Pakistan aiming to get on-camera commitments from key officials and policymakers working at the district health policy level. The interviews with the officials and policymakers six months following the TV talk show suggested that this media accountability tool was an “effective” strategy in setting maternal and Newborn health as a priority health issue in the targeted districts<sup>xliii</sup>. While such effectiveness has been documented for maternal and Newborn health advocacy, it may not hold true for FP advocacy, given that FP remains a contentious subject and is yet to receive substantial ownership by the policymakers. In Sindh, where the policymakers have demonstrated a strong ownership of the FP agenda, no evidence exists on the use and effects of any media intervention. The strong ownership appears to have been developed through direct advocacy, seminars, meetings etc.

## Discussion

The importance of the use of media in the FP arena is well known and several advantages have been documented in the existing literature. A team of American researchers in the 1970s

demonstrated that television could influence the public’s contraceptive use. Contraceptive awareness was directly proportional to the level of investment in advertisements<sup>xliiii</sup>. A recent study from Nigeria has also found that communities’ access to mass media messages increases the probability of the use of FP methods<sup>xliiv</sup>. Media plays an important role in changing precursors to behaviours, such as beliefs about FP use. Media can also be helpful in educating people about FP by addressing relevant fears, misconceptions, and incorrect beliefs<sup>xliiv</sup>. In other words, media messages can minimise the effects of negative beliefs, eliminate misconceptions, and change attitude and behaviour<sup>xlivi</sup>. TV and radio have been documented to be the most effective in this regard. TV and radio campaigns can be used to deliver media messages to large populations to create awareness<sup>xliivii</sup>. TV viewing is important and there is a positive relationship between media exposure, the use of contraception, <sup>xliiviii</sup>and the increase in antenatal visits<sup>xlix</sup>. The FP planners and managers in Pakistan appear to be aware of the importance of the use of media in FP. This is reflected in the significant use of media to promote FP in some of the major interventions in the country. This use has not been consistent, however. For example, the FALAH interventions and *Bol* surfaced almost



after two-decade gap. This may be a function of the overall lack of policy attention, funds, and donor priorities with respect to FP, a fear of the power of counter narrative, and a high reliance on the LHWs.

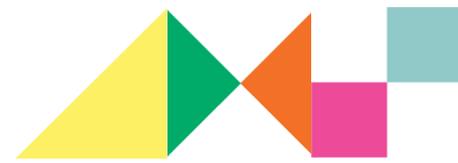
A meta-analysis<sup>i</sup> assessing the impact of mass media campaigns on FP in developing countries found that the effect size for mass media-delivered FP campaigns was higher when campaigns aimed at both men and women, and that mass media-delivered FP campaigns worked just as well in countries with low child mortality rates, as in countries that had higher child mortality rates. Poverty, low urbanization, low industrialization, high access to health care, and greater religiosity did not impinge on campaign effectiveness for either women or men. This has an important implication for Pakistan, where a media upsurge has occurred in last decade and has amassed enormous power. Pakistan offers a window of opportunity for the use of media to promote FP. It, however, is also the case that media remains a forum that is equally available to FP counter narrative. This necessitates both advocacy with and regulation of media, to ensure it champions rather than opposes FP.

While assessing the type of media, the analyses further found that compared to mass media campaigns that used only a traditional advertising format, FP campaigns that included an entertainment-education component were positively related to FP behaviors for women but not for men. Researchers suggest the 'identification' with the characters in an entertainment-education format is crucial, since it helps elicit involvement with the story and subsequent modeling of desired behavior<sup>ii, iii</sup>. Involvement with a character is not only the feeling of similarity, but also the wish to be like the character<sup>iiii</sup>. While discussing the gender differential in effect of mass media campaigns, the meta-analysis authors suggest that as women tend to be more involved with raising children than men, they may be more likely to feel similar to, or identify with, characters dealing with family issues than men and thus be more influenced by this particular message format. The study is, however,

unclear whether the differences in campaign effects are specifically related to the format or the content of this type of campaign and recommends that education-entertainment storylines that specifically address the concerns of men would have a more direct impact on them<sup>iv</sup>. The success of entertainment-education format for FP holds true for Pakistan in case of the classical example of *Aahat*. The drama was a major success. Its script, characters and storyline resonated particularly with middle class Pakistanis. A woman surrounded by her problems was the central character with which women could identify themselves. *Nijat* was also a similar success. However, the media products produced later departed significantly from the entertainment-education formats and also experienced long gaps in between their development and delivery. From a gendered perspective, Pakistan still struggles with men's involvement in FP. Despite their successes, for example, even *Aahat* and *Nijat* were unable to achieve significant male involvement.

While there is no evaluation as yet of the LHWs' use of the *Sehat ki Dastak* flipcharts, their household visits have been evaluated. These evaluations, however, are also outdated given the LHW program is quite different from the time when it was evaluated. The changing roles of the LHWs, the shift in their governance mechanisms, the change in their job structures appear to all have affected the LHW program seriously and negatively. Any efforts to involve the LHWs in FP education will have to seriously consider these dynamics.

Advocacy for FP in Pakistan and use of media for this advocacy is an imminent need in Pakistan, especially in the wake of high unmet need for FP. The UNFPA political economy analysis (PEA) has highlighted the need to use media to maintain the momentum created by the National Symposium and to promote the new national narrative. The National Action Plan recommendations include PEMRA providing free airtime for FP messages at national radio and TV. Social media has also been recommended, for its potential to organize people, drive public discourse, influence mainstream media, and



communicate directly with public figures and policymakers<sup>lv</sup>.

A systematic review noted that there is currently a lack of reliable evidence to guide decisions on the use of media interventions to influence health policymaking<sup>lvi</sup>. The findings of the evaluation studies included in the review suggested that media interventions may have a positive impact when used as accountability tools, leading to necessary prioritization and initiation of policy discussions; the increase in policymakers' awareness; the influence on policy formulation; the achievement of policy adoption (and the public support leading to policy adoption); and the improvement in compliance with laws and regulations. In another study, media created public attention that had a negative effect on policy advocacy, since it mobilized opponents who defeated the passage of the bills that the media intervention advocated for<sup>lvii</sup>. The likely reason for such a defeat could have been the more effective counter-media interventions funded and supported by powerful special interests and stakeholders. A number of factors, such as the timing of media publicity, building relationships with the media, the mobilization of opponents, and the concomitant use of other strategies such as enforcement campaigns and community mobilization and engagement, have been suggested as possible predictors of the success of such interventions,<sup>lviii,lx,lxi,lxii</sup> implying a media campaign for policy change needs to be designed by careful consideration of aforementioned factors and not in isolation. The Sindh FP policy landscape can offer some insights in this regard.

The evolving nature of media, driven by technological advances, necessitates a forward-looking outlook. In September 2019, 140 attendees from around the world got together at the two-day gathering, 'Future of Family Planning Convening', to explore ways to catalyse progress toward realizing universal access to rights-based FP by 2030, by formulating an innovative and inspiring collective 'Beyond 2020' vision to inform the FP2020 Core group. Media related interventions and ideas were also presented. One of the ideas was to use social media to start

conversations at the community or sub-national level to generate momentum around key topics. The online conversations, being public and locally-driven, were assumed to put increased pressure on decision-makers to make changes in policies and budget allocation as politicians and leaders would better understand how important and relevant these issues were to their community. This geo-located social media campaign was supposed to create a new corps of champions and increase accountability. Another idea ('Humour Me') was about using locally selected comedians to share funny stories and create a dialogue around sexuality and sexual and reproductive health in a fun, light-hearted way. Talking about these often 'off-limits' subjects in an entertainment setting were thought to help people break through the taboos and awkward conversations. And since people love to share funny content online, the stories and messages told on stage were assumed to have a high potential to become viral. Under the behavioural approaches, interactive video games with artificial intelligence were also proposed, since teenagers spend on average 3-4 hours per day playing video games. The democratization of information was also emphasized, implying that everyone should have equitable access to accurate FP/RH information. This was supposed to not only help clients make the best decisions for their health and well-being, but also reduce the power asymmetry between provider and client. The client's learning style preference was suggested to be considered for changing the way information was to be presented<sup>lxiii</sup>.



## Recommendations

Most of the available literature in Pakistan provides insights on what is needed for behaviour change. These insights provide the fundamental direction for media use. Behaviour change efforts can address socio-cultural issues and misconceptions related to FP and modern contraception, and lead to increased awareness, acceptability, and the use of modern contraception<sup>lxiv</sup>. Media can, therefore, be used to change the norms, address the myths, and expand the client's knowledge so that they can make informed choices.

Media should be used to address the determinants of FP use, such as women empowerment, changing attitudes of men generally, husbands specifically, and also mothers-in-law. The recent introduction of 'tawazan' or 'mezan'<sup>lxv</sup> (balance) as a new narrative that moves beyond 'khushal' (prosperous) is an opportunity to prioritise and include not only women but also their husbands and mothers-in-law. It should, however, go beyond awareness raising. Having achieved universal knowledge, it is essential now that media is used strategically for more advanced stages of behaviour change. It should work to create excited customers rather than satisfied users. It should focus on expanding choices and enabling users to make informed choices of methods.

Entertainment media has proven to be effective. The TV drama continues to be a popular format for women but not for men. Male involvement has improved but still remains a challenge. In Pakistan's health and population services delivery infrastructure, the few male mobilizers are acutely insufficient to address the issue of male engagement. Given this, media provides a window of opportunity to reach the as yet unreached. New formats of entertainment media that are used by men, such as comedy stage dramas etc., need to be explored and used. The mass media comedy programs in current affairs content can be looked at for this purpose as well. The social media ripple effects can be leveraged to disseminate the messages widely. Positive perceptions of FP, spousal communication, and in-laws' approval have been documented as key predictors of the FP

use<sup>lxvi</sup>. Interspousal communication is another area that can be and needs to be targeted through mass media.

While the mushrooming up of media channels provides an opportunity for the use of media, it also brings challenges, particularly when it comes to the competition and selection of channels and products. For example, while channel ratings may be an important determinant generally, local consumption of local media channel rather than highly rated national channels may be crucial to consider when targeting to reach local populations.

Training of media personnel is extremely important for quality engagement of media. It is however important to consider different needs of the media personnel such as for field based journalists, senior journalists, editors, and media owners. The trainings should focus creating human interest stories, how to get story across the editorial desk, use of evidence and data, search, research and follow up. Such capacity strengthening should be coupled with advocacy with media for translation of capacity into outcomes. Important in this regard is also frequent engagement with media and journalists through networking and follow up, creating opportunities of peer to peer learning.

The LHW Program has been the main vehicle of the FP messaging. The LHW Program has, however, been facing a massive governance challenge after the 18<sup>th</sup> Amendment, since 2010. The challenges have been more pronounced in their capacity building, monitoring, and supplies etc. The need to use media for FP appears essential to make up for this setback, and to address the knowledge and attitudinal gaps created in recent decade. Media can be used to uplift the image of LHWs. This, however, needs to be reciprocated with supply-side strengthening.

Adolescents FP needs in the context of an early-marriage culture needs to be addressed, since it results into more pregnancies during reproductive age and increased risk to maternal and child health. Media should be engaged in highlighting this significant issue. The high penetration of digital media should be tapped to increase to direct



beneficiaries, but at the same time broadcast media should be used for creating an enabling environment to both highlight the need to increase the age at marriage to delaying the early pregnancies and spacing to protect the mother and child's health.

Media has to be strategically undertaken across the social ecology of FP in Pakistan, in order to both creating change in behaviours and attitudes of the consumers but also of relevant policymakers, planners, managers and providers. By positioning FP as a right, both male and female users may feel empowered, and at the same time, claim this right from their representatives, service providers and managers etc. Factors such as the timing of media publicity, building relationships with the media, the mobilization of opponents, and the concomitant use of other strategies such as enforcement campaigns and community engagement need to be considered in this regard. A campaign cannot create results in isolation. Given the reluctant attitudes of policymakers to FP in their socio-cultural contexts it will be important that FP as a right narrative is popularized amongst masses. The meaningful involvement of policymakers needs to be enabled with popular support. The advocacy through media will have to be human-faced to influence them and subsequent implementers. Existing policy changes, such as National Action Plan, the Supreme Court announcement of FP as a human right and the policy changes in Sindh, all provide an entry point for this advocacy.

Media is and will continue to play an important role in all walks of life. FP is no exception. While there have been substantial investments in media use for FP, there is an acute absence of systematic evidence of its effects. Anecdotal evidence does offer some useful insights, however, including into its future use. It is highly advisable, therefore, that formative and summative evaluations are made an integral part of any media initiatives.



# Using Media for Achieving FP Targets in Pakistan

## Long Term:

### Enabling Environment, Advocacy and Accountability

- Use media for addressing the social determinants such as empowerment, education, poverty.
- Use media for accountability and advocacy through amplifying demands with the duty bearers especially policy makers for increased allocations, innovations, spending.
- Use human stories for advocacy and also SC's declaration of FP as a human right.
- Minimize the opposition of religious leaders.

## Medium Term:

### Create Demand

- Use media for creating demand for FP including involving men.
- Develop the new narrative which departs from financial outlook. Health gains from FP seems to be viable.
- Develop and air entertainment education products - drama, stage theatres etc which closely resonate with the barrier elements.
- Incentivise FP reporting through awards both in news and entertainment media etc

## Short Term:

### Create Change Agents

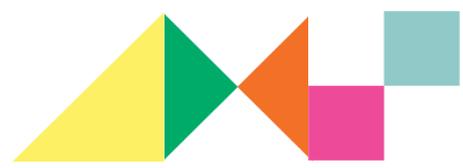
- Create allies of FP in the news and entertainment media by roping in reporters, bureau chiefs, editors, media owners, scriptwriters, and directors etc.
- Build capacities for presenting human stories, using data.
- Develop network for amplifying the FP agenda.



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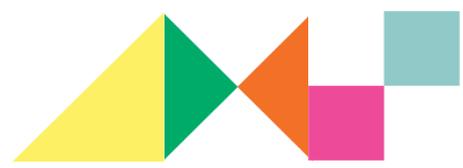
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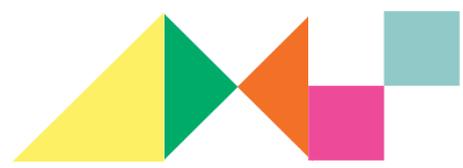
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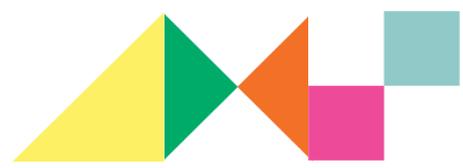
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