Family Planning Services in Rural Areas of province Punjab, Pakistan

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Dedicated To

Nature , it's Creator

&

My Parents

Preface

The scope of this work is to analyze the family planning situation and consequently engender strategies to improve the methods that will help in controlling the rapidly growing population of Pakistan. As the statistics of Pakistan had shown an alarming situation in this regard which triggers me to select family planning as the topic of my research.

First, I thank Almighty ALLAH to whom my all praises are. He is the one who gave me courage to perform this work.

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1 Summary

The population of Pakistan is growing everyday as the fertility rate is at second position among South-Asian countries (Ali, Azmat and Hamza 2018, 2). Pakistan is the second most populous Muslim country in the world after Indonesia although family planning services was started in mid of 1950s, but Pakistan is still struggling to control rapidly growing population (National Institute of Population Studies 2013, 91). Statistics of Pakistan had shown a miserable picture of future which gives motivation to select family planning services as the topic of research. The main objective of this study was to analyze the family planning services in rural areas of Pakistan by reviewing experiences, thoughts and feelings of providers and receivers about these services and provoke strategies to redesign family planning methods that will conquer prevailing circumstances.

A literature review of existing studies was conducted to get an overview about the current situation of available family planning services in rural areas of Pakistan. Qualitative methods were selected to execute this research, for that a fieldwork was conducted in rural areas of Punjab, Pakistan. This study included 14 in-depth interviews with concerned informants at four different public health facility centers in rural area of Punjab. The data was analyzed by using the concept of diffusion of innovation theory which facilitates in identifying challenges and anticipate various strategies for development.

The main challenge in the uptake of family planning services was high illiteracy rate in remote areas of Pakistan as people do not have knowledge and awareness due to lack of education which makes these people less understanding and more resistant. Various other factors also serve as obstacles in implementation of these services i.e. religion, culture, traditional belief, lack of access, poor quality of available health facilities and unprofessional staff. The suggested solution for these identified challenges was to focus on education, quality and access to services and educated and loyal staff.

2 Introduction and Background

The World Health Organization defines the term family planning as "a mode of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes and responsible decisions by individuals and couples, in order to promote the health and welfare of family groups and thus contribute effectively to the social development of a country" (Malik et al 2015, 82). Family planning is a movement which endorse health promoting and cost-effective activities. This service has ability to prevent the maternal and child mortality rate by 30% and 10% respectively (Azmat et al 2018, 187). The current developmental period demands high adoption rate of family planning services for maternal and child health along with women's amalgamation into social and economic activities (Memon, Hamid and Kumar 2017, 628; Malik et al 2015, 82). Recent studies had shown that the consumption rate of contraception enhances across various regions in the world including Asia and Latin America. An improved uptake of modern contraceptive methods has also noticed i.e. from 54% in 1990 to 57% in 2014 but still a large population of women is suffering from unmet need of contraceptive methods (Azmat et al 2018, 187).

Pakistan has been battling with the issues of family planning from decades. Despite of having knowledge and awareness about family planning methods, the consumption rate of contraception is still less than requirement (Ali, Azmat and Hamza 2018, 2). Pakistan started being the 13th most populated country with population of 13 million in 1950 while today Pakistan has been ranked 6th on the list of most populated countries with 200 million population and is the 2nd most populous Muslim country after Indonesia in the world (Ahmad 2013, 4). While Pakistan is ranked on second after Afghanistan on the list of highest fertility rate in South Asia. This unceasingly budding graph of population is becoming a challenge in the path of progress and development of the country (Ali, Azmat and Hamza 2018, 2).

Family planning association of Pakistan along with other volunteer organizations had introduced family planning services in mid of 1950s (National Institute of Population Studies 2013, 91) but Pakistan is still impotent to control the rapidly growing population. The prevalent situation of Pakistan as compare to neighboring countries is slightly worse in terms of low

contraceptive prevalence rate and high birth rate along with identical or inferior socio-economic status (Khan et al 2015, 1). In Pakistan women on average have four children which is more than they wish to have because of preferences. Pakistani women prefer to use more traditional methods which are short term but permanent methods instead of using long term reversible methods i.e. modern contraception. This is the reason of high consumption rate i.e. 35% of traditional contraceptive methods among total consumption of contraception. The rate of modern contraception consumption is only 26% despite of the fact that it certifies healthy gaps between births. These rates are further high in remote and unserved areas of Pakistan along with a high rate of unintended pregnancies (Ali, Azmat and Hamza 2018, 2). Studies had shown that the population of Pakistan would be doubled with in next 36 years if this alarming situation remains uncontrolled. This situation is an influential factor for policy makers and planners to act against this rapid growing population by visualizing the worse conditions of resources and socio-economic development of country (Ahmad 2013, 4).

Despite of the fact that Pakistan had launched family planning services in early year after independence, but the country is still facing challenges to control the rapidly growing population. This situation needs attention and suggestion to overcome current issues which attract me to consider family planning services as my research topic.

2.1 Goals and Objectives

The primary objective of this thesis is to analyze the knowledge and response of public and healthcare provider about family planning services offered at government hospital in rural region of province Punjab Pakistan. For this purpose, a literature review of existing relevant literature and a fieldwork in remote area was designed. Literature review facilitates through provision of analyzed facts about current situation of family planning services in Pakistan and fieldwork in remote areas helps in investigating the actual situation or prevailing circumstances in those regions.

The secondary objectives of this study are:

- To conduct a study that facilitate policy makers for further development and progress in family planning program especially provided in unprivileged and remote areas by highlighting the major issues and challenges either in implementation or public adoption.
- To conduct a literature review of previous related literature which could help in discussing the finding from fieldwork to get a better perception of the actual situation of increased population.
- To connect the finding of this study with Rogers Diffusion of Innovation theory which helps in identifying various challenges and proposing possible strategies to overcome the current situation.

2.2 Literature Review

Literature review is a method of reviewing previous researches of your interest, empirically and theoretically (Halvorsen 2008, 241). Review of previous related literature was also carried out to get an overview of current situation family planning services in Pakistan especially in unprivileged area of province Punjab. Various researches were conducted on family planning services which were reviewed and cited in this section. This literature is used in discussion chapter for comparing results of findings from fieldwork.

J. Ahmed and B.T. Shaikh (2011) conducted a meta research on Primary Health Care (PHC) in the rural areas of Pakistan. They started their research mainly with a hypothesis that these rural areas specifically in the province Sindh, Pakistan are in a miserable state which are neglected and lack of necessities. The finding of this study includes inadequate medication, ignored family planning services, lack of human resources, out of order equipment's, and lack of proper referral system. The analysis of their findings was that there is an emergency need for improvements in PHC system in order of provision of basic facilities. This paper provides a discussion on strengthening the stewardship role of the state which are the main actors in these states and could help in this improvement.

A study was conducted to identify positive as well as negative factors in the adoption of a specific family planning method from married couples in Pakistan. Quantitative survey analysis was used for data collection. Results of this study indicates that there is a communication gap between couples as they were unable to discuss family planning with their spouses. Males of the community were less willing than females. Women also feel pressure from her in-law on not to use family planning methods. Many other barriers resist her in adopting this method. This study highlights the reasons of not adoption of innovation and provide suggestion such as conducting campaigns to motivate families to adopt family planning methods (Agha 2009).

Another related study was conducted in Karachi, Pakistan at two government hospitals to analyze the impact of opposition by family members towards family planning services among those females who were poor but have physical access to contraceptive methods. This quantitative study was the first to approach the view of various members in the family about contraceptive methods. The results highlighted the opposition of husband as the main barrier which have strong potential to modify the intentions of women to use contraception despite of having knowledge and access to family planning services (Khan et al 2015).

A cross sectional study was arranged in the OPD of Gynecology and Obstetrics at Shaikh Zayed Hospital, Rahim Yar Khan. The target group of this study was married female and the aim was to analyze their knowledge, attitude and practice related to contraceptive methods. The study reveals that majority of poor people visit government hospitals for treatment who were mostly illiterate and leads to the demand of education. The need of improvement in educational status were observed especially in females which can ultimately rise the graph of contraception consumption as their level of understanding get improved. Study also focuses on ages of females and concluded that the rate of contraception consumption should be encouraged (Malik et al 2015).

Another research was conducted in Tanzania in order to explore the perception of health care providers (HCP) about postpartum care (PPC) practice as well as its ability for

improvement at government level in low resources areas of Dar es Salam, Tanzania. Focus group discussion from qualitative design was select for data collection from healthcare institutions to conduct discussion with nurse-midwives and other medical as well as clinical officers. As a result of this research, it was notice that the situation these institutions was miserable, providers assume that PPC is not worthy as well as negligible and that they have prevented rate of maternal mortality. The participants were call for improvement and facilitated with necessary guidelines to provide an innovation which could be adopted and applied for the sustainability of betterments (Pallangyo et al 2017).

A study conducted at private clinic in rural district of Pakistan i.e. Faisalabad and Chakwal, to check the provided family planning services and to analyzing the experience of villagers. The results demonstrate that private franchise of family health care of both targeted areas was well established, providing good services and information to the public which were not available at government hospital of in remote areas. The study concluded that provision of quality service which could make client satisfy is the key to enhances the consumption of contraception in Pakistan (Azmat et al 2018).

A mixture of quantitative and qualitative study also was conducted in Faisalabad and Chakwal to analyze impression of two voucher intervention program amid married women of reproductive age. This scheme offers these married women to get contraceptive amenity via these vouchers. This study aims to evaluate the behavior and attitudes of women towards contraception continuation and discontinuation in period of 24 months. Through in-depth interviews it has been analyzed that these voucher helps people in getting precaution without worrying about money. This intervention also facilitates in filling knowledge gaps of sustainability problems and providing suggestions to policy makers for designing improved services in targeted areas (Ali, Azmat and Hamza 2018).

These identified problems were handled by authorities of Pakistan as they observed the situation and addresses it by developing family planning services immediately after coming into existing. But the country is still struggling and finding ways to overcome current situation.

2.3 History of family planning services in Pakistan

Activities related to family planning service were started in Pakistan around mid of 1950s by Family Planning Association of Pakistan along with many non-governmental organizations (NGOs). These NGOs play major roles in initiating family planning programs in Pakistan. The main objective of this program was to avoid the worse conditions by considering the socio-economic and demographic aspects in order to meet health of the population (Ahmad 2013, 4). The government of Pakistan in collaboration with NGOs make efforts to formulate first independent unit of family planning which was the part of third five-year plan and established within public sector (1965-1970).

These NGOs were serving Pakistan voluntarily and was promoted to become a part of NGO coordinating council (1983-1988). This partnership stimulates the fieldwork at provincial level. The NGO coordinating council was substituted by National Trust for Population Welfare in 1992 with an intension to reinforce the involvement and contribution of other organizations in the activities of population welfare programs. Pakistan Demographic and Health Survey (PDHS) 2012-2013 reveals that the fertility rate was 3.8 in 2013 would persist higher especially in rural area, in poor and low educated families. In 1993, village-based family planning programs were announced by Ministry of Population Welfare (MOPW) to improve the services in rural regions (National Institute of Population Studies 2013, 91).

Prime Minister’s Program for Family Planning and Primary Health Care was launched by the Ministry of Health which employed and trained lady health workers (LHWs) to provide family planning services and basic health facilities in urban slums and rural zones. Under the 18th Amendment of the Constitution a major change occurred in 2010 i.e. policy was shifted from Ministry of Population Welfare to provinces and all Reproductive Health Service Centers (RHSCs) and hospital-based service outlets are the key sources of Population Welfare Program (National Institute of Population Studies 2013, 92).

In 2012, a Family Planning Summit was held in London where Government of Pakistan (GOP) commits to obtain universal access to Reproductive Health by increasing the rate of Contraceptive Prevalence by now to almost 55% in 2020 and become a part of Family Planning 2020 (FP2020) Vision. Pakistan also commit to include contraception methods in basic service package as well as reinforce the quality and reach of Lady Health Worker Program. Inspite of these program, the rapid growing population of Pakistan is putting great strain economy of the country and making the government unable to fulfill the need of whole population (Harris and Gribble 2016).

Pakistan is an agricultural country whose majority inhabitants enjoys their lives in rural areas. These people belong to low socio-economic status and earn their livelihood through farming. The education level of in remote and unprivileged areas of Pakistan is low while having large families per house. So, it is interesting to analyze the current settings of Family Planning services provided by government of Pakistan, especially in remote and unprivileged areas.

2.4 Research Question

As the current study focuses to analyze the level of understanding and reaction of healthcare providers and clients (people who use these services) of rural community of Pakistan. So, the research question that will be investigated in this thesis is following:

- How do health providers and clients/patients understand and explain the use and non-use of contraception by clients/patients?

The study will identify both hindering and motivating factors for the uptake of family planning services which demonstrates the understanding level of informant groups and highlights their ability to take decision related to these services. This study target two informant groups of rural community i.e. healthcare providers and receivers but is limited to only one method of family planning services i.e. contraception methods.

3 Methodological Design

A qualitative study includes direct interviews of concerned individual or groups to get authentic and precise data. The qualitative method is selected when a study demands to analyze the attitudes of individual and values they hold. This type of research is conducted when the researchers are unable to observe or accommodated significant aspects in a set questionnaire then open-ended as well as flexible question are obligatory to get a detail assessment. These detailed interviews comfort the researcher to get better understanding about the experiences, opinions and practices of the selected topic (Byrne 2012, 209).

The topic of current study demands qualitative research, for that interviews of targeted groups would be conducted to get better understanding of current situation. This study includes perceptions and explanations not only from receivers i.e. clients/patients but also from donor i.e. healthcare provider. To add professional and more authentic information healthcare providers were considered as mothers could add domestic information only. In this chapter the methodological design for investigation the research question is presented.

3.1 Fieldwork in rural area of province Punjab

The fieldwork was conducted from start of September 2017 until mid of December 2017 in rural area of province Punjab Pakistan. This section presents whole procedure of conducting a fieldwork for a qualitative study, from selection of research location to collection of data.

3.1.1 Site of Research

Rural areas of province Punjab was selected for the current study to analyze the situation at public hospital especially those who offer family planning services. I have visited government hospital of a village named Jaranwala in Faisalabad district for data collection. The area of research was nominated after reviewing the literature which shows that majority

of rural people have big families. The average ratio of children per woman in these areas was four which indicates low consumption of family planning services.

3.1.2 Study population

This study mainly targets two type of informant groups, one was healthcare providers working at government hospital in Jaranwala and married women/mothers who are the main beneficiaries of these services. Healthcare providers were targeted to get a professional review of family planning services while mothers were added to get a domestic aspect from their experiences, thoughts and understanding of these services. Fathers were not included in this study although they are the main recipients of these services as well but due to cultural limitation study will consider mothers only.

3.1.3 Sampling & Recruitment

As the current study was based on qualitative research, non-probability methods for sampling were used. According to Ritchie et al (2014) non-probability method is a procedure through which participants are selected intentionally who can express specific features. This method is not statistical because the chance of selecting members from population is not predictable. The selection of sample depends upon the attributes of concerned population which helps in getting more detailed information related to the research question. For the current study, informants were intentionally selected to express their thoughts and feelings about family planning, its implementation and its methods. The size of selected sample is small which could not represent the complete picture of whole Punjab.

The selection of married women and mothers were based on contraception consumption while those healthcare providers were selected who are directly linked with family planning services such as gynecologist, family welfare workers and lady health workers.

3.1.4 Data collection

The data for this qualitative study were collected from selected sample through semi-structured in-depth interviews. These interviews were arranged by following a specific procedure which consist of provision consent forms followed by convincing target groups on interview.

3.1.4.1 Informed Consent

An informed consent is considered as a focal point in discussion of the research ethics whether it is related to natural or social science. It is the right of every informant to know why they are selected and what is happening with them. Provision of an informed consent is a way of protecting the right of participant. The consent form informs about the nature of research and give informants an opportunity to decide whether they want to take part in the research (Ali and Kelly 2012, 66). For this thesis, I have conducted 14 in-depth interviews at four different public health facilities in rural areas of Punjab. For these interviews, a consent form was provided to each participant of current study in order to take their permission by explain them the context of research. After getting permission, I interviewed each participant for 30 to 40 minutes in a private room where they felt comfortable. All interviews were recorded with the permission of informant which were transcribe later for analyzing.

3.1.4.2 Semi-structured Qualitative interview

Semi-structured in-depth interviews were conduct for data collection because these are the interviews which consider as ‘conversations with a purpose’. These types of interviews are usually used to encourage the participant to share their experiences, view, opinions, thoughts to some extend about a specific topic, issue or problem (Byrne 2012, 208). The target sample of informants were selected through non-probability sampling method to have a purposeful conversation to get quality and detailed information. I have conducted 14 in-depth interviews at four different public hospitals, two in the village Jaranwala and two in district Faisalabad.

In Jaranwala, I met six lady health worker (LHW), one staff member and three clients/patients while in Faisalabad I met a family welfare worker (FWW), two doctors, (a gynecologist and a medical specialist) and a client. I visited these facilities several times to get these interviews as it was difficult to find concerned person and to convince them on interview because the get afraid whether I am someone who came from authorities to keep check on them and might complaint against them. Majority avoid me for this reason, but as compare to providers, clients were more supportive and willing to give interview and express their thoughts and experiences without fear.

3.2 Data Analysis

The collected data were compare and analyzed to find the factor which promote the uptake of family planning services and those factors which turn as barrier. By examining all these factors, the level of understanding of clients and healthcare was observed which clarifies their point of view about why and why not to use family planning methods. The literature review helps in comparing the obtained results with previous related results and highlighting the graph of development while theoretical perspective was used to suggest strategies for improvement. This research includes in-depth interviews as a tool for data collection and qualitative thematic analysis were used to analyze the collected data. This thematic analysis is based on theories in which the collected data is utilized as topic of resource for better understanding about different approaches (Byrne 2012, 221).

3.2.1 Theoretical perspectives

Theoretical perspective or lens are now increasingly used by researcher conducting qualitative research as this way of analyzing the data provides an orientation to study gender, class, race and other problems of demoted groups. This will not only modify perspective but also shapes the research questions, tell methods of data collection and analysis, and raise voice for change (Creswel 2014, 64). As this study is a qualitative study which need a theoretical

perspective to reach a conclusion, so I have selected Diffusion of Innovation theory by Everett M. Rogers (E. M. Rogers 2010) for analyzing the collected data by prescribed attribute of this theory.

According to Rogers the word diffusion means “a process by which an innovation is communicated through certain channels over time among the members of a social system” (E. M. Rogers 2010, 5). This thesis is based on a preventive innovation i.e. the uptake of family planning services. Rogers defines preventive innovation “a new idea that an individual adopts in order to lower the probability of some unwanted future event” (E. Rogers 2013). The rate of diffusion of a preventive innovation is slower despite of the fact that these innovations are cheaper than treatment. The dissemination of new ideas or innovations are focused for diffusion by means of communication. Rogers define communication as “a process in which participants create and share information with one another in order to reach a mutual understanding”. In other words, communication is a two-way process as well as a linear act by which a person convey message to get reply on a certain topic (E. M. Rogers 2010, 5-6).

The diffusion of innovation theory has four basic elements; innovation, communication channels, time, and social system. By following these basic elements any innovation could be easily accessible but there are numerous hindering factors which act as barrier in deciding to adopt any innovation. As mentioned above family planning is a preventing innovation which is communicated via mass media and one to one conversation but still adoption rate is low. The aim of this study is to draw an idea from this theory by analyzing and comparing results with trait of theory and find challenges. This theory helps in proposing strategies which would be helpful in identifying the errors in discussion chapter.

3.3 Ethical Considerations:

The research is usually conducted to reveal actual condition related to a specific situation or topic. During the procedure of research, researchers is obligatory to considers ethical term like professional practices. Ethical practice mainly involves procedural issues and the principle of informed consent (Ali and Kelly 2012, 59). Privacy and confidentiality should be prioritized

during research work especially in social science, information which has ability to reveal the identity of respondent should not be included. To keep data secure various step that ensure confidentiality is taken (Ali, Azmat and Hamza 2018, 5-6) like anonymizing whole date or using private computer. Assurance of confidentiality is necessary in gaining the trust and confidence of participants which should be maintained throughout research process. Information collected from participant should not be shared without their permission. This required a must step of anonymizing the collected data (Ali and Kelly 2012, 65). For current study, the aim was to keep date private from recruitment of sample till data collection and assure the participants that all the collected data will be anonymized which I had done after completing collecting information. Information related to identity was anonymized and I had used my personal computer for whole of this study.

The research was conducted in remote areas of Punjab where mostly poor and illiterate people lives which raise the demand to communicate with them at their level to make them feel comfortable and relax during interviews (Chambliss and Russel 2016). I tried to communicate in their local language to provide them a comfortable atmosphere. As a researcher I tried to provide secure environment to informant and convince them that what they share will not harm them or become a problem for them. Married ladies/mother were not afraid of talking with me while healthcare provider assume that I am a public servant who came to monitor them. They perceived that if they talk against authorities, I will complaint against them and they will lose their jobs. I assured them that what they share will be anonymized. After convincing them and taking their permission, the interviews were conducted.

3.4 Study limitations

To get whole picture of the real situation is not possible in research work as many limitations restrict the researcher during the process of data collection. The qualitative study provides more detailed information and broader perception of the subject but when researcher do not have complete access to information then the factor of uncertainty appeared in data. This research is focusing on family planning services; the providers as well as the receivers

(couples) but as Pakistan is a country where culture and traditions are completely opposite to what is practiced in western societies. It would be difficult to have a discussion with males on this topic especially in rural area where education level is low. That's why I have chosen mothers only as informants.

As this topic is a sensitive topic and my focus is to add vulnerable informants in this study but there are possibilities of not getting access to vulnerable women. The sensitivity of this topic may limit the information from both targeted groups. One other limitation is small sample size, as I have selected only one village of Punjab which would not provide the whole picture of Punjab Pakistan.

4 Findings

The literature has shown that, in Pakistan usage of contraceptive methods have been improved over a period but still attention is required to modify people's knowledge, attitude and practices regarding to contraceptive measures (Malik et al 2015). Now government and many private health centers are providing family planning service at low or no cost. These services include contraceptive implants i.e. tube ligation and vasectomy, contraceptive oral pills and injections, and condoms (Tappis et al 2015). The contraceptive prevalence rate (CPR) of Pakistan is 29% whereas majority of Pakistani women i.e. 97% are aware of at least one contraceptive method. This situation highlights the gap between knowledge and utilization of contraceptive methods (Malik et al 2015).

This chapter will elaborate those factors which resist the uptake contraceptive methods as well as those factors which motivates the uptake of contraceptive methods. The results were analyzed on the concept of diffusion theory which facilitates in identifying various themes of collected data i.e. knowledge, education and awareness, economic status, big families, cultural

preferences, health and wellbeing, services and facilities. This section will present results of collected data from rural area of Punjab Pakistan.

4.1 Knowledge- education and awareness

In Pakistan the consumption of contraceptive methods has been influenced by various factors. These factors include education, culture values, occupation, family attitude, age, equality, motivation, availability and acceptability of contraceptive methods. The most vital factor which could influence women to use contraception is knowledge as it can modify her attitude towards family planning. The aim of family planning services is to enhance the knowledge of family planning methods and to develop a positive environment for people that ease them in implementation of contraceptive methods (Malik et al 2015). This section will analyze the level of awareness and knowledge among rural people of Punjab and their reaction towards family planning after years of services.

4.1.1 Level of education

Low education or no education along with poverty makes the society unable to earn decently as felt by both groups of informants. Most health providers said that educated people are aware of their living conditions and already know how they can have better life. These people are those who are self-motivated and have goals to achieve in their life which makes small family their preference as FWW Shagufta, Family welfare worker (FWW) said, “educated people are already aware of all family planning services and they do not need any kind of counselling as they are already convinced on having small families. They come to us only for taking methods not for motivation”. Health providers also pointed out that the people who are illiterate and lives in slum areas or villages are responsible for current situation of Pakistan. Counselling of these rural and slum people is the most difficult job for health providers as they consider this a big challenge for themselves because these people do not want to talk about family planning and do not need to understand the aim of this department.

Majority of the client informants connected their level of general education received with what they felt was their capacity to understand and be aware of the world around them. Most of the informants I spoke with were illiterate and could not understand the question I asked during the interview in first attempt, especially the terms used English. Jazz and Samina, could not understand my questions due to lack of education and they have big regret on that as Jazz quoted, “education is the main problem of our society, illiterate person is similar to a blind person who cannot see anything”, she was depressed and became silent after saying this. While Samina, said, “an educated person can understand things better than an uneducated person”, she felt sorry for herself and her situation. Majority of clients blame low or no education as a major obstacle of unawareness and low level of understanding. This blame was supported by health providers as well, FWW Shagufta (FWW) said, “people who get awareness of family planning services took this message seriously, but you know some people who lives in tents or on the streets are not interested in family planning, they do not want to understand this topic. They visit FWC for services or methods when they have minimum 12 kids”.

On other hand, the health providers also pointed out the education conditions at family welfare clinics and mentioned that not only public is illiterate but the level of education or the qualification of the staff members is also low, especially those health workers who are mainly responsible for public education, awareness, and promotion of this department. These health workers are not well qualified and have low understand about their actual duties as Fawad, the doctor at district hospital said, “these department do not have well qualified staff especially the LHW, who are mainly responsible for public education and awareness, are not well educated but they are hired for this job”. Not only public, but these health workers also need education and the authorities who hired these unqualified workers, need to change, he said.

Health providers believes that poor choices and poor decisions are the outcome of illiteracy. These rural people have limited resources, living their life hand to mouth and

worrying about food every day as Sajda, the lady health worker (LHW) said “Problem arises from rural areas and labor community who are illiterate and mostly jobless. They do not want to understand this topic and refuse us with anger by saying that this is not your problem. Some also say directly that this is only recreation we have. Rural community is rigid, it is hard to convince them orally as there is not facility available in their area”. Health providers elaborates that the consumption of contraception depends majorly upon the public choice as they say they cannot compel them to use contraceptive methods.

Tehreem, the doctor at family welfare clinic (FWC) said, “Poverty is responsible for high population, poor illiterate people tend to have more kids than rich educated people. The poor people find this as the only recreation for them”. Most of the client’s informants was like those people whom providers were talking about. Jazz my first client, was illiterate, in her forties, have eleven children and a husband who was sick and jobless. She works on streets, collect garbage from houses and do housekeeping of big houses to support her family. Her children must work to earn daily food because her income was not enough to run a big family. Another client, Samina who was also illiterate, in her forties, lives in a rented house with her five children and a sick and jobless husband. She recently delivered her sixth baby, wanted to go for sterilization operation as she was depressed due to her family condition. Her two sons in their teenage have to work full time at a tailor shop to meet the expenses of big family. She herself wanted to do work but after six kids she was not in a good health to work.

Villagers live their life on their instincts because they are unable to differentiate between right and wrong paths due to illiteracy that leads them to worst results. They also talked about the living conditions of rural and slum people and highlighted that these people are mostly unemployed, have limited resources, work on daily wages and they need more time to understand what we are trying to teach them as Sajada said, “when we counsel villagers, they do not listen to us and show strong rejection. we try to make them understand that a small educated family is better than a large illiterate family with no resources”. Health providers also mentioned that poverty along with illiteracy can lead to immoral activities just for the sake of

money as FWW Shagufta (FWW) stated, “People who lives in slum area are illiterate and do not have a decent way of income…. we try to make them understand that small educated family is better than large illiterate family. Make your children educated enough that they will serve Pakistan. Illiteracy leads to high criminal activities like drugs, kidnap and other just to earn money”. But she mentioned that it is hard to convince these people.

Health providers believe that level of education affect the level of understanding of individuals as Sajda said, “We cannot consider a universal fact that illiterate people have big families. Sometimes uneducated people have small families, but yes that is very rare. Although, education has a profound impact on level of understanding. Uneducated people as compare to educated community is less understanding that is why few understands our message, but majority do not bother”. These providers also acknowledged the change in public behavior which they believe is a result of current economic situations as FWW Shagufta said, “now people are not worried about how to control the population of Pakistan, but they are actually worried about how to fulfill the basic needs of their families”. Experiences of life is changing behavior of people as the client informants wanted to get rid of their current situations but limited opportunities makes child labor their priority as Samina said, “I wish I could send my kids to school and make them educated but still this wish remains a wish”, she became silent after saying this with tears in her eyes. They themselves were uneducated and their kids were following their footsteps, these thoughts were destroying them mentally and physically.

Indeed, education is a prerequisite to overcome current situation as client informants highlighted that education is the only solution, not specifically related to family planning education but they emphasis on general education. The informant’s stresses on the availability of good quality general education for common public regardless of social status. Jazz said, “education will definitely make a difference and help in improving the future. I cannot afford the expenses of education but in the hope for betterment, I manage to send my two youngest kids to school now”. She linked lacking education to having experienced life challenges as that

low income and limited resources makes an individual unable to fulfil their basic needs of food, shelter, clothing and education, this ultimately result in an illiterate society.

Government is offering free primary education, but the institutions are far away from villages. The quality of education and the environment of government schools are not of good mentioned by client informant Jazz. She said, “I cannot afford the expenses of private schools, but I manage it and send my two boys to private school because the environment of government institutes is not good. Teachers are not loyal to their jobs and ignore their students. Government should improve the quality of education in these schools”. Sajda the LHW, highlighted that “people have now realized the worth of education and now they are motivated to send their kids to school, but they need economical support, government should help them by offering good quality free education at least till matric and it should be available in every village of Pakistan for both boys and girls”. Sajda and Jazz both quoted repeatedly that “education is the only way to bring revolution in the vision of public, people are motivated to send their kids to schools but there are some factors which make them reluctant”. Samina added that, “education can change the perception of people towards life and also it can improve the level of understanding and make people capable enough to distinguish between what is good an what is bad for them”.

From the section it is concluded that general education is low not among common public but also in health professionals especially those who are concerned with public education and awareness. This is one of the major factors that affects the proficiency of family planning department in making people aware of these services. The environment and upbringing of the individuals also has a profound impact on their personality as the people who lives in villages or slum area are less understanding and less accepting by reason of lack of education. Due to illiteracy, some of the villagers and people of slum areas lack decent earning opportunities and make child labor their preference rather than schooling. Behavioral changes have been observed in public for the reason of economic conditions because now public is worried how to fulfill their basic needs.

4.1.2 Time

Timely information is the key to prevent adverse circumstances as majority of client informants whom I interviewed, mentioned that they were not aware about family planning services on time. Almost all of them came to know about these services after years of their marriage. According to them, they were not educated by any health professional instead they got information from their family member or from neighbors. Noreen, the client informants, was a housewife and a mother of five kids, her husband runs his own furniture business and supported her financially, said that "when I get married, I did not know what marriage all is about or what will happen after marriage, so information about these services were not possible before marriage". According to her she came to know about these services from her sister in law and started using condoms for having gap between kids. She was happy with her family size as she planned to have five kids.

On other hand Shahida, another client informant, was a housewife and a mother of four kids, her husband did not support her financially as well as morally. She regrets on her last kid because she cannot afford the expenses of big family and the reason of regret was unawareness of family planning services before and after her marriage as she said, "three years ago I get to know about contraceptive injections from my mother in law and I decided to practice that but due to irregular use I got pregnant again which I regret. I was unaware of any family planning methods other than sterilization operation, but my husband did not allow me to go for that… after the birth of my fourth kid, a lady in my neighborhood told me about the method Norplant then my mother in law supported me to have this method". Shahida was disappointed with the size of her family. She regrets on being unaware of family planning services because she did not have complete information about these methods as she said, "I got information about these methods from my mother and a lady in my neighbor but not from any LHW, they never visited our area, I have never saw them".

I had noticed the similar disappointment on the face of the client informant Jazz, who had 11 kids as I had mention before. She wasn't aware of these family planning methods and services in the early years of her marriage but only knew about sterilization operation on which her husband did not agree with. She said, "I did not know that it is even possible to have gap between kids, if I had knowledge about this on time then I would have definitely taken these measures instead of getting pregnant again and again two or three months after delivering my baby". She had big regret on being unaware of these services on time as she said, "I never met any health worker or health provider related to this department in the early years of my marriage, these LHW had start visiting our area four to five years ago and most of them came during polio campaigns or when someone is pregnant in our area". Jazz was depressed and disappointed with her life as she said, "I regret no one came to me when I started my family. Now this unawareness results in big size family which I cannot afford", she had frequently repeated these lines during her interview.

Lack or delayed information leads to poor family conditions which I have found in my client's informants as Samina who a housewife and a mother of six kids was, which I have mentioned before, stated that, "unawareness leads me to this situation where I regret on everything of my life". She was depressed by reason of her family conditions which is due to lack of knowledge, she said, "When I lived in village there is no one who came to us and give knowledge about this topic but during polio campaigns ladies came to our doors and when we ask them about family planning then they tell us only about pills and injections but some time we get pregnant again while using these measures". She tried to follow these methods when she gets information but had a bad experience, so she regrets on being illiterate and not getting information on time about these services.

Incomplete information was provided to clients as the client informants whom I talked mentioned that they were unaware of these services. The client Noreen said, "I get knowledge about contraceptive methods from my sister in law and never visited any FWC in my life but when I decided to had operation after completing my family, I came FWC for the very first

time with my sister in law. But before operation we prefer to use condoms". My client informant Jazz believe that Unaware punishes her because she was aware of only sterilization operation, but she was afraid of operation because she wasn't allowed to do this as she said, "I knew only one method of family planning, my husband never allow me to go for this. If I knew about any other contraceptive method, I would definitely use that without asking my husband".

The conclusion of this section is that the females of rural areas do not get any information or education about family planning before their marriage. There is no source of information available for them neither from health institutes nor from their houses. They remained unaware of these services after years of their marriage which they linked up to not using contraceptive methods. Later, Majority of them get awareness from relative of neighbors leading them to regret on being unaware of these services due to their family size.

4.1.3 Access of services

Health provider informants whom I interviewed, believe that unawareness is the foremost reason for less uptake of family planning services. Majority of the health providers witness that people especially living in rural areas are unaware about their rights and services offered for them from government of Pakistan. The family planning services are available free for public, but they do not get benefit from them as Fawad, the doctor said, "people do not avail the facilities and rights offered for them from government. Maybe this is due to unavailability of health care centers in needed areas which are far from main cities". Kiran, the staff member at FWC, also second this reason mentioned by Fawad and said, "people are unaware of rights and services they have due to lack of education. All treatment at FWC are free for public, they do not have to pay a single penny for any service, but they assume these services as expensive one and make this a reason for not using them". While interviewing client informants, I realized that they do not know about their rights as Samina said, "I lived in a village three years ago, where neither I met any LHW nor I visited any FWC. A year ago I have shifted to city and came to know about these services from a lady in my neighbor. She

told me about free sterilization operation at FWC which motivate me to take decision. Before that I assume that these are expensive, and my husband never buy medicine for me".

In contrast, Tehreem, the doctor said, "in my opinion 100% people are aware of the term family planning. Media is strong enough, now everyone has television in their houses and at least one member of every family is educated, but consumption of family planning services depends upon the will of public. Government, non-government organizations (NGOs), and hospitals are also working to guide people on this topic but there are misconceptions about family planning department due to some untrained health professional". Other health providers informants also talked about misconceptions and said, "mostly villagers believe that if they use any of family planning method, they would never have baby again". Rida, LHW at tehsil hospital Jaranwala, said that "most of the rural community is illiterate and do not have much knowledge about family planning services and its methods. They assume that if they use any kind of family planning method, they could never have baby again. This assumption makes them resistant of using contraceptive methods".

According to health providers informant door to door awareness campaign is the solution to overcome all misconceptions and unawareness complications as Sajda, the LHW said, "awareness is the key to have a healthy society. it is our duty to make people aware of aim of family planning services. We have to repeat this topic frequently in front of those uneducated rural people because they could take more time but eventually one day, they will realize that we are talking about their good future". I have noticed during the interview of client informants that when they got information by any mean they prefer these services without any as my client Shahida tell me that when she came to know about contraceptive injectables, she started using them. After hearing about Norplant, she agrees to use that as well. They only reason was that she cannot afford more babies. On the other hand, some people become aware of facilities when they have lost every hope as my client informant Jazz, she said, "if I knew about these services early then I would have used them without telling my husband. Today, I am suffering due to unawareness of our rights and services. Government should focus on

making this message as common as possible and also they should motivate people to visit FWC."

Improved reaction of public has been witnessed by many health providers as Sumaiya, LHW at tehsil hospital Jaranwala, said, "the community where I work now was suffering from many difficulties due to unawareness but after years of my service I can notice a bit of improvement, people have accepted this department and now they ask how to use these methods rather than rejecting us." FWW Shagufta said, "I can compare the reactions of my community from the time I started to now. People of my area have start accepting this department and use contraceptive methods on their own will. Now many couples came after their first kid to have gap, but we do not, but we suggest them to complete your family first then come to us".

After analyzing this section, it is concluded that unawareness, late and incomplete information are the main reasons for not using contraceptive methods in rural areas. Unawareness related to either family planning services or its methods leads to confrontation in acceptance. Illiteracy is more prevalent in rural community as compare to urban areas which not only results in unawareness but also leads to misconceptions. The people of rural areas assume these services as expensive one and have a misunderstanding that if they use any family planning method then they would never have baby again. The barriers of misconceptions and unawareness needs continuous counselling for corrections. Things are changing and will keep on changing only with awareness according to the data.

4.2 Economic Status

The factors which get affected due to unexpected pregnancies are social relationships, economical pressure and health. Due to these unintended pregnancies, couples mostly suffered from depression as they feel economical pressure on themselves (Ali og Rabbani 2017). This

segment will analyze the role of social classes and the impact of economic status not only on the life of common people but also how providers manage their expenses.

According to health providers informant's inflation act as a barrier which compel people to realize that big families will end up with mental and physical health deterioration. Now a days, people are suffering from hunger as Naseem, the LHW at tehsil hospital Jaranwala said, "poverty is increasing day by day which makes people realize that lesser the kids, happier the life. Now people pursue all instructions from family planning department and accepted that two kids are enough in this era". Most of the providers whom I interviewed talked about economic conditions of people which induces them to think about family planning.

Anmol, the LHW at Tehsil hospital mentioned that "now the people of my area agree to use contraceptive methods without arguments because they are not in that economical state where they can welcome more kids. They look up to meet LHW in order to get contraceptive measures". Rida, the LHW also add her related experience as she said, "Now people do not take much time in understanding our message because they cannot afford to have big families. Many people asked me about sterilization operation after their third kid because they do not want to take any risk and the reason for their decision is mainly their economic conditions". I observe these situations among the client informants during interviews. Majority of them find contraceptive methods as the only solution to control their expenses. The client informant Samina had sterilization operation after her sixth kid without the support of her husband. She belongs to a poor family, lives in a rented house with her kids and a jobless husband. She sends her two elder sons on a tailor shop rather than send them to school as she said, "going for sterilization operation was absolutely my choice and I am completely satisfied with my decision because it is better not to take risk anymore. My husband is jobless if I continue giving birth to more kids then from where I will feed them".

Naseem, the LHW, highlighted that its economic pressure not education which is changing public mind by saying that, “Education have nothing to do with the number of kids, it is all about affordability. Now people do not have enough to eat or feed to their kids they want to get rid of poverty that why they prefer less kids or small families”.

The client informant Shahida was trying to have small family but due to irregular use of contraceptive injections she had unintended pregnancy on which she regrets. She was financially dependent upon her family as her husband did not take their responsibility. She said, “I wish to have three kids only… now expenses are not affordable, schooling of kids, food and others so I try to convince my husband, but she did not support me in using any contraceptive method, but my mother supported me to use temporary contraceptive methods”. On other hand, the client informant Noreen’s husband supported her financially and morally because he runs his own furniture business as she said, “I never regret on my kids because me and my husband planned them intentionally, he supported me in every situation… I used permanent method with his permission and the reason was my health, not because we cannot afford their expenses. Alhumdulillah (thanks to Almighty) we are able to fulfil all needs of my kids, I send my three kids to school, rest of two are small”.

Economic status play an important role in deciding the family size as I notice in my client informants but when I met Jazz who were illiterate, work on streets, did not have any support from her husband and have 11 kids then I review every aspect again. Jazz repeatedly regret on her life as she said, “if we had some business or we were educated to get a decent job then I can say that eleven kids are fine, but we are illiterate and have no decent way to earn”. She was depressed and proceeded, “I was a fool who gave birth to eleven children. Now from dawn to dusk I am worried about from where I will feed my kids, how I will fulfill their basic needs… I am unable to feed them properly in this era of recession due to inflation, these circumstances do not allow me to think anything else except food”. She added, “I am working from ages and have not took a single day off from my work even the day I give birth to my baby. I worked on street for twelve hours per day to earn food for our kids, me and my husband

skip our medicines to save every penny for our children. Can you see me? Am I relaxed? No, I am totally depressed".

Not only clients are suffering from economic pressure, but health providers also mentioned their challenges. Fawad, the doctor has mentioned that government has appointed LHW on very low wages, he said, "the only thing which motivates a person doing job is salary, these LHW are working on little amount which may be demotivate because they cannot meet expenses or a normal house". Rida, the LHW talk about her expenses and said, "we are working on fifth grade now and receive rupees 16000 per month, we have started this job on rupee 1000 per month, after twenty years we are receiving rupees 16000 per month which is just enough". Sajada, the LHW mentioned that, "it is difficult to manage but as me and my husband is working so we can somehow manage but for those families in which only male is working then it would be difficult for them to manage. Women should support their husband economically, like they can do stitching or cooking or anything else for earning, so they can afford three to four kids but not more than this". Naseem also share her own experience by saying, "I have five grandsons from different sons, my pay is of rupees 16000 per month so if one of my kid wear shoes of rupees 2000/- then other kid will look at him with a desire in his eyes. So, to avoid this kind of situation you should have that much kids whom you can afford easily". She added, "People should focus on thoughts, behavior and rules of life in order to avoid these consequences. I make my community to realize that lesser the kids happier the family and you can dress up your children well and they will never feel inferior by looking at someone else".

The conclusion after analysis of this section is that those who can afford big family do have more kids. Economic conditions compel most of the rural people to use contraceptive methods because they find these methods as the only solution to their problems. Financial pressure dominates education as it motivates even an illiterate person to think about family planning. Not only public is suffering from economic pressure but the health provider especially LHW are also facing these problems. They are working on low wages and are unable

to meet the normal expenses of their family which may affects the quality of services they provided to public.

4.3 Big families

Low consumption of contraception results in to big families which can be due to many different reasons. This section will analyses the factor which lead to big families and low consumption of contraception.

4.3.1 Male dominant society

Almost every informant whether it was a client or health provider, pointed out that the society of Pakistan is male dominant, where females look up to males in every aspect of life. Majority of LHW still do not involve males during counselling process only because family planning is a very personal and not very openly talked topic in Pakistani society which resist LHWs to communicate as Rukaiya, the LHW at tehsil hospital said, “I never communicate with males on this topic, if any male himself ask me about family planning then I reply to them that I will tell your wife”. Further, the FWW Shagufta said, “we never talk to males on this topic, but we have male staff in this FWC who are responsible for counselling of males”.

The staff member at FWC Kiran said, “female of our society has no power, they cannot take any decision of life without asking their guardian either it is her father, brother or her husband. They have to follow every order coming from their guardians”. Family is not planned by females only but in Pakistan males have decision making power according to health providers. Kiran said, “in Pakistan, the main challenge in family planning is to convince males of our society. Males are the one who pressurizes females on having more kids”. Samina, the client informant witness this by saying,

> "the biggest challenge of my life was to convince my husband on family planning. After the birth of our fourth kid, I repeatedly ask my husband that I want to go for sterilization operation as we cannot afford more kids, but he always ignored and say take medicine or go for injection. He never bought me medicines or never took me to any clinic for injections. Now I am mother to six kids whom I cannot afford so finally I stand for myself and decided to go for operation and today here I am at FWC".

Another factor raised by females of not using contraceptive methods is that males never use contraception's (condom) by themselves and never allow their females to use it, said by the LHW Sajda. Further she said, "we advices those females-who are not allowed to use any kind of family planning method, to take contraceptive pills which they can easily hide from their husbands or anyone else". According to Sajda, male dominance is a major factors which is an obstacle of not using contraceptive methods and she believes that the reason behind this behavior is unemployment as she said, "in my experience I have notice that those males who are unemployed and have nothing to do, shows this type of behavior and sometimes they reply that this is the only recreation we have". Doctor Tehreem also second this statement, as I have mention before. I can relate these factors with Shahida my client informant as she belongs to those ladies who were not supported by her husband. She said, "I want to have three kids, but I have four now. What can I do now? Nothing, I can only on irregular use of injections or being not allowed to go for sterilization operation".

Many health providers highlighted another factor of not using contraceptive methods is that the area of living, people who lives in slum area are the real cause of current situation of Pakistan. Kiran, the staff at FWC mention that these are those people who belongs to lower class as she said, "the problematic social class in Pakistan is lower labor class which have low level of education, limited resource, high level of problems and find sex as the only recreation to treat themselves. Maybe they use it as a therapy to normalize themselves". The FWW Shagufta added to this, "people who live in tents or in slum areas are causing real problems. They give birth to a baby every year and after having thirteen or fourteen kids on average they

came to us and ask for help. What can we do at that time? Nothing. But, now government of Pakistan have started mobile services to target these kind of people".

Jazz was one of my clients whom I can relate these statements with, as she tells that her husband beaten her after her 9th kid when she decided herself not to have more baby and went for abortion, she said, "after my 9th kid I got pregnant again, I decided myself not to have more babies and aborted that pregnancy. When I came back home, my husband beaten me with a wooden stick, abuses me for that. My husband never supported me on family planning, he wants me to give birth every year. My husband believes that kids are blessing of God and it is a sin to say no to His blessing. After thirteen kids he still wants more kids but now he himself is not well and I had a cyst operation".

Almost everyone points out that males have decision making power in Pakistani society as the LHW Rida said, "I do communicate with husband of my clients, mostly husband did not agree on this but sometime few understands what I am talking about and its of their wellbeing, few remain silent when I give this message to them and some reply that we will think about it. So, we cannot say this husband always reject our message". She further elaborated that, "those who get convince on our message usually admit that we are talking about their benefit and assure us that he will follow our message. Sometimes males wanted to have a conversation with us to get knowledge about these services, they usually say sister help and guide us we need your advice". The LHW Anmol also consider males during counselling, she said, "husband get convinced to use these methods as they love their wife and for those who resist on our message, we remind them about the health of their wife then they get easily convinced". Noreen was the only client who has support of her husband she said, "I have not faced any challenge in life. My husband is very supportive, he supported me in every aspect of life. We are satisfied with our five kids Alhumdulillah (thanks to Almighty), we have no regrets on the size of our family".

4.3.2 Family pressure

Pakistan is not only suffering from male dominance, but family pressure overcome this dominance as majority of health providers highlighted that many girls do not consider contraceptive methods due to the fear of their in-laws. The doctor Fawad said, “people in rural areas do not use contraceptive method more commonly. One reason for this is the pressure of family as in rural community people consider family planning a sin or a bad or non-ethical thing. Those people who belong to these areas do not feel comfortable to talk about family planning topic. They prefer not to share this with anyone as they feel shy and sinful”.

The LHW Sajda shared her experience and said, “when I visit my community for awareness, females take different methods from me like condoms and pills regularly but mostly ladies mentioned to me that not to talk about this with them in front of their mother in-laws. They want to keep it a secret from their family they do not want to share that they are using contraceptive measures”. Further Sajda pointed out that this family pressure is not only present in rural areas but also, we have notice this in urban areas as well. She said, “in cities some daughter in-laws tell us to avoid talking with them in front of their mother in-laws or to avoid their mother in-laws”.

Health providers raised another aspect that in Pakistan, old ladies have a great influence on their families and they become a decision maker of a house when they reach to grandparent level. The LHW Suriya talked about this family system where grandparents have great influence on their families. She said, “females do not want to share which family planning method they are using like if they are using copper-T or having pills, she just did not feel comfortable while sharing with anyone sometimes they do not even share with their husbands and want to show that they are having gap between kids naturally. Family pressure is the reason behind this behavior specifically the pressure of their mother in law because mostly in rural areas old ladies are conservative and usually force their daughter in law to have more kids as they prefer more grandchildren”.

The client informant Jazz has a daughter in-law she mentioned that her daughter in law never ask or discuss anything with her as she said, “I do not know whether she understands or not what LHW tells her she never discusses anything with me. If she ever did, I definitely advise her not to have a larger family like me otherwise you will regret what I am doing right now”. Another aspect analyzed by LHW that husband get convince at the end, but main problem is to convince his mother as the LHW Anmol mentioned, “actually in family the mother of a male is the one who pressurizes a couple to have more babies. In my experience I have seen that to convince a couple on family planning is much easier because husband eventually loves his wife, but things get problematic when it comes to the family of males, his mother never gets agree on these methods”.

The LHW Suraiya also agrees with Anmol as she said, “We deliver our message to females and she convince their husband, the couple get convince easily but problem arises when sometimes mother in law reject to use family planning methods”. Indeed, counselling of these kind of mothers is needed according to the LHW Sajda as she said, “we visit not only young people houses but also visit old ladies as they may have daughter or daughter in-laws and counsel them to bring your daughters to us or convey our message to them”.

Health provider brings another factor to light i.e. in Pakistan people are desperate to have a baby boy because we are living in male dominant society as Fahad said, “people of our society are very much conscious about their status as they believe boy will take their name to next generation that’s why they are eager to have a baby boy”. The staff at FWC Kiran agree that Pakistani male dominant society is the major reason of big families as she said, “couple wish to have a baby boy and to fulfil this wish they make a big family consisting three to four daughter and one only son”. The LHW Sajda give an example of her sister who was willing to have a baby boy and said, “my sister have seven daughters, and this is the result of the wish of having a baby boy”. She also tells me a relevant incidence she experienced and said,

> "when my sister was expecting for fifth time, we were hopeful to have a baby boy but again it was a girl, we were sad but normal. Suddenly, I saw a lady beating a patient, I went there and ask what happened then I came to know the lady who was beating is mother in law of the patient and the reason was the patient give birth her third baby girls. I tried to convince that old lady that it is not her fault, but she was continuously beating and abusing her".

Health providers emphasis that people should at-least be aware of the fact that gender is not specify by females as the LHW Sajda said, "people should aware about gender specification process. Now from last one year I have started this education along with family planning in my community. I explain this with very common example to everyone that if five kids have to run a race only the one who is fit, and health will win that race other will loss, this is the case with sperms. I can witness that the male who have daughters from his first marriage and went for second marriage only to have son end up with more daughters". Here she mentioned that people are so much conscious and keen to have a baby boy that male can have second marriage and female feel safe and secure after giving birth to a boy.

4.3.3 Life compunctions

Experience leads to advices, majority of the client informants whom I interviewed were at that point in life where they had experience life challenges. The client informant during her interview was continuously regretting on her life because she was suffering from depression as she said, "this is wrong to give birth to a child when you cannot afford his expenses. Who is doing wrong? Is it the child who has born? No, it is us who give birth and cannot give him a better life to live. I regret on my eleven kids because I cannot fulfill their basic needs of food and clothes but now, I cannot do anything. They are born, they are alive I cannot throw them away from my life because they are my children and I am responsible for them". My client informant Samina was in the same state of mind where she was regretting everything which she has been going throw. She said, "todays the reality of my life is that I cannot fulfill basic needs of my six kids, my situation did not allow me even to think about having next kid. I do

not have enough to feed my kids how can I imagine having more? I wish I wouldn't marry to my husband, I regret my relationship with her. He is responsible for my current situation because he never supported me".

Health providers talked about the above-mentioned situation and usually say this public ignorance and careless behavior as the LHW Rida talked about the reaction of people after regrets as she said, "people do not agree on our message till they get experience by themselves. During years of my job, I have notice that when a lady gets pregnant for third time while having two small kids, she immediately came to us and ask for help. They want us to help them in abortion but in Pakistan abortion are illegal so as a government employ, we cannot help them. We say as you have not followed our instructions so now you should give birth to this baby and after that come to us, we will help and guide you further".

My client informant Jazz had an abortion after her ninth kid and Samina thought about that but never had any and now both advice other not to have big families as Jazz said, "now when I look ladies with four or five kids, usually I say to them not to have more babies, give quality life to those who you already have. You will have no advantage in big family." She also said, "number of children doesn't matter, what matter is, you make your kids well enough that they can look after you in old age, no matter you have only one child. If you have many kids like me then your kids pass on their responsibilities to next and say that these parents are not only mine". She was upset while saying these lines.

Samina, the client informant was gloomy due to stressed of her family conditions, she said, "people should consider their economic. Family size should be according to your income. If you are unable to fulfill at-least basic need then do not ever think to have baby but if yes, then go and have kids. But now I will say to everyone that if you want to have happy life then have a small family, smaller the family easier to handle but now I cannot do anything for myself only I can regret". The client informant Shahida also regret on her family size and they

reason is same but her mother in law supported her as her mother in law had gone through all these difficulties because her mother in law have fifteen children. She doesn't let her daughter in law to repeat her mistake as she said, "my mother in law supported me and she ask my husband for contraceptive use because she do not want me to have more kids. My mother in law said to me that four kids are enough, I have fifteen kids and I know about all difficulties and challenge you would face if you will have more kids".

The conclusion after analyzing each part of this section is that male dominance and family pressure leads to end up with big size family. Communication gap is present between LHW female and male clients as in Pakistani society family planning is very personal topic. The major obstacle in implementation of family planning services is to convince male especially of rural community and those lives in slum areas. Another reason of big size family is the pressure of family and society to have a baby boy to gain respect and value in society. Majority of the people with big size family end up with regrets which leads them to immoral acts like abortions.

4.4 Cultural preferences

Traditional barriers are also present in the uptake of contraceptive methods. the most important is the perceptions of women that family planning is anti-social and against cultural norms. Also, the use of contraception will be unacceptable in their in-law's family because it is against the fertility preferences of their husband and his mother (Tappis, et al. 2015). Social and cultural values are highly influenced by religion and traditions (Malik , et al. 2015). In this section, analysis will be focused on culture and traditions, religion and beliefs of Pakistan and how these factors influence personal choices of people.

4.4.1 Culture/Society

Majority of informants from both targeted groups talk about the cultural values and norms of Pakistan. They highlighted the fact that Pakistani society conservative where women

are always inferior. Communication of opposite gender seems awkward in Pakistani society as mentioned by many informant LHWs. This is the reason mentioned by LHW of not considering males during counselling process of family planning campaign. The LHW Rukaiya said, “It doesn’t look nice if I start talking to males in my village. It seems weird as people will notice me and pointed out by saying, look she is talking with someone else husband. I am daughter in-law of the village where I work so I never talk with males”. The LHW Naseem said, “why would I talk with males? We talk to females only and I think these females are enough to convince their husbands ton planning their own family. Sometime few ladies do ask me why not you convince my husband, I usually reply to them that you are enough to say this to your husband or I rely I cannot handle that”.

In Pakistani culture female do not have decision power, especially in rural community said by majority of health providers. the LHW Rida mentioned, “in villages the wives are just like servant who have to obey whatever said by their husbands. They do not have their own thinking, they cannot take any decision even for themselves, they are not allowed to step out from house without permission of their husbands or mother in-laws. This is our culture and not all but still people are following this in rural areas”. The FWW Shagufta agrees on this point as she said, “people who live in villages do agree with us and easily convince to use family planning methods, but problem arises when women are restricted. Women in these areas are still dependent on their male and cannot came out of their houses alone and they do not have these kinds of decision power”. Pakistani society is not only conservative but as I have discussed in 3.1 that the society of Pakistan is male dominant where females are considered a burden on guardians. Every informant either its providers or clients, have mentioned about male dominance society and added that it should be changed now.

Health providers revise the history of family planning department as it was one of the departments which was not accepted by people in the beginning but lately people start recognizing it. The LHW Rida said, “I am working in this department from last twenty years. When I join this department, I feel afraid going for fieldwork because people did not accept

this, they think we are doing something against Islam but with the passage of time we have convince them. Now people have start acknowledging us and our department which make us more confident. People understands and act on our message as they have accepted that we are talking about their benefit". The doctor Fawad said, "people living in Pakistan are suffering from social pressure as still they do not feel comfortable while talking on this topic, they get hesitated and shy maybe they feel sinful. This is the reason of them for becoming non-cooperative with providers".

The doctor Fawad has also point out the thinking of rural community and said, "people of rural areas show non-convincing attitude, they do not want to talk on this topic with any professional because they do not agree on that". He further said that, "if a doctor or LHW guide and refer them to any other health professional, the will ignore that and never visited that referral". It is the duty of health provider to handle these situations as the LHW Anmol added, "we make people to realize that pregnancy after pregnancy is dangerous for their health. We suggest them to have gap between every kid then after fourth kid they feel shy to have more kid as their older kid become twelve or thirteen years of age on average. They themselves feel that now they cannot go through whole procedure again".

Another very common aspect of Pakistani culture highlighted by informants are that people prefer young age marriages. Especially people who live in rural area prefer to get rid of their responsibilities. Jazz herself is an example of this as she had eleven kids, so she thought if they die then nobody will fulfil their responsibility after them as she said, "me and my husband save every penny and then we start thinking about marriages f our children. My husband wants me to take step and go for marriage of my boys of age 12 and 14 because he said to me that he wants to fulfil his responsibilities in his life". The FWW Shagufta also mentioned that, "if childhood marriage become trend then there is a fair big chance if having big families as chances of pregnancy are higher in young age".

4.4.2 Religion and Beliefs

Pakistan is an Islamic country, according to health providers it was this biggest challenge for them to convince people to use family planning method. The FWW Shagufta said, “people who live in villages are the one who need counselling because these are the people who have a concept that family planning is a big sin. Being a Muslim, they thought that they this is an intentional mistake and we are doing something wrong. To convince people over religion was a tough job, we recommend people to have kids but with two to three years gap”. She further elaborated that, “if we look at Islam, we cannot say people not to have baby as our Holy Prophet (SAW) said may nation will grow. We can limit the number of kids per family by advising them gaps between kids, but we cannot make them infertile because we have to take our religion with us”.

Most of the client mentioned religion as a hurdle for them because majority of male believe that family planning methods are against Islam. My client informant Shahida said, “my husband never uses contraception himself because he believes that this is a sin that’s why he never allows me to go for sterilization operation. But now I cannot afford more kids, so I am using Norplant method on which my mother in law supported me against him”. The client informant Noreen said, “sterilization operation is a big sin, but I had that, my Allah forgive me on that. I believe precaution is better that this sin. My husband always uses contraceptive measures, but after my last kids I was getting weaker day by day then I had this operation, but it is a sin”. The staff member at FWC Kiran repeated that, “Pakistan is an Islamic state which make people feel sinful and afraid to use any kind of family planning method”.

People get satisfied on what they have because they leave everything on Allah as the client informant Noreen said, “what I have today was written for me already by my Almighty Allah. How can I deny His blessings? These kids are my life and bless of my Allah. Yes, I get stressed and exhausted, but I cannot say these kids are burden on me. If I say this then may be Almighty Allah get annoyed on me as many people are deprived of the bless of kids”.

According to the FWW Shagufta, “People of these areas lack in education, have limited resources and they avoid talking with the health professionals from our department because think we are doing sin”. She added to this, “we then focus on logical fact i.e. economic status, lacking education, worrying about food. We just remind all of these and advise them to have gaps and guide them if you have less kids the you can give them education which will change your life”.

4.4.3 Surrounding affects adoption of services

People are independent to select contraceptive method for themselves as the FWW Shagufta said, “we provide family planning methods on demand regardless of the number of kids a couple have. When a couple visit our FWC and ask for temporary method we provide them immediately, there are no restrictions on temporary methods. But if a couple visit us and ask for permanent method then we take history of patient. If they have completed their family then we go for permanent method otherwise never”. The client informant Shahida had no personal choice but she was supported by her mother in-laws as her husband consider these methods a sinful act She said, “my mother in-laws tell me about family planning and its methods, firstly she advises me to use injections then when I got pregnant, she took me to FWC for Norplant”. Samina, my client informant wanted to use these methods, but she was not having any support from any one even not from her husband she said, “after my fourth kid I wanted to go for operation, but my husband never supported me on my decision. He wasn’t agreed yet but now, after six kids I show strong reaction then he said ok go ahead”.

Health providers are responsible to make people aware of these methods, but they cannot force them as Rida said, “we educate our clients with all six contraceptive methods i.e. condom, pills, injections, copper-T, Norplant and sterilization operation and rest we leave on them to select which they think will suits them or how long gap they need. I am serving my community with different methods but if I say the most commonly used method then it is

condom of course". The LHW Anmol also mention that condom is the most wanted contraceptive method she said, "condoms are most commonly used method in her area. People consider important thing, now they themselves come to us and ask for condoms".

After evaluating each subheadings of this segment, the conclusion is that people are using religion as an excuse to refuse the consumption of family planning methods. Not only religion but the society of Pakistan is conservative which do not allow females to speak up for themselves at least. Females are totally dependent on males in every aspect of life which make male feel superior and female a burden on their guardians. Rural people take family planning as a topic of shame which cannot be discussed openly not between opposite gender but also not among females as females do not share this topic with her family. Other factors which hinder the consumption is faith on destiny, childhood marriages, non-convincing attitude of rural people and male dominance.

4.5 Health and wellbeing

Health of a women mainly affected due to unintended pregnancies which leads to immoral act of abortions. Mostly women do not get proper care after abortions and they suffer from poor pregnancy results. The reason of these unexpected pregnancies is either these women do not have enough contraception, or they had a bad experience while using contraception (Ali and Rabbani 2017). The ratio of women who are at risk of these unexpected pregnancies are about 27% which needs continuous counselling of family planning services (Malik et al 2015). In this section the health of females will be focused mainly either due to their own negligence or from the poor treatment of health institutes. Mishandling or improper treatments from providers will also consider in this section.

4.5.1 Females health is at risk

According to many health providers, big families are not only the cause of economic pressure, but it is affecting women health either their mental health or physical health. The

LHW Anmol was pointing out women health repeatedly during her interview said, “the health of ladies in my area is not good, I cannot consider them healthy. They do not have enough to feed themselves due to limited resources. We can only guide them, it is their responsibility to follow our instructions related to contraception or health. Look, I can only counsel them to take good diet, I cannot feed them”. She also pointed out that they counsel people and convince them to use temporary method, “we advise them to use condom at least as it will prevent you from communicable diseases. now even doctors say specially that do not share your personal thing like towels, nail cutters, comb with any one”. Jazz, the client informant whom I can related after meeting Anmol as Jazz was suffering from depression as she said, “Sometimes I feel sorry for myself, I have spent whole of my life in worries and now I am depressed. I have to complete the days of my life which has been written by Allah Almighty. My health is going down after abortion and cyst operation, but the tensions are increasing day by day with the increase of living expenses. My income is very little which make me regret all the time”.

Health is more important than having big families, if a lady is not healthy then how would she look after her family as the FWW Shagufta said, “all methods are equally used by public but mainly the selection of method depends upon the health of our client. We took detailed history of our clients and suggest them method according to their state of health, we also educated them about the possible side effects of the recommended method. They can easily decide and become more confident about their selection because final decision is of our clients”. Providers were concern with the health of their client, but they also point out bad selection of client as the doctor Tehreem said, “now it is our bad luck that people prefer abortions over precautions. There are five methods to delay pregnancy and one to stop it, but people misuses and prefer abortions which is by any mean either ethically or lawfully is not permitted unless the condition of baby is not survivable. Abortions are not part of family planning in Pakistan and on other side it damages the health of ladies”.

The doctor Fawad mentioned that clients mostly use contraceptive measure only when it come to their health or when they are not economically stable. I found this true while talking

with clients, Samina said "when I got pregnant last time, everyone advised me to abort that pregnancy cut but I was not ready to step up for this. It is easy to give birth, but it is too painful to abort a child. So now I have six kids and I have nothing to give them, even we do not have food to eat every day which affects me mentally as well as physically. I used to work as housekeeping but after last kid my health goes down and now, I am unable to continue that work, I have backache which makes me disable". The client informant Noreen decided to go for sterilization operation when it comes to her health as she said, "I selected sterilization operation because I was getting weak after five kids. I feel burden of work, but I guess it is temporary but once they grow up then I will be fine, but I believe sterilization operation is a sin may Allah Almighty forgive me".

4.5.2 Poor treatment leads to distrust

Many health providers have a feeling that traditional birth attendants (TBAs) "Dais" are the reason for people who are not willing to use contraceptive methods as the doctor Tehreem mentioned that "mishandling and bad experience of clients due to some unprofessional attendants, affect the level of trust between health providers and clients. She said, "when TBA provide treatment to any client either in good or bad way, they leave an impression on clients. Mostly bad experience leads to resistance as if a TBA have attended a client and unfortunately something went wrong then the experience of client will not keep only to them but spread at least in their town "mohalla". It is difficult to nullify that experience from peoples mind."

Another reason mentioned by the doctor Tehreem was, "poor hygiene during the provision of treatment leads to many kinds of infections. This is another issue which spread in community like fire and became a stigma e.g. a lady got infection due to injection then she will let everyone know about that and ultimately people skip the method of injects for contraception". The client informant Jazz has mentioned an incidence of her area which resist other ladies as she tells, "injections are not safe because one lady in my area was using injections for gap, but her bleeding did not stop for months. This incidence makes most of the

of ladies afraid of this method in my community". When I ask her about other methods Jazz said, "the LHW did not give us medicine, they tell us about only two method i.e. injections and copper-T. few ladies of our area selected copper-T but that method causes infection in them, so women avoid to uses these".

The LHW Sajda also agrees with doctor Tehreem about TBA s behavior and treatment as she said, "we should get rid of these TBAs "Dais" because they are doing wrong with community. I came across many incidences where these TBAs charge less for copper-T and results went wrong. In few cases, copper-T moved into uterus and as a result this new spread all over and when we counsel ladies to use these methods, they reply that these are very harmful methods. These kinds of incidence destroy the trust of our community then they refuse to use contraception". The LHW Rida pointed out that not only TBA are responsible for careless attitude but some trained professionals are also like that as she shared an incidence and tell, "my client had use copper-T from couple of months ago but now I had a call of her she was tell me that she had a blood test which shows she is pregnant while having copper-t. How could it be possible, I am worried about her as it is an alarming situation. This is all because of the careless behavior of doctors if the treated her properly then this won't happen but now client will blame me as I took her to FWC".

Samina, the Client Informant was also afraid of these kind of methods as she had seen her sister using injections. She said, "my sister abort one pregnancy and start using contraceptive injections, but she got pregnant again. She is willing to abort this pregnancy as well, she is pregnant, but her bleeding did not stop after first abortion. Now nurses are advising her to abort this pregnancy as well, her health is at risk in any case that's why I never thought to abort pregnancy".

After analyzing all segments of this theme, we can conclude that big families not destroy females financially but also physically. It will increase economical pressure as well as

also destroy the health of a female after giving birth again and again. But still people do not understand and prefer abortions over precautions because use of contraception totally depend upon clients. Health provider can only provide you information but cannot compel you on consumption of these methods. another factor which hinder the consumption is stigmas about family planning methods which spread after bad incidence experienced by clients. These poor treatment and handling are due to either due to untrained health professionals like TBA or due to ignorance of hospital staff which lead to bad experiences.

4.6 Services and facilities

In Asia, Pakistan was one of the first country who took an initiative to design and start family planning services with the help of international countries who act as a donor. The implementation of these services was slower as compare to other neighboring countries (Malik et al 2015). Pakistan is still struggling in implication of family planning methods as the rate of fertility is 3.8 births per woman and the rate of population growth is 2% per year which is higher than other neighboring countries (Tappis et al 2015). Under this segment we will focus on the reasons of slow implementation of these family planning services and evaluate the cause of fast-growing population.

4.6.1 Poor implementation of services and facilities

The provision of poor-quality services results in low consumption of contraception which is one of the causes of increased population. People are unaware of the benefits and possible side effect of any contraceptive method. This incomplete information resist people to use these methods or leads them to bad experiences (Azmat et al 2018). Other factors which act as a barrier in using contraceptive methods are untrained health professionals, shortage of contraceptive methods and ignorance of health providers (Tappis et al 2015). In this section we will analyze the collected data and find out the reasons of poor implementation of services.

4.6.2 Access to service

Majority of client informants blame unawareness of family planning methods because they did not have any access to FWC or any department related to family planning. The client informant Samina lived in a village where she had no access to these services as she said, “three years ago I lived in a village where I was not allowed to go outside of the house. I never met any LHW while staying at home that’s why I did not know about family planning methods. Those women who are social and move around have more information about the things happening in the world. Now I have moved to city where I get to know about these services from neighbor not from any health professional”. Fawad, the doctor has pointed out the same factor as he said, “people of rural areas are unaware not only because they are illiterate, but the actual reason is unavailability of FWC in these areas. Implementation of family planning services is highly needed in these areas, but they lack in every aspect”.

Sajda, the LHW highlighted the problem of transportation as she said, “the situation of transportation in rural areas are miserable. People use to travel in buses but the bus system in rural areas is not organized. Crowd of people have to adjust in one bus which compel them to sit on the roof of the bus because of irregular and insufficient buses. How can patients travel in these kinds of buses? Mostly the facilities of education, health center and transportation are not available in rural areas. These all factors become an obstacle in family planning campaign”. The LHW Rukaiya shared her personal experience and said, “I have started services in my village when I came to here after my marriage. At that time there was no FWC, no one was familiar with the term family planning that motivates me to take transfer in this village. Now I am working in this village from last two years”.

Clients informants criticize LHW as Noreen and Shahida both said that they never met any LHW in their life. They were informed about family planning methods from family and neighbors. Noreen said, “these LHW never visited our area, I never saw any person related to this department in my house” while Shahida said, “I got information from a lady in neighbors not from any LHW. These LHW never visited our area, I did not meet them in my life”. Jazz

was the only client informant I met who said, "LHW have start visiting our area four or five years ago. They visited our area once in a month, especially when someone is pregnant, or her delivery date is close or during polio campaign. When they came, they tell us about injections and sterilization operation only".

Health provider informants raise a point as an explanation for LHW behavior i.e. maybe they feel pressure of work. The doctor Fawad said, "Pakistan institutions lack the trend of upgrading staff according to the need or demand of work. The staff on duty in these departments are lesser than requirement, government should increase the number of LHW to cover whole population". LHWs also second the point of insufficient staff as the LHW Anmol said, "government should appoint more LHWs which can share our work. Our duty is not so easy, we must do fieldwork as well as guide patients in the hospital. This is not the end because we have to attend the class of our supervisor and also go for different campaigns like polio, dengue etc. We feel pressurize because of the workload". Other LHWs also highlight this demand as Rida said, "government should increase LHWs to improve awareness in people. In my area I have only one colleague and we have to cover whole area of 249 houses. Sometimes I stuck in our other duties of vaccinations and polio campaigns and skip fieldwork. We try to manage but it is difficult".

4.6.2.1 Availability of contraceptive methods

Health provider informants claims that services and facilities are not available when needed as the doctor Fawad said, "these services are rarely found in rural and slum areas where they are highly needed. Maybe due to transportation, ambulances and other mobile units because these services are unable in these areas. Shortage of contraceptive methods is another factor which become a cause of not using contraception. Rural and slum areas are highly populated, mobile unit approach them, but they do not have enough stock of methods. Now government should focus on these mistakes timely". Health provider informant Sajada laughed on asking about challenges as she said, "we have to face problem when the stock of these method get delayed like today is 12th of this month and we are still waiting for stock of

condoms, how can we go for fieldwork when we do not have methods. Government allot six condom per couple and this number of condoms is decided by government after a survey which could be anyway justified but now who will take responsibility of this delay? Still we are handling this situation by referring our clients to FWC and advise them to control". The LHW Rida said, "when we get stock, we distribute it in our assigned areas but of course there are some people whom I could not reach due to insufficient stock. These people usually say to me sister you have not provide methods to me this month on which I reply that I have distributed whole stock, now you can get it from FWC".

The doctor Fawad also pointed out that people are careless too as he said, "improper and irregular use of contraception is another factor, people skip medicines or forget to take injection after three months or people do not have proper and complete information on usage of these family planning methods which leads to high rate of pregnancy in these areas". Rida agrees with the fact mentioned by Fawad and said, "sometimes ladies start using pills or injections to have gap between kids but due to irregular use of these methods they get pregnant. After this unanticipated pregnancy the start blaming family planning methods instead of admitting their own mistake". As the client informant Shahida mentioned that due to irregular use of contraceptive methods she got unexpected and regretful pregnancy as she said, "I regret on quitting injection because I got pregnant after that but what can I do now this was written in my fate".

4.6.2.2 More focused on pregnant ladies

Majority of LHW admit that they focus mainly on pregnant ladies as Suraiya said, "we visit each house monthly, especially the house with pregnant ladies are more often visited by us and those who have new babies". The LHW Rukaiya said, "we have to bring pregnant ladies to hospital for checkups and treatments, from their fifth month we start taking more care of them. Hospital allot a registration card for the pregnant lady which help them in enjoying free treatment including lab tests, medicine and consultation". The LHW Anmol said, "we work twenty days in field and rest of days in hospital to guide and help our clients in treatments. We

have to look after pregnant ladies whole nine months". She also said that, "a couple of years ago, we refer everyone either it is a pregnant lady or our regular client, to hospital or FWCs, but now we have to bring them with us to hospital for treatment".

Government have modified rules of health departments mentioned by majority of health providers as doctor Fawad said, "to stimulate the LHW, government have applied some rules on them to show their performance i.e. they have to bring minimum two pregnant ladies to hospital using ambulance of the hospital. This is necessary for them now to show their performance, it will force them to do fieldwork and scan their respected areas to search pregnancy. This step is taken only to activate these LHW". Rukaiya, the LHW also shared this information as she said, "every month we have to cover whole of our assigned area and bring pregnancies to hospital. When we do not show enough numbers of pregnant ladies then authorities ask to increase the number of pregnancies. So, everything is going side by side".

Health providers point out that LHW are confuse about their duties and responsibilities as the FWW Shagufta said, "LHWs are now assigned to bring two pregnancy case to FWC or any government hospital, but it did not mean that LHW start motivating people to have more kids. They should understand their duties is not to encourage people but to find out at least two cases either newly married or in anyways and to guide these clients to come for detailed free treatment at government hospital".

4.6.2.3 Unprofessional staff

Health providers do not show professional attitude according to doctor Fawad, "health providers prefer to work in urban areas rather than rural areas because of traveling to reach their jobs that's why rural areas in Pakistan mostly lack trained and qualified health professionals. Another factor of mentioned by health provider informants for lesser use of contraceptive methods is that LHW are not loyal to their duties. LHW are main actors in this family planning campaigns because they are responsible of public education but these LHW

did not go for fieldwork". This point was raised by majority of clients repeatedly as Samina, the client informant said, "LHW never visited our area but only come at the time of delivery or during polio campaigns. They never educated us about family planning or its methods". The client informant Jazz also mentioned that, "LHWs visit monthly or when someone in her area is pregnant or during polio campaign". Whereas, the LHW Rukaiya said, "we have to visit each house monthly, but sometime due to pressure of hospital work we skip fieldwork then when we visit our community the people use to say sister you are coming after long time".

The doctor Tehreem share her feeling about the work of these LHW and said, "fifty percent of people visit this FWC come on their own, without any reference. They get to know about these services from their areas or neighbor who used any method, share information with others, but people do not mention that they get information from any LHW. LHWs are not loyal with their jobs, we want them to answer themselves what they are doing for this department". She also added, "Sometimes these LHW stand at the entrance of hospital and observe people if anyone coming towards FWC then bring them to the center and pretend that they are their own clients and they add that people in their performance. I remind these LHW that you are responsible for the area where you live, these are not your clients because if something bad happen with these random clients you cannot keep follow up. These factors are responsible for spreading bad information about FWC and make people more resistant".

Fieldwork is not an easy task as the FWW Shagufta highlighted the challenges during fieldwork as she said, "fieldwork is a difficult task, the LHW who are responsible for fieldwork have to face rejection of public. The success of fieldwork depends totally upon the mood of public as if people allows our worker to speak then they can convey the message to them. I cannot say this is totally the fault of our community because their attitude is due to high crime rate of Pakistan. Public is afraid of these crimes and totally avoid communications with strangers".

Tehreem, the doctor explains lack of trust among people for LHW by saying, “see when you are spending your time on someone it will not free of cost, same is the case with LHW and public. It totally depend on the need or satisfaction of these workers as if you are bringing a client with you and the client gives you something in return to thank or to appreciate you, it depend upon you to accept or to refuse that…these worker should reply client that your satisfaction is all we need but here these worker are not like that, they stray away immediately”. Health providers also consider that the salary of LHW is too low which may discourage them in their performance as Fawad also highlighted that, “LHW sell the contraceptive methods which the get free from government only to earn money” and the reason is low salary as he said, “low wages to LHWs demotivates them and other staff members do their duties with loyalty. Government should increase their pays which will make this job more attractive”.

According to Kiran, the staff member, “LHW are confuse about their responsibilities and majority of them are not loyal with their duties because no one is there to keep eye on them they are not bound to answer anyone. They just update their records and complete their paper work to show to their departments”. This attitude of LHW makes people doubtful about them as the FWW Shagufta said, “people prefer to come alone rather than coming with LHWs as they thought that these LHWs is doing this for any kind of profit or maybe these LHW fool them by guiding them wrong. The thinking of our public has so much modified that they do not need any counselling now”. But almost all clients pointed out that LHWs provide incomplete information as the client informant Jazz said, “LHW visit our area monthly and tell us about pill and sterilization operation but they do not explain how to use it and they never tell us about any other method”, she even doesn’t know about condoms which is most common method. Samina, the client informant knows about pills, injections and sterilization operation and was afraid of using injections and pills due to bad experiences seen in her area.

Majority of LHWs talked about the workload of their job, they believe that this job is of 24 hours as Anmol said, “authorities put so much pressure on us, we are not only responsible for educated people about family planning but we are responsible for polio campaign, dengue

campaigns, awareness camps of child and maternal health, and vaccinations of other infectious diseases like pneumonia. We have to go into field to complete the task of every campaign which ultimately put pressure on us. We have to work in field for awareness and education of public and in hospitals for their guidance and assistance”. She added by saying, “LHW are doing extra duties as we ignore our families due to this job as our job is of multi-tasking”.

Health providers informants also mentioned that the education level of these LHW is low. They are not well qualified as Fawad said, “the LHW who are doing awareness campaign are not well qualified as they do not have proper degrees in this profession, government should appoint qualified LHW”. Tehreem said, “LHW are appoint through “Benazir income support programs” not appointed on merit”. The FWW Shagufta share her personal training experience and said, “to complete the training of senior staff, we have to fulfil certain criteria to show our experience and practice. We have to complete certain number of delivery cases like I have to practice 26 cases in last semester to show my performance, but I have not done a single case for practice and make a fake list of client’s names and get signed from hospital doctors”, she was laughing while telling me this.

After analyzing all factors discussed under this theme of services and facilities, it can be concluded that unawareness is due to lack of access to FWC or to any kind of health care centers in rural areas because these centers are far away from villages, available mostly in city areas. Contraceptive methods are unavailable or run out of stock on time, people don not get these services of methods when needed. Another factor noticed in this section is that majority of informant evident that LHW skip filed work which is the main cause of unawareness. LHW must deal with the moods of public which influence their duties. Not only unawareness and inaccessibility are accountable for current situation, but people are lazy too, they do not practice according to instructions completely. But on other hand, the reaction of public is due to incomplete information from sources. This inadequate information is the result of low education level and poor training of LHW who are on duty. Sometimes as LHW are spending their time on public in return they expect some sort of reward from clients. Another factor of

poor implementation is the workload on LHW as they are assigned with variety of work in this department not only public education.

4.6.3 Constraint in family planning services

Challenges came in the way of innovation to be accepted widely. Family planning services are one of that innovation which had faced less acceptability in start but progresses slowly. It can be seen by the rate of fertility in Pakistan which is still high, apart from the fact that these services started in early years after independence. To achieve sustainable development goals of Pakistan for the improvement of health and well-being, it is still crucial to make people use family planning methods (Aslam et al 2016) as family planning is an effective method to improve health and well-being of mother and child to reduce maternal and prenatal mortality rate (Malik et al 2015). This section focusses on those challenges which have overcome and those which are still a challenge in implementation.

The average kids per family mentioned by LHW informants and other health provider informants was four to five which they believe is a controlled ratio as the LHW Rukaiya said, “my community is following the message of family planning. On average each family have five to six kids, this average is less than when I start family planning awareness in my area”. The LHW Rida said, “In my area people have three to four kids per family. I am working in my area from last twenty years, now my community is much improved. In beginning people do have eleven twelve kids but now no one have ten kids”. While the staff Kiran feels that, “now a day’s people on average have five kids per family which is still too high, we need to take more steps to control this average and bring it to not more than two”.

Health provider believe that public is responsible for success and failure of anything either it is a campaign or any kind of service as the LHW Anmol said, “people some time become resistant during polio campaign, but they never react against family planning. This is due to knowledge and education about respected service. So, when people resist again any

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service which is needed by human then we take help of police to convince people". Whereas, FWW Shagufta said, "in the beginning of this department people of villages banned our entry, we were not allowed to go there and if we enter in that village then people throw stone on us. Then family planning department have engaged Islamic scholar with them, so people take our message seriously because the only reason of resistance was religion according to these people. Now Islamic scholars highlighted those point written in Quran which emphasis on precaution and avoid abortions. Abortion is a sin as it is equal to murder. We make them understand now that it is better to control rather than selecting a sinful ac. After the involvement of Islamic scholars, we have noticed drastic change but still we have a lot to do".

LHW claims that management at government hospital is affecting the relationship of them with their clients as the LHW has Rida point out carelessness of hospital staff as she said, "authorities and staff ate not working well and government is responsible for this situation. Hospital staff do not pay attention to our clients which affects our relationship with our clients. We convince our clients to get treated from government hospital, but hospital staff destroy their impression on them". Suraiya, the LHW also share her experience at hospital as she said, "we have to face rejection not only from public but also from authorities which is very sad. We put a lot of effort to convince people but all efforts of our get zero when hospital do not provide facilities to our clients. Once I bring my patient for delivery at 2 am, unfortunately the lady had a dead baby. On that the doctor say to my client that you should went to any private hospital, why you came to government hospital with this LHW maybe you can have different results. This news was spread all over in my area like fire and you can understand what had happened".

Another challenge faced by LHW is transportation system as Almost all LHW informants whom I interviewed mentioned about the poor performance of ambulance system at government hospitals as the LHW Suraiya said, "government have make ambulance use compulsory for us to use this to bring clients of pregnancy but when we call ambulance either they do not pick our calls or if they received our call they will not come while saying ambulance

is out of order". The LHW Rida also agree with Suraiya and said, "by heart we do not want the rule of calling ambulance because it affects our performance instead of making our job more attractive".

Another major challenge pointed out by LHW as Anmol said, "at government hospital there are two days fix for caesarean operation i.e. Tuesday and Thursday and rest of days are for checkups only and if someone come on other days then they are referred to private hospitals. It became difficult for us to convince those clients who cannot afford and unable to give the expenses of private hospital".

This section needs to the conclusion that birth ratio is still high i.e. four to five children per couple in the targeted area and LHW had face challenges during implementation of family planning services. The success of family planning services totally depends upon public acceptance, but people were resistant in the beginning. The main reason for rejecting these services was religion. This department seek help from Islamic scholar which raise the awareness among people that according to Islam, precautions are better than immoral acts like abortions which is equal to a murder. After including Islamic scholars and authentic references from Islam, acceptability of these services increases drastically. Other challenges were inefficient ambulance services for patients, obligation on LHW to use these disorganized ambulance service, ignorance faced by patients from hospital staff, and poor treatment which affects the trust of client and LHW.

4.6.4 Current situation of services/facilities

The current situation of Pakistan is doubtful to achieve health goals although Pakistan is still considered as a main country who supply family planning methods. The consumption rate of contraception in Pakistan is low which lead to the requirement of intense efforts to consume all available resources for family planning promotion by public, private and non-

government organizations (Azmat et al 2018). This section will help in analyzing the progression in family planning services of Pakistan

Health provider informants either LHW or other health professionals admitted the progression of this department, from the day when it became functional till now. Shagufta, the FWW said, “I am working from seventeen years in this department, in start the client ratio was high but now government is focusing to make FWC available at tehsil level-the area far away from cities. People prefer to visit their nearby FWC rather than travel all the way to cities. Now pressure of is less than before”. While the LHW Anmol said, “government of Pakistan have spent a lot in this department just to make people capable enough to differentiate between good and bad for themselves. All kind of facilities are available in government hospitals and FWC, from lab test to routine checkups, ultrasounds to operations, all these services are free of cost. Caesarean operation is offer free but only on two days of a week. Doctors are available in hospitals and LHW are present all the time to take special care of pregnant ladies by making them aware about their health”. Rida talked about modern contraceptive methods available in Pakistan as she said, “Pakistani government is bringing every new or old facilities for people to use and control birth. Now government has introduced Norplant method which is available at FWCs”.

Government of Pakistan are focusing on launching new campaign technique to make people aware of these- service as FWW Shagufta said, “mobile service has been introduced a couple of month ago with a target to raise awareness among people who live far away in villages and also now government have building some education cells within educational institutes and lastly they are arranging free camps for these people live in village to make them aware of these facilities”. She also added that, “male workers are now hired at FWC for male clients because in Pakistan male to female conversation looks odd for community”. Suriaya continued in the same way and said, “public are willing to use family planning methods without putting so much effort in convincing them. If I compare current situation with where we started,

we can notice drastic changes as 98% people use temporary methods but still, we have to improve ourselves “.

The conclusion after analyzing the data related to progression of family planning services is that government of Pakistan is putting efforts in making the message of family planning department common. Government is constructing FWC at tehsil level for those people who cannot come to city or to make people aware of these services. This step also facilitates health providers by reducing the client pressure on them. Government is also bringing modern contraceptive method at FWC and offering all facilities free of cost to motivate people on consumption. Lastly, government has started mobile services, education cells within educational institutes, and awareness camps in the areas far away from cities with an intention to increase awareness.

4.6.5 Blame game

Everyone whom I interviewed has different opinion about current population situation in Pakistan, client’s informants blame themselves mostly while some providers informants blame government and few blame people. The FWW Shagufta said, “public is mainly responsible for the current situation because health providers are available in FWC or in government hospital to provide best treatment and all other services, but we cannot provide these services forcefully unless people are not convinced. Just imagine if these department would not be working as they are now, what would be the situation of Pakistan? Alhumdulillah (thanks Almighty) that situation is not that bad, and rest will be controlled InshAllah”. She also pointed out mistakes of government and said, “if I assume myself as a common person not a health provider then I do not find any reason to stop natural processes by using these contraceptives. So, I think that government is also responsible because the know better than public. Family planning is a continuous motivational process, government should focus on counselling of people in anyways whether we have a threat-to become most populated country or no threat”.

Health provider informant Sajda feels in the same way as the FWW Shagufta did that government is responsible for current situation as sajda said, “government is mainly responsible because the government in not doing their work on time as like this month the stock of contraceptive methods get delayed, transportation is poor. People who live in far away from cities feels difficult to travel due to poor condition of public transportation”. She also added that, “if public get all facilities with ease then why not they follow our message”.

The LHW Suraiya showed optimistic reaction on my question and said, “everyone is responsible, I am fulfilling my duty with honesty but those who are not loyal and did not show honesty in their jobs are responsible e.g. those who do not attend calls for ambulance and those who put us in red zone when we use public transport to bring our client to hospital”. The LHW Rida said, “government is responsible because they do not cooperate with us and do not assure quality treatments. people do not prefer government hospital due to their treatments as people do not trust government hospitals. If somehow, we convince people to use these methods from government hospital then if people came for treatment then due to unprofessional health providers the method would not properly implanted. Government should overcome these challenges”.

On other hand clients blames themselves as Jazz said, “I myself is responsible for my current situation and the reason is unawareness and illiteracy. Government has provided all facilities and services for us, but the only problem is education and lack of knowledge about our rights and facilities”. Samina my client informant replies to me differently and said, “no one is responsible but only my husband is, I have no complaints against any department but only from my husband. The reason is he did not support me ever in any decision of mine, I only regret my relationship”.

After analyzing this part, I have reach to the conclusion that everyone was putting blame on someone else while showing themselves loyal with this department. Clients informant mainly blame themselves because they believe that illiteracy was a big obstacle for them. On other hand some provider informants blame clients on not using contraception but also at the same time they blame authorities. Unavailability of methods, poor ambulance system, poor transportation, lack of access to FWC, poor treatment at hospitals, all these factors influence people to go for private treatment rather than selecting government health care centers.

4.6.6 Recommendations for improvement

Majority of informants whom I interviewed agrees that awareness is the only key to solve all problems of current situation as the FWW Shagufta said, “these services could be improved when this message reaches to every door of this country because there are many areas in Pakistan which lack these services. Government is lacking something in these services and facilities, now government have started mobile units for remote areas to reach those people and provide them services and make them aware of their rights and facilities”. The LHW Sajda also second that door to door campaign is necessary to make people aware of these services and facilities as she said, “to make people aware of this department, fieldwork is must to give awareness at every door. Government should start building FWC within villages to get rid of travelling tension. They should appoint responsible and well qualified staff who can do fieldwork, reaches every door in village to make them aware of these methods. They should also arrange free awareness camps or lectures in these remote areas every fifteen days. By doing these small efforts, government will notice results and become able to control population”.

The LHW Rida said, “this message should be reach to every single layman along with complete information about facilities and services. This will help in gaining trust of people on this department that we are doing efforts only for them that they will have a better life ahead”.

She added that, “government should cooperate with us, admire our service and give our pays on time which will motivate us, and we thank government”.

The conclusion which strike my mind is that almost all health providers whom I interviewed, focus on door to door campaign to make people aware and educated about these services. When people become aware by receiving complete information about what, how, where, how much, then they will get agree.

5 Discussion

In former chapter, the results were analyzed based on Rogers diffusion of innovation theory which identifies various hindering and motivating socio-demographic factors that affect the uptake of family planning methods. The hindering factors includes: lack of knowledge, incomplete information about services, male dominant society, family and social pressure, stigmas related with family planning methods, cultural believes leading to reprehensible feelings, religion and religious misconception, lack of access to service in rural community, unprofessional and disloyal staff, and poor treatment and services at government institutes. The motivating factor which stimulate people to use these services were economic pressure leads to depression, unintended pregnancies, personal choices, and when health is getting affected. Literature of similar studies also supported the results of current study and show similar findings.

After analyzing the results, it has been found that these socio-demographic factors which affects the uptake of family planning services are bit complex and very much interrelated. Mostly, these factors have an impact on one another which makes it difficult to isolate them into subcategories and therefore this chapter should be read as whole. As all the evaluated factors are affecting family planning services equally so intervention for only one factor would not be enough for improved implementation but those interventions that will be address all

factors collectively would be more appropriate. These interventions will help and enable implementation of family planning services more efficiently.

This chapter will focus and discuss the results of current study within the framework of literature from other similar studies. The first segment of this chapter will be focused on the challenges in the uptake of family planning services in rural area of Punjab Pakistan. Proceeding to next section which will highlight the theory on the diffusion of interventions heading toward the strategies section which will suggest ideas for increasing the uptake of family planning services in rural area of Punjab Pakistan in relation with the theory.

5.1 Challenges in the uptake of family planning services

The aim of this study was to identifies those factors which public and health providers explains as the reasons for not using contraception. This section will be focus on those factors that are identified as barrier in the uptake of family planning services. Evidences from other related studies will also be included for each challenge which helps in discussing and comparing the factors more authentically.

5.1.1 Knowledge, education, and awareness

Literature witness that the issue of illiteracy has been persistent from years in Pakistan. The most prominent challenge found during this study was lack or low level of general education, not only among the people of rural community but also among health care worker especially those who are linked with education and awareness of family planning services. Studies from different region of Pakistan had exposed illiteracy as one of the reasons for not using contraception. Mustafa, Afreen and Hashmi 2008 and Malik et al 2015 studied Contraceptive Knowledge, Attitude and Practice (CKAP) among women belong to remote areas of Pakistan. These studies were conducted in different periods at government medical setups where usually poor people who are mostly uneducated came for medical treatment. Both studies discovered that illiteracy snags endure in Pakistan from years and the situation is worse

in rural regions. Illiteracy among women became a barrier to the knowledge of contraception. In current study, majority of the client informants were completely illiterate which makes them unable to earn decently. Most of them belongs to labor community that earn on daily wages and are always worried about their basic needs. Having big families and no proper source of income, compels them to prefer child labor rather than send their kids to school for education. The informants of this study have big regret on being uneducated whole of their life and their kids are also following their footsteps which makes them feel more worse about themselves.

Majority of client informants of current study associate illiteracy with unawareness of their rights and services offered for them by government. Knowledge and awareness are the elements which ease individuals in the selection of appropriate contraception. The study from Rahim Yar Khan (Malik et al 2015) highlighted the gap between awareness and practice of family planning services. This study reveals that knowledge of instant contraceptive methods were still low among women of remote areas as majority of them were aware of traditional contraception i.e. sterilization operation. Lack of complete information about family planning services is the reason concluded in the study for nonuse of contraception. As majority of the client informants of current study were also uneducated and blame illiteracy for their unawareness. Most of them were aware of only traditional contraceptive methods i.e. injectable contraception and sterilization operation. They client informants do not keep regular use of injectable contraceptive method and prefer to use sterilization operation only after completing their families. Majority of client informant were unaware of other modern contraceptive methods like condoms, pills copper-t which make them restricted and afraid of traditional methods.

Another study by (Memon, Hamid og Kumar 2017) emphasis complete edification about services which play worthy part in deciding which and when contraception method should be used. The rate of contraception consumption is higher among educated couples rather than uneducated one, which show the worth of education. According to Malik et al (2015), the current rate of contraception consumption is higher among educated and working

woman than those who are illiterate and belongs to labor community. This finding of Malik was also verified by current study as I have also found that educated people have small families as compare to illiterate people. Majority of the client informants of current study lack complete information about modern contraception methods and were not allowed to use traditional contraception. They regret on being not completely informed on time due to limited resource and burden of big family. The source of information and awareness of these village women mentioned by (Malik et al 2015) was mainly relatives and friends and then health workers. Almost all the client informants of the current study pointed out that they have never met any health professional related to family planning department. They got late and incomplete information about contraception from their family and neighbors and they visit FWC afterwards.

The level of general education is low not only among public but also in health providers, especially those health workers who are mainly responsible for public education and awareness. As literature showed that literacy rate is lower in Pakistan and the current study witness that these workers were appointed not on merit but hired through "benazir income program". During interviews of these LHW, I noticed that they feel difficulty in understanding the questions and writing their names especially in English. Doctors whom I interviewed, mentioned that majority of these LHW were confused about their actual duty and blame authorities and public for current situation. This is mainly due to lack of education as these workers are not well qualified and trained for this job because they do not understand the real theme of family planning department. This is the reason which affects the efficiency of this department but when I asked LHW about education and awareness of family planning methods among their respected areas, majority of them replied that everyone is using contraception in their area and the keep their records monthly, but the picture of client informants show different scenario. This inconsistency creates an alarming situation as if the health worker who are responsible for education of public are not eligible for this job than it is impossible for authorities to make these services more effective.

5.1.2 Rural or slum people

Technology and advancement take a while to reach remote areas of any country as a study by (Aslam et al 2016) demonstrates the educational gap between urban and rural setting of Pakistan. According to him, disparity gap of services and facilities is present among urban and rural region which is a drawback for rural people. This limited access for rural community to services dragging them towards more illiteracy and health related issues. The current study was also conducted in rural area of Punjab Pakistan which illustrate this reality that people do not have proper access to facilities either it is related to education, health or any other service offered from authorities. Most of the client informants and some provider also mention that the people who lived in rural region of Pakistan are still suffering. They have to travel long distance to get access and benefit from facilities, but daily travelling resists them to attain these services especially schooling of children. People feel afraid in sending their kids far to school daily due to unorganized transportation system.

According to Pakistan Demographic and Health Survey (PDHS) 2013, the consumption rate of contraception is much lower in remote areas of Pakistan than overall usage in the country. This highlighted that location where people resident is worthy in Pakistan as more facilities are available in urban region rather than rural areas (Pasha et al 2015). The informants of current study have mentioned that majority of rural community are unaware of facilities and services due to lack of easy access and this unawareness make them a nonuser of these services. A study by (S. A. Ali 2017) highlighted that unintended pregnancies are highly observed among those women whose husband were less educated and may not be aware contraceptive methods. It is seen that these less educated men prefer large families which how the need of counselling related to the risks of having big size family and comparing that with the risk which might occur due to consumption of family planning services. The current study demonstrate that villagers usually have big illiterate families and belong to lower class of society. The current study demonstrates that low education level makes these people less understanding and unavailability of services add more odd and rigid reaction from these rural people.

According to (Malik et al 2015), the contraception consumption is directly associated with illiteracy and poverty as the relation of low Contraceptive Prevalence Rate CPR with these is well-known. The current study also reveals that limited resources with large family and no proper source of income consequently leads to economic pressure and end with depression. These circumstances compel the villagers to prefer child labor to fulfil the basic need of their big families. All these factors stimulate villagers for migration to city area in a hope to get more opportunities and better living. A study by (Aslam et al 2016) also pointed out these stimulating factors and concluded that socio-economic status is also responsible for nonuse of family planning services as the unmet need of contraception is more prevalent among migrants, urban slum and refugees. The internal migration is leading to a shift for Pakistan i.e. from agrarian society to industrialized one due to less earning opportunities available for rural people in remote areas. Villagers shift their livelihood in a hope for better economic condition ultimately swelling urban population.

A study by (Azmat et al 2015) highlights that contraception consumption could be enhanced by providing female easy access to improved quality and economical family planning services which is current unavailable for them in rural areas of Pakistan. The client informant of current study also pointed out that access to these services could paint the current picture of their lives with different colors.

5.1.3 Male dominance, family and social pressure

Not only awareness and access to family planning services is related with the practice of contraception but some other factors also interfere with the consumption rate of contraception. A study by (Malik et al 2015) highlighted those factors which act as a barrier in consuming contraception. These factors include; a wish to have big family, pressure of husband, desire to have a son, religious concerns and afraid of having side effects from family planning methods. These factors reflect culture, history and male dominance of a society and pointed out that these are the major obstacle in the implementation of family planning services. These factors are also noticed in the current study as majority of client informants were aware

of at least traditional family planning methods but were unable to use them due to either their husband and family pressure or due to religious and fear stigmas related with contraceptive methods.

Majority of the client informant of the current study witnessed that husband pressure was the main reason for not using contraceptive methods which clears the male dominance of Pakistani society. Client informants of current study also explain the reason of this kind of male's reaction and mention that majority of male link consumption of contraception with religion and reject to use them by tagging it a sinful act. A study by (Khan et al 2015) indicates the negative reaction of husband towards family planning method even after being aware and having access to these services women are not allowed to use these methods. This shows the culture and status of women in remote areas of Pakistan where women always prefer her husband point of views over her own because she is afraid of divorce. In this current study it is noticed that client informant always prefers their husband's opinion even after ruining their lives by producing a large family which they cannot afford. Husband never encourages his wife on using family planning methods as the current study highlighted that the major obstacle while implementing of family planning services is to convince male of rural and slum areas. The current study pointed out the reason of this obstacle which is the communication gap between LHW female and male clients due to conservative male dominant society where family planning is very personal topic and is not allowed to discuss openly. A study by S.A. Ali (2017) suggested to involve couples during counselling, especially males should be included in counselling sessions. This may facilitate authorities to overcome barriers. Males should be encouraged to have communication on family planning topic with their partners to avoid unintended pregnancies.

This current study also reveals that the women in rural areas are restricted and dependent to their guardian either it is her father, brother or her husband. Women of remote areas are not able to take any kind of decision even for herself and when it comes to family planning, she need a support from her family in law either from her husband or his mother. A

study by Khan et al (2015) have thrown light on fact that it is not only the husband pressure on female, but they have to take care of whole family of her husband. The study reveals that in rural areas of Pakistan, the opposition of mother in law is another negative factor which hinders the consumption of family planning methods but this factor less effect than husband pressure. In current study, opposite claim was received from both targeted group on the factor of family pressure. The health provider informants of my study believe that family pressurizes the couple to have more kids especially mother of males. These informants also mentioned that to convince a couple on family planning is more convenient than a family because old ladies mostly resist family planning services. The picture was painted differently from client informants of this study as they witness that the major encouragement, they received was from their mother in law to use contraceptive methods because the want to prevent their next generation from the hardship which they already have experienced. A study by Memon, Hamid and Kumar (2017) highlighted husband and his mother do play an important role in decision making process of consuming family planning services, but study shows that now mother in law is an influential person who encourage the consumption of contraception positively and motivates to practice family planning methods.

Another reason of not using family planning methods highlighted in current study was the pressure of family and society to have a baby boy to gain respect and value in society. According to study of Malik et al (2015) every couple wish to have a baby boy due to the status which have given to males in the society. Females also feel safe and honorable in their in laws family after becoming a mother to a baby boy. This conservative male dominant society is becoming a hurdle in consumption of contraception. The current study also witness that women want to become mother of a son more rather than mother to a daughter. Not only clients mention this, but providers also consider this as a hindering factor. A study (Winkvist and Akhtar 2000) also shows that women also prefer son as it could change their status within the marital family and it will be beneficial for them economically. Another study by (S. A. Ali 2017) illustrates that the wish has a baby boy is very common in Asian countries as woman herself feel secure after giving birth to a boy.

All these factors serve as obstacle in the consumption of contraception and mostly leads couple to have big families as results of this current study had shown. Majority of the people ultimately regret later due to financial condition or when it comes to women health. The study show that all these regrets encourages females to adopt the way of immoral acts like abortions.

5.1.4 Tradition, traditional beliefs and religion

Every region of the world is following certain beliefs, norms and values which varies from country to country and within the country as well. Traditions and cultural beliefs are the worthy pillars in decision making related to the consumption of contraception (Malik et al 2015). Pakistan is an Islamic state where majority of the people are the followers of Islam. It is a religion which teaches humanity and the ways of living but mostly people link misconceptions with the teachings of Islam (Memon, Hamid and Kumar 2017). Certain features were explained by (Malik et al 2015) related to Pakistani society that demotivate the consumption of contraception, one of them is religion. People believe that interfering with natural phenomena is a sinful act and they would be punished afterwards. As in current study people use Islam as one of the reasons of not using contraception while saying it is prohibited and consider a sinful act in Islam. This reason was supported by (Malik et al 2015) as he identifies that the decision of contraceptive consumption is also linked with religion. The highest rate of condemnation to use contraception was observed among Muslims. According to his study it is necessary to attach religious scholars with family planning department to address all the delusions by acknowledging the fact that it is not a sinful act but is more beneficial for people. In current study, religion was pointed out many times by both targeted groups i.e. health providers and clients, as the reason of not using contraception. Almost every client informants of this study raised this point as a reason for not using contraception either due to their own belief of being Muslim or their husband's belief. Although provider informants felt a revolution in reactions of public after the collaboration of Islamic scholar and family planning department.

People of rural areas are not well educated as discussed above which makes them more conservative and backwards. The current study also pointed out that villagers take family planning as a matter of shame. They hesitate to discuss this theme in their society, even females never had this kind of any discussion. According to the informants of this study, villagers of current study thought that the people who use and promote these methods are filthy and restrict the entry of these people to their home. the client informants mentioned that, females do not share this topic with their in laws family especially with the mother in law. According to (Memon, Hamid and Kumar 2017) the right to discuss family planning openly at FWC in privacy should be given to everyone. The provision of privacy will help in gaining the trust as they feel secure without feeling sinful or regretted. The current study also highlighted that rural people relate stigmas with family planning methods that if they use, they will never have babies again and this is due to lack of education in remote areas. But now the informants from provider groups mentioned that in early time people consider it a shameful act but with time, education, awareness and access, people have start acknowledging family planning services as compared to early time.

The society of Pakistan is conservative which suppresses the voice of females and do not allow them to speak up for even themselves. Females are totally dependent on males in every aspect of life which makes male to feel superior and consider female as a burden on them. As (Memon, Hamid and Kumar 2017) demonstrate that in Pakistani culture females after marriage have to move in to their husband home in a joint family system where decisions are taken by elders rather than young couples. Childhood marriages were also witnessed in this current study which is also one of the most prominent cause of high rate of pregnancies. A study by (S. A. Ali 2017) suggested that female should get married in late age which will lower the risk of unintended pregnancies. This will also women become capable enough to take decision for herself at the time of marriage and get less influenced by her husband. The current study had shown this aspect as the client informants were married in early years of their life and show the same picture which has been discussed before while on other hand the providers especially who were well qualified got married after completing their education which makes them capable enough to speak at least for themselves. This fact shows the worth ok education

as an educated person can speak for themselves confidently without fearing other as compare to others.

Another aspect of Pakistani culture which has been noticed in literature as well as witnessed in the current study is that people have a strong desire to have a baby boy. It is neither the husband pressure nor from his mother, it is the woman herself who want to become a mother of a son. A study by (Winkvist og Akhtar 2000) demonstrate that after getting married in early years of age women feel that they have no self-control over their own life. Family of newly married couple expect to hear the new of conception while having poor access to contraception. women always prefer a son as their first kid because of social and economic pressure. The current study also shown these kinds of results where women herself prefer a baby boy.

The study by (Azmat et al 2015) reveals the factor required to enhance the rate of contraception consumption by rural people in Pakistan i.e. availability of quality services, must be cheap, positive perception about family planning, easy access to services, communication and discussion on this topic with partners, and permission from in laws. The current study illustrates that when female took initiative for themselves and speak up, they get what they want. Females always need a support from her in laws family either from her husband or from his mother. This study also showed that communication with partner is the key to take final decision on use or nonuse of these services.

5.1.5 Characteristics and implementation of services and facilities

After analyzing the results services and facilities, it can be concluded that unawareness is due to lack of access to FWC or to any kind of health care centers in rural areas because these centers are far away from villages, available mostly in city areas as discussed before. A study by (Memon, Hamid and Kumar 2017) highlighted that the consumption of contraception will increase when people have easy access to quality and cost-effective services which is not

present in rural areas of Pakistan. The transportation system in rural areas of Pakistan was not well organized as mentioned by informants of current study. Due to a smaller number of FWC and other health related center in remote areas, people are bound to use any kind of conveyance. Public prefer their own conveyance because of unorganized transportation system as witnessed by informant of this study. The ambulance system is also not up to mark as mention by health providers informant of this study. Government bound these LHW to use ambulance system for their patients but due to ineffective services of these ambulances as the drivers never attend calls mentioned by majority of health workers of the study. These LHW had to face various challenges like losing the trust of their patient, facing difficulty to bring pregnant ladies to FWC or hospital, their performance gets affected.

Poor treatment, mishandling, shortage and unavailability of contraception on time are some factors which hinder the consumption of family planning services. A study (S. A. Ali 2017) demonstrate that people who use family planning services in backward area showed high rate of unintended pregnancies rather than nonuse of contraception. High rate of unintended pregnancies is not linked with door to door awareness campaign, but it illustrates the poor quality of accessible contraceptive methods. Poor quality of contraception was noticed in current study as well because client informants had these kinds of experiences which leads them to unintended pregnancies. Some client informants were afraid of side effect of these contraceptive method as they heard many worse stories of family planning methods which illustrates the ignorance of health providers and poor treatment provided by hospital and staff. The study of (S. A. Ali 2017) highlighted that there is a need to develop family planning services by focusing on complete information for women and counselling of men. Improvement of quality of service is also desirable which includes provision of good quality family planning services and emergency of contraception.

Another study by (Aslam et al 2016) highlighted the input of authorities in this department as these government and non-governmental institutes have been introduced various reproductive health programs in Pakistan. But still the gap is still present between knowledge and practice as these facilities and services have not reached to the vulnerable groups. The

current study mentioned that unawareness and unapproachability are not only accountable for current situation, but people are lazy too, they do not practice according to instructions completely. Personal choice is another observed factor for not nonuse of contraception. A study by (S. A. Ali 2017) the rate of unintended pregnancies was high among those women who had knowledge of family planning services but were unable to use it. This is due to various reasons maybe they have; communication gap with their partner, incomplete information about methods, misconception about the side effects, or they feel difficulty in using family planning services. Due to these reason people resist to use family planning methods as noticed in this current study as well. The most prominent reason was the fear of having side effect from these methods which is due to incomplete information from sources.

5.1.6 Unprofessional Health workers

Quality services and effective communication between facilitators and consumers can make any service more attractive. According to (Memon, Hamid and Kumar 2017), the dealing of health workers with the clients is not rational as their behavior is not satisfactory to help seekers. These worker don not make any kind of relationship with their clients or welcome them nicely. These things drag the client away from FWC and their services because they did not trust or have confidence on this department. This was noticed in the result of current study that client informant did not share any kind of relationship with LHW as they never met any LHW in their life. They got information about family planning services from their family and friend as mention above. this show that these LHW skip filed work which become the main cause of unawareness. A study by (Mumtaz et al 2013) highlighted that fieldwork for awareness depend on locality as LHW more frequently visit their own “baradari” rather than “non-baradari” household and people are aware in those respected areas as compare to others.

According to (Mumtaz et al 2013), one factor of inconsistency of LHW in fieldwork is the restriction of gender mobility in conservative society of Pakistan as discussed in before as well. The society of Pakistan do not allow female to give communication with male especially in remote areas due of illiteracy in these communities. The current study raised another factor of skipping fieldwork i.e. insufficient staff on duty. These department did not have enough

staff which can cover this huge population as from the result of current study it can be concluded that number of LHW were less than demanded. Another point raised by the health providers informant of this study is that LHW are assigned with extra duties as they mentioned that they are assigned with not only awareness of family planning but also with polio dengue and other vaccination campaign. This show the workload on LHW which makes them unable to match the assign tasks. But some informant also witness in this study is that LHW skip fieldwork but to show their performance good they grab patients at the gate of hospital.

A study by (Memon, Hamid and Kumar 2017) explains that the result obtain is not inspiring despite of the efforts of family planning department. The reason for this was observed in current study that the consumption of family planning services is totally dependent on public. The health providers highlighted that LHW have to deal the with the mood of public whether they allow health worker or not for counselling. Next factor of not obtaining effective results is the educational status of health worker who are directly linked with the awareness of public. The study also highlighted the educational status of LHW which is low as discussed in former and is become a reason for incomplete information to the public. These LHW was not appointed on merit and have not completed their training as showed in results which make them confuse about their own duties. Another factor which might hinder the quality of service is that the wages of LHW not attractive which cannot stimulate them to do work as noticed in the study. The study also pointed out that sometimes LHW look for incentives from public for the time they spend on them. According to Memon, Hamid and Kumar (2017) monitoring the performance of these health worker must be ensure by a supervisor because they are uncertain and confused about their jobs. Careless attitude and strange behavior discourage clients for the consumption of services.

5.2 Theoretical perspective

The theory diffusion of innovation by Roger will be used to analyze the discussion of results in order to propose strategies to style family planning services more attractive and beneficial by improving the quality of current services. The Rogers theory of diffusion of

innovation is selected for this study because it has ability to propose strategies to speed up the awareness and implementation of preventive innovations (E. M. Rogers 2002). This section will discuss the attributes of the selected theory and propose appropriate strategies.

5.2.1 Attributes of Diffusion of innovation by Rogers

The definitions of diffusion and communication by Rogers is discussed before which helps in identifying the themes of results. The diffusion of innovation theory has four attributes i.e. innovation, communication channels, time, and social system. The following section will focus on these themes and compare it with the attributes of the diffusion of innovation theory which enable to formulate strategies for effective diffusion of selected innovation.

5.2.1.1 The Innovation

This term innovation is defined by (E. Rogers 2013) as “an idea, practice, or object that is perceived as new by an individual or other unit of adoption”. Innovation is about perceived newness of an ideas or information for an individual regardless the duration of its availability. Newness does not only mean newest information or methods, but it might be possible that people already have information but lack of motivation toward that innovation. The novelty of an innovation could be measure by the extend of its knowledge, persuasion or decision to adopt (E. Rogers 2013). According to Rogers, innovation consists of two components i.e. hardware aspects which includes physical and material object, and other component is software aspects which includes information related to physical objects (E. M. Rogers 2010). A preventive innovation is somewhat a software component which is related with information and awareness of new ideas which is needed to avoid some unwanted result of future. The adoption rate of preventive innovation is slow because it is hard to change the perceived knowledge of individuals related to certain innovation. Although the prevention is better and cheaper than treatment, but these preventive innovations need a push at one time to secure people from unwanted results. (E. M. Rogers 2002). According to the definition of preventive innovation, family planning services are design to avoid alarming situation and unwanted results in future. The high consumption of contraception in remote areas of Pakistan can prevent the country

from predicted results but spread of this preventive innovation is tough due to perceived knowledge about these services. It is difficult to explain relative advantages of this kind of innovation to potential adopter because that would appear in future.

The rate of adoption directly is directly related to five main attributes of the proposed innovation i.e. relative advantage, compatibility, complexity, trialability, and observability (E. M. Rogers 2010). Relative advantage is define as “a degree to which an innovation is perceived as better than the idea it supersedes”. From the prescribed definition, it is illustrated that the more people perceive innovation beneficial, more it will be adopted (E. M. Rogers 2010). The current study was conducted in remote areas of Punjab Pakistan where people were mostly illiterate and were less understanding. The family planning services to somewhat was an innovation for them as they did not have complete information about these services. The general belief of majority of population were that after consuming these family planning methods they could not have any baby again. Some were afraid to use these services due to bad incidence due to poor treatments. To bring revolution in the perception, values and belief of these people is a difficult task. To convince people on consumption of these preventive innovation, it is necessary to make these services compatible for them.

Compatibility is define as “the degree to which an innovation is perceived as being consistent with the existing values, past experiences, and needs of potential adopters”. This indicates that higher compatibility, higher would be the rate of adoption. a compatible innovation is usually corelate with less modification in attitudes and behavior which will enhance the rate of adoption of propose innovation (E. M. Rogers 2010). The family planning services as an innovation of this study is perceived contradictory to the values of potential users as Pakistan is an Islamic state. People assume family planning services as an act which is prohibited in Islam which makes them resistant towards this service. Other factors which act as barrier were; assuming the use of family planning methods as a shameful act, male dominance society and will to have baby boy. This factors mainly affects the consumption of

preventive innovation and should be address be seek help mainly from Islamic scholars to convince these rigid rural people.

Complexity is another attribute of an innovation which plays a role in adoption as Rogers defines “complexity is the degree to which an innovation is perceived as difficult to understand and use”. Lesser the complexity of an innovation, higher would be the rate of adoption. Making innovation easy to understand and use will improve its acceptance by potential users. (E. M. Rogers 2010). Family planning services might be assume a complex innovation by the people of remote areas which reduced its adoption rate. The reason of their assumption is incomplete information and lack of education which makes them less understanding. Trialability can help in promoting these innovations among communities as Rogers define “trialability is the degree to which an innovation may be experimented with on the limited basis”. Rate of adoption enhances with the high degree of trialability (E. M. Rogers 2010). Family planning services are consist of traditional as well as modern contraceptive method which offer the public to select according to the need and desire, but it is not easy to associate trialability as a character which can affect the rate of adoption unless people decide to adopt or not.

Another characteristic of an innovation is observability which is define by Rogers as “the degree to which the results of an innovation are visible to others”. Observability is directly proportional to rate of adoption as the visible consequences will encourage potential user to adopt the propose innovation. Bad experience and stories will hinder the adoption by other people (E. M. Rogers 2010). The family planning service in rural areas of Pakistan is not very much effective as discuss before. The rate of unintended pregnancies was higher due to incomplete information and failure of contraceptive methods. People communicates and share their experiences which motivate or demotivate other people.

From the characteristics of innovation, it can be concluded that rate of adoption will stimulates when an innovation has high degree of relative advantages, more compatible, open

for trialability, and positive observability with less degree of complexity. It can be Family planning services demonstrate complete information to public along with relative advantages and compatibility with less complexity can influence people for trialability and after positive observability the rate of innovation could increase.

5.2.1.2 The Communication Channel

Formerly the word communication is defined as the method which facilitates participants to exchange information and thoughts to achieve mutual understand on a point. The communication channel is the source which is used to convey that message, information and thought to other participants. According to Rogers diffusion is a specific form of communication which exchange newness and concerned with new ideas (E. Rogers 2013). For the diffusion of family planning services in remote areas of Pakistan, an effective communication channel is required which can reach everyone.

The process of diffusion is a cyclic process which consist of an innovation then a person who had experienced and who can judge the innovation, then another individual with zero knowledge about innovation and last requirement is a communication channel which connect source and receiver to each other. The most effective communication channels are mass media which includes newspaper, television, radio and the other source of communication is interpersonal channel which consist of face to face communication between two or more people. Interpersonal communication channel is the most effective mean of diffusion. Internet is the latest addition to these communication channel which is rapidly growing world wide (E. Rogers 2013). The government of Pakistan have adopted the most effective channel for communication of family planning services i.e. interpersonal communication between source which is LHW with receivers that is public. I have also selected interpersonal mean of communication for the collection of data of this thesis.

According to Rogers, the interpersonal communication could be more effective if it would be among similar individuals which have same attitudes, norms, language, education, belief, socioeconomic status. This type of interpersonal communication is known as homophily while heterophily communication which is between two different individuals are less effective (E. Rogers 2013). This could be possible in current study that in case of family planning services heterophilic communication was adopted which lower the implementation by unawareness of the understanding of public.

5.2.1.3 Time

The third aspect of diffusion is time which strengthen this theory of innovation as this aspect is ignored in other type of behavioral science. Time considered is from this information of innovation provided till the adoption of innovation as it depends upon three stages; innovation decision process, the innovativeness in adoption of innovation by individual of society, and the rate of adoption of innovation (E. M. Rogers 2010). The innovation decision process consists of five elements through which an individual pass through in time to take decision about the innovation i.e. knowledge of innovation, persuasion towards innovation either yes or no, decision to adopt or reject that innovation, implementation is the consumption of innovation and last is confirmation is the review given by adopter. This process of innovation decision can lead to either adoption of innovation or toward its rejection (E. M. Rogers 2003). Innovativeness and adoption are the time which is taken by individuals in order to analyze the newness of innovation and rate of adoption is the speed by which and innovation is adopted by members of a social system.

Family planning services is a preventive innovation whose adoption rate is slower than other. People of a social system took long time in innovation decision period as the rural community where the research work had completed lack complete knowledge about family planning services. Which shows that if a system lack proper and complete knowledge or information about innovation then the diffusion of that innovation will take time to reach adoption step.

5.2.1.4 A Social System

Rogers defines social system as “a set of interrelated units that are engaged in joint problem-solving to accomplish a common goal”. The members of a social system may include individuals, groups, Institutes, and other systems. Each member of a social system collaborates with each other in order to achieve a common goal (E. M. Rogers 2010). Diffusion of innovation occur within a society consisting of boundaries which show the space to which an innovation can be diffused. Four aspect of a social system which could affect the process of diffusion of an innovation and these area; the cultural effect on innovation, the responsibility of leaders and changing agents, the kind of innovation decision, and the outcomes of proposed innovation (E. M. Rogers 2003).

According to the explanation of the aspects of a social system for diffusion of innovation it can be concluded that family planning services has major cultural limitation which hinder the diffusion. These limitations restrict the performance of health providers which are responsible for education and awareness. When people lack the good quality and complete information it will decrease the rate of adoption within that social system.

5.3 Strategies to increase the uptake of family planning services

After analyzing the results of current study in comparison with the theory of diffusion of innovation, it is concluded that indeed preventive innovation required a push to enhance the rate of adoption to avoid predicted unwanted result in futures. Which illustrates that the rate of adoption of prevent innovation is slow (E. M. Rogers 2002). Strategies can be formulated after reviewing results and this section will focus on the measures which can help in improving the uptake of family planning services. Strategies propose by (E. M. Rogers 2002) are focused mainly and personal suggestions and recommendation are also included.

5.3.1 4.3.1 Strategies to change the perceived attributes towards family planning services

Complete knowledge and information about an innovation influence its rate of adoption. People get attracted towards the service which they feel beneficial, less complex and easily accessible but in case of preventive service things are not so easy. Preventive service id a kind of software which is an informative innovation and not tangible one (E. Rogers 2013). It is designed to avoid predicted unwanted consequences as discussed before. Family planning services is a preventive innovation which need a push to become common among public especially among the people of remote areas of Pakistan where people are mostly illiterate and poor as shown by the data. According to (Malik et al 2015), for the improving the level of understanding it is necessary to increase the level of education especially among females which will ultimately enhance the rate of contraception consumption. As Rogers mentioned that the first element of innovation-decision process is knowledge of innovation through proper and effective communication channel can lead to next element of this process i.e. persuasion. The current study shows that knowledge related to preventive innovation i.e. family planning was there but people lack complete information as they get knowledge through ineffective communication channel i.e. from their television, radio or from friend and family but not from health professionals. This type of incomplete knowledge is mostly inappropriate which make potential adopter afraid to take risk. Due to this, the process of innovation stops at first step and people skip from first level rather than moving towards second step of persuasion.

A strategy to make family planning services common among rural population was propose by (Mumtaz et al 2013). According to this study, door to door awareness campaign is needed to raise the level of education among these illiterate people of remote areas. This campaign needs high frequency of visitation by LHW and making sure the reach every house of assigned areas overcoming the mobility barrier for women. According to the study of (Pegu et al 2014), Educating female of the backward communities are worthy to make them aware and enable them to take good decisions for themselves.

The suggestion which strike my mind for this aspect is that complete information about a provided service is the key of success for the service. As people of the current study knows only about traditional methods of family planning which they feel is not what they want. The link misconceptions with these traditional methods because they are unaware of modern contraception. For the provision of complete information, it is necessary to select effective medium and source of communication. Interpersonal communication between trained health professionals and potential donner through door to door campaign would be effective to make people aware and educated about these services. complete information could make people eligible to take decision about these preventive innovations i.e. which, when, how, will help them.

5.3.2 Strategies for correction of misconception with the help of role models

An innovation is welcomed by public openly when it is not against their beliefs and attitudes as Rogers mentioned that more compatible the innovation, the higher would be its adoption (E. Rogers 2013). Pakistan is an Islamic state where people believe that family planning services is should not be use as interfering with natural phenomena is a sin and it is prohibited in Islam according to the study of (Malik et al 2015). In the current study, the main reason for rejecting these services was religion, people take it as a sinful act especially people who lived in remote areas and were mostly illiterate. The department of family planning of Pakistan had involve Islamic scholars with them to clear all misconception related with these services. These scholars clear that taking precautions are better than immoral acts like abortions which is equal to murder in Islam. After including Islamic scholars and authentic references from Islam, acceptability of these services increases drastically. But results of the current study highlighted this factor as the major reason for not using contraceptive methods.

Another misconception related to family planning service which found very common among the target group was the assumption that if they consume any kind of family planning method, thy can never have baby again. The fear of becoming infertile make women more resistant towards these services. According to my analysis, the people of rural community

requires details counselling on every aspect related to family planning services. As these people are mostly illiterate and less understanding they need special attention. Government should employ more well trained and well qualified LHW along with Islamic scholars as role model in these areas where people did not have easy access to these services and incomplete information is spoiling the credibility of this preventive innovation. These role models can inspire and motivate these less understanding people and stimulate them to adopt this preventive service.

5.3.3 Strategies to modify the norms and values related with family planning services of the rural society

The rate of adoption is stimulated when people can observe relative advantages of proposed innovation and especially when these innovations are not interfering with their routine life attitude and cultural values. But for betterment some innovations are formulated in order to avoid some unwanted consequences of future which are predicted (E. Rogers 2013). The society of Pakistan is male dominant society which is another factor which act as a barrier in consumption of contraceptive methods as discussed previously. Studies show that convincing a male on adoption of family planning service is the biggest challenge. According to (Khan et al 2015) husband and his family's opposition has strongest impact on women decisions and intentions to use contraception in Pakistan. Woman alone could not take decision especially after marriage. In my point of view the strategy for this situation should be that, it is necessary to include males as a part of counselling and motivating sessions by LHW and Islamic scholar during door to door campaign. According to (Malik et al 2015) Islamic scholar should fulfill their responsibility by making people aware and clear about various aspects regarding contraception. So, this strategy would overcome the conservativeness related to communication between opposite gender of rural society in Pakistan and will also target the main barrier of innovation. It is will also increase the confidence level of women to communicate on this topic with her spouse openly and have discussion which will help and enable them to decide the size of their family mutually.

Childhood marriage is another factor of unintended pregnancies and is the cause of low level of education. These early marriages should be discouraged as (Malik et al 2015) highlighted the worth of contraception consumption in teenage. People sometime are willing to have big families and some people thought family planning is a shameful act which makes them resistant towards contraception. On other hand, some women desire to have a son to gain respect in the society. These are various other factor which hinder the adoption of this preventive innovation. The strategy that strike my mind for these various cultural factors which are hindering the consumption is that the department of family planning should highlight relative advantages linked with the consumption of contraception. They should also point out the possible disadvantages i.e. deterioration of maternal health and economical pressure in-front of the potential adopter during the counselling sessions. Another aspect would be that facilitators could include the reference of peer groups who had experience of the innovation and recommend it to others because mostly people believe experiences rather than new information.

5.3.4 Strategies to improve the quality and access of family planning services

Lack of knowledge is not only factor which lowers the rate of contraceptive consumption, but physical access to service is also important. According to rogers if an innovation is difficult to understand or use then its adoption rate would be lower (E. Rogers 2013). As the current study was conducted in rural area of Punjab Pakistan where the access to these services was difficult which make them unaware about this innovation. According to (Sedgh and Hussain 2014) access to services in rural areas are not enough to meet the need of rapidly growing population while (Khan et al 2015) mentioned in her study physical access and knowledge about services is compulsory but it does not grantee the adoption if services. Remote areas of Pakistan lack knowledge and access which show lower rate of consumption not due to their personal choice but due to lack of awareness. Other challenges identify in current study were insufficient stock of contraceptive methods, disorganized ambulance service, ignorance of doctors and hospital staff, poor treatment and mishandling which leads to mistrust of client on LHW. According to (Memon, Hamid and Kumar 2017) population of Pakistan is rapidly

growing which is leading to shortage of facilities provided so it is important to priories services to avoid alarming situations.

According to my opinion, authorities should start focusing not only on LHW but on many other departments to make this service more attractive and approachable. Mainly government should improve the efficiency of each department e.g. the ambulance system should be as quick as it could be because it is directly linked with patients, if patient is critical and did not have any conveyance then who would be responsible for consequences. A supervisor should also appoint over LHW to keep check on their performance whether they are going for fieldwork or not. Wages of these LHW should be enough that it could motivate them and make them loyal to their jobs. Supply of contraceptive methods should be on time and enough quantity to fulfill the requirement of high population. Health provider and hospital staff should be hired on merit basis who are cable enough to provide good and quality services at government institutes.

5.3.5 Strategies to activates peer network for diffusion of Family planning services

Provision of good and quality services can help in gaining trust of public which will stimulate people for trialability to get view about services. If positive and good experience are observes it will become reference for others to adopt and get benefit from these services. The observability of these results will stimulates and encourage the people of a social system to adopt these services (E. Rogers 2013). According to Sedgh and Hussain (2014), the quality of services has ability to affect social and cultural aspects as if the program is cable enough to provide improved quality of services the it can enhance the rate of adoption. Providing women with education and economic opportunities can modifies the attitude of women and her family toward her. Whereas (Memon, Hamid and Kumar 2017) pointed out that the most important aspect other than access and knowledge is to maintain the motivation level of people on adoption of family planning services. To maintain the consumption rate, it is necessary to build relationship of LHW with clients to keep motivation high through regular counselling.

The possible strategies that strike my mind is that in government improve the quality of services in every aspect and monitors the efficiency of facilities could ensure the provision of quality services. These quality services stimulate people for trialability which will give them a chance to review these services, if they get good and quality result, they will recommend it further. This recommendation is worthy and mostly welcome by other people. Through observability people will get motivation and experience the service if they see more relative advantages in it.

6 Conclusion

Lack of knowledge, low level of education, and unawareness make rural or slum people less understanding and rigid. As these people live in unprivileged areas where they do not have access to services and facilities provided by government which results in low rate of contraception adoption. Other factors also act as barriers in up-taking of family planning methods which include incomplete information about family planning services, male dominance society, family and social pressure, culture, traditional beliefs, norms, personal choices and wish to have son to gain respect in society. On other hand, poor quality of services and facilities and unprofessional staff make people more resistant towards this innovation. People prefer private treatment rather than going to public facilities due to rude behavior and mishandling while treatment.

By reviewing all challenges and barrier in diffusion of the family planning services- a preventive innovation, several strategies were formulated from diffusion of innovation theory. These strategies can stimulate the adoption of this preventive innovation. These strategies include; changing perceived attitude about family planning services, presenting a role model to address all misconception about family planning methods, modifying the norms and values related with family planning services of the rural society by including Islamic scholar to teach public more authentically, by improving the quality of family planning service at public health facilities, focusing on training of staff to make them more professional, making easy access to

family planning services in remote areas of country and to activates peer network for diffusion of Family planning services. All these steps should be taken by government to improve the current situation of country and to avoid all alarming circumstances.

7 Suggestions for further research

Additional research is needed that can contribute to make decision making process more effective to overcome low adoption rate of contraception. This study should include married couple as target groups to analyze perception and reactions of not only females but males as well. Males should be includes in family planning studies for reviewing complete picture of situation. The analysis of staff performance and efficiency should also be study especially lady health workers because they are prime source of information for public which have ability to improve the consumption rate by their convincing and motivating abilities.

Further investigations should consider the evaluation of provided healthcare facilities and services at public hospital. It could be done by examining the hospitals and observing the behavior of health providers and staff at these centers. A comparison between private and public health care facility could elaborate the situation more effectively.

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9 Appendix 1: List of sites, interviewees, pseudonyms

Type of health facility	Category of interviewee	Pseudonyms and description
Family welfare clinic	Client- a housewife	Noreen- a mother of five kids
Family welfare clinic	Client- a housewife	Shahida- a mother of four kids
Hospital	Client- a housewife	Samina- a mother of six kids
Hospital	Lady health worker	Anmol
Hospital	Lady health worker	Rukaiya
Hospital	Lady health worker	Rida
Hospital	Lady health worker	Sajda
Family welfare clinic	Lady health worker	Suraiya
Family welfare clinic	Lady health worker	Naseem
Dispensary	Client- a labor	Jazz- mother of eleven kids
Dispensary	Doctor	Fawad
Family welfare clinic	Doctor	Tehreem
Family welfare clinic	Staff member	Kalsoom
Hospital	Health worker	Shagufta

10 Appendix 2: Interview Guide

Purpose of research/interview: to learn more about the challenges that are faced during implementation and adoption of family planning services as I am interested to hear more about your experience of life.

Interview Guide for Mothers

Overview of situation

- An overview about the level of understanding they have about family planning services (how it works).
- An overview about their perception of utilization of this service (whether they use or not).
- An overview about what are the most common family planning issue today you came across?

Challenges faced while adoption

- What kind of challenges they face while planning family?
- How they feel about their life/are they satisfied or not?

Coping with challenges

- What are the things that they find as a challenge about their current situation and the sorts of things they do to cope with these difficulties – anything else?
- how they get along with their current situation/do they find it easy to handle large family?
- Ideas about things that they would like to do but are not able to do (i.e. vacation, education, purchase of material things, exercise, other experiences) and why
- Their perceptions of their overall physical and mental health

Impact of challenges

- How this situation is bother ing you and your family status
- What is their understanding that how they can help themselves
- Their views about how their family/organization could help them to alleviate their situation

The Future

- Their views on how to improve things.
- What are the possibilities for impacting their own future

- What advice would you give to health leaders who are working in family planning
- Anything they want to add.

Interview Guide for Healthcare Providers

Overview of situation

- how many family planning services is this center providing to the common people? What they are?
- Their views about how effective this service is for local people/ do the people take it as important as it is.
- An overview about how well authorities are promoting this service.

Challenges

- How are they coping with different challenges in the implementation of family planning services/what are they?
- Their perception about the major challenge which serves as the major obstacle in implementation/either it is fault of authorities or people or health centers.
- Who are the responsible of this situation/why?

Addressing challenges

- Their perceptions of how these challenges can work out well to overcome this issue?
- Any difficulties they see in the implementation of this service/if yes how could it be addressed
- What do they think can help their authorities/people/medical centers with the difficulties they are facing?

The future

- How do you see the situation of your incoming 10 years related to family planning services?
- In their perception, how this situation could be addressed or could be improved
- Anything you want to add.

11 Appendix 3; Consent Form for Research Participation

Title of Project: Family Planning Services in the Rural areas of Punjab, Pakistan at District health facility levels.

Name of Researcher: Anum Obaid

I am a student at Høgskolen I Oslo og Akershus, in the Department of social sciences where I am doing my masters in International Social Welfare and Health Policy. I have selected the above topic as my research project for master's thesis, for which I would like to invite you to take part in and share your experiences and challenge. Your participation will be highly appreciated.

Pattern of Interview

The venue of interview would be hospital/clinic or your home or may be other than these (wherever you feel comfortable) while this interview will take your one to two hours. My intensions are to know about your experience and challenges and I hope you feel comfortable sharing information related to the research with me. If you are interested in taking part in this research, I would like to learn more about:

- Challenges/experiences you faced while planning your family.
- How you cope with those challenges (if any).
- What you do when you find it hard to handle situations?
- Your opinion about the support you can get to help yourself
- What could be done to better support you and others experiencing challenging situations

Participation, Confidentiality and reporting

I ask you for permission to record the interview on mobile. I assure you that all the shared information will be kept confidential. I will not mention your name or any personal information about you and write report as anonymous participant.

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After collection of all data, the provided information will be entered in a database as anonymous which could be used by researchers in future. I will also contact you and let you know about the important findings and how will handle them further.

You will have the opportunity to ask questions or clarify information both before the interview begins and at any time during the interview. You can withdraw from the research at any time without having to explain why you withdraw.

If you have any questions about the study project, please call: Anum Obaid, 0333 8371398 (s310255@stud.hioa.no).

Agreement

I have received written and oral information about the research project "To conduct interview" and is willing to participate in the survey.

Date: ____ (day) / _______________ (month) 2017

City/Location: ____

Name of participant: ____

Occupation: ____

Phone/mobile number: ______________________ Email: ___________________________

Signature of participant (as permission): Signature of Researcher:

__________________________________ ____________________________

12 Appendix; Abbreviations

Lady health worker	LHW
Family welfare clinic	FWC
Family welfare worker	FWW
Non-government organization	NGO
Contraceptive prevalence rate	CPR
Traditional birth attendants	TBA